Expanding language choices to reduce stigma A Delphi study of positive and negative terms in substance use and recovery

Article *in* Health Education · January 2019

DOI: 10.1108/HE-03-2018-0017

CITATIONS
9

READS
1,116

3 authors:

Robert Ashford
University of the Sciences
46 PUBLICATIONS **530** CITATIONS
SEE PROFILE

Austin McNeill Brown
Syracuse University
50 PUBLICATIONS **407** CITATIONS
SEE PROFILE

Brenda Curtis
University of Pennsylvania
56 PUBLICATIONS **796** CITATIONS
SEE PROFILE

Health Education

Expanding language choices to reduce stigma: A Delphi study of positive and negative terms in substance use and recovery

Robert David Ashford, Austin Brown, Brenda Curtis,

Article information:

Expanding language choices to reduce stigma

A Delphi study of positive and negative terms in substance use and recovery

Robert David Ashford
Substance Use Disorders Institute, University of the Sciences, Philadelphia, Pennsylvania, USA
Austin Brown
Kennesaw State University, Kennesaw, Georgia, USA, and
Brenda Curtis
Department of Psychiatry – Addictions, University of Pennsylvania Perelman School of Medicine, Philadelphia, Pennsylvania, USA

Received 20 March 2018
Revised 10 September 2018
2 October 2018
Accepted 1 November 2018

Abstract

Purpose – Public perception has been found to be influenced by the words used to describe those with behavioral health disorders, such that using terms like "substance abuser" can lead to higher levels of stigma. The purpose of this paper is to identify additional stigmatizing and empowering terms that are commonly used by different stakeholders.

Design/methodology/approach – Using digital Delphi groups, the paper identifies positive and negative terms related to substance use disorder (SUD) from three distinct stakeholder groups: individuals in recovery, impacted family members and loved ones, and professionals in the treatment field.

Findings – Participants identified 60 different terms that are considered stigmatizing or positive. Previously identified stigmatizing terms (abuser, addict) were present for all stakeholder groups, as was the positive term person with a SUD. Additional stigmatizing terms for all groups included junkie and alcoholic. Additional positive terms for all groups included long-term recovery.

Social implications – The results suggest that the continued use of terms like addict, alcoholic, abuser and junkie can induce stigma in multiple stakeholders. The use of more positive terms such as person with a SUD or person in recovery is suggested to reduce stigma.

Originality/value – The use of digital Delphi groups to solicit feedback from multiple stakeholder groups from the substance use community is innovative and allows for the comparison of linguistics among and between the groups.

Keywords Discrimination, Communication, Substance misuse, Stigma, Delphi method, Addiction

Paper type Research paper

Introduction

The Substance use disorder (SUD) field – including prevention, treatment and recovery domains – has long dealt with stigma at the personal, societal and institutional levels. Annually, an estimated 28 percent of individuals that need SUD treatment do not receive it and the most reported reasons for not initiating treatment relate to stigma (Center for Behavioral Health Statistics and Quality, 2017). Individuals in recovery often face systemic barriers related to employment, housing and criminal justice involvement (Office of National Drug Control Policy, 2011). In addition to stigma impacting help-seeking behaviors, the quality of healthcare services delivered by medical practitioners to individuals with a SUD is also negatively impacted (Van Boekel *et al.*, 2013). Van Boekel *et al.* (2013) report a large portion of medical practitioners hold negative views of those with a SUD and that the quality of healthcare services delivered to this population is diminished due to this stigmatization.

Health Education

0965-4283
DOI 10.1108/HE-03-2018-0017

Research into the implicit bias associated with SUD language has emerged as a promising methodology to empirically understand the overall impact of stigma (Ashford *et al.*, 2018a, b, c). Where previous research focused on the explicit bias (i.e. the conscious or reported actions taken based on bias or stigma), the addition of implicit bias research (i.e. the subconscious perceptions) helps to formulate a more complete understanding of the total impact that language choices may have.

Explicitly, words like "substance abuser" have been found to invoke a greater negative bias among behavioral health professions (Kelly and Westerhoff, 2010), and to have greater levels of negative implicit bias among the general public (Kelly *et al.*, 2010; White and Kelly, 2011; Ashford *et al.*, 2018a), as compared to the term "person with a substance use disorder." More recently, the term "opioid addict" was found to invoke greater negative bias compared to "person with an opioid use disorder" among a nationally representative sample in the USA (Goodyear *et al.,* 2018). It has also been proposed that terms such as "clean," "dirty," "medication-assisted treatment," "medication-assisted recovery," "untreated" and "alcoholic" also have the potential to invoked a greater explicit bias (Kelly *et al.*, 2016; Kelly, 2004; Ashford *et al.*, 2018a). While these words (e.g. substance abuser, addict, etc.) have been studied through implicit and explicit bias tests, they are also not inclusive of all of the terms used to describe SUD and recovery, merely a small sample.

