



What we say and how we say it makes a difference to the people and communities we serve

At the Bureau of Substance Addiction Services (BSAS), one of our core values is **compassion and positive regard** for others in all our efforts. It is at the foundation of our mission to support accessible, effective, and culturally responsive prevention, intervention, treatment, harm reduction, and recovery support principles, programs and practices. This core value should be reflected in the language we use to communicate about the people and communities we serve.

Our words have an impact. Language frames what the public thinks about substance use and recovery. It can also affect how individuals, groups, and families think about themselves and intentionally or unintentionally propagate stigma. Massachusetts is recognized as a leader in the field of substance use services. Innovative resources are available across the Commonwealth, supported by BSAS staff who demonstrate commitment to our shared vision of health and wellness for every individual, family, and community.

One way we can all commit to the BSAS mission and continue to lead this work is by being mindful about the words we use about substance use, both formally through messaging and policies, and informally in conversations with colleagues, providers, and community. This means staying aware of evolving language shifts to model appropriate and accurate terminology and supporting efforts to educate and change the negative attitudes and beliefs that lead to stigma and discrimination. It also means recognizing that while people may use different terms depending on their surroundings or reclaim language, as public servants we are responsible for modeling this culture shift.

Why is this so important? Stigmatizing language discourages people from reaching out for help, which can have fatal consequences. People struggling with problematic relationships with substances and their loved ones face discrimination and barriers to care. Stigma can:

- Prevent a person from seeking help because they are afraid of judgment or negative consequences with work, loved ones, parental rights, social services, or the law
- Cause a person to hide their alcohol or drug use and/ or use alone
- Impact a person's ability to secure housing, maintain employment, or access education, which impacts overall health, wellness, and quality of life
- Reduce the quality of healthcare that individuals with a substance use disorder receive and create challenges when accessing services

Stigma is not only experienced by those using substances. It has a lasting impact on individuals in recovery, families, and those who support them, both internalized and through continued experiences of discrimination and devaluing attitudes. When we use non-stigmatizing language in our policies and interactions it serves as a model for others, ensures alignment and accuracy in communicating our goals, and positively changes health-related public norms. We can make it easier to get support by letting people know they are not being judged and that substance use does not define who they are.

As we continue to confront the underlying causes of stigma, the Massachusetts Bureau of Substance Addiction Services invites you to make the **Words Matter Pledge** and greater commitment to promote non-stigmatizing language

MAKE THE PLEDGE

INSTEAD OF SAYING...

CONSIDER SAYING...

HERE'S WHY

- Substance abuser
- Drug abuser
- Alcoholic
- Addict
- Drunk
- Junkie
- High-risk population

- Problematic relationship w/ substances
- Substance use disorder (if diagnosed)
- Substance use
- Person who uses substances
- Person who uses drugs (PWUD)
- Person with living experience
- Person at high risk of overdose

Person-first language humanizes individuals by conveying that they "have" a problem as opposed to "being" the problem versus using labels that define a person by their substance use. Since not everyone who uses substances has substance use disorder (SUD) it's important not to use these terms interchangeably

- Drug addicted babies
- Babies born addicted

- Infants with prenatal substance exposure
- Children born with substance dependency
- Infant exhibiting withdrawal symptoms

Infants born to parents who use substances or take medication are often involved in social or legal services, which increases the likelihood of them experiencing challenges later in life. It's important to use accurately language to describe the medical situation of these infants

- Relapse
- Chronic relapse

- Return to use
- Recurrence of symptoms

Substance use disorder often includes recurrence of use, and relapse can imply a failure instead of simply a symptom of a diagnosed medical condition

- Substance abuse
- Drug habit
- Drug problem
- Drug abuse

- Substance use
- Chaotic use
- Risky, unhealthy, or problematic use
- Substance addiction
- Misuse of prescription medications

This language inaccurately implies a person is choosing a problematic relationship with substance and can both suggest or more or less serious situation, depending on the individual's circumstances

- Reformed addict or alcoholic
- Clean or dirty

- Person in recovery
- Person with lived experience
- Healthier relationship to substance(s)
- Abstinent from substance use
- Not using alcohol or drugs

While some communities have reclaimed stigmatizing language to celebrate recovery, this nuance is not always understood and can be interpreted as ascribing a moral value to substance use or abstinence

- Substitution or crutch
- Drug replacement therapy (DRT)
- Medication Assisted Treatment
- On methadone or other meds

- Treatment or medication for SUD
- Medication for Addiction Treatment
- Medication for Opioid Use Disorder (MOUD)
- Medication for Alcohol Use Disorder (MAUD)
- Medication Supported Recovery
- Receiving treatment
- Opioid agonist or antagonist medication

Accurate medical terminology allows for appropriate care, while words like “replacement” suggest that a person’s relationship to substances has not changed despite them seeking treatment. It is a misconception that medications merely “substitute” one drug for another

- Clean or dirty urine
- Clean or dirty needles

- Positive or negative toxicology screening
- Sterile or unsterile and new or used syringes and works/injection equipment

It is important to use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.

- Drug dealer
- Prostitute or hooker
- Criminal or felon
- Drug court
- Crazy

- Underground economy
- Sex worker or lived experience in sex work
- Sexually exploited person
- Trafficked person
- Person with legal system involvement
- Recovery Court
- Person w/co-occurring mental health conditions

Behaviors sometimes associated with substance use can be criminalized and highly stigmatized, along with use itself; these occupations or activities do not describe who a person is unless they claim the terms as part of their identity