

Communicating About Addiction: Accuracy or Alienation?

10 Tips For You and the Mainstream Media

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For decades, addiction has been characterized by images of graffiti-painted highway overpasses and alleyways strewn with discarded needles, drawing the line between those suffering from addiction and the "rest of us."

But now, in the midst of a nationwide opioid epidemic, overdose occupies the top spot for leading cause of accidental death in the United States, [claiming over 50,000 American lives](#) for the third year in a row. News stories of the alarming rise in the number of opioid overdose deaths splash across television and newspaper headlines daily. We find ourselves replaced with a new reality, that individuals suffering from substance use disorder are no longer unrelatable strangers, they are our neighbors, our friends, and our family members.

Despite this, new stories all too often continue to rely on [click-bait](#) tactics to attract people to their sites but ultimately, these can have the effect of alienating, and dehumanizing those suffering from addiction, and inducing fear of addicted persons in readers. Instead of contributing to the solution, these click-bait tactics can actually increase the stigmatization of addiction, which in turn can serve as a barrier to those seeking help for substance use disorder. The language we use to talk about addiction truly matters, especially when we are talking about an already highly-stigmatized condition such as addiction.

Correctly talking about addiction means omitting sensationalism for more accurate narratives, avoiding stigmatizing language, acknowledging evidence-based solutions, and working to give faces and names to the vast number of fathers, mothers, sisters, cousins, friends, and neighbors affected by this sweeping public health crisis.

Below, we suggest 10 simple tips for how to talk, write, and report on addiction:

1. **Use Comparable Medical Terminology Whenever Possible:** Use substance use disorder (or opioid use disorder, alcohol use disorder, etc.) over “substance abuse.” Someone in treatment is a patient suffering from a health condition. Talk about substance use disorders, and treat addiction the same way you would other chronic medical conditions such as diabetes or cancer in your articles.
2. **Use Person-first Language:** Structure your sentences to put the person first, and the disease second. Do not use terms like drug abuser, junkie, addict, alcoholic, or bulimic. Instead, describe the person as an individual with, or suffering from, a substance (opioid/alcohol/cocaine etc.) use disorder. Person-first language articulates that the disease is a secondary attribute and not the primary characteristic of the individual’s identity.
3. **Avoid Using Stigmatizing Terms:** Stigma is a known primary barrier for individuals seeking treatment and support for their addiction and recovery, so [avoid these terms](#) that are associated with increasing stigma:
 - **Abuse/abuser**—Instead of saying “substance abuse” which has been found in research to even have an effect on the attitudes of healthcare providers regarding evoking more blaming and punitive attitudes, use the word “substance use/misuse” or “substance use disorder”). We refer to people with eating-related problems as having or suffering from an “eating disorder” never as “food abusers”; so do the same for substance use disorders.
 - **Clean/Dirty**—Instead of stating the person is clean or dirty, say that the individual is in remission or recovery, or still has/is suffering from a substance/opioid/alcohol/cocaine etc., use disorder. In the case of toxicology screens, describe the drug screen results as either “positive” or “negative” for particular substances).
 - **Rehab**—Instead, say “residential treatment facility” or “addiction treatment facility.”
 - **Enabling**—Remove fault and intention, instead explaining that “loved ones can unconsciously reinforce substance use.”

- **Relapse/Lapse/Slip**—Instead say “recurrence of symptoms” or “recurrence of the disorder”
 - **Opioid Replacement Therapy/Medication Assisted Treatment**—Instead say “medication”.
4. **Share the Solutions That Exist:** Substance use disorder is actually a good prognosis disorder, in that the majority of patients fully recover, go on to lead normal lives, and often achieve enhanced levels of functioning. [Myriad treatments, resources, and services exist](#) to support recovery.
 5. **Provide Details of Those Solutions:** Include detailed accounts of how people are responding to their substance use disorder problems with actual effective evidence-based solutions (not good intentions) in meaningful detail. Discuss barriers to, or limitations of, the solution and provide detail on how others could implement and replicate the solutions. When possible, avoid what is known as the literary afterthought: i.e., a paragraph or sound bite at the end of an article on the problem(s) of addiction that gives lip service to efforts at solving the problem but the solutions aren’t considered with real seriousness.
 6. **Humanize the Condition:** Use language that is relatable and works to humanize and personalize the condition, avoiding fear and blame tactics that treat those suffering as alien otherness or those people. With over 20 million Americans suffering from a substance use disorder, 40 million engaged in problematic use, and another 23 million in recovery, it is important not to leave the humanity of those affected.
 7. **Use Reliable Sources:** Look at the financial interests and place of employment of your sources. Try to identify potential biases in your source materials, and provide a variety of voices from across the advocacy, research, medical, and recovery communities.
 8. **Communicate Information About the Many Different Pathways to Recovery:** There are many factions that trumpet specific pathways. Be aware of these different camps and biases, and understand that everyone’s recovery may look

different, and that is OK. There are many different pathways to [remission](#). we believe the mantra should be recovery by all and any means necessary.

9. **Give the 30,000-foot View:** Substance use disorder is a chronic disease, not an acute condition. [The brain takes years to recover](#), and it can take several treatments and several years for some to achieve full remission. Don't blame the individual patient when they are not able to successfully recover, or doctors are not able to successfully 'cure' patients in a 30-day addiction treatment program using acute care models. Zoom out and contextualize the condition, giving a 30,000-foot view, that recovery can take time to achieve, but is infinitely worth it. And, that most people eventually recover.

10. **Be Respectful:** despite being a good prognosis disorder, it is important to also acknowledge that premature mortality rates are high and families may be grieving the loss of a loved one. Staying mindful about this can help with articles' content and tone, resonate with readers, and convey the gravity of these conditions.