As the field has recognized that language choice is important for more than just diagnosis, that is to say that language can directly impact help-seeking behavior, policy support and enactment, and even recovery success, it is increasingly important to identify and evaluate the words commonly used in all aspects of the SUD field and in the community. Identifying potentially stigmatizing terms is not enough, however, as more positive alternatives must be identified to potentially take the place of any terms stricken from the lexicon. The current study seeks to identify a more comprehensive and substantive list of stakeholder-identified stigmatizing (negative) and empowering (positive) words or phrases used in the SUD treatment and recovery community. This is accomplished through the use of digital Delphi groups with three key stakeholder groups – individuals in recovery, family members who have lost a loved one to overdose or of an individual in recovery and professionals in the SUD treatment field.

Methods

Participants

Participants ($n = 45$) were from three primary stakeholder groups: individuals in recovery ($n = 15$), family members who have lost a loved one to an overdose or of an individual in recovery ($n = 15$) and professionals in the SUD treatment field ($n = 15$). Table I provides full demographic characteristics for all participants.

In recovery. Participants had a mean age of 44.53 (SD = 10.86) and were mostly female (73.3 percent), white (93.3 percent), widowed/divorced (40.0 percent), had bachelor's degrees (53.3 percent), and were employed (80.0 percent). Also of note, most participants reported that their primary program of recovery was mutual aid, 12-step (53.3 percent) and overall, participants had 11.29 years (SD = 10.34) as an average length of recovery.

Family members. Participants had a mean age of 48.87 (SD = 10.78), and were mostly female (93.3 percent), white (100.0 percent), married (46.7 percent), had post-graduate degrees (40.0 percent), and were employed (80.0 percent). Additionally, 66.7 percent of family member participants reported that they were personally in recovery.

Professionals. Participants had a mean age of 44.33 (SD = 10.73) and were mostly female (60.0 percent), white (93.3 percent), married (53.3 percent), had post-graduate degrees (53.3 percent), and were employed (100.0 percent). Additionally, 86.7 percent of professional participants reported that they were personally in recovery.

	In recovery ($n = 15$)		Family members ($n = 15$)		Professionals ($n = 15$)	
	N/M	(%)/SD	N/M	(%)/SD	N/M	(%)/SD
Age (years)	44.53	10.86	48.87	10.78	44.33	10.73
Gender						
Male	4	(26.7)	1	(6.7)	6	(40.0)
Female	11	(73.3)	14	(93.3)	9	(60.0)
Race/ethnicity						
White	14	(93.3)	15	(100.0)	14	(93.3)
Other	1	(6.7)	0	(0.0)	1	(6.7)
Marital status						
Single, never married	4	(26.7)	3	(20.0)	5	(33.3)
Married/domestic partnership	4	(26.7)	7	(46.7)	8	(53.3)
Widowed/divorced	6	(40.0)	4	(26.7)	2	(13.3)
Separated	1	(6.7)	1	(6.7)	0	(0.0)
Education level						
High school/GED	2	(13.3)	4	(26.7)	1	(6.7)
Associates' degree	3	(20.0)	4	(26.7)	2	(13.3)
4-year degree	8	(53.3)	1	(6.7)	4	(26.7)
Post-graduate degree	2	(13.3)	6	(40.0)	8	(53.3)
Employment status						
Employed	12	(80.0)	12	(80.0)	15	(100.0)
Unemployed	3	(20.0)	3	(20.0)	0	(0.0)
Household income						
Less than $10,000	2	(13.3)	0	(0.0)	0	(0.0)
$10,000–29,999	3	(20.0)	1	(6.7)	2	(13.3)
$30,000–49,999	1	(6.7)	4	(26.7)	0	(0.0)
Over $50,000	9	(60.0)	10	(66.7)	13	(86.7)
Recovery status						
Currently in recovery	15	(100.0)	10	(66.7)	13	(86.7)
Recovery length (years)	11.29	10.34	12.90	8.08	15.85	13.18
Primary recovery program	($n = 15$)		($n = 10$)		($n = 13$)	
Mutual aid (12-step)	8	(53.3)	3	(30.0)	8	(61.5)
Mutual aid (non-12-step)	2	(13.3)	0	(0.0)	1	(7.7)
Mutual aid (spiritually affiliated)	1	(6.7)	0	(0.0)	1	(7.7)
Moderation/harm reduction	1	(6.7)	1	(10.0)	0	(0.0)
Medication-assisted	1	(6.7)	3	(30.0)	0	(0.0)
Professional therapy	0	(0.0)	2	(20.0)	1	(7.7)
Other	2	(13.3)	1	(10.0)	2	(15.4)

