

The language of addiction: de- (stigmatize, medicalize, and criminalize) it

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Page **Abstract**

- | 1 People who use drugs or substances experience significant stigma and discrimination in society, including in healthcare settings, where providers often disrespect them. Public attitudes and perceptions toward people with substance use disorder (SUD) are shaped by how language is used to label and order individuals with those conditions. Stigmatizing language discourages persons with SUD from seeking treatment or utilizing harm reduction services. This paper critically reflects on and discusses language use in addiction care. I examine how harmful language use could impact healthcare and service uptake among people with SUD. I call on researchers, service providers, and policymakers to de-stigmatize, de-medicalize, and de-criminalize language use in addiction care.

The paper's unique contributions

- The paper highlights the impact of poor communication and the use of stigmatizing language on the health behaviour of people who experience substance use challenges, especially when accessing healthcare services.
- Another unique contribution is its call on institutions and journal editors/publishers focused on substance addiction to reconsider their titles when derogatory words or phrases are used.

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Introduction

Communication in addiction care contexts is a crucial matter as it affects addiction treatment and recovery service uptake. Studies have shown that public attitudes, perceptions, and beliefs toward persons with substance addiction-related illnesses are shaped by how language is used to label such disorders and individuals experiencing those conditions (Ashford et al., 2019; Zgierska et al., 2021) or harms associated with drug use (Kort-Butler et al., 2024). Ashford et al. (2019) observed that although the use of pejorative and stigmatizing language has reduced in the substance addiction diagnostic field, with many academic and research institutions changing their names (e.g., Canadian Centre on Substance Misuse and Addiction), labels such as drunk, alcoholic, addicts, substance abusers, junkies, among other labels, are still being used. Furthermore, Wakeman (2017) maintained that to improve addiction care and reduce stigma, medically accurate and person-first language must be used when referring to

addiction-related health conditions or people experiencing substance addiction.

Also, addiction treatment and recovery facilities are settings for discrimination, stigmatization, neglect, disrespect, and marginalization against people with experiences of addiction (Baker et al., 2022; Gunn & Guarino, 2016). Research has shown that people experiencing substance addiction face double societal marginalization because they must manage their healthcare conditions and social stigma (Birtela et al., 2017). Stigma is defined as a form of discrimination against a specific group of people, place, or nation, and in the case of persons with experiences of addiction, it might include stereotypes and unfounded perceptions that they are dangerous, cannot be treated, and are to blame for their health condition (National Institute on Drug Abuse, 2021). Stigma is a critical barrier to recovery from substance addiction (Botticelli & Koh, 2016; Gunn & Guarino, 2016; Martinelli et al., 2020). As such, the language of addiction needs to be de-stigmatized, decriminalized, and de-

medicalized to promote abstinence, harm reduction, and recovery from addiction (National Institute on Drug Abuse, 2021; Saitz et al., 2020). As Zgierska et al. (2021) noted, language use can either promote or reduce harms associated with risky substance use; therefore, using appropriate language intentionally in addiction-related communication is essential to enhancing addiction treatment and care.

In this paper, the author critically reflects on and discusses language use in substance addiction care and how harmful language use could impact addiction care and service uptake among persons with experiences of substance addiction. This paper is addressed to multiple audiences, including healthcare practitioners, media personnel, researchers, policymakers, and the general public, as far as their language use around substance addiction and people experiencing substance addiction is concerned. The rise in patient rights (as seen in the creation of patient rights charters) and person-centred care discourses (e.g., see Kwame & Petrucka, 2022) necessitate a change in language use in addiction care and research. Moreover, expert opinions and empirical research findings have highlighted (see Kelly et al., 2010; Ricciutti & Davis, 2024) the negative impact of poor language use on public perceptions of and attitudes toward people who use substances or experience substance addiction-related illnesses, yet the problem persists. In what follows, I briefly reflect on language use in different contexts where addiction or people experiencing substance addiction is/are the subject.

