

Words Matter: A Person-First Language Guide for Substance Use

It's likely we all know or interact with someone who uses substances or has a substance use disorder, which means our words may unknowingly affect someone we know and care about. In fact, the [Iowa Baseline Stigma Survey](#) in 2022 showed over half of survey participants knew someone with an opioid use disorder (OUD).¹ Words matter when it comes to speaking about substance use.

Why do words matter?

Research shows that using negative labels and stereotypes hurts people who have substance use disorder by furthering the stigma around the disorder.²

What is person-first language?

Person first language focuses on the whole person rather than their behavior or condition. It respects the value and dignity of people by placing them before their condition. This type of language helps break down stereotypes, fosters understanding and promotes a more inclusive and supportive environment for people who use substances.³

Should everyone use person-first language?

Yes. Especially those who interact with people struggling with substances on a regular basis. This includes healthcare and service providers, law enforcement, employers and people in the media. It also includes family and friends of the person with substance use disorder.³

 [Words Matter \(3-minute video\)](#)

Learn more about person-first language.

The following resources in this guide were pulled from the following language guides. These resources teach you more about the importance of using person-first language.

[Shatterproof Addiction Language Guide](#)

[Words Matter: How Language Choice Can Reduce Stigma](#)

[Addictionary](#)

[Words Matter: Terms to Avoid When Talking About Addiction](#)

[Remove Stigma: Talk with Your Patients About Substance Use](#)

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Recommended Language to Use	Stigmatizing Language to Avoid or Use with Caution	Why?
<i>Substance use</i>	<i>Abuse</i>	The term “abuse” is associated with criminal activity (i.e., domestic abuse, child abuse).
<i>Person with substance use disorder or challenge</i>	<i>Addict</i> <i>Junkie</i> <i>Abuser</i> <i>Druggie</i> <i>User</i>	People cannot and should not be defined by one behavior or characteristic. The person should always come first to avoid stereotypes and stigma. Substance use disorder should not be used interchangeably with substance use. Not everyone who uses substances has a substance use disorder.
<i>Person with alcohol use disorder</i>	<i>Alcoholic</i> <i>Drunk</i>	^
<i>Person with alcohol use disorder</i>	<i>Former addict</i>	^
<i>For illicit drugs:</i> <i>Using _____ substance</i> <i>For prescription medications:</i> <i>Misusing _____ substance;</i> <i>Used other than prescribed.</i>	<i>Abuse</i> <i>Drug of choice</i> <i>Habit</i>	The term “abuse” is associated with criminal activity (i.e., domestic abuse, child abuse). People who use substances are not inherently criminals. “Drug of choice” or “habit” implies that a person chooses to have a substance use disorder.
<i>Substance Free</i> <i>No longer using _____</i>	<i>Clean</i>	The terms “dirty” and “clean” are adjectives used to describe filth or the lack thereof. They further negative stereotypes.
<i>Testing negative/positive for substance use</i>	<i>Clean/Dirty</i>	^
<i>Resumed or experienced a recurrence of substance use or substance use disorder symptoms</i>	<i>Relapse/Slip</i>	The terms “relapse” and “slip” do not accurately represent a person’s pathway to self-defined recovery and also places blame on the individual rather than the disease.
<i>Well</i> <i>Healthy</i> <i>In recovery</i>	<i>Sober</i>	The term “sober” implies a person is not under the influence of any substance. However, people self-define their own recovery and do not have to abstain from all substances to be healthy and well.
<i>Medication for Opioid Use Disorder (MOUD)</i> <i>Medication Assisted Recovery (MAR)</i>	<i>Medication Assisted Treatment (MAT)</i>	Medicines that treat other diseases are not referred to as “medication assisted treatment.” The term implies medication is only a supplement to treat opioid use disorder and downplays its importance.
<i>Baby born to mother who used drugs while pregnant</i> <i>Newborn exposed to substances Neonatal</i> <i>Abstinence Syndrome</i>	<i>Addicted baby</i>	A baby cannot have an “addiction” because it is a diagnosed behavioral disorder. The focus should be on clinical solutions for the mother and baby.

What can you do?

- **Use person-first language in all communications.**
 - Stay informed about best practices. Accepted language can change over time.
 - Review organizational or personal materials and remove any stigmatizing language.
 - Learn person-first language and model changes in front of others.
 - Review all organizational communications including forms, presentations, brochures, etc. to ensure person-first language is used.
 - Stay informed and up-to-date about best practices related to language.
 - Accepted language can change over time.
Remove stigmatizing language or imagery from materials - from presentations to intake forms.
- **Ask questions and be curious.**
 - People who use or used substances may use what would be considered stigmatizing language in certain situations. (Example: In 12-step meetings, the term addict or alcoholic may be used to introduce oneself.)⁴
 - Respect people’s right to self-identity within their comfort zone and ask how you can support them.
- **Pause before sharing.**
 - Some materials and media resources use stigmatizing language.
Be sure to review materials before sharing with others to avoid causing any harm.
 - Be open to respectfully correcting yourself and others.
- **Ensure clear language.**
 - Ensure the language you use is clear and accurate.
 - Respect a person’s right to self-identify within their comfort zone and learn ways you can support them.

References

¹ Iowa Department of Health and Human Services and Shatterproof. [“Stigma of Addiction: Iowa Baseline Survey – Narrative Findings.”](#) November 2, 2022.

² Kimberly Goodyear, Carolina L. Haass-Koffler, and David Chavanne. [“Opioid use and stigma: the role of gender, language and precipitating events.”](#) Drug and Alcohol Dependence 185, April 1, 2018: 339-346.

³ Shatterproof. [“Addiction Language Guide.”](#)

⁴ Ekaterina Pivovarova and Michael D. Stein. [“In their own words: language preferences of individuals who use heroin.”](#) Addiction 114, no. 10, October 2019: 1785-1790.