Table I. Participant demographic characteristics

Recruitment

Following IRB approval from the Universiy of Pennsylvania, participants were directly recruited via private Facebook groups for individuals in recovery, for family members dealing with a loved ones' SUD, or for professionals in the SUD treatment field. A recruitment message, in the form of a Facebook group post, provided a brief synopsis of the study and a request to contact to the research team if participants were interested in learning more, and belonged to one of the three eligible stakeholder groups. Participants responded to the recruitment message if they were interested in the study, at which point they were sent a direct link to the study including informed consent and demographics questionnaire. Recruitment took place over two weeks and was closed following the maximum allowable sample size of 45.

Overall, there is no consensus of the appropriate sample size for the Delphi methodology, nor is their agreement on what constitutes a large or small sample (Williams and Webb, 1994). Thus, the sample size determination of the current study was selected following from previous studies using the Delphi methodology in the field of substance use and recovery (Neale *et al.*, 2014).

Delphi method and data collection

The Delphi methodology, originally developed at the Rand Corporation in the 1950s (Dalkey and Helmer, 1963), has been widely used in soliciting feedback from experts to examine specific issues. More recently, the Delphi methodology has been employed in the behavioral health arena to solicit expert feedback in relation to examine the mechanisms of the recovery phenomenon (Neale *et al.*, 2014). Similar to Neale *et al.* (2014), the Delphi methodology employed in this study was not used to achieve consensus, but rather to explore the levels of disagreement and agreement with words that were viewed as stigmatizing (negative) and non-stigmatizing (positive) among three diverse groups of experts.

Delphi groups for the study consisted of three groups with three identical rounds each. The first round required participants to list up to ten words/phrases used in the SUD and recovery community that they believed were stigmatizing (negative), and also to list up to ten words/phrases used in the SUD and recovery community that they believed were empowering (positive). Round 1 did not require participants to associate any rank order or scoring to any of the items. Following round 1 answers, we combined similar or like terms using research discretion and subject matter expertise, following from the method used by Neale *et al.* (2014).

Round 2 began with providing a list of ten negative and ten positive words/phrases that were most often submitted by participants during round 1. Each group received the list of words/phrases distinct to their participant group responses. Participants were then asked to rank each of the words/phrases from 1 to 10, with items in the stigmatizing list given a 1 for most stigmatizing (10 for the least) and with items in the empowering list give a 1 for most empowering (10 for the least). Finally, participants were advised to give any comments on the negative and positive lists that they felt the research team should know.

Round 3 began with providing the ranked list of negative and positive words (ranking coming from the mean, minimum and maximum ranking from round 2), as well as any comments from round 2, to participants. Participants were encouraged to review the location on the ranked list, the mean and range of responses to each word, any comments, and then to rank each item on the negative and positive list a final time in light of this data. round 3 ranking was again done from 1 to 10, and participants did not have to change the ranking if they did not want to. Participants were also invited to provide any final comments they wanted the researchers to know.

Data analysis

Analysis for all rounds was completed via SPSS V23. Frequency statistics were used to report the mean, minimum and maximum for all participant responses.

Results

In recovery

Round 1. Participant responses resulted in the following list of ten negative words/phrases and ten positive words/phrases in round 1.

Negative: Addicts, alcoholics, abuser, junkie, crackhead, criminals, drunk, boozer, sinners, felon.

Positive: People with SUD, person in recovery, person in long-term recovery, former drug user, sober, recurrence of use, person/people, recovered/ing person, person with alcohol use disorder, drug user/substance user.

Round 2. Participants rated "crackhead", "junkie" and "addict" as the top three most negative terms or phrases. The term "alcoholics" was midrange in the negative rankings, with "boozer" considered the least negative ranking. Other common terms such as "abuser" and "drunk" ranked fourth and seventh in negativity, respectively. Remaining terms such as "criminal," "felon" and "sinner," though not SUD specific, highlighted a common non-SUD-specific association with criminality.

Participants rated "person in long-term recovery" and "person in recovery" as the top positive words or phrases. This was followed the non-SUD-specific term "person/people." Mid-range terms "recovered/recovering person," "sober," "person with a substance use disorder" and "person with an alcohol use disorder" followed. "Drug user/substance user" was rated least in the positive category, preceded by "recurrence of use" and "former drug user."

Round 3. Participants again rated "crackhead" and "junkie" as the top negative terms or phrases. With "abuser" moving to third most negative, followed by "addicts" as the fourth most negative. The term "alcoholics" moved down the list to seventh, with the non-SUD-specific terms "felon" and "criminals" at mid-range with "sinners" being the least negative term. "Boozers" and "drunk" moved up in negative ratings to take eighth and ninth rankings, respectively.

