

Words Matter: The Importance of Using Compassionate and Person-First Language

Catching Up With COSSAP, April 2021

Introduction

Language is a powerful tool that can influence the complex stigma surrounding substance use disorders (SUDs), involvement in the criminal justice system (CJS), and mental health (MH) conditions. The words we use, either formally or informally, can either reduce or reinforce this layered stigma.¹⁻³ When used compassionately, language can help people feel seen, welcomed, and valued. At the crux of the issue is the realization that labels are “sticky,” meaning that when we assign public labels to people, the designation and judgements that accompany them follow those people for a very long time.³

It is important for clinicians, researchers, law enforcement officers, public health officials, MH practitioners, and the public to reduce stigma through the use of a unified set of terms about these commonly discussed topics. The language that practitioners and policymakers use to talk about individuals with greater physical and MH needs shapes how the public views them.^{3;4} Ultimately, stigma affects not only these individuals and how they think about and see themselves, but also how the public thinks about SUDs, CJS involvement, and MH conditions.⁵ Public perception is incredibly pertinent because public support is necessary for funding and sustaining prevention and treatment programs.

Grantees of the Bureau of Justice Assistance’s Comprehensive Opioid, Stimulant, and Substance Abuse Program can use the language discussed in this article as a resource in their day-to-day practices and interactions with clients. It can also be used when collaborating with other professionals to set a new standard for usage that recognizes the impact of compassionate and person-first language (PFL).



Stigma and Negative Bias

Stigmatization of key populations often leads to stereotyping, prejudice, and discrimination, which can negatively affect people and their ability to access high-quality treatment and social and economic resources.^{7;8}

- Of the approximately 23 million Americans who meet criteria for an SUD each year, only about 10 percent access treatment.⁹ Stigma has been identified as a common barrier to seeking help.^{2;10} Many people recognize that they need treatment, but the fear of negative perceptions from neighbors, friends, family, and employers, among others, prevents them from pursuing it.^{11;12}
 - Stigmatization can lead to a higher likelihood of dropping out of treatment (whether it takes the form of shame or of concerns about social, economic, or legal consequences of disclosing a SUD or MH condition, for example).¹³⁻¹⁵
 - Stigmatization can limit access to treatment when people with SUDs or those involved in the CJS are blamed for their situations or are viewed as untreatable.⁴ Stigmatizing beliefs about people with MH conditions can lead to coercive treatment, weakened financial autonomy, and diminished opportunities.^{16;-17}

Words Matter: The Importance of Using Compassionate and Person-First Language

Catching Up With COSSAP, April 2021

- Research suggests that the collateral consequences of incarceration, often associated with the stigma of a criminal conviction, have intensified since the concept of labeling emerged.¹⁸⁻²¹

Foundational Research

Research suggests that there is an association between the language that we use and our negative perceptions. It also shows that there are far-reaching effects of stigmatizing language on people with SUDs, CJS-involved people, and people with MH conditions. In 2010, researchers surveyed approximately 300 people regarding how they felt about two people who were “actively using drugs and alcohol.”² One person was referred to as a “substance abuser,” and the other was referred to as “having a substance use disorder.” No further information was given about these hypothetical individuals. The survey then asked questions such as “Which of these two individuals would you be more likely to recommend to treatment to decrease substance use?” Overall, the study found that participants perceived the “substance abuser” to be:

- Less likely to benefit from treatment.
- More likely to benefit from punishment.
- More likely to be socially threatening.
- More likely to be blamed for his or her substance-related difficulties.
- Able to control his or her substance use without help.

“There are two main factors that influence stigma: cause and controllability. Stigma decreases when people perceive that the individual is not responsible for causing his/her problem (i.e., ‘It’s not his fault’) and when he or she is unable to control it (i.e., ‘She can’t help it).”

—Kelly, Wakeman, & Saitz (2015)⁶

In other words, many people mistakenly believe that MH conditions, including SUDs, are both within a person’s control and partially his or her fault, which increases stigmatization.

“One of our first initiatives is to respond to the negative public perception about our population as expressed in the language and concepts used to describe us. When we are not called mad dogs, animals, predators, offenders and other derogatory terms, we are referred to as inmates, convicts, prisoners and felons— all terms devoid of humanness which identify us as ‘things’ rather than as people. These terms are accepted as the ‘official’ language of the media, law enforcement, prison industrial complex and public policy agencies. However, they are no longer acceptable for us and we are asking people to stop using them.”

—Eddie Ellis, founder, Center for NuLeadership on Urban Solutions²²

The results from this study indicated the importance of how we refer to people with substance-related conditions and that use of the “abuser” label plays a role in perpetuating stigmatizing attitudes. In fact, the same researchers conducted a randomized trial with more than 500 MH care providers.¹ Using a similar survey approach, they found that exposure to the “substance abuser” label evoked certain negative perceptions (e.g., those involving the degree to which punitive action should be taken and personal blame assigned for individuals’ substance-related difficulties).

Importantly, the findings of this research reflect the lives of actual human beings who experience the harmful effects of these stigmatizing words. Referring to people with SUDs as “offenders,” “abusers,” or “junkies” assigns labels to them according to behaviors that represent the worst days or mistakes of their lives rather than who they are: friends, brothers, daughters, parents, and community members.²³ To gain a better understanding of the personal impacts of stigmatizing language, visit <https://storiesoverstigma.com/>.

