# Substance Use Disorders:
# A Guide to the Use of Language

*last rev. 4-12-04*

## PREFACE

Those involved in preventing, treating, and supporting recovery for substance use disorders employ a variety of competing terms to describe the illness and the people it affects. This lack of a common language fosters fragmentation within the workforce, causes confusion in public discourse, and allows for the perpetuation of stigma.

In discussing substance use disorders, words can be powerful when used to inform, clarify, encourage, support, enlighten, and unify. On the other hand, stigmatizing words often discourage, isolate, misinform, shame, and embarrass. Recognizing the power of words, this guide is designed to raise awareness around language and offer alternatives to stigmatizing terminology associated with substance use disorders. It is offered primarily as a resource to those who work within the field of prevention, treatment, and recovery support.

This language guide was created by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT). Working with SAMHSA's *National Alcohol and Drug Addiction Recovery Month* Planning Partner organizations, SAMHSA's *Partners for Recovery (PFR)* initiative and the *PFR* National Subcommittee on Reducing Stigma, this guide integrates input from numerous interviews, focus groups, and documents. It also incorporates feedback and edits from reviewers representing public and private treatment- and recovery-related entities nationally. This is a dynamic document that will change as the science around substance use disorders and recovery continues to evolve, and as further consensus on language is achieved.

This guide is not intended to serve as a glossary of clinical terminology, nor does it offer a comprehensive list of all the stigmatizing words used in association with substance use disorders. Many casual and slang terms are so clearly stigmatizing that they need not be repeated here. Rather, this guide draws attention to the terminology that currently causes confusion and perpetuates stigma within the prevention/treatment/recovery workforce, and it promotes the use of words that will advance the understanding of substance use disorders as a health issue.

In one key instance, the recommendations in this guide depart from the commonly-used terminology of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) published by the World Health Organization and the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) published by the American Psychiatric Association. These texts employ the term *abuse* as a clinical diagnosis, whereas this guide suggests the term *misuse* as less stigmatizing for vernacular usage.

While this guide aims to promote non-stigmatizing language for the prevention/treatment/recovery workforce, it is not for the workforce to define how those who have substance use disorders or those in recovery choose to identify themselves. To attempt to do so would negate the autonomy and self-definition of the very individuals the workforce seeks to serve.

Finally, attention to language is a critical step toward the reduction of stigma, but it is only one step. Reducing stigma involves not only changes in language, but also a significant transformation in people's underlying perceptions and attitudes, and in society's discriminatory policies. These developments are essential to creating a society that fully supports prevention, treatment, and recovery for substance use disorders.

This guide was prepared by TASC, Inc. under contract for the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services (DHHS), 2004.

# TERMINOLOGY

## *Words that Work*

*The following terms are considered effective in advancing people's understanding of substance use disorders as a health issue.*

**Addiction**

Why it works: This widely understood term describes "uncontrollable, compulsive drug seeking and use, even in the face of negative health and social consequences."[1] There is a distinction between *addiction* and *dependence*, although many use the words interchangeably. *Addiction* conveys both social and health problems, whereas *dependence* only encompasses the latter.

Caveats: Clinically speaking, both the DSM-IV and the ICD-10 use the term *dependence*, not *addiction*. (See *dependence* and *substance dependence*.) Also, *addiction* cannot be used as an umbrella term for substance use disorders, because not all substance use disorders reach the level of addiction. Finally, without a modifier (e.g. addiction to alcohol and drugs), *addiction* as a stand-alone term could potentially encompass any addictive disorders (e.g. alcohol and drugs, gambling, shopping, eating, or sexual disorders).

**Addictive Disorder, Addictive Disease**

Why it works: By incorporating *disorders* or *disease,* these terms reinforce the medical nature of the condition. See *addiction.*

Caveats: See caveats under *addiction.*

**Alcohol and Drug Disease**

Why it works: This term works because it is precise. *Alcohol and drugs* is more specific than *substance*, which could include any substance to which one can become addicted, including nicotine and caffeine. In addition, the word *disease* clearly denotes the condition as a health issue.

Caveat: It is debatable at what point alcohol and drug misuse becomes alcohol and drug disease. Some would argue that any misuse is a sign of the disease, while others would argue that misuse must reach the level of addiction before it constitutes disease.

**Alcohol and Drug-Related Problems**

Why it works: This term is useful as a general descriptor because it refers to the range of difficulties that may accompany alcohol and drug disease.

**Allies of Recovery, Friends of Recovery**

Why it works: When viewed as a movement, recovery involves not only those who are in recovery, but supporters as well. Those who have not had a substance use disorder but seek to understand recovery and contribute to the movement are considered allies of recovery or friends of recovery. The term helps reinforce recovery as a process that extends beyond the individual to the family and broader community.

