Words Matter: Improving the Substance Use Conversation
A Guide for Health Care Teams

"Words have immense power to wound or to heal. The right words catalyze personal transformation and offer invitations to citizenship and community service. The wrong words stigmatize and dis-empower." ~William White

Use this Guide to help health care teams recognize, rethink and remediate the stigma and bias of words commonly used in caring for people with the chronic disease of substance use disorder:

1. Introduce the content in staff meetings, discuss reactions, and take a few minutes each time to practice the scripts and alternative language amongst colleagues.
2. Laminate the tools and hang them in break rooms, in exam rooms, at the front desk, and in new employee packets.
3. Identify a team to pilot the scripts and share successes and learnings at staff meetings as a regular agenda item.

Stigma is defined as "a mark of shame or discredit". Stigma exposes people to distorted experiences with the criminal, mental health, and medical fields, robbing people of opportunities for success and increasing the acuity and mortality for those individuals whose lives may be complicated by mental health conditions and substance use disorder.

Structural stigma is discrimination present in the health care system manifested in the implementation of policies and use language; leading to lower quality of care, limited and fragmented access to behavioral health treatment and other services, and overuse of coercive approaches to care.

Health care team members are encouraged to…

- **Use and encourage language that promotes self-esteem and self-efficacy** such as person-first language like "person with substance use disorder" instead of "addict" or "alcoholic." Many people with substance use disorder use stigmatizing language to describe themselves. Health care teams that use empowering language can diminish the "why try" effect of self-stigma and encourage engagement in peer supports and education to increase social and coping skills.
- **Use motivational Interviewing** as a core competency in leading conversations related to substance use, and is the most effective behavioral approach to engage people in the self-maintenance of chronic medical conditions. This guide provides examples the use of motivational interviewing techniques – for more information on motivational interviewing visit: https://www.integration.samhsa.gov/clinical-practice/motivational-interviewing
- **Use scripting** to reduce stigma by recognizing the decision and power balance in the health care interactions. Scripting offers a faster, more direct, and less emotionally charged platform to offer equitable care without stigma when triaging, educating, and providing care. When teams use scripts, they can improve the culture of care and create better conversations related to conversations about substance use, risk reduction, referral pathways, and recovery supports.
- **Promote coordination of treatment providers** to develop person-centered system of care and facilitate recovery through increased access to evidence based treatment, symptom monitoring, adherence to prescribed medications, and seeking out supported employment opportunities. Coordination between providers can encourage family interventions, increase skills management, and promote entry into integrated treatment for mental health and substance use conditions.

This tool is intended to improve the outcomes for people living with substance use disorder by encouraging teams to:

- Change language to be consistent with the nature of substance use disorder as a chronic disease
- Stress that substance use disorders are treatable and that recovery is a reality and possible for everyone, and provide opportunities to help people with substance use disorder achieve recovery
- Emphasize solution-oriented care instead of problem-oriented care
- Encourage personal witnesses to help put a face and voice on recovery
- Become the vocal majority

Sample Scripts for Conversations with People Living with Substance Use Disorder

The following scrips are intended to support health care teams to focus on using person-centered language related to substance use disorders. Practice with other staff members to gain comfort using the language.

1) **Front Office/Phone Conversations**

Person with Substance Use Disorder	**Staff/Provider Response**
"I'm out of town. I can't come in for my pill count."	"No problem - just give me the name of the closest pharmacy and I will fax them a sheet to fill out once they count your pills."
"I'm out of town, I can't come in for my urine drug screen."	"No problem- just give me the name of the closest hospital and I will call their lab and fax an order."
"I just used the bathroom and I cannot urinate."	"No problem - I can give you as much water as you need to give us a sample. If you leave the clinic without providing a sample, it would be considered the same as a positive test, so we want to be sure that you can leave a sample."
"I only have a small portion of my (Medication Assisted Treatment or MAT) medications. The others are stored elsewhere." "I have some of my (MAT) medications with me and the others are at the school, with the other parent, etc."	"Please bring in what you have for a pill count. You will need to find someone else who can bring your other MAT medications to the nearest pharmacy or bring to this clinic to be counted."
"I lost or flushed some of my pills."	"Please bring in what you have left for medications."
"My pills have been stolen."	"Ok, I will let your provider know."
"I don't like being treated like a criminal."	"I am sorry you feel like we're treating you like a criminal; that's not our intention. Our providers are following the Maine law and are required to routinely monitor anyone on controlled substances."
"I don't have any transportation, I can't get there."	"That must be difficult for you. Can you find a friend or family member who might be able to bring you? If you aren't able to come in (for a urine drug screen, pill count...etc.), I'll let your provider know, and we may need to discuss your treatment agreement again."

