



Marcie Seidel, Chair
Prevention Action Alliance

Lynette Cashaw-Davis
Ohio Department of Mental Health and Addiction Services
(OhioMHAS)/Recovery Advocate

Valerie Connolly-Leach
OhioMHAS

Stacey Frohnapfel-Hasson
OhioMHAS

Liz Henrich
Ohio Association of County Behavioral Health Authorities

Nathan Kraatz
Prevention Action Alliance

Monica Patton
Ohio National Guard Counterdrug Task Force

Evi Roberts
Stark County Mental Health & Addiction Recovery

Sarah Thompson
Ohio Citizen Advocates for Addiction Recovery

Mindy Vance
OhioMHAS

Eric Wandersleben
OhioMHAS

Rachael Wummer Kenter
SAMHSA Central CAPT



30 E. Broad St.
8th Floor
Columbus OH 43215
614.644.8456

SPECIAL THANKS TO OUR FOCUS GROUPS:

- Ohio Opiate Conference
- Ohio Recovery Conference
- Ohio Promoting Wellness & Recovery Conference (OPEC)
- Statewide Prevention Coalition Association
- Ohio Substance Abuse Monitoring Network (OSAM)
- Participant Surveys at Behavioral Health Agencies
- Community Groups and Coalitions That Provided Feedback

WORDS MATTER to Reduce Stigma



THIS HELPS, THIS HURTS

USING PERSON-FIRST LANGUAGE
ACROSS THE CONTINUUM OF CARE
FOR SUBSTANCE USE & OTHER
ADDICTIVE DISORDERS





Words Matter: NOW IS THE TIME!

USING PERSON-FIRST LANGUAGE ACROSS THE CONTINUUM OF CARE FOR SUBSTANCE USE/ADDICTIVE DISORDERS

Substance use disorders (SUDs) are medical conditions, but the general public associates people with SUD and other addictive disorders with poor choices and moral failings. As a result, many people who suffer from addictive disorders are not treated the same way as people with chronic physical health

conditions, like heart disease and diabetes. This document proposes person-first language designed to help people access care by de-stigmatizing SUD and addictive disorders.

WE CAN CHANGE how friends, family and patients are treated.



“...we should acknowledge that the childhood adage, ‘sticks and stones can break my bones, but names can never hurt me,’ is patently untrue. Words, and the meanings with which they are imbued can achieve accuracy and relevance or they can transmit dangerous stereotypes and half-truths. They can empower or disempower, humanize or objectify, engender compassion or elicit malignant fear and hatred. Words can inspire us or deflate us, comfort us or wound us. They can bring us together or render us enemies.”
~William White

ADDICTIVE DISORDERS...

- HAVE INHERITED & SOCIETAL FACTORS
- CAN BE ONGOING & RELAPSING
- ARE MARKED BY CRAVING & EXCESSIVE USE
- CAUSE BRAIN CHEMISTRY CHANGES
- OCCUR WHEN USING ALCOHOL/ DRUGS REGULARLY AND NEEDING MORE & MORE TO GET HIGH
- CAN BE INFLUENCED BY COMMUNITY, FAMILY & FRIENDS
- ARE HEAVILY STIGMATIZED BY HEALTHCARE & COMMUNITY

HELPFUL WORDS TO USE:

“WORDS ARE IMPORTANT. IF YOU WANT TO CARE FOR SOMETHING, YOU CALL IT A ‘FLOWER’; IF YOU WANT TO KILL SOMETHING, YOU CALL IT A ‘WEED’.”

~DON COYHIS

“ADDICTION”

Describes uncontrollable, compulsive drug-seeking, using and behaviors, despite negative consequences.

“PERSON IN ACTIVE ADDICTION” OR “PERSON WITH SUBSTANCE USE DISORDER”

The words “addict, junkie, or user” are demeaning and define people by their illnesses, including “degenerate gambler.”

“SUBSTANCE USE DISORDER”

Saying “habit or drug habit” ignores the medical nature of the condition and implies the person can stop or “break the habit.”

“MISUSE,” “HARMFUL USE”

Saying “abuse” negates the fact that addictive disorder is a medical condition. “Abuse” blames the illness solely on the individual, absolves the drug sellers of wrongdoing, and encourages stigma toward the patient.

“PATIENT”

“Patient” accurately refers to a person being medically treated for a substance use or other addictive disorder, reinforcing the fact that addictive disorders are health issues.

“ADDICTION-FREE” or “IN REMISSION”

Avoid the terms “clean” or “sober,” since they imply that people with substance use disorders are “dirty.”

“SUBSTANCE-FREE”

Try not to say “clean” or “positive/negative” for drug test results, since these terms are confusing to people not in behavioral healthcare.

“PERSON IN LONG-TERM RECOVERY”

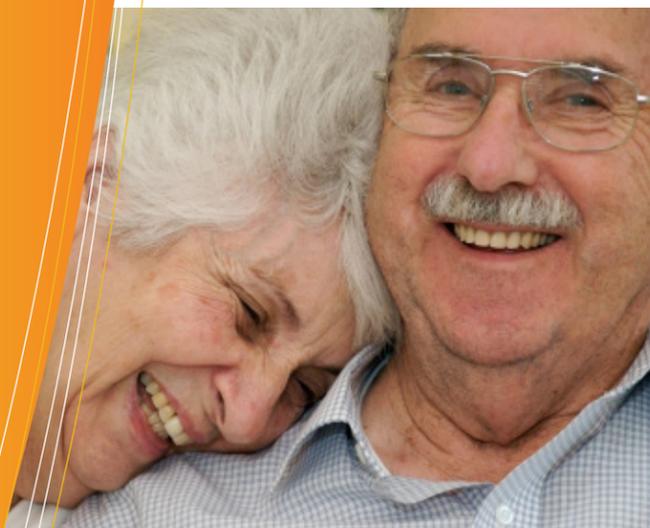
The recovery community has been using this language for many years. “Person in recovery,” or “long-term recovery,” describes someone who is not using alcohol or other drugs or taking part in compulsive, addictive behaviors. The Faces & Voices of Recovery national organization champions this language to appropriately describe the individual who is living an addiction-free life.



“MEDICATION-ASSISTED TREATMENT”

This is a practical and accurate description of pharma-based treatments, i.e. methadone, naltrexone, buprenorphine, etc.

- EXAMPLES**
- Q: What do you do for a living? A: I work with people who have substance use and other addictive disorders.
 - Q: You seem to be doing much better? A: Thanks - I am! I'm in long-term recovery and life is good.
 - Q: Mom, I can't stop taking pills. A: I'm so glad you told me. You may have a substance use disorder, but we can get you some help.



FOR MORE INFO:

- www.mha.ohio.gov
- www.naabt.org/language
- <https://facesandvoicesofrecovery.org/>
- <https://octf.franklincountyohio.gov/resources- Say This Instead of That - Why Language Matters>
- <http://www.yourpathtohealth.org/adamhs/resources/ - Language Matters>
- <https://www.apstylebook.com/>