**Chemical Dependency**

Why it works: A term used more in clinical settings than by the public at large, *chemical dependency* accurately alludes to the changes in brain chemistry in alcohol and drug disease.

Caveats: The term is seen by some as outdated. Also, non-clinicians may not recognize that chemical dependency includes alcohol dependency. More current terms are *alcohol and drug dependence* or *substance dependence*.

**Dependence**

Why it works: The term is useful because it represents a distinct clinical diagnosis and it does not include stigmatizing terminology. Physical dependence is "a state of adaptation that often includes tolerance and is manifested by a drug class specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist."[2] However, withdrawal should not be overemphasized in describing dependence because some highly addictive drugs, such as crack cocaine and methamphetamine, do not produce severe physical symptoms upon withdrawal.[3]

In clinical settings *dependence* is preferred over *addiction*: "In the 1960s the WHO [World Health Organization] recommended that the term 'addiction' be abandoned in favor of dependence, which can exist in various degrees of severity as opposed to an 'all or nothing' disease entity. Addiction is not a diagnostic term in the ICD-10, but continues to be very widely employed by professionals and the general public alike."[4]

Caveats: Note that it is possible to be physically dependent on a drug without being addicted (e.g. using pain-regulated narcotics), and it is also possible to be addicted (e.g. to gambling) without being physically dependent.[5] Also, *dependence* cannot be used as an umbrella term for substance use disorders because not all substance use disorders meet the criteria for dependence.

**Disease Management**

Why it works: *Disease management* "is the management of severe behavioral health disorders in ways that enhance clinical outcomes and reduce social costs."[6] It relates to the medical concepts of suppressing symptoms and providing the appropriate level of service intervention. Disease management's focus is on service and cost efficiency, as distinct from *recovery management*, whose focus is on the individual.

**Faith-Based Recovery**

Why it works: This term describes recovery that occurs in the context of faith-based settings or principles. The term underscores the notion that there are many paths to recovery, including those that occur within the experience, support, and rituals of the faith community.

**Family Illness / Family Recovery**

Why it works: These terms reinforce the fact that both the disease and the recovery process affect the entire family. Family recovery may entail three aspects: the

individual family members' recovery, the recovery of the family as a unit, and the recovery of the family in relation to external entities.[7] Alcohol and drug disease can be considered a community illness as well.

Caveat: These terms do not distinguish alcohol and drug disease from other illnesses, most of which also affect entire families. Also, while the whole family may feel the effects of the illness, not everyone experiences the physiological and physical symptoms.

**Intervention**

Why it works: This is a broadly used term to describe the interruption of the progress of an illness or potential illness, but it may have different interpretations depending on the context. *Intervention* is widely used in clinical settings to describe the process in which a group of formally prepared, concerned parties intervene to encourage a person to get help for a substance use disorder.

The following descriptors are quoted from SAMHSA RFA No. TI 03-009, May 2003:[8]

***Universal preventive interventions***: targeted to the general public or a whole population that has not been identified on the basis of individual risk.

***Selective preventive interventions***: targeted to individuals or a subgroup of the population whose risk of developing a mental or substance use disorder is significantly higher than average.

***Indicated preventive interventions***: targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing a mental or substance use disorder, or biological markers indicating a predisposition for a disorder, but who do not meet accepted clinical diagnostic criteria at the time.

***Treatment interventions***: therapeutic services designed to reduce the length of time a disorder exists, halt its progression of severity, or if not possible, increase the length of time between acute episodes.

***Maintenance interventions***: services, generally supportive, educational, and/or pharmacological in nature, provided on a long-term basis to individuals who have met DSM-IV diagnostic criteria, are considered in remission, and whose underlying illness continues.

**Medication-Assisted Recovery**

Why it works: This is a practical, accurate, and non-stigmatizing term to describe the path of recovery which is facilitated by medically-monitored pharmacological agents such as methadone, naltrexone, buprenorphine, and other medications.

**Mutual Aid (or Support) Groups**

See *Recovery Support Groups.*

**Partial Recovery**

Why it works: The term recognizes the fact that the recovery process is incremental. Partial recovery entails a reduction in the frequency, duration, and intensity of use along with a diminution of the problems associated with continued alcohol and drug use.[9]

**Patient**

Why it works: As with other illnesses, the word accurately refers to a person who is under care for a substance use disorder. It reinforces the fact that substance use disorders constitute a health issue.