2) Office Visit Conversations Specific to Substance Use Ambivalence

Person living with a substance use disorder	**Provider Response**
"I can't stop using (substance x) when all my friends are doing it."	"It can be difficult to stop using substance x when the people surrounding us continue to use. How will stopping the use of substance x help reach your goals?"
"Why are you stuck on my use of (substance x)? You'd use too if you had my life."	"You've got a good point and that's important. There is a bigger picture here, and maybe I haven't been paying enough attention to that. It's not as simple as your use of (substance x). I agree with you, we shouldn't put any blame here."
"My family is always nagging me about my use of (substance x) – always calling me an addict. It really bothers me."	"It sounds like your family really cares about you and is concerned, although I agree they're expressing it in a way that is disrespectful and upsets you. Maybe we can help them learn how to tell you how much they love you and are worried about you in a positive way."

3) Office Visit Conversations Specific to Health Risks

Situation	Provider Response
Communicating that a procedure may be affected by substance use	"When I do this procedure, I want to be sure you will have the best possible outcome. My worry is that there are signs that your procedure may be complicated by (substance x) use. I'd like to explain what these signs are and have you weigh in so we can best plan your procedure."
High health risks of using a substance	"Based on the screening results, you are at high risk of having a substance use disorder. It is medically in your best interest to stop your use of (substance X). I am concerned that if you do not make a change, the consequences to your health may be serious."
Moderate health risks of using a substance	"Based on the screening results, you are at moderate risk of having or developing a substance use disorder. It is medically in your best interest to change your use of (substance x)."
Low health risks of using a substance	"Your screening results show you are unlikely to have a substance use disorder. However, people with any history of substance use can be at some risk of developing a disorder especially in times of stress or if they have just started to use recently. It is impossible to know in advance whether or not a person who will develop a severe substance use disorder. As your health provider, I encourage you to only use alcohol moderately (e.g. # number of drinks a week) and avoid using other substances"

4) Sample Questions to Evoke Self-Motivational Statements in an Office Setting

Problem Recognition
• What things make you think that this is a problem? • What difficulties have you had in relation to your drug use? • In what ways do you think you or other people have been harmed by your (use of x)? In what ways has this been a problem for you? • How has your use of (substance x) stopped you from doing what you want to do?
Concern
• What is there about your (use of x) that you or other people might see as reasons for concern? What worries you about your drug use? What can you imagine happening to you? • How much does this concern you? • In what ways does this concern you? • What do you think will happen if you don't make a change?
Intention to Change
• On a scale of 0 – 10, where zero is not at all important, and ten is extremely important, how important is it to you to change _____? Why are you at a ___ and not a [lower number]? What might happen that could move you from a ____ to a _____ [one number higher]? • The fact that you're here indicates that at least part of you thinks it's time to do something. • What are the reasons you see for making a change? • If you were 100 percent successful and things worked out exactly as you would like, what would be different? • What things make you think that you should keep (using x)? What makes you think it's time for a change? • I can see that you're feeling stuck at the moment. What will need to change to feel unstuck?
Optimism
• If you decide to make a change, what are the thoughts you believe will help you do it? • What encourages you that you can change if you want to? • What do you think would work for you, if you needed to change?

Changing the Way We Talk About Substance Use Disorders

Using alternative terms provides the opportunity to reduce the barriers to recovery for a person experiencing substance use disorder. Adjusting language can help to avoid judgmental and negative assumptions of people with substance use disorder – it is a small change with the potential for a big impact.

For example, the medical community has been transitioning a language shift to *use the term* ***substance use disorder*** *instead of* ***drug abuse or addiction*** as it acknowledges problematic substance use as a medical condition.

Below is a list of alternative terms to use instead of potentially stigmatizing terms when discussing issues related to substance use with the reasoning to inform the shift in language.

Use Alternative Terminology		Instead of Stigmatizing Terminology
Person centered language	▪ Person with a substance use disorder	Addict
	▪ Has an X use disorder	Addicted to X
	▪ Person with an alcohol use disorder	Alcoholic
	▪ Person in recovery	Former or Reformed Addict
	▪ Individual not yet in recovery ▪ Person who is actively using X	Untreated Addict
	▪ People who use substances for non-medical reasons ▪ People starting to use X substance	Recreational, Casual, or Experimental Users (as opposed to those with a use disorder)
	▪ Substance exposed infant	Drug addicted infant
Neutral and objective language	▪ Substance Free ▪ Abstinent	Clean or Sober
	▪ Testing negative for substance use	Clean Screen
	▪ Actively using ▪ Positive for substance use	Dirty
	▪ Testing positive for substance use	Dirty Screen
	▪ Substance use disorder ▪ Regular substance use	Drug Habit
	▪ Use of X substance	Drug of Choice or Abuse
	▪ Misuse	Hazardous, Risky, or Harmful substance use
	▪ Ambivalence	Denial
Opportunity Focused Language	▪ Recovery Management	Relapse Prevention
	▪ Return to use ▪ Recurrence of use	Relapse
	▪ Medication for addiction treatment (MAT) ▪ Medication for opioid use disorder	Opioid Replacement or Methadone Maintenance

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