Participants again rated "person in long-term recovery" and "person in recovery" as the top positive words or phrases. "Recovered/recovering person" ranked third most positive, with "person/people," "person with a substance use disorder" and "person with alcohol use disorder" taking the mid-range spots. "Drug user/substance user again took the least positive ranking, preceded by "recurrence of use," "former drug user" and "sober," respectively. The term "sober" fell most dramatically from midrange to near bottom of the rankings for positive terms.

Family members

Round 1. Participant responses resulted in the following list of ten negative words/phrases and ten positive words/phrases in round 1.

Negative: Addict, junkie, alcoholic, dirty/clean, drug abusers, dope fiend, relapse, drunk, rock bottom, codependent/enabler.

Positive: Positive/negative urinalysis, person with a SUD, impacted loved one, long-term recovery, honest, drug-free person, substance free, sober, period of abstinence, law-abiding citizen.

Round 2. Participants ranked "junkie," "dope fiend," "addict," "drug abuser" and "alcoholic" as the top five most negative terms or phrases. "Rock bottom" was ranked least negative, with "dirty/clean," and "drunk" as mid-range negative phrases. "Codependent/enabler" and "relapse" ranked eighth and ninth, respectively.

Positive terms for family members were "long-term recovery," "person with substance use disorder," with non-SUD-specific terms "honest" and "impacted loved one" making up the top four. The least positive term was "law-abiding citizens," preceded by "period of abstinence." "Positive/negative urinalysis" was ranked mid-range at number five. "Substance-free," "drug-free person" and "sober" were ranked sixth, seventh and eighth, respectively.

Round 3. Family members in round 3 again ranked "junkie" and "dope fiend" as the top two most negative terms. The term "drug abusers" moved up to third most negative term, followed by "dirty/clean" that moved from sixth place in round 2 to fourth place in round 3. "Addict," formerly in third place in round 2, moved to fifth place in round 3. "Alcoholic" moved to sixth place, and "drunk" remained consistent in seventh place. The term "rock bottom" moved from tenth place in round 2 to eighth place in round 3. "Codependent" and

"relapse" were ranked in the last two spots, each moving down one spots from round 2 to ninth and tenth place, respectively.

The most positive words and phrases for family members in round 3 were "long-term recovery", "substance free" and "person with a substance use disorder." The term "positive/negative urinalysis" was the fourth most positive term. "Law-abiding citizens" remained in tenth place as the least most positive term, "sober" and "drug-free person," moved down to eighth and ninth place in round 3, respectively, while "period of abstinence," moved from ninth place in round 2 to seventh place in round 3. "Honest" moved from third place in round 2 to sixth place in round 3. Finally, "impacted loved one" moved from fourth place in round 2 to fifth place in round 3.

Professionals

Round 1 . Participant responses resulted in the following list of ten negative words/phrases and ten positive words/phrases in round 1.

Negative: Junkie, drug injector, addict, alcoholic, recovering addict/alcoholic, substance abuser, pothead/stoner, criminal, dope fiend, relapse.

Positive: Person in recovery, person with a SUD, person who uses drugs, person/human being, abstinence, recurrence of symptoms, free from addiction, multiple pathways to recovery, survivors, returning citizen.

Round 2. Professionals ranked "junkie," "dope fiend," "addict" and "substance abuser" as the top four negative terms or phrases. "Pothead/stoner" ranked mid-range at fifth, followed by "alcoholic." Surprisingly, "recovering addict/alcoholic" ranked least negative, preceded by "relapse." "Criminal," a non-SUD-specific term ranked seventh, followed by "drug injector," which ranked eighth.

Positive words and phrases for professionals were "person/human being," "person in recovery," and "recurrence of symptoms" as the top three most positive terms. This was followed by "person with a substance-use disorder," "multiple pathways to recovery" and "person who uses drugs." "Survivors" ranked least of the positive terms, and was preceded by "free from addiction," "abstinence" and "returning citizen" in the seventh, eighth and ninth ranks, respectively.

Round 3. For professionals, "junkie," "dope fiend" and "addict" remained the most negatively ranked terms in round 3. "Recovering addict/alcoholic" and "relapse" also remained the least negative. The term "criminal" moved from seventh place in round 2 to fourth place in round 3. The term "pothead/stoner" remained consistent at fifth place and "drug injector" moved from eighth place in round 2 to sixth place in round 3. "Alcoholic" moved from sixth place to seventh place, and "substance abuser" moved from fourth place to eighth place.