**Person(s) or People With…**

Why it works: Used in terms such as *person(s)* or *people with alcohol and drug disease, with addictions,* or *with substance use disorders*, this modifier is helpful because it gives identity to individuals as people, rather than labeling them by their illness.

**Recovery**

Why it works: SAMHSA defines recovery as "abstinence plus a full return to biological, psychological, and social functioning."[10]

"Elevating the concept of recovery is important because it reflects a shift from a pathology paradigm to a resiliency paradigm. It is a way of declaring that it is time for 'addiction treatment' agencies to become 'recovery agencies.'"[11]

Caveats: There is no formal consensus on the precise definition and boundaries of recovery. Also, while the context of the word *recovery* may be clear to those affiliated with alcohol and drug issues, the term also is used in numerous other contexts, e.g. economic recovery, disaster recovery, grief recovery, etc. Unless the context is clear, a modifier is helpful (e.g. addiction recovery, recovery from alcohol and drug disease).

**Recovery Capital**

Why it works: *Recovery capital* refers to the resources (e.g. personal, family, social, environmental) in place to support a person in recovery. It is a constructive concept because it reinforces the fact that recovery is not an isolated process, but is facilitated through internal and external supports.[12]

Caveat: Some consider that the use of business terminology (i.e. *capital*) detracts from the personal, human-to-human relationships that are important in the recovery process.

**Recovery Coach**

Why it works: A *recovery coach* is one who provides clinical intervention, access to resources, inspiration, and support to those in treatment and recovery. Underlying the concept of *coach* is the notion that the patient/client is doing the actual work of recovery, while the coach provides support. Other suggested terms include *recovery guide* and *recovery support specialist*.

**Recovery Community**

Why it works: This is a term to describe all who are either in recovery from alcohol and drug disease, family members, workforce members, and others who have a personal commitment to the issue.

Caveat: The word *community* may imply that it is a unified group, which is not the case. *Recovery communities* or *communities of recovery* are more accurate terms.

**Recovery Management**

Why it works: It is a straightforward description of what the recovery process entails. As with other chronic illnesses such as diabetes and hypertension, a substance use disorder is an illness that can be treated and managed, and from which people recover. The focus of recovery management is on the individual, whereas the focus of *disease management* is more on the broader-level efficiency of costs and services.

Caveat: This term is not specific to alcohol and drug disease. Also, some consider that the use of business terminology (i.e. *management*) detracts from the personal, human-to-human relationships that are important in the recovery process.

**Recovery Movement**

Why it works: The term elevates the notion that the voices and faces of recovery are becoming stronger, more visible, and more unified. The recovery movement seeks to make recovery a reality for all who may seek it, free from stigma, discrimination, and other barriers.

**Recovery Process**

Why it works: *Recovery process* conveys the fact that recovery happens over time. The process occurs as people gain awareness and manage their behavior in terms of: (1) abstinence from alcohol and drugs; (2) separating from negative influences and establishing social networks supportive of recovery; (3) stopping self-defeating behaviors; (4) learning to manage feelings and emotions responsibly; (5) learning to change addictive thinking patterns; and (6) identifying and changing mistaken core beliefs that promote irrational thinking.[13]

**Recovery Support Groups**

Why it works: This term is more accurate than *self-help groups* because it conveys the fact that individuals are not only helping themselves, but they are supporting one another in their recovery.

Caveat: This term is not specific to alcohol and drug disease.

**Recovery Support Services**

Why it works: This term refers to services designed to help people in recovery and/or their family members and significant others initiate and/or sustain recovery from alcohol and drug use disorders and related problems and consequences by providing various forms of social support (emotional, informational, instrumental, spiritual, companion).

Caveat: This term is not specific to alcohol and drug disease.

**Remission**

Why it works: This term is aligned with medical terminology that describes a period of time in which the signs and symptoms of the illness have disappeared.

Caveat: Until now this term seldom has been used in relation to alcohol and drug disease.

**Roads (or Paths) to Recovery**

Why it works: The term is useful because it recognizes that there is no single means to achieve recovery, but rather that people find recovery via multiple paths such as clinical treatment, 12-step programs, faith-based recovery, medication-assisted recovery, the Red Road (Native American recovery framework), etc.

**Misuse**

Why it works: It offers the same intended meaning as what has traditionally been termed as *abuse*, but without the stigma and judgmental overtones that *abuse* carries.

Caveat: Some argue that technically speaking; one does not misuse a substance when it is used as intended. For instance, marijuana is produced and purchased for the intention of being smoked, so technically it is not misused when people smoke it. For this reason, some prefer the terms *risky use* or *problem use*.

