LANGUAGE MATTERS

The Division of Substance Use Prevention and Harm Reduction (SUPHR) has created the following guide because **language matters**. This document is meant to offer guidance on **how to discuss substance use and people who use drugs**. Our focus on the words we use isn't about being "politically correct," but instead it's about combating stigma and treating people who use drugs with **dignity and respect**.

Department of
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LANGUAGE

Stigmatizing terminology reinforces harmful attitudes toward people who use drugs and can result in discrimination and negative health outcomes. Two 2010 studies found that using the term "substance abuser" instead of "having a substance use disorder" led both clinicians and the general public to demonstrate negative attitudes toward people who use drugs.[1,2] Study participants were more likely to believe that "substance abusers" were acting out of "willful recklessness," while the those with a "substance use disorder" were thought to be acting based on biological factors outside of their control. These individuals were seen as deserving of (and able to benefit from) treatment and, overall, elicited more sympathy than those referred to as "substance abusers." When the term "substance abuser" was used, study participants believed that the individual was more personally culpable and that punitive measures (jail time and fines) should be taken.

As these studies demonstrate, the words we use regarding substance use have **profound consequences for the ways that people who use drugs are perceived and treated**.

Many of the words commonly used regarding substance use elicit negative bias,[3] so moving toward person-first language is just one of the shifts we need to make. The tables below outline some of the common words, phrases, and narratives that need reframing.

TERMS

Instead of...	We say...	Because...
Opioid epidemic, opioid crisis	**Overdose crisis**	Nearly half of the 2020 overdose deaths in Philadelphia involved both an opioid and a stimulant together, and another 12% involved stimulants alone. Terminology and narratives centered on opioid use do not speak to the preventable deaths of people who also/only use stimulants. This word choice is a matter of racial equity. The stimulant-involved mortality rate among Non-Hispanic Black Philadelphians has been rising since 2013 and was the highest of all racial demographic groups in 2020. By focusing on opioids (which traditionally have resulted in high overdose death rates among white Philadelphians) we ignore the magnitude of overdose among Black Philadelphians.
Medication Assisted Treatment (MAT)	**Medications for Opioid Use Disorder (MOUD)**	MOUD is a value-neutral and precise term referring to methadone, buprenorphine, and naltrexone. The term "Medication Assisted Treatment" implies that another form of "treatment" is required and that medication is simply an adjunct to treatment. Counseling mandates create higher barriers to treatment and are not proven to improve health outcomes.[4] These medications are effective regardless of the inclusion of intensive counseling.[5, 6] The term used should provide, "an explicit acknowledgment that medication is an essential first-line component in the successful management of opioid dependence."[7]
Dirty or clean urine	**Positive or negative toxicology**	Using drugs doesn't make someone – or their urine – dirty or clean. Similar to MOUD, we opt for value-neutral and precise terminology.
Substance Abuse, Substance Abuse Disorder	**Substance Use, Substance Use Disorder (SUD)**	Studies have shown that the term "substance abuser," when used in social and clinical settings, negatively characterizes people who use substances as "personally culpable" and exhibiting "willful recklessness," and therefore deserving of punitive action. Additionally, "abuse" is inherently stigmatizing so, we utilize the terminology used in DSM-5.[8] *Note: Not all substance use falls under substance use disorders (SUD). People can have a variety of relationships with substance use, ranging from abstinence to chaotic use. This relationship is along a spectrum and can change over time and based on setting.*[9]

Instead of...	We say...	Because...
Addict, junkie, drug user, crackhead	**Person who uses drugs (PWUD), Person who uses substances**	Best practice is to use person-first language. *Note: People who use drugs may use other language when referring to themselves and others. It is not our job to police their language.*
Babies born addicted to drugs, crack babies	**Babies born: exposed to substances in-utero/ experiencing withdrawal/with drugs in their system/with NAS (Neonatal Abstinence Syndrome)**	According to the American Society of Addiction Medicine "People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences." Babies cannot demonstrate these behaviors. In the 1980's the phrase "crack baby" was coined to refer to babies exposed to crack in-utero. The reports of the physiological impacts on babies were sensationalized and used as a tool in the War on Drugs to justify punitive approaches to crack and parental substance use. This racist trope continues to be used to criminalize and target Black families for separation and incarceration. *Note: Similar to the terms discussed above, people who have lived experience of this may choose to use different language for themselves.* *For more information see* Slandering the Unborn