Positive terms for professionals remained consistent in the top two most positive spots with "person/human being" and "person in recovery." "Multiple pathways" moved from fifth in round 2 to third in round 3. "Free from Addiction" gained three spots from seventh to fourth. "Person with substance-use disorder" slipped one spot to fifth place from fourth. "Person who uses Drugs" was considered the least positive, dropping from sixth place in round 2 to tenth place in round 3. "Returning Citizen" remained constant in ninth place. "Abstinence" moved up from eighth to seventh in round 3, and "recurrence of symptoms" dropped from third place in round 2 to sixth place in round 3.

Complete ranked results for rounds 2–3 for all three groups are available in Tables II–III.

Discussion

This is the first study to seek out, via a Delphi group methodology, the perceptions of different stakeholder groups towards commonly used terms in SUD and recovery that are stigmatizing (i.e. negative) and non-stigmatizing (i.e. positive). The knowledge gained from

Negative word/phrase | (Mean) (Min.) (Max.)	Positive word/phrase | (Mean) (Min.) (Max.)
People in recovery (n = 15)	
1. Crackhead | (3.5) (1.0) (6.0)	1. Person in long-term recovery | (2.50) (1.0) (5.0)
2. Junkie | (4.17) (1.0) (10.0)	2. Person in recovery | (2.67) (2.0) (4.0)
3. Addicts | (4.83) (2.0) (8.0)	3. Person / people | (3.83) (1.0) (10.0)
4. Abuser | (5.0) (3.0) (9.0)	4. Recovered / recovering person | (4.67) (3.0) (7.0)
5. Alcoholics | (5.17) (1.0) (9.0)	5. Sober | (5.50) (2.0) (10.0)
6. Criminals | (5.50) (2.0) (9.0)	6. Person with a substance use disorder | (5.50) (3.0) (9.0)
7. Felon | (5.50) (2.0) (10.0)	7. Person with an alcohol use disorder | (6.00) (4.0) (8.0)
8. Sinners | (6.50) (1.0) (10.0)	8. Recurrence of use | (7.0) (6.0) (8.0)
9. Drunk | (7.0) (4.0) (10.0)	9. Former drug user | (8.0) (6.0) (10.0)
10. Boozer | (7.83) (6.0) (10.0)	10. Drug user | Substance user | (9.33) (8.0) (10.0)
Family members (n = 15)	
1. Junkie | (2.73) (1.0) (10.0)	1. Long-term recovery | (2.55) (1.0) (5.0)
2. Dope fiend | (3.73) (2.0) (10.0)	2. Person with a substance use disorder | (3.55) (1.0) (8.0)
3. Addict | (4.18) (1.0) (7.0)	3. Honest | (4.36) (1.0) (9.0)
4. Drug abusers | (4.82) (2.0) (7.0)	4. Impacted loved one | (4.36) (1.0) (10.0)
5. Alcoholic | (5.18) (1.0) (8.0)	5. Positive/negative urinalysis | (5.64) (1.0) (10.0)
6. Dirty/clean | (5.73) (3.0) (8.0)	6. Substance free | (5.82) (2.0) (9.0)
7. Drunk | (6.19) (2.0) (10.0)	7. Drug-free person | (6.5) (3.0) (9.0)
8. Codependent/enabler | (7.0) (1.0) (10.0)	8. Sober | (6.64) (2.0) (10.0)
9. Relapse | (7.64) (1.0) (10.0)	9. Period of abstinence | (7.45) (4.0) (10.0)
10. Rock bottom | (7.82) (2.0) (10.0)	10. Law-abiding citizen | (7.91) (3.0) (10.0)
Professionals (n = 15)	
1. Junkie | (1.38) (1.0) (3.0)	1. Person/human being | (2.25) (1.0) (10.0)
2. Dope fiend | (4.0) (2.0) (9.0)	2. Person in recovery | (2.50) (1.0) (6.0)
3. Addict | (4.25) (1.0) (7.0)	3. Recurrence of symptoms | (4.38) (2.0) (6.0)
4. Substance abuser | (5.25) (4.0) (7.0)	4. Person with a substance use disorder | (4.63) (2.0) (7.0)
5. Pothead | stoner | (5.50) (3.0) (10.0)	5. Multiple pathways of recovery | (4.75) (3.0) (7.0)
6. Alcoholic | (5.75) (3.0) (8.0)	6. Person who uses drugs | (6.25) (4.0) (9.0)
7. Criminal | (6.63) (3.0) (10.0)	7. Free from addiction | (6.63) (2.0) (10.0)
8. Drug injector | (7.0) (2.0) (9.0)	8. Abstinence | (7.25) (4.0) (10.0)
9. Relapse | (7.50) (2.0) (10.0)	9. Returning citizen | (8.13) (4.0) (10.0)
10. Recovering addict/alcoholic | (7.75) (1.0) (10.0)	10. Survivors | (8.25) (5.0) (10.0)

