



**DENVER HEALTH  
CAM ACADEMY™**

## **“Words Matter” Language Guide**

### **Call to Action**

At Denver Health’s Center for Addiction Medicine (CAM), we are committed to providing the highest standard of care for people with substance use disorder (SUD). Our dedication to improving patient experiences and outcomes has led us to launch the “Words Matter” campaign - a transformative initiative born out of a data driven revelation.

The “Words Matter” campaign came to fruition following a thorough data analysis that highlighted the presence of stigmatizing language in our patient notes and interactions. This data shed light on the specific areas where stigmatizing words were most frequently used, revealing the potential harm they can cause to individuals seeking help for SUD.

Fueled by the desire to foster a culture of understanding, empathy, and support, we recognized the urgent need for change. At the CAM, we are determined to make a difference at Denver Health through language transformation.

### **Promoting Clinically Accurate, Person-First Language in Addiction Medicine**

#### **Effect of Language on Care:**

Language plays a significant role in addiction medicine, shaping the experiences of people with Substance Use Disorder (SUD) and influencing their willingness to seek help. Stigmatizing language can perpetuate harmful stereotypes, hinder open communication, and create barriers to treatment. It may lead to feelings of shame, isolation, and hopelessness for those struggling with SUD, deterring them from accessing the support they need.

#### **Embracing Person-First Language in Addiction Medicine:**

When we use person-first language, we foster a culture of understanding and empathy. By addressing individuals with SUD as people first, we acknowledge their inherent dignity and worth, promoting a sense of belonging and trust. Person-first language emphasizes that SUD is just one aspect of a person’s life and does not define their entire identity.

## What is Stigmatizing Language in Addiction Medicine?

To better support our patients, it's crucial to be aware of stigmatizing language in our communications and interactions. Stigmatizing language refers to the use of words or phrases that devalue and label individuals based on their substance use disorder. It focuses solely on their condition, overlooking their strengths, struggles, and individuality.

Stigmatizing language can perpetuate harmful attitudes and prejudices, hindering progress towards recovery and well-being. Examples of stigmatizing language include phrases such as “addict,” “drug abuser,” or “junkie.” This language neglects the complex factors that contribute to a person’s struggles and successes with a substance use disorder.

### Recommended Language

The following table has been developed to serve as a valuable resource for health care providers and professionals. It aims to promote a culture of understanding and empathy, facilitating improved care for people with Substance Use Disorder (SUD). The guidance within the “**Use This... Instead of This... Because...**” table has been developed through a collaborative effort, drawing upon the expertise of subject matter experts in addiction medicine. It is grounded in clinical research, patient-centered approaches, and commitment to reducing the stigma often associated with SUD. It offers alternatives to stigmatizing terms and suggests appropriate terminology to create a more supportive and empathetic environment for people with SUD.



<b>Use this...</b> <small>(based on consensus, research or subject matter expert opinion)</small>	<b>Instead of this...</b>	<b>Because...</b> <small>(If applicable)</small>
<b>Substance Use Disorder (SUD)</b>	Abuse, problem, drug habit	<ul style="list-style-type: none"> <li>• “Abuse” elicits negative bias from providers including moral judgment, blame, and pessimism about treatment</li> <li>• “Abuse” is no longer a drug use category in the DSM-V; The World Health Organization (WHO) has recommended against using the term “abuse” since the 1970s</li> <li>• “Habit” implies personal choice to use or not use (SUD is defined in part by a loss of control), undermining the biological component of these disorders</li> <li>• These terms detract from understanding the medical and public health nature of SUD</li> </ul>
<b>Substance use</b>	Substance abuse	<ul style="list-style-type: none"> <li>• Neutral, non-judgmental language</li> <li>• Note: Not all substance use meets criteria for an “(X) use disorder”. For patients whose substance use carries consequences or risks, but who otherwise do not meet DSM criteria for a disorder, consider the terms “hazardous”, “risky”, or “harmful use”; alternatively, “unhealthy use” refers to the full spectrum that includes risk to a disorder</li> </ul>
<b>Person with Substance Use Disorder (SUD)</b> <b>Person with Opioid Use Disorder (OUD)</b> <b>Person with Alcohol Use Disorder (AUD)</b> <b>Person with (Cannabis, Tobacco, Nicotine) Use Disorder</b>	Addict, abuser, junkie, druggie, malingerer  Alcoholic, drunk, drunkacidal Smoker	<ul style="list-style-type: none"> <li>• Person-first language can reduce stigma – a patient “has” rather than “is” a condition</li> <li>• Avoids negative bias, punitive attitudes, and blame</li> </ul>
<b>Has an (X) use disorder</b>	Addicted to (X)	<ul style="list-style-type: none"> <li>• Person-first language</li> <li>• Note: Use “physical dependence” when a patient would experience withdrawal with abrupt cessation, who does not otherwise exhibit impaired control, craving, compulsive use, and/or use despite negative consequences (suggesting a substance use disorder is present). Physical dependence is expected with chronic use of benzodiazepines, opioids, or other medications</li> </ul>

