

Key Language Principles for Substance Use Disorder

NATIONAL COUNCIL
for Mental Wellbeing

When discussing stigmatized health conditions like substance use disorder (SUD), the words we choose hold significant power. This guide provides practical principles to navigate language choices thoughtfully, helping to reduce stigma and foster understanding. When principles overlap or even conflict, your judgment is crucial to carefully considering the advantages and disadvantages and choosing language that is both accurate and empowering.



PERSON CENTERED

Prioritize the person over their condition by using first-person language that acknowledges the person before the condition. For example, instead of labeling someone a "substance user," describe them as "a person with a substance use disorder." Avoid terms that suggest a condition is inherent to a group, such as "at-risk youth for SUD," and instead say "youth placed at increased risk for SUD."



ETYMOLOGY AND ASSOCIATION

Consider the historical and cultural context of words to avoid reinforcing harmful stereotypes. For example, "marijuana" carries xenophobic undertones related to Hispanic communities, while "crack" is often associated with negative stereotypes of Black Americans. **Evaluate word choices carefully to ensure they are free from negative connotations and contexts.**



ACCESSIBLE, PLAIN LANGUAGE

Use simple, clear language to make information accessible to all, regardless of education or expertise. **Avoid technical jargon, overuse of acronyms and complex terminology.** For example, when crafting prevention messages for youth, consider whether terms like "THC," "cannabis," "marijuana" or "weed" are most easily understood by your audience.



RESEARCHED

Most words haven't been researched, but some have. **Use language that is informed by research to avoid unintended negative outcomes.** For example, people are more likely to suggest incarceration when the term "substance abuse" is used compared to "substance use disorder," which prompts a greater focus on treatment.



MORALLY NEUTRAL

To promote moral neutrality, use language that avoids implying judgment, blame or character flaws. Replace terms like "clean" or "dirty" with neutral language such as "abstinent" or "currently using substances," and use "substance use" instead of "substance abuse." **Focus on factual descriptions without assigning blame or implying moral failure.**



DESCRIPTIVE

To make SUD language more descriptive, **use clear terms that accurately reflect specific symptoms, behaviors and experiences, avoiding vague or euphemistic language.** For example, replace "misuse" with "non-prescribed use" or "taking medication not as prescribed" to avoid stereotypes and provide a clearer understanding of the circumstances.



TECHNICALLY ACCURATE AND SPECIFIC

Use precise, medically accurate terminology to convey a clear understanding of SUD and its various symptoms. Distinguish between "substance use" as a behavior and "substance use disorder" as a diagnosed condition. Be specific about terms, avoid inaccurately using "recurrence" (i.e. relapse) prior to the person ever having achieved remission, which occurs at 90-days.



MEDICAL MODEL

Using the medical model for SUDs, like with other chronic conditions, helps reduce stigma and shift blame from the person to the condition itself. **Apply consistent medical language similar to that of other chronic conditions to promote parity and understanding.** For example, would you say a patient with diabetes is receiving "medication-assisted treatment" or simply just "medication?"



INCLUSIVE AND NONVIOLENT

Use language that respects the diversity of experiences and identities within the community. **Strive for specificity and inclusivity in your choice of words and avoid violent metaphors that may perpetuate harm or stigmatization.** Replace phrases like "target communities," which can imply aggression or imposition, with "engaging with communities," emphasizing collaboration and respect.