Notes: Negative Group: 1 = most stigmatizing, 10 = least | Positive Group: 1 = most positive (least stigmatizing), 10 = least

Table II.
Delphi round 2: rank scored phrases for all groups

these results provide insight into the terms that have positive and negative effect across three prominent groups in the SUD and recovery community – SUD treatment professionals, family members of loved ones with a SUD and/or have lost a loved one to SUD, and individuals in recovery from a SUD. Results demonstrate terms that are not considered "person-first" (i.e. referring to an individual as a person first, and any disability, disorder or characteristic second; Bailey, 1991) are near unilaterally considered to be associated with negative affect or more simply, stigma; a result that is supported through the qualitative feedback received from participants in round 3. Further, language that is commonly used in professional and lay settings, such as substance abuser, addict and alcoholic (Kelly and Westerhoff, 2010; Ashford *et al.*, 2018a), were frequently within the negative list of words for all groups.

Similarities also exist among the stakeholder groups, apart from a seemingly unified consensus around person-first language. For both stigmatizing and positive terms, all stakeholder groups identified seven of the same terms (four stigmatizing; six positive). The inclusion of stigmatizing terms like junkie, drug abusers, addicts and alcoholics for

Negative word/phrase | (M) (SD)	Positive word/phrase | (M) (SD)
People in recovery (n = 15)	
1. Crackhead | (1.833) (0.408)	1. Person in long-term recovery | (1.333) (.516)
2. Junkie | (2.333) (1.366)	2. Person in recovery | (1.500) (0.837)
3. Abuser | (2.833) (1.602)	3. Recovered / recovering person | (1.833) (1.169)
4. Addicts | (3.333) (1.366)	4. Person / people | (2.000) (2.000)
5. Felon | (3.117) (2.137)	5. Person with a substance use disorder | (3.167) (2.401)
6. Criminals | (3.333) (2.338)	6. Person with an alcohol use disorder | (3.333) (2.733)
7. Alcoholics | (4.500) (2.810)	7. Recurrence of use | (3.500) (3.017)
8. Drunk | (4.50) (2.074)	8. Former drug user | (4.333) (2.066)
9. Boozer | (4.500) (2.881)	9. Sober | (4.500) (3.271)
10. Sinners | (4.833) (4.070)	10. Drug user | Substance user | (6.667) (2.733)
Family members (n = 15)	
1. Junkie | (1.000) (0.00)	1. Long-term recovery | (2.286) (3.402)
2. Dope fiend | (2.143) (1.676)	2. Substance free | (3.571) (1.902)
3. Drug abusers | (2.571) (1.718)	3. Person with a substance use disorder | (3.714) (3.729)
4. Dirty/Clean | (3.143) (2.116)	4. Positive/negative urinalysis | (3.857) (2.035)
5. Addict | (3.286) (1.496)	5. Impacted loved one | (3.857) (3.079)
6. Alcoholic | (4.000) (1.915)	6. Honest | (4.714) (3.817)
7. Drunk | (4.286) (2.812)	7. Period of abstinence | (5.000) (3.464)
8. Rock bottom | (5.571) (3.867)	8. Drug-free person | (5.429) (2.637)
9. Codependent/enabler | (6.000) (3.742)	9. Sober | (6.571) (2.299)
10. Relapse | (7.000) (2.769)	10. Law-abiding citizen | (8.714) (2.628)
Professionals (n = 15)	
1. Junkie | (1.083) (0.269)	1. Person/human being | (2.417) (3.118)
2. Dope fiend | (1.583) (0.669)	2. Person in recovery | (2.750) (3.194)
3. Addict | (3.916) (2.503)	3. Multiple pathways of recovery | (3.667) (2.902)
4. Criminal | (4.083) (2.109)	4. Free from addiction | (3.750) (2.633)
5. Pothead | stoner | (4.583) (2.151)	5. Person with a substance use disorder | (3.833) (1.946)
6. Drug injector | (4.667) (2.640)	6. Recurrence of symptoms | (4.333) (2.934)
7. Alcoholic | (5.083) (2.065)	7. Abstinence | (4.833) (2.406)
8. Substance abuser | (5.167) (2.330)	8. Survivors | (5.083) (3.147)
9. Relapse | (6.667) (2.570)	9. Returning citizen | (5.250) (2.006)
10. Recovering addict/alcoholic | (8.667) (1.970)	10. Person who uses drugs | (5.750) (2.701)

