Version Log

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Guidance on the preferred use of substance use-related language

The CFAR SURC aims to provide guidance on the use of appropriate, non-discriminatory terminology in written and spoken language, including in grant applications, publications, and presentations. Below, we provide some examples of preferred terms related to HIV and substance use. Addiction-related language should avoid stigmatization, appropriately reflect the spectrum of use, and use defined and agreed-upon terminology for disorders and treatment. We include some terminology in this guide that is considered preferred by some and not by others. Language is in constant development, and so will be this guide.

References

- Substance Use Disorders: A Guide to the Use of Language (SAMSHA) https://www.naabt.org/documents/Languageofaddictionmedicine.pdf
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- John F. Kelly et al. Stop Talking 'Dirty': Clinicians, Language, and Quality of Care for the Leading Cause of Preventable Death in the United States. The American Journal of Medicine , Volume 128, Issue 1 , 8 – 9
- John F. Kelly, Richard Saitz & Sarah Wakeman (2016) Language, Substance Use Disorders, and Policy: The Need to Reach Consensus on an "Addiction-ary", Alcoholism Treatment Quarterly, 34:1, 116-123, DOI: 10.1080/07347324.2016.1113103
- Richard Saitz. International statement recommending against the use of terminology that can stigmatize people. J Addict Med. 2016;10(1):1–2. And http://www.parint.org/isajewebsite/terminology.htm
- Richard Saitz, Shannon C. Miller, David A. Fiellin, and Richard N. Rosenthal. Recommended Use of Terminology in Addiction Medicine. In: The ASAM Principles of Addiction Medicine.
- https://www.recoveryanswers.org/addiction-ary/

1. Substance Use and HIV Related Language

1.1 Language to Use: alcohol use disorder, substance use, substance use disorder

Avoid abuse and related terms such as drug abusers, as they imply willful misconduct, which increases stigma and reduces help-seeking. Those should be replaced with "use" or, for the circumstance when prescription drugs are being discussed, "misuse" or use for a purpose such as for "non-medical reasons".

Avoid drug use because of its ambiguous meaning of either a "medication" or a "non-medically used psychoactive substance." Although not inherently stigmatizing, this ambiguity may create a barrier to medically appropriate prescription (psychoactive). Refer to substance use for any unhealthy alcohol and/or other drug use, ranging from risky use (i.e., consumption of amounts

that increase the likelihood of health consequences) to a substance use disorder (defined by DSM-5 criteria). Where appropriate, refer to “non-medical use” or “use not as prescribed” of psychoactive substances.

The term substance may need clarification, as it could encompass anything from controlled substances to alcohol and nicotine, caffeine etc. For heavy alcohol use, “harmful alcohol use,” “hazardous alcohol use,” or “unhealthy alcohol use” could be used to indicate increased risk with use. For those with consequences or risk, but who do not have a disorder, the terms “hazardous,” “risky,” or “harmful” use, or for the full spectrum that includes risk to a disorder, “unhealthy” use or “alcohol misuse” are recommended.

1.2 Language to Use: person with HIV, person living with HIV; HIV positive

Avoid HIV-infected, HIV patient unless directly relating to a medical setting. Many people living with HIV do not experience symptoms and therefore affected individuals do not consider themselves diseased or patients.

1.3 Language to Use: Person with a substance use disorder, people who inject (use) drugs, People living with HIV, people with HIV

Avoid addicts, abusers, intravenous drug users, substance users, etc. Such terms define patients by their substance use and are not conducive to fostering the trust and respect required when engaging with people who use drugs.

Use “people first” language (person arrested for drug violation, not drug offender) and avoid referring to people as an abbreviation (IDU, PWID, PLHIV), as this defines people by their condition (abbreviations for population groups can, however, be used in charts or graphs where brevity is required).

Avoid bridge or bridging population. These terms describe a population such as people who use/inject drugs at higher risk of HIV exposure whose members may have unprotected sexual relations with individuals who are otherwise at low risk of HIV exposure. Because HIV is transmitted by individual behaviors and not by groups, avoid using these terms. (UNAIDS)

1.4 Language to Use: HIV key populations

Avoid high(er)-risk group, most-at-risk groups, vulnerable groups etc., as those imply that the risk is contained within the group, whereas all social groups actually are interrelated. Their use may create a false sense of security in people who have risk behaviors but do not identify with such groups, and it can also increase stigma and discrimination against the designated groups.

Avoid the verb target and the noun target population, as this conveys non-participatory, top-down approaches; instead, use engage, involve, or designed for and by. Likewise, rather than use target populations, refer to populations that are key to the epidemic and key to the response. (UNAIDS)

1.5 Language to Use: opioid agonist therapy, medications for opioid use disorder

Avoid opioid substitution treatment or therapy (OST). These terms are misleading, as agonist therapy is an evidence-based treatment and not, as often misconstrued, substituting one addiction for another.

Avoid the term medically assisted treatment (MAT), because medication *is* treatment and not auxiliary to other treatment. The preferred terminology is opioid agonist therapy (OAT) for methadone and buprenorphine; and medications for opioid use disorder (MOUD) to include naltrexone.

1.6 Language to Use: Use of contaminated injecting equipment, use of non-sterile injecting equipment or multiperson use of injecting equipment

Some recommend avoiding needle and syringe sharing and prefer to emphasize the (un)availability of injecting equipment rather than the behavior of individuals when injecting equipment is in short supply. When referring to the risk of HIV transmission via injection, use of potentially contaminated injecting equipment indicates potential for HIV transmission, while use of non-sterile injecting equipment or multiperson use of injecting equipment refers to risk of HIV exposure. (UNAIDS)

2. Recovery-related language

2.1 Language to Use: Negative, positive drug screen or toxicology test results

Avoid clean, dirty (when referring to drug test results), as they stigmatize by associating illness symptoms (i.e. positive drug tests) with filth. For persons in recovery, use the term maintained recovery rather than stayed clean.

2.2 Language to Use: Withdrawal symptoms

Avoid “dope sick” or other slang.

2.3 Language to Use: resumed or recurrent use, had a setback

Avoid relapse or slip, as those may imply a moral failing or refer to religion (e.g. lapse in grace) implying “accidental” manifestation (e.g. lapse in judgement)