Reducing Stigma Against People Who Use Drugs in Medical Education:

A Language and Style Guide for Faculty

Introduction

Stigma against people who use drugs (PWUD) is pervasive and well documented among healthcare providers.[1] Stigma is a key structural and social barrier that prevents PWUD from accessing treatment and recovery services due to fear of medical mistreatment, resulting in diminished health outcomes.[2,3] Language plays a crucial role in perpetuating stigma in healthcare settings by negatively influencing healthcare provider perceptions of PWUD and reducing the quality of the care they provide.[4]

Research has shown that language matters, and the language heard and used by healthcare providers can influence their perceptions and medical judgements. Pejorative terms that describe people with substance use disorders solely through the lens of their addiction frequently imply personal failings or moral fault for the disease.[5] For example, physicians who read a vignette with the term "substance abuser" as opposed to "person with a substance use disorder" agreed more that the person was personally culpable and should be punished, and agreed less that the person needed treatment.[6] Furthermore, physician use of stigmatizing language in patients' medical records contributes to poor long-term patient outcomes through transmission of bias to each subsequent physician who accesses the record.[7]

The purpose of this guide is to provide medical educators with recommendations for precise and accurate medical terminology that can be used when referring to persons with the spectrum of substance use disorders. Use of humanizing, non-stigmatizing, medically defined, and professional terminology will assure that patients receive respectful, high-quality care and that communication is as clear as possible. This is consistent with the preferences of people with substance use disorders, who generally prefer clinician terminology to be medically accurate and person-first.[8] While language changes alone are insufficient to fully address stigma against PWUD, updating educational materials is a small and necessary step towards reducing bias and promoting compassion in future healthcare providers.

1. Paquette CE, Syvertsen JL, Pollini RA. Stigma at every turn: Health services experiences among people who inject drugs. *Int J Drug Policy*. 2018;57:104-110. doi:10.1016/j.drugpo.2018.04.004
2. van Boekel LC, Brouwers EP, van Weeghel J, Garretsen HF. Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: systematic review. *Drug Alcohol Depend*. 2013;131(1-2):23-35. doi:10.1016/j.drugalcdep.2013.02.018
3. Meyerson BE, Russell DM, Kichler M, Atkin T, Fox G, Coles HB. I don't even want to go to the doctor when I get sick now: Healthcare experiences and discrimination reported by people who use drugs, Arizona 2019. *Int J Drug Policy*. 2021;93:103112. doi:10.1016/j.drugpo.2021.103112
4. Broyles LM, Binswanger IA, Jenkins JA, et al. Confronting inadvertent stigma and pejorative language in addiction scholarship: a recognition and response. *Subst Abus*. 2014;35(3):217-221. doi:10.1080/08897077.2014.930372
5. Botticelli MP, Koh HK. Changing the Language of Addiction. *JAMA*. 2016;316(13):1361-1362. doi:10.1001/jama.2016.11874
6. Kelly JF, Westerhoff CM. Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. *Int J Drug Policy*. 2010;21(3):202-207. doi:10.1016/j.drugpo.2009.10.010
7. P Goddu A, O'Conor KJ, Lanzkron S, et al. Do Words Matter? Stigmatizing Language and the Transmission of Bias in the Medical Record [published correction appears in J Gen Intern Med. 2019 Jan;34(1):164]. *J Gen Intern Med*. 2018;33(5):685-691. doi:10.1007/s11606-017-4289-2
8. Gazzola MG, Maclean E, Beitel M, et al. What's in a Name? Terminology Preferences Among Patients Receiving Methadone Treatment. *J Gen Intern Med*. 2023;38(3):653-660. doi:10.1007/s11606-022-07813-w

Non-Stigmatizing Language

Medical educators should use medically-defined, humanizing, and professional language when referring to people with the spectrum of substance use disorders. The following general guidelines are adapted from the Language and Terminology Guidelines put forth by the Journal of Addiction Medicine, the official journal of the American Society of Addiction Medicine.[1]