Notes: Negative group: 1 = most stigmatizing, 10 = least \| Positive Group: 1 = most positive (least stigmatizing), 10 = least. Comments (Family): Negative; 1. I feel that codependent does not illicit as negative a feeling in family members of those who love someone with SUD as enabler does. I believe that codependent describes the family members (or the others in the relationship) role in the relationship and may inspire help for themselves. The term "enabler" may create additional guilt while not encouraging self-help. Comments (In Recovery): negative: 1. I ranked the more commonly used words as the most offensive, because I believe they are the most insidious. Most people understand that "crackhead" is offensive; however, words like "addict" are worse because they are deemed acceptable by most people. These terms are dehumanizing. Positive: 1. People-first language is always preferable. The word "sober" has connotations that are unhelpful; 2. Recovered – not recovering. Comments: (Professionals) Negative; 1. It is interesting because I know my round 2 list was a bit different. All of these frustrate me. Due to being aware of message training and learning how to share it with others these are the very things you stop people in their tracks to explain a better way to frame what they are trying to convey. Shifting that negative connotation into something more positive and uplifting. Positive: 1. For me there is a yellow flag of caution where terms like "survivors" and "retuning citizen" are concerned. I would suggest that in the minds of many these terms are as stigma laden as alcoholic or addict or, even junkie; 2. All of these are different ways to appropriately speak about recovery. With messaging, it has to be person centered and a case by case situation. Whereas one person may see recovery as abstinence and another be looking to work on harm reduction- feeling "free from addiction." So, wild how I changed my numbering again here as well

Table III.
Delphi round 3: rank scored phrases for all groups

each of the three stakeholder groups was expected. Previous research has suggested that terms like "abuse" and "addict" are stigmatizing (Kelly and Westerhoff, 2010; Kelly *et al.*, 2010; White and Kelly, 2011; Goodyear *et al.,* 2018; Kelly *et al.*, 2016; Kelly, 2004; Ashford *et al.*, 2018a), and the results from the current study suggest this is the case among multiple stakeholder groups. Similarly, terms like person with a SUD, which has been proposed as a more positive alternative in previous research (Kelly and Westerhoff, 2010), was also present in all stakeholder groups. The terms "long-term recovery" and "person in long-term recovery" was also present in all stakeholder groups, which we believe supports the notion that simply qualifying "addict" with the term recovery is not enough of a moderator to invoke positive perception.

Negative phrases identified in the results of all three stakeholder groups that have yet to be articulated in the literature on this topic include: "crackhead," "drunk," "boozer," "rock bottom," "codependent," "dope fiend," "pothead/stoner" and "drug injector." Positive phrases identified in the results that have yet to be articulated in the literature include: "substance free," "impacted loved one," "period of abstinence," "drug-free person," "free from addiction," "returning citizen" and "survivors." Each of these negatively and positively associated terms, as only suggested through the consensus use of the Delphi methodology, should be further tested – using methods set out for explicit and implicit bias analysis by previous work – to determine the exact effect that invoke in different populations.

This study also raises questions about the linkages between stigmatizing language and those who may use it, and under what contexts. Language serves multiple roles, from encapsulating multiple meanings and attributes, to dialectic constructions, to political power. Language and the use of language is an act of power through discourse (Foucault, 1969). As such, favored and disfavored terms are in fact, bio-political assumptions of power and value. Those that are affected by SUDs find themselves facing deep societal stigma that has a direct impact on access to care, quality of care, political willpower and policy (Van Boekel *et al.*, 2013; McGinty *et al.*, 2015; Luoma *et al.*, 2007; Stringer and Baker, 2015; White and Kelly, 2011; Radcliffe and Stevens, 2008). Language for a stigmatized population, and the shaping of discourse, has the power to control the social reality around disorders and illness. The way such identities and disorders are socially constructed through language impacts the very way such disorders are considered and treated, and how those affected are valued within a society. The context of how human suffering is constructed often determines how others in society respond to it. In the midst of a large public health crisis such as we see today, the deliberate study of the elements of language and discourse is exceedingly important.

These results serve as a launching point to expand the exploration of commonly used language in the SUD and recovery field, including in SUD treatment settings and the public arena. While not an exhaustive list, the results add to the growing awareness of the responsible use of language within the SUD and recovery fields, thus adding to the growing the list of phrases to potentially be added to what Kelly (2004) refers to as the "addiction-ary".