Words Matter: The Importance of Using Compassionate and Person-First Language

Catching Up With COSSAP, April 2021

Person-First Language

PFL is a concept that combats stigma by advocating the use of phrases that convey the notion that a person's condition or situation is only one aspect of who the person is—not his or her defining characteristic. By putting the person first, we acknowledge that the person is more than his or her actions, circumstances, or diagnoses. PFL affirms that people can face a problem without implying that they themselves are the problem. For example, instead of describing someone as a "drug user," which puts the action first, try saying a "person who uses drugs (PWUD)." Other examples include a person experiencing housing insecurity, a person with a criminal record, or a child with autism. With regard to criminal justice, several organizations have advocated replacing terms such as "ex-offender" with phrases such as "person who was formerly incarcerated" to stop identifying people by their convictions long after their release.¹⁸ Ultimately, stigma-free language can positively impact affected individuals, their families, public opinion, media portrayals of priority populations, and policy change.^{4,5} Table 1 contains examples of commonly used stigmatizing terms and PFL that can be used instead.

Conclusion

Ultimately, the respectfulness and inclusivity of language about a particular group should be determined and informed by the group itself. When engaging with affected populations, professionals should seek to understand individuals' thoughts and preferences regarding the use of terminology discussed in this article. What language would they prefer, and what are the implications of its usage? In summary, it is of utmost importance that those interfacing with traditionally stigmatized populations prioritize language that:²⁴

- Respects the worth and dignity of everyone by using PFL.
- Focuses on the medically appropriate, neutral terms and treatments.
- Promotes the recovery process.
- Avoids perpetuating negative stereotypes and biases through the use of slang.
- Respects individuals' language preferences.

Stigmatizing Terms	Better Choices	Reasons
<i>Substance Use²⁵</i>		
Abuser Addict Alcoholic Junkie User	Person who uses drugs (PWUD) People with substance use disorders (SUDs) Person experiencing a SUD	Use person-first language (PFL).
Clean Former addict	Negative toxicology test results Person in recovery	Use PFL and neutral/proper medical terminology.
Dirty	Positive toxicology test results	Use neutral/proper medical terminology. The word "dirty" to describe someone who is actively using has negative connotations.
[Drug] abuse, misuse	Substance use [disorder]	Negates the fact that SUDs are medical conditions; increases the likelihood of assigning blame for the illness and believing that a person should be subjected to more punitive rather than therapeutic measures. As an analogy, we do not refer to people with eating disorders as "food abusers."
Opioid substitution, maintenance, or replacement therapy	Medications for SUD treatment ²⁶	Perpetuates the misconception that medications merely "substitute" one drug or "one addiction" for another. Research shows that medications used to treat substance and opioid use disorders are truly effective and are not mere substitutes.
[Physical] dependence	Addiction	Addiction takes psychosocial context into account, whereas dependence refers solely to physical health. Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and a person's life experiences.
Relapse Slip	Experienced a recurrence [of drug use]	Implies moral meanings (like a lapse in grace or judgement) that suggest a personal failing for some people rather than a legitimate medical issue.

Words Matter: The Importance of Using Compassionate and Person-First Language

Catching Up With COSSAP, April 2021

Stigmatizing Terms	Better Choices	Reasons
<i>Criminal Justice Involvement⁴</i>		
Dungeon Hole	Solitary confinement	Derogatory; reinforces self-stigma.
Ex-prisoner Ex-inmate Ex-felon Ex-offender	Person with convictions Person who was formerly incarcerated	Use PFL.
Illegal [immigrant] Alien Undocumented Visa overstayer	Person without documentation	Use PFL.
Inmate Felon Offender Prisoner	People who are incarcerated Individuals People involved in the criminal justice system	Use PFL.
Prisoner/patient	Patient	Use PFL; health professionals care for patients, regardless of their involvement in the justice system.
Parolee Probationer	Person on parole or probation	Use PFL.
Prostitute	Person involved in sex work Sex worker	Use PFL.
Prostitution	Sex work	Reinforces public and self-stigma; negates the validity of sex work as a profession.
<i>Mental Health</i>		
Crazy Insane Mental Psycho	Person living with a mental health condition Person with a mental health diagnosis People experiencing mental health problems	Use PFL.
Depressed Deranged/delusional Manic	People with depression People with schizophrenia People with bipolar disorder	Use PFL.
High(er)-risk group	Key/priority populations High-risk behaviors (e.g., sharing needles)	Implies that the risk is associated with membership in the group itself rather than with specific high-risk behaviors.
Mental illness The mentally ill	[People with] mental health conditions, disorders, or problems	Use PFL.
Suffering from	Has a diagnosis of. . . Experiencing or living with. . .	Implies disempowerment of those who have mental health conditions or SUDs.
Victim	Harmed party Survivor People who have experienced violence	Implies disempowerment of those who have experienced violence.

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Catching Up With COSSAP, April 2021

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Words Matter: The Importance of Using Compassionate and Person-First Language

Catching Up With COSSAP, April 2021

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