Medical Discourses on Substance Addiction

Research revealed that healthcare professionals stigmatize people with substance addiction (Birtela et al., 2017). Moreover, many healthcare providers in addiction care have stereotyping and negative attitudes toward people who use substances (Simon et al., 2020). These behaviours by healthcare providers affect addiction care delivery, patient-provider relationships, and care outcomes (Ashford et al., 2019). Simon et al. (2020) observed that people with experiences of substance addiction often leave the hospital against medical advice due to experiences of being stereotyped, neglected, and reprimanded by the hospital staff.

Labelling and medical language choices affect clinicians' decision-making and therapeutic relationships with persons who have experiences of substance addiction or children born to parents with substance use-related medical conditions (e.g., born addicted) (Wakeman, 2019). People living with health and medical conditions must not become the condition itself because labelling people with substance-related illnesses with words like "addict" or "junkie" has consequences for adherence to addiction treatment and recovery (Wakeman, 2017). Changing our

language use practices in addiction care is crucial to improving the lives and health of people who use drugs, alcohol, and other substances and to reducing stigma (Wakeman, 2019). As such, the identity of people with experiences of substance addiction should not become the condition they suffer or struggle with. Medical references and language use around substance addiction must be demedicalized such that the self is dissociated from the health condition. A person must be separated from the health condition to reduce stigma. People are persons before they become ill, so there must be a separation between the self and medical condition in the treatment process to honour and respect people's personhood (Sharp et al., 2021).

Medical scholars have encouraged using terms such as "non-medical use," "risky use," and "unhealthy use" rather than "abuse," "abuser," and "addicted patient" when talking or writing about substance addiction and people who experience addiction (Ho et al., 2022; Zgierska et al., 2021). Zgierska et al. (2021) advised professionals to shift attention from medical language that defines people through the lens of disease, colloquial, and imprecise medical terminology to professional and person-first language (e.g., a person with addiction). It is assumed that using the correct language will convey empathy and trust in addiction care for patients who have experienced significant marginalization, discrimination, and disrespect over decades (Ho et al., 2022).

Socio-Legal Perspectives on Addiction

People who use drugs, alcohol, and other addictive substances are often judged. Their moral character is questioned, and their actions are described as life choices (Wakeman, 2019). Birtela et al. (2017, p. 2) argued that people with experiences of addiction are perceived to have "devalued social identity" and that such a stigmatized identity is seen as threatening their social life. These people are forced to reduce or cut off social ties and relationships due to stigma, rejection, and a lack of love and support, often causing parents and guardians to miss the early signs of addiction in their children and loved ones (Gunn & Guarino, 2016). In most cases, the underlying social determinants that are responsible for their substance use in the first place are often neglected. The health status of this population is usually discussed within the purview of moral discourses and lifestyle choices, resulting in stigmatization, discrimination, and dehumanization (Baker et al., 2022; Wakeman, 2019). The social discourse around substance addiction must be de-stigmatized to initiate change toward prevention, treatment, and recovery among this population.

Society sees people who use substances as deviants, and their behaviours are subjected to legal interpretations within law enforcement and the justice system. Kort-Butler et al. (2024) explored public perceptions and beliefs about

substances, people who use substances, and how that shapes preferences for public health versus legal system responses to substance use. The study found that perceptions of morality and harms linked with marijuana use and stigma towards marijuana and opioid users influenced the public to express strong support for legal interventions rather than public health support to minimize substance use and addiction (Kort-Butler et al., 2024). Besides, negative public perceptions reflected in language use around substance addiction invite punitive policies instead of supportive public health interventions (Kort-Butler et al., 2024; Wakeman, 2019). Legal discourses about addiction need to be de-stigmatized and decriminalized, as studies have shown that by decriminalizing the use and possession of illegal substances, access to care improved and drug-related stigmatization, incarceration, morbidity, and mortality reduced (Wogen et al., 2020). Moreover, Ezell et al. (2021) have emphasized communication in the health and legal sectors, recognizing the moral and economic benefit of promoting public health responses to substance addiction and policies targeting substance users rather than legal consequences.