Limitations

The results of the current study should be viewed in the light of several limitations. First, even though participation from each of the participant groups was high, overall participants were self-selected and was small in size ($n = 45$), though the sample size of 15 per group was consistent with the Delphi method used in other substance use and recovery-related research (Neale *et al.*, 2014). Second, in creating the list of negative and positive words from participant responses in round 1, researcher discretion was used in combining similar words, and it is possible that the participants response was misrepresented in future rounds. However, as participants did not state that responses had been misrepresented in the

comment section of the final round, we believe this limitation is minimized. The participant sample also lacked diversity in relation to race, ethnicity, educational status, gender and individual recovery status. As such, variance in experience and sentiment of positive and negative words may not reflect the opinions of participants that are non-white, of Latino descent, have less than a four-year college degree, male or not in recovery. As this is an exploratory study using the Delphi methods, this risk to external and internal validity is acceptable and further testing of levels of bias toward the phrases and words of the study results should ensure that representative samples are used. We also note that the sample of the current study was made up of US citizens, and it is plausible that interpretation of positive and negative words may diverge across parts of the world were English is spoken. Finally, given that the impact of substance use on family members who have lost a loved one to overdose, compared to those family members who have a loved one in recovery, is different in nature, the combination of these two groups has the potential to bias the results. Given the consistency of overlap between the family group with both the professional and in recovery groups, we believe that the risk of this bias is limited.

Future directions

This study sets the groundwork for several future directions in linguistics research. Recently, the understanding of commonly used language, labels and context of such labels is being studied more often in the SUD and recovery fields. Identifying language and concepts that are negative may help to develop strategies that can reduce the impact of stigma on populations impacted by SUD and their families, as well as increase help-seeking behavior for a greater number of those affected. The reversal of stigma involves the deliberate subversion of the authority to disempower specific populations through language, and as such should be a parallel area of study with any field that involves such a marginalized or stigmatized population. Results from each participant group in the current study elicit unique considerations for future study.

While individuals in recovery may self-identify via a negative term in and among their recovery peers (e.g. those in mutual aid 12-step programs), the respondents in recovery in this study identify such terms as having negative connotations. It is unclear in what context these terms are perceived to be negative (i.e. to self-identify in private, to be labeled by an external party, etc.) from this study. Future research should explore if context of language use impacts affectivity, and to what magnitude.

For families, while non-person-first language is also considered to be stigmatizing, role family dynamics and intrapersonal feelings has regarding perceived affectivity is unclear. Context is surely important, but the state of current recovery for an affected loved one, ongoing substance use, and if a fatal overdose has been experienced by the family member are likely to be equally important. Additionally, any unresolved guilt or trauma on the part of the family member may also impact perceived affectivity. Each of these items should be further explored in order to better understand confounding factors in language perceptions.

Many professionals in the SUD field are in recovery themselves or have personally been affected through family. This begs the question as to what role does their own recovery play in the language they use, and in what they consider positive and negative terms. Also, of interest is the relationship between self-identification and the identification of clients with a SUD in recovery or pursuing recovery. Exploring these questions as they relate to SUD treatment professionals is critical, as they are most often working directly with individuals that are in need of quality, timely and unbiased care.

Finally, any research that does not include a diverse sample is ultimately incomplete. While the current study was inclusive of multiple group identities (professionals, family members and individuals in recovery), it lacks diversity in relation to race, ethnicity, gender and educational status, which raises critical questions. For example, would this study show

similar results in different racial and ethnic populations, or would the perception of language affectivity shift in significant ways? SUD-related stigma does not exist in isolation and exploring language induced stigma in relationship to other forms of systemic and individual discrimination (e.g. racism, sexism, ageism, etc.) is also a critical area of future exploration.

References

Ashford, R.D., Brown, A. and Curtis, B. (2018a), "Substance use, recovery, and linguistics: the impact of word choice on explicit and implicit bias", *Drug and Alcohol Dependence*, Vol. 189, pp. 131-138, available at: https://doi.org/10.1016/j.drugalcdep.2018.05.005

Ashford, R.D., Brown, A. and Curtis, B. (2018b), "'Abusing addiction': our language still isn't good enough", *Alcoholism Treatment Quarterly*, pp. 1-16, available at: https://doi.org/10.1080/07347324.2018.1513777

Ashford, R.D., Brown, A. and Curtis, B. (2018c), "The language of substance use and recovery: novel use of the go/no go association task to measure implicit bias", *Health Communication*, pp. 1-7, available at: https://doi.org/10.1080/10410236.2018.1481709

Bailey, D. (1991), "Guidelines for authors", *Journal of Early Intervention*, Vol. 15 No. 1, pp. 118-119.

Center for Behavioral Health Statistics and Quality (2017), *2016 National Survey on Drug Use and Health: Detailed Tables*, Substance Abuse and Mental Health Services Administration, Rockville, MD.

Dalkey, N.C. and Helmer, O. (1963), "An experimental application of the Delphi method to the use of experts", *Management Science*, Vol. 9 No. 3, