





Alternatives to Stigmatizing Language in Behavioral Health

 Instead of This STIGMATIZING Language	 Use This NON-STIGMATIZING Language
<p>Drug abuse Drug problem Drug habit</p>	<p>Substance use Substance misuse Substance use disorder/addiction Risky, unhealthy, or hazardous use Use other than prescribed Nonmedical use</p>
<p>Why? The term “abuse” can be seen or heard as negative. It can make us think of punishment. The word “habit” makes the disorder seem less serious. The stigmatizing terms imply the person is choosing to use or can simply choose to stop. Substance use disorder is complex. Stopping is much more than willpower.</p>	
<p>User Abuser Addict* Junkie</p>	<p>Person who uses substances Person with a substance use disorder Person with a/an [opioid, stimulant, cannabis, etcetera] use disorder Person who misuses substances</p>
<p>Alcoholic* Drunk</p>	<p>Person with an alcohol use disorder Person who misuses alcohol/engages in unhealthy/hazardous alcohol use</p>
<p>Former addict* Former alcoholic*</p>	<p>Person in recovery Person who previously misused substances</p>
<p>Why? Person-first language can reduce stigma. The change shows that the person has a health concern. The stigmatizing labels suggest that the person is the problem. Putting the person first helps to remove blame and judgement.</p>	

 Instead of This STIGMATIZING Language	 Use This NON-STIGMATIZING Language
Toxicology (Drug) Screens: Clean/Dirty Pass/Fail Hot	Toxicology (Drug) Screens: Negative/Positive
Objects, Drug Use Supplies: Clean/Dirty	Objects, Drug Use Supplies: Sterile/Used
People: Clean*	People: In recovery Remission Abstinent Not drinking or taking drugs
<div style="border: 1px solid black; border-radius: 15px; padding: 10px;"> <p>Why? Drug screens are not a test that can be passed or failed. Objects and people are not clean nor dirty. These terms can be negative. When using them to describe people, it can decrease their hope. It can also increase self-stigma. We should use medically correct language. However, remember that people with lived experience may be comfortable using certain terms we would not use professionally or outside of recovery circles. This is okay.</p> </div>	
Substitution therapy Replacement therapy Medication-assisted treatment (MAT)	Treatment for addiction Medication for addiction Medication for opioid use disorder (MOUD) Medication for alcohol use disorder (MAUD) Medication for substance use disorder
<div style="border: 1px solid black; border-radius: 15px; padding: 10px;"> <p>Why? These terms can imply the person is “swapping one addiction for another.” This is not true. Medications are an effective recovery tool. Also, medications used to treat other conditions are not referred to as “replacements.” Substance use disorder should be the same.</p> </div>	
Dope sick	Withdrawal
<div style="border: 1px solid black; border-radius: 15px; padding: 10px;"> <p>Why? We should use medically correct language, just like we would for any other disorder.</p> </div>	



**Instead of This
STIGMATIZING Language**



**Use This
NON-STIGMATIZING Language**

Relapse

Return to use

Lapse

Resumed use

Slip

Experienced a recurrence of symptoms

Why? Relapse / Lapse / Slip can imply it was accidental or lacked morals.

Addicted babies

Babies born with an opioid dependency

Born addicted

Neonatal Abstinence Syndrome (NAS)

Neonatal Opioid Withdrawal Syndrome (NOWS)

Why? Addiction is a complex disorder. Because of this, babies cannot be born with addiction. Substance-exposed babies are simply born with a withdrawal syndrome.

Mentally ill

Person with a mental health condition

Schizophrenic/Bipolar/etc.

Person with schizophrenia / bipolar disorder*

Crazy, lunatic, psycho, nuts, mad, insane, etc.

Why? Person-first language can reduce stigma. The change shows that the person has a health concern. The stigmatizing labels suggest that the person is the problem. Putting the person first helps to remove blame and judgement.

Suffers from...

Person with...

Afflicted with...

Victim of...

Why? The stigmatizing terms assume the person has a reduced quality of life and imply pity. Person-first language can reduce stigma.



**Instead of This
STIGMATIZING Language**



**Use This
NON-STIGMATIZING Language**

Manic
Paranoid
Retarded

Experiencing symptoms of mania
Experiencing symptoms of paranoia
Worried that [describe the fear]
Intellectually disabled
Person with an intellectual disability

Why? Avoid jargon and labels. Instead, use language that is clear and respectful.

Committed suicide
Failed/unsuccessful suicide attempt
Completed/successful suicide

Died of/by suicide
Attempted suicide
Killed themselves / took their own life

Why? Avoid terms that present suicide as a solution. Also, the term “commit” has ties to criminal acts and should be avoided.

Compliant/Non-compliant
Resistant to treatment

Agreeable/not agreeable to the plan of care
Choosing not to ... / would rather...
Unsure about...

Why? Health decisions should include the patient. It implies blame when patients are described as “non-compliant” or “resistant.”. It also implies that the person is expected to agree with their healthcare team.

Frequent flyer/High utilizer

Accesses services frequently

Why? These labels can increase stigma. They imply that the patient is problematic.



Instead of This
STIGMATIZING Language



Use This
NON-STIGMATIZING Language

High-functioning
Low-functioning

Individual with [diagnosis] requiring [high, moderate, minimal, no] assistance

Why? Describing people as high- or low-functioning can be offensive. Use medically-correct language. Try describing the abilities and challenges. This can be more specific and accurate.

“It could be worse.”

“Just deal with it.”

“Snap out of it.”

“Everyone feels that way sometimes.”

“You may have brought this on yourself.”

“We’ve all been there.”

“You’ve got to pull yourself together.”

“Maybe try thinking happier thoughts.”

“But you have so much to be happy about.”

“Thanks for sharing and opening up to me.”

“Is there anything I can do to help?”

“How can I help?”

“I’m sorry to hear that. It must be tough.”

“I’m here for you when you need me.”

“I can’t imagine what you’re going through.”

“People do get better.”

“Can I drive you to an appointment?”

“How are you feeling today?”

Why? We want to make the person feel heard. The first column has examples that could make them feel alone. The examples in the second column convey empathy. They show the individual that you are a safe person to speak to about their challenges.

*** Note on person-first language versus identity-first language:** Where person-first language is preferable in most cases, some individuals may prefer to use identity-first language as a way to reclaim the identity. In these cases, it is always appropriate to allow the individual to describe themselves as they see fit, and asking the individual how they would like to be described by others would be appropriate. Some examples of identity-first language include autistic (versus person with autism), blind (versus person who is blind), and amputee (versus person with an amputation). Additionally, it is important to remember that individuals in recovery from a substance use disorder may also utilize identity-first language, particularly in mutual aid meetings where it can be helpful for some to identify as an “addict” or “alcoholic,” but these terms should not be used in medical or clinical linguistics or documentation unless in direct quotes.

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