Furthermore, Tran et al. (2018) maintained that language used in policies, programs, and legal documents when talking about people with addiction-related illnesses who are affected by the criminal justice system is primarily derogatory and dehumanizing (e.g., criminal, prisoner, felon, offender, drug addict). Like in the medical setting, labelling people by the crime for which they were convicted (e.g., sex offender, rapist, murderer, and others) and other derogatory terms (prisoner-patient) in the criminal justice system defies person-first, person-centred, and person-dignifying language (Tran et al., 2018). Thus, using expressions such as “a person in detention,” “a person who is incarcerated,” and “a person in possession of illegal substances,” among other terms, is encouraged and seen as non-stigmatizing and could enhance access to and participation in addiction treatment, harm reduction, and recovery programs (Oberleitner, 2017).

Vocabularies in Addiction Research and Media Report

In academic research reports, many vocabularies deemed discriminatory, judgmental, and disrespectful are still used when referring to people who use substances. It is still common to see words and phrases such as ‘drug addicts’, ‘alcoholics’, ‘drunks’, ‘substance abuse’, and ‘junks’ in research paper titles, abstracts, and research reports (Birtela et al., 2017). Wakeman (2019) opined that how language is used to frame concepts and practices about drug use and addiction can negatively influence readers' and listeners' perceptions about people who use drugs and alcohol. Furthermore, Hartwell et al. (2020) reviewed 292 studies regarding the use of patient-centred language regarding

people experiencing alcohol-use-related illnesses, revealing that although over 50% of the studies used patient-centred language, about 40% of these studies used emotional language and labels that depicted people with experiences of alcohol-use problems as helpless (Hartwell et al., 2020). Similarly, Traxler et al. (2021) reviewed 300 scientific research papers on person-centred language usage in opioid addiction treatment publications to understand stigma in medical research. Results showed that 80% of the publications used non-person-centred language and over 70% used stigmatizing language.

Harmful language use in social media and news reports can impact addiction treatment and recovery efforts. McLaren et al. (2023) explored stigmatizing language use about addiction across different public communication channels, discovering that although the use of stigmatizing language decreased in news articles and blogs over five years, it increased in social media (e.g., Twitter – 43.5%) over the same period. Given the influence of social media in our society, social media reporters, content creators, and bloggers must be aware of the effects language use has on their followers, especially when writing about or discussing substance addiction and people who use substances.

Furthermore, although scholars have argued for a change in the language of addictions, expressions such as “drug abuse” and “substance abuse” are still visible in academic journal titles (e.g., Substance Abuse, Substance Abuse Treatment, Prevention, and Policy, Journal of Substance Abuse and Alcoholism, and The American Journal of Drug and Alcohol Abuse, Journal of Drug Abuse, Substance Abuse and Rehabilitation, among others) and names of national institutions (e.g., National Institute on Drug Abuse, Centre for Substance Abuse Prevention, and so on). These bodies provide expertise or disseminate research findings on addictions and substance use disorders. If addiction medical experts, psychologists, and government institutions are providing lists of appropriate terms and expressions that should be used for reference to persons with SUD, and if the word, “misuse” is being encouraged in addiction discourse, rather than “abuse,” I think it is time for journals and national institutes with “abuse” in their titles to embrace the new norm.

A few journals have changed their titles (e.g., The Journal of Substance Abuse Treatment changed to “Journal of Substance Use & Addiction Treatment” (JSAT)). Substance Abuse: Research and Treatment, announced as of January 1, 2024, to change its name to “Substance Use: Research and Treatment,” arguing that this change will align with the need to use non-stigmatizing language in addiction research, as quoted here.

Scholars have compellingly argued that [the] use of certain terminology, such as “substance

abuse,” carries a variety of negative connotations. Renaming the journal is motivated largely by our desire to move away from stigmatizing language and the harm it causes (Stuart & Ramsey, 2024, p. 1).