**Substance Dependence**

Why it works: According to the DSM-IV, the "essential feature of Substance Dependence is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues use of the substance despite significant substance-related problems… A diagnosis of Substance Dependence can be applied to every class of substances except caffeine."[14]

Caveats: The term "substance" may be unclear to some. It could encompass anything from alcohol and drugs to nicotine, caffeine, and vitamins. In addition, dependence is a distinct clinical diagnosis and not all substance use disorders reach the level of dependence. See also *dependence*.

**Substance Use Disorder**

Why it works: Substance use disorders include misuse, dependence, and addiction to alcohol and/or legal or illegal drugs. The term is helpful because it encompasses a range of severity levels, from problem use to dependence and addiction.

Caveats: The term *substance* may be unclear to some. It could encompass anything from alcohol and drugs to nicotine, caffeine, and vitamins. In addition, some view the term *disorder* itself problematic for its affiliation with other stigmatized conditions, e.g. mental health disorders.

**Treatment**

Why it works: According to ASAM, "Treatment is the use of any planned, intentional intervention in the health, behavior, personal and/or family life of an individual suffering from alcoholism or from another drug dependency designed to enable the affected individual to achieve and maintain sobriety, physical and mental health, and a maximum functional ability."[15] It effectively connotes a health intervention.

Caveats: Treatment does not constitute the entire recovery process, nor is professional treatment the only path to recovery.

**Use**

Why it works: The term commonly refers to experimental or occasional consumption of alcohol and drugs.

Caveat: This term is not specific to alcohol and drugs.

**Wellbriety**

Why it works: *Wellbriety*, which combines *wellness* with *sobriety*, conveys the notion that recovery is more than the cessation of alcohol and drug misuse. Coined in the Native American community, the term encompasses the whole of physical, emotional, spiritual, and relational health.[16]

Caveat: Because the term is relatively recent, it is not yet widely known or understood. Explanation is helpful until it attains more widespread use.

## *Words to Use with Caution*

*The following terms are not necessarily considered stigmatizing, but they may cause confusion in some contexts. Readers should note the caveats associated with each term.*

**Chronic Disease**

When it works: It is useful because it identifies alcohol and drug disease not as an acute condition, but one that requires continued management just as other chronic conditions such as heart disease and hypertension.

Caveat: Some view the term "chronic" as enabling, one that justifies failure and presumes a negative end result.[17]

**Client**

When it works: This is a common term to refer to individuals who are receiving any type of intervention, treatment, or recovery support services.

Caveat: Given the medical model of understanding substance use disorders, many service providers prefer the term *patient.*

**Customer**

When it works: The term *customer* generally refers to one who is purchasing goods or services. It may be fitting and appropriate when referring to an agency or funding entity that purchases services from a provider.

Caveat: If the intent is to describe a client or patient, the term *customer* is unhelpful because it is unclear what he/she is purchasing, i.e. drugs, treatment services, or something else. Second, the term *customer* may be inaccurate if the direct recipient of the services is not in fact the purchaser of the services (as in the case of publicly-funded treatment).

**Enable**

When it works: American Heritage defines the term as follows: "to supply with the means, knowledge, or opportunity; make able."[18] In this sense, *enable* is a positive and beneficial term that represents support.

Caveat: Associated with substance use disorders, the term has taken on connotations of co-dependency and impairment.

**Recovered vs. In Recovery**

When it works: Both terms are used to describe someone who is no longer actively experiencing a substance use disorder.

Caveats: There is an ongoing debate regarding which term is more appropriate or accurate, and ultimately the choice of words may depend on the speaker and/or the audience. It has been suggested that *in recovery* applies to those who continue an active commitment to the recovery process, while *recovered* applies to those who have effectively dealt with the symptoms for a number of years without a recurrence of the illness.

**Relapse**

When it works: It is a recognized term to describe the recurrence of symptoms and behaviors of substance use disorders following a period of remission.

Caveats: The term has negative connotations for it often has projected a tone of moral judgment. Some recommend the term *recurrence* for its alignment with the nature of other chronic illnesses.

**Treatment Works**

When it works: The term may be useful if referring to a single episode or period of intervention and services. The term emanates from the fact that studies have shown that treatment, whether a single episode or multiple episodes, often results in demonstrated improvements beyond reduced alcohol or drug use, including changes in functional areas such as employment, health, etc.

