



Media toolkit

BEST PRACTICES FOR COVERING SUBSTANCE USE DISORDER

UNDERSTANDING STIGMA

Two main factors affect the burden of stigma placed on a particular disease or disorder:

1. Perceived **control** that a person has over the condition
2. Perceived **fault** in acquiring the condition

When we believe a person has acquired their illness through no fault of their own, and/or that they have little control over it, we typically attach no stigma to either the person or the illness.

WORDS MATTER

Person-first language: Person-first language is proven to reduce stigma and improve treatment.

APPROPRIATE

Person with a substance use disorder
Individual experiencing a substance use disorder
Individual with alcohol use disorder
Person with opioid use disorder
Person in recovery, person in long term recovery

STIGMATIZING

Addict
Drug Abuser
Alcoholic
Junkie
former/reformed addict/alcoholic



Other language to keep in mind:

✓ APPROPRIATE

Drug problem, drug habit
Not actively using, testing negative for substance use
Actively using, testing positive for substance use
Resumed use
Use/misuse
Treatment/Medication-Assisted-Treatment

✗ STIGMATIZING

Addicted
Clean
Dirty
Relapse
Abuse
Replacement therapy

Dependence vs. addiction:

Dependence is a physical reliance on a substance to not experience withdrawal symptoms.

Addiction is the compulsive use of a substance despite negative social and physical consequences.

Neonatal abstinence syndrome (NAS) occurs in newborns exposed to opiate drugs while in the mother's womb. **Babies are born dependent**— not “addicted” — because they experience withdrawal when the substance is stopped.

PICTURES & VISUALS

✓ APPROPRIATE

People struggling
Happy people (recovery is possible)



✗ NOT APPROPRIATE

Needles
Injecting substances
Substances being crushed/liquified
Pills
People hitting “rock bottom”

