

# Respectful Language for Clients Who Use Substances

All-Staff Division Meeting

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# Why Does It Matter?

“Substance abusers” (vs. “individuals having a substance use disorder”) were more seen as:

- Less likely to benefit from treatment
- More likely to benefit from punishment
- More likely to be blamed for their illness

*By doctoral-level mental-health clinicians*

Negative attitudes of health professionals

- Diminished patients’ feelings of empowerment
- Decreased treatment outcomes
- Reduced professional’s personal engagement with clients
- Diminished professionals’ empathy

Makes our work harder and our clients worse!



# Changing the Language of Addiction

Preferred Term	Instead of...
Substance Use Disorder	
Person with a Substance Use Disorder	Abuser, Addict, Alcoholic
Negative/Positive (e.g, urinalysis)	Clean/Dirty
Return to Using, Recurrence	Relapse
Experiencing an Increase in Symptoms	Decompensating
Having Difficulty with, Needs Support with	Low-Functioning
Living with, Working to Recover from	Suffering from, Afflicted with, Struggling with
Choosing Not to, Not in Agreement with...	Resistant, Non-Compliant
Ambivalent, Hasn't Internalized the Need for	In Denial
Recovery Management	Relapse Management

# RECOVERY DIALECTS

Language matters but can change depending on the setting we are in. Choosing when and where to use certain language and labels can help reduce stigma and discrimination towards substance use and recovery.

	Mutual Aid Meetings	In Public	With Clients	Medical Settings	Journalists
Addict	✓	✗	✗	✗	✗
Alcoholic	✓	✗	✗	✗	✗
Substance Abuser	✗	✗	✗	✗	✗
Opioid Addict	✓	✗	✗	✗	✗
Relapse	✓	✗	✗	✗	✗

From Robert Ashford et al., *Drug and Alcohol Dependence* (2018)

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Medication-Assisted Treatment	✗	✗	✗	✗	✗
Medication-Assisted Recovery	✓	✓	✓	✓	✓
Person w/ a Substance Use Disorder	✓	✓	✓	✓	✓
Person w/ an Alcohol Use Disorder	✓	✓	✓	✓	✓
Person w/ an Opioid Use Disorder	✓	✓	✓	✓	✓
Long-Term Recovery	✓	✓	✓	✓	✓
Pharmacotherapy	✓	✓	✓	✓	✓

# Code Switching & Tone Policing



- People in recovery can “code switch” without harm.
  - Avoid “tone policing” or telling clients to change their own language.
- Avoid using “recovery dialect” to justify stigmatizing language – you don’t have to sound like you’re in recovery, too (even if you are!).

Clients can call themselves whatever they like.

Professionals should take care to create environments of hope & recovery.

# Person-First vs Identity-First Language

Person-first language for behavioral health issues is preferred

- “Person with schizophrenia,” “person diagnosed with schizophrenia”
- “Person with a substance-use disorder,” “person who uses substances”
- “Person experiencing homelessness”

Disability justice initiatives for identity-first language, mostly for physical disabilities and autism

- “Autistic person,” “the autistic community”
- “Disabled person,” “the disabled community”

Start with person-first language, but follow client’s lead if they’re using identity-first non-stigmatizing language

# Why does this stuff keep changing?

## “Euphemism Treadmill”

- Negative connotations attach to a word, so advocates use new language...
- Eventually negative connotations attach to the new language, so advocates use new language...

## Our Understanding Changes Over Time

- When we know better, we can do better
- e.g., Substance use as a moral failure versus a treatable disorder





People deserve the respect of being called what and who they want to be called, even as it changes.