Caveats: The problem with the term is that it implies that treatment is a one-time event, when in it is only part of the long-term process of recovery. In addition, the term also suggests that treatment is something that happens to the individual, instead of the reality of the patient learning to manage his/her illness. Alternative terminology highlights the reality of recovery.[19]

## *Words to Avoid*

*The following words are considered stigmatizing or unhelpful and should be replaced with the preferred terminology as noted.*

**Abuse**

Problem with the term: Although this is a clinical diagnosis in the DSM-IV and ICD-10, this is a stigmatizing word because (1) it negates the fact that substance use disorders are a medical condition; (2) it blames the illness solely on the individual with the illness, ignoring environmental and genetic factors, as well as the drugs' abilities to change brain chemistry; (3) it absolves those selling and promoting addictive substances of any wrongdoing; and (4) it feeds into the stigma experienced not only by individuals with substance use disorders, by also by family members and the treatment/recovery field. See also *substance abuse*.

Preferred terminology: *Misuse, harmful use, inappropriate use, hazardous use, problem use, risky use, substance use disorder*

**Abuser, Addict, Alcoholic**

Problem with the terms: These terms are demeaning because they label a person by his/her illness. By making no distinction between the person and the disease, they deny the dignity and humanity of the individual. In addition, these labels imply a permanency to the condition, leaving no room for a change in status.

Preferred terminology: *Person with alcohol/drug disease, person with a substance use disorder, person experiencing an alcohol/drug problem, patient or client* (if referring to an individual receiving treatment services)

**Clean, Dirty (when referring to drug test results)**

Problem with the terms: These words commonly are used to describe drug test results, but they stigmatize by associating illness symptoms (i.e. positive drug tests) with filth.

Preferred terminology: *Negative, positive*

**Consumer**

Problem with the term: First, the term is unclear regarding what is being consumed, i.e. drugs, treatment services, or something else. Second, it may be an acceptable term to treatment providers who are clearly identifying consumers of their services, but it is not helpful as a general term to describe people in recovery because not everyone who seeks or is in recovery is a consumer of treatment.

Preferred terminology: To describe service recipients: *patient, client*. To describe people in recovery in general: *people in recovery*. To describe a broader population or movement: *constituency representation, recovery representation.*

**Drug Problem**

Problem with the term: By saying someone has a *drug problem*, the full weight is on the person with the illness. Also, by employing the singular form of both *drug* and *problem*, the term portrays the condition as an isolated issue unrelated to the other aspects of a person's health, relationships, etc.

Preferred terminology: *problems caused by alcohol/drugs, alcohol and drug-related problems*

**Habit or Drug Habit**

Problem with the term: Calling substance use disorders a *habit* denies the medical nature of the condition and implies that resolution of the problem is simply a matter of willpower.

Preferred terminology: *substance use disorder, alcohol and drug disorder, alcohol and drug disease*

**Problem Drinker**

Problem with the term: The use of the word *problem* to identify and describe the person (the "drinker") by implication identifies the person as a problem. The use of the word *drinker* as a label for the person reduces the person's essence and identity to one (problematic) behavior. Like *abuser, alcoholic,* and *addict*, this term denies the dignity and humanity of the individual.

Preferred terminology: *Person experiencing an alcohol problem, person with a substance use disorder*

**Self-Help Groups**

Problem with the term: The term is a misnomer because such groups are formed for the express purpose of providing an environment for individuals to support one another.

Preferred terminology: *recovery support groups, mutual aid groups*

**Substance Abuse**

Problem with the term: While this term is in common usage, many consider it stigmatizing because of the association of the word "abuse" with illicit activities such as child, domestic, sexual, and animal abuse. Others add that the term is inaccurate because the substance abuses the individual, not the other way around. To many in the general public, the term *substance abuse* refers to illegal drugs, not necessarily alcohol or prescription drugs, and conjures up images of "recreational drug use gone awry."[20] Finally, in terms of the utility of the term in describing the severity of the issue on a societal scale, it is not perceived as strongly as other terms such as *a serious problem with drug or alcohol.* See also *abuse.*

Preferred terminology: *substance use disorder, substance misuse, alcohol and drug misuse, harmful use of substances, alcohol and drug disorder, alcohol and drug disease, risky use of substances*

**Substance Abuser** (see "Abuser, Addict, Alcoholic")

**Substance Abuse Treatment**

Problem with the term: See concerns associated with the term *substance abuse.*

Preferred terminology: *treatment for alcohol and drug disease, treatment for alcohol and drug disorders, treatment for substance use disorders, addiction treatment* (if the treatment is indeed for addiction and not misuse), *chemical dependency treatment* (if the treatment is indeed for dependency)

**User**

Problem with the term: The term is stigmatizing because it labels a person by his/her behavior. It is also misleading because the term *user* has come to refer to one who is engaged in risky use of substances, but *use* alone (e.g. of alcohol or prescription drugs) is not necessarily problematic.

Preferred terminology: If referring to use: *person who uses alcohol/drugs*. If referring to misuse: *person engaged in risky use of substances*

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