



RISK MITIGATION TOOLKIT

Difficult Conversations

Instead of...	Use...	Because...
Addict	Person with substance use disorder	<p>Person-first language. The change shows that a person “has” a problem, rather than “is” the problem. The terms avoid eliciting negative associations, punitive attitudes, and individual blame.</p>
User	Person with OUD or person with opioid addiction (when substance in use is opioids)	
Substance or drug abuser	Patient	
Junkie	Person in active use; use the person’s name, and then say "is in active use."	
Alcoholic	Person with alcohol use disorder	
Drunk	Person who misuses alcohol/engages in unhealthy/hazardous alcohol use	
Former addict	Person in recovery or long-term recovery	
Reformed addict	Person who previously used drugs	
Addicted baby	<ul style="list-style-type: none"> • Baby born to mother who used drugs while pregnant • Baby with signs of withdrawal from prenatal drug exposure • Baby with neonatal opioid withdrawal/neonatal abstinence syndrome • Newborn exposed to substances 	<p>Babies cannot be born with addiction because addiction is a behavioral disorder—they are simply born manifesting a withdrawal syndrome. Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions. Using person-first language can reduce stigma.</p>
Habit	<ul style="list-style-type: none"> • Substance use disorder • Drug addiction 	<p>Inaccurately implies that a person is choosing to use substances or can choose to stop. “Habit” may undermine the seriousness of the disease.</p>

Abuse	<ul style="list-style-type: none"> • For illicit drugs: Use • For prescription medications: Misuse • Used other than prescribed 	The term “abuse” was found to have a high association with negative judgments and punishment. Legitimate use of prescription medications is limited to their use as prescribed by the person to whom they are prescribed. Consumption outside these parameters is misuse.
Clean	<p>For toxicology screen results: Testing negative</p> <p>For non-toxicology purposes:</p> <ul style="list-style-type: none"> • Being in remission or recovery • Abstinent from drugs • Not drinking or taking drugs • Not currently or actively using drugs 	Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions. Set an example with your own language when treating patients who might use stigmatizing slang. Use of such terms may evoke negative and punitive implicit cognitions.
Dirty	<p>For toxicology screen results: Testing positive</p> <p>For non-toxicology purposes: Person who uses drugs</p>	Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions. May decrease patients’ sense of hope and self-efficacy for change.
Opioid substitution replacement therapy Medication-assisted treatment (MAT)	<ul style="list-style-type: none"> • Opioid agonist therapy • Pharmacotherapy Addiction medicine • Medication for a substance use disorder • Medication for Opioid Use Disorder (OUD) 	It is a misconception that medications merely “substitute” one drug or “one addiction” for another. The term MAT implies that medication should have a supplemental or temporary role in treatment. Using “MOUD” aligns with the way other psychiatric medications are understood (e.g., antidepressants, antipsychotics), as critical tools that are central to a patient’s treatment plan.

Links and References:

CDC Conversation Starters in SUD

<https://www.cdc.gov/opioids/addiction-medicine/conversation-starters/index.html>

NIDAMED Words Matter – Terms to Use and Avoid When Talking About Addiction

<https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>

Provider-Patient Conversations Around Pain Management

<https://injurycenter.umich.edu/opioid-overdose/michigan-safer-opioid-prescribing-toolkit/background-on-opioid-use-pain-and-pain-management/difficult-conversations/>