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Lastly, the Canadian Research Initiative on Substance Misuse (CRISM), as of March 5, 2024, changed its name to Canadian Research Initiative on Substance Matters, claiming that the word “misuse” has been contentious among CRISM node members and stakeholders.

Other journals and research institutes with stigmatizing words in their titles must embrace this current trend. Changing the name of an institution, organization, or journal is not new and may only require a strong will to do so. Nonetheless, this call may be difficult for some journals due to the cost involved, the reach of their readership, and other logistical constraints. However, it is not impossible to implement. Note that the words “abuse” or “abuser” will still exist in dictionaries, although their use in addiction contexts will change.

Concluding Remarks

In this essay, the author explored the language of addiction, arguing for a change in how healthcare professionals, society, the legal and justice systems, and researchers speak and talk about addiction – language use in the substance addiction landscape. The paper highlighted the impact of language use on addiction care delivery and service uptake, noting that person-first language and empathetic communication promote respectful, non-stigmatizing, and non-discriminatory interactions in addiction care delivery facilities as well as legal and judicial settings. Such language use can create a better and more meaningful engagement with the substance addiction crisis in diverse settings. In line with the above reasoning, Zgierska et al. (2022) maintained that although people with experiences of addiction may use non-professional language when talking about their addiction, clinicians, educators, researchers, policymakers, and community leaders must de-stigmatize addiction and its treatment by using non-stigmatizing language.

Moreover, Zgierska et al. (2022) encouraged a shift in society’s perception of people who use substances as having a character flaw or moral failing deserving of punishment toward a health perception as people experiencing a chronic disease that can be treated. As such, stakeholders in addiction health (be they healthcare professionals, researchers, policymakers, or legal experts) must begin to reflect critically on the complex and multi-dimensional nature of the risk factors for

substance use and to determine the most appropriate collaborations that need to be forged to confront this social and health menace. Using person-first and non-stigmatizing language is vital to reduce the impact of stigma in addiction care and avoid communicating moral disqualification when referring to people with experiences of substance addiction (Ashford et al., 2019).

Implications for Policy, Practice, Research

Language use classifies, groups, and labels people (e.g., alcoholics, addicts, junks, drunks, drug use offenders), as such, we must embrace the person-first language because positive care outcomes are experienced when person-first expressions are used when communicating with people who use substances (e.g., people who use, people who live with, persons suffering from, people possessing illegal drugs, etc.). Moreover, these language use practices reduce stigma and disrespect during care (Baker et al., 2022; Ho et al., 2022; McLaren et al., 2023; Tran et al., 2018).

Besides, negative language use in addiction care promotes discrimination and dehumanization of persons living with addictions. Internalized stigma among persons with SUD can lead to self-doubt and hate, impacting their ability to seek care and support (Birtela et al., 2017). Furthermore, using derogatory and stereotyping language in addiction care affects the relationships between addiction care providers and patients, thereby resulting in poor care outcomes.

Furthermore, language use in addiction care has a significant impact on persons who use substances’ ability to access healthcare services and participate in addiction treatment, harm reduction, and recovery services and programs. Researchers and journal editors should consciously promote neutral, non-stigmatizing language in research reports and journal titles on substance addiction to encourage policymakers and service providers who draw on research to adopt person-first, non-stigmatizing language in their practice.

Study Limitation

This essay is a brief review of the literature, highlighting the relevance of effective communication and the use of non-stigmatizing language in substance addiction contexts or when interacting with persons experiencing substance use disorder. Although empirical research findings are reported in this essay, caution must be taken when utilizing the evidence reported in the paper.

List of Abbreviations

CRISM – Canadian Research Initiative on Substance Misuse

JSAT – Journal of Substance Use & Addiction Treatment

SUD – Substance Use Disorder

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Disclosure of Interests

I declare no conflict of interest in developing and publishing this paper. I further declare that no financial support was received for the development and publication of this paper.

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