<b>Use this...</b> <small>(based on consensus, research or subject matter expert opinion)</small>	<b>Instead of this...</b>	<b>Because...</b> <small>(If applicable)</small>
<b>Person who uses drugs (PWUD)</b>	Drug user, drug seeking, drug seeker, untreated addict, malingerer	Neutral and non-judgmental language
<b>Testing negative for (X)</b> <b>Testing positive for (X)</b>	Clean drug screen Dirty drug Screen	Neutral and objective language: “clean” and “dirty” evokes punitive biases and shame; these terms—which are associated with filth—are also not clinical when referring to a medical or behavioral health condition
<b>Withdrawal management</b>	Detox	<ul style="list-style-type: none"> <li>• “Detox” implies the need for cleansing</li> <li>• Note: Consider writing “withdrawal management” for clarification since “detox” may not be understood by lay audiences</li> </ul>
<b>Substance-free</b> <b>Abstinent from (X)</b>	Clean	<ul style="list-style-type: none"> <li>• Neutral and objective language</li> <li>• <i>See above recommendation to avoid “clean”</i></li> </ul>
<b>Person in recovery</b> <b>Person in remission</b>	Recovering addict	Person-first language
<b>Return to use</b> <b>Recurrence of substance use</b>	Relapse, lapse	<ul style="list-style-type: none"> <li>• Neutral and objective language</li> <li>• The term “(re)lapse” potentially carries moral and religious roots (i.e. lapse in faith)</li> </ul>
<b>Person experiencing homelessness</b> <b>Person who is unhoused</b>	Homeless, malingerer	Person-first language
<b>Newborn exposed to (X)</b> <b>Baby with (neonatal opioid withdrawal syndrome (NOWS)/neonatal abstinence syndrome)</b>	Addicted baby, born addicted, drug exposed baby, drug baby, baby with addiction	<ul style="list-style-type: none"> <li>• Person-first language</li> <li>• Lessens moral judgment on the parent and keeps focus on clinical management</li> <li>• Babies cannot have an addiction (SUD is defined by compulsive use despite negative consequences; neonates are incapable of this behavior); rather, they are born manifesting a withdrawal syndrome</li> </ul>
<b>Medication for Opioid Use Disorder (MOUD)</b> <b>Medication for Alcohol Use Disorder (MAUD)</b> <b>Medication for Addiction Treatment (MAT)</b>	Substitution or replacement therapy Medication-Assisted Treatment	<ul style="list-style-type: none"> <li>• Treatment for other chronic conditions (for example, insulin for diabetes; antidepressants for depression) are not labeled ‘medication assisted treatment’—SUD should not be treated differently</li> <li>• “Substitution” or “replacement” suggests that patients are trading one substance use disorder for another.</li> <li>• The term “assisted” implies that medication has a supplemental or temporary role, rather than being a gold standard treatment</li> </ul>



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## Take the “Words Matter” Pledge

As part of our commitment to driving change within Denver Health, we invite you to join the “Words Matter” pledge. By taking this pledge, you:

- ✓ Understand the significance of the language you use when discussing substance use both in documentation and interactions.
- ✓ Believe that using clinically accurate and person-first language is essential in reducing stigma and improving care.
- ✓ Pledge to use language that acknowledges substance use disorder as a treatable medical condition, from which people can and do recover, rather than viewing it as a moral failing.

**[TAKE THE PLEDGE HERE](#)** (Click here for link)

As health care personnel, we have the power to catalyze change by moving away from terminology that negatively impacts care. Language may change over time as we better understand substance use disorder. Let’s continually re-evaluate the words we use and professionally model clinically accurate, person-first language to stop the stigma of substance use disorder.