For more guidance see **Changing the Narrative**

NARRATIVES

Instead of...	We say...	Because...
"Harm Reduction encourages drug use"	**Harm reduction does not condemn or condone any substance use. Harm reduction aims to reduce the negative impact of drug use and stigma toward people who use drugs.**	Harm Reduction does not promote drug use. It is understanding that drug use occurs on many levels (including recreational use) and that tools and interventions can be used to prevent the negative effects of drug use. This may include preventative steps, like testing drugs with fentanyl test strips to confirm the presence of fentanyl, or retroactive measures, like using the life-saving overdose reversal medication naloxone. Harm reduction also seeks to mitigate the social impact of drug use. This includes reversing the stigma of drug use, advocating for safe use, and promoting person-centered language.
"Crack pipes are unnecessary and excessive"	**People who smoke and use stimulants deserve to be treated with the same dignity and respect as people who inject drugs and use opioids.**	The role of anti-Black racism in drug policy is clear when we examine the response to rising opioid use and overdose (associated with white people) to that of crack use (associated with Black people). In the 1980s, Black communities impacted by cocaine and crack were demonized by the media and criminalized by the government. Today, there is growing acceptance of syringe services oriented toward opioid users, but we face outrage regarding the use of federal funds for crack pipes. While there are established health benefits to providing new pipes, like reduced risk of hepatitis C,[10] there is also an important component related to dignity and racial equity. Non-Hispanic Black Philadelphians have the highest overdose mortality rate involving stimulants, so racial equity in harm reduction means engaging stimulant users and providing them with the tools they need to be safe and healthy.
"There is fentanyl in all of the drugs"	**Fentanyl is present in the majority of heroin today. In Philadelphia, fentanyl has also been found in pressed pills, cocaine, and crack.**	We want to ensure that our messages are specific, concrete, evidence-based, and avoid scare tactics. Implying that fentanyl is in all drugs increases hysteria and is not supported by the findings of our drug-checking program. *Note: Fentanyl is a medication used to provide pain relief and sedation. The fentanyl seen in drugs sold on the streets is illicitly manufactured fentanyl (IMF) and is not pharmaceutical grade.*

Instead of...	We say...	Because...
"Fentanyl is dangerous and no one should use it."	**Fentanyl and its analogues are potent, but fentanyl is not the only strong drug out there. All people who use drugs should use universal precautions.** **Start slow and low, let someone know you're using or call the Never Use Alone hotline, and carry naloxone, regardless of what drugs you do.**	The criminalization of drugs combined with the unregulated drug market means that people who use drugs cannot be sure of the composition and potency of their drugs. At this point, many drugs sold as heroin no longer contain heroin and are simply fentanyl and other drugs like xylazine (trang). While fentanyl is seen in the majority of overdose deaths in Philadelphia, we do not know what those individuals believed they were using. Describing fentanyl as dangerous does not acknowledge that it is viewed as unavoidable in opioids. Furthermore, there are many people who are actively seeking fentanyl as it is an assurance that their drugs are potent.
"Fentanyl test strips are the answer to the overdose crisis"	**Fentanyl test strips are a good tool for detecting fentanyl (especially for non-opioid users) but they have their limitations.** **People who use drugs deserve access to a safe supply. In the meantime, all people who use drugs should use universal precautions.**	People who don't routinely use opioids are at heightened risk of fentanyl overdose because they do not have a tolerance for opioids. Fentanyl test strips can be a useful tool to detect the presence of fentanyl in stimulants (and other non-opioids). There are limitations to test strips, however. For example, a positive result does not indicate how much fentanyl is in the product and a negative does not mean that it is what you purchased–it could contain analogues that are not detected by the test strips, as well as powerful drugs like xylazine. Additionally, the test strips themselves can produce inaccurate results. For example, methamphetamine and MDMA are more prone to incorrect results depending on the amount of water it is mixed with. The safe supply movement is focused on solving the root issues of a poisoned drug supply by providing people who use drugs with drugs that are safe and unadulterated.

Additional Definitions	
Universal Precautions	Universal precautions for people who use drugs include carrying naloxone, starting with a small amount and going slowly, testing your drugs for fentanyl, and using with others. If you don't want to or can't use with others, let someone know you're using or use an app like Brave App or call a hotline like Never Use Alone (English: 800-484-3731 Spanish: 800-928-5330).
Overdose Prevention Center (OPC)	Overdose prevention centers are designated spaces where a person can engage in safer drug use while being medically monitored to prevent fatal overdose. These facilities *do not* provide or sell substances. The term OPC also supports a racially equitable space that acknowledges a wider range of drug use beyond opioid injection. OPCs can provide people who use drugs with linkage to medical care, harm reduction resources, or treatment services. This is an especially important resource for people who are unhoused, have health complications, and those at high risk of overdose. Regular touchpoints with OPCs can allow individuals access to drug user health education that can expand their understanding of risk and motivate, in some cases, change. Although OPCs do not currently exist in Philadelphia, programs in Canada have shown success and New York City has recently begun a pilot. Un-sanctioned sites exist throughout the country.
Syringe Service Program (SSP)	Syringe Service Programs allow people who inject drugs to receive sterile needles with the intention of preventing the spread of HIV, hepatitis C, and other communicable diseases. New needles also avert other serious illnesses, like endocarditis, and soft tissue infections that result from using dull or broken needles. These programs also provide a place for people to safely dispose of their used needles and other hazardous materials. The CDC supports a needs-based approach in which programs provide people who use drugs with, "access to the number of syringes they need to ensure that a new, sterile syringe is available for each injection."[11] While some programs are only able to provide syringe exchange, many offer a multitude of other services. Prevention Point Philadelphia operates the city's only legal syringe service program in addition to a medical clinic, social support program, and case management program.

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