- **Use person-first language** (e.g. "person/patient/participant with alcohol use disorder" rather than "alcoholic"). "Addict" and "alcoholic," while popular among some patients and the lay public, can be stigmatizing, dehumanizing, and they do not reflect the very human condition of addiction. Patients are not "addicts" or "alcoholics" but instead are people or persons with medical illnesses defined by consensus-driven medical terms such as "alcohol use disorder," "opioid use disorder," etc.
- **Do not use the word "abuse"** in reference to substance use unless referring to a diagnosis in pre-DSM5 versions of the American Psychiatric Association *Diagnostic and Statistical Manual of Mental Disorders.* Similarly, **do not use the word "abuser" - this word is associated with negative judgment and punishment, and labels people without their consent** "Use" is often the appropriate replacement.
- **Preferred terms** for the condition include substance use disorder, alcohol use disorder, drug use disorder, gambling disorder (*DSM*-defined terms), and addiction (when used as defined by the American Society of Addiction Medicine).
- **Avoid using imprecise terms that attempt to quantify or risk stratify substance use** such as "misuse", "problem use", "inappropriate use", or "binge use". Preferred terms for use that risks health consequences include "at-risk" or "hazardous use".
- **Use medical, not non-medical language.** For example, do not use the term "medication-assisted" unless it is the name of an agency or program. Instead, use "treatment", "opioid agonist treatment", or "medication for opioid use disorder".
- **Avoid inaccurate or imprecise terms.** Avoid "substitution therapy", as this is not a correct characterization of medication treatment.
- **Avoid stigmatizing language.** See the chart below for recommendations on substitutions for commonly used stigmatizing phrases.
- Recognize that there is no one definition of recovery. Self-determination and self-direction are the foundations for recovery as people design their own unique paths towards their goals. Recovery is not synonymous with abstinence – recovery pathways are highly personalized, and may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches.2

Preferred Terminology for Medical Education Materials

The following table of preferred terminology is adapted from "Words Matter - Terms to Use and Avoid When Talking About Addiction" (NIDA).3

To Describe Patients and Behaviors:

Preferred Terminology	Do Not Use

• Patient with [insert substance] use disorder • Person who uses drugs (PWUD) • Person who injects drugs (PWID)	• Addict • User • Substance or drug abuser • Alcoholic, drunk • Junkie, druggie, crackhead, etc.
• Person living with addiction	• Person "suffering from" addiction)
• Patient in recovery or long-term recovery •	• Former addict • Reformed addict
• Patient maintained abstinence	• Patient stayed "clean"*
• Patient had a recurrence of substance use disorder	• Patient relapsed* on drugs

To Describe Treatment and Treatment Outcomes:

• Opioid agonist therapy • Pharmacotherapy • Addiction medication • Medication for substance use disorder • Medication for opioid use disorder (MOUD)	• Opioid substitution replacement therapy • Medication-assisted Treatment (MAT)**
• Treatment failure • Treatment was not effective	• Patient failed treatment
• Patient chooses not to engage in treatment at this time	• Patient is non-compliant

To Describe Toxicology Test Results:

• Positive or negative urine test results • Urine positive for [insert substance] • [insert substance] detected	• "Dirty" or "clean"*** urine test results

***The term relapse implies failure of individuals with substance use disorder who are not "cured" with their first treatment. As with all chronic diseases, the term recurrence is more appropriate.**

***The term MAT implies that medication should have a supplemental or temporary role in treatment. Using "MOUD" aligns with the way other psychiatric medications are understood (e.g., antidepressants, antipsychotics), as critical tools that are central to a patient's treatment plan.3*
****The clean/dirty dichotomy creates a false narrative that people who use drugs are inherently unclean. This is not only false, but extremely stigmatizing. The clean/dirty dichotomy should NEVER be used to describe people.1*

1. Language and Terminology Guidance for the Journal of Addiction Medicine Manuscripts. Journal of Addiction Medicine, the Official Journal of the American Society of Addiction Medicine. Accessed 6 March 2023 at https://journals.lww.com/journaladdictionmedicine/Pages/Instructions-and-Guidelines.aspx#languageandterminologyguidance

2. SAMHSA's Working Definition of Recovery. Substance Abuse and Mental Health Services Administration. August 11, 2023. Accessed November 10th, 2023. https://www.samhsa.gov/find-help/recovery
3. Words Matter - Terms to Use and Avoid When Talking About Addiction. National Institute on Drug Abuse. November 29, 2021. Accessed May 10, 2023. https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction

For a different resource in the future:

Image Guidelines:

Medical educators should be aware that photo illustrations of substance use can have profound implications, including the perpetuation of negative stereotypes that further stigmatize drug use and people who use drugs. In general, images of drug use and complications of substance use should only be used when necessary to illustrate a concept.

1. Avoid images that sensationalize drug use or are intended to 'shock' viewers.
2. Avoid images of people in vulnerable conditions. This includes images of people while unconscious.
3. Avoid images that link drug use to violence.
4. Avoid images that portray drug use in a derogatory manner
5. Addressing the intersection of race and housing
4. https://www.addiction-ssa.org/how-photos-used-to-illustrate-articles-about-alcohol-and-other-drugs-may-perpetuate-stigma/
5. https://www.sfad.org.uk/reporting-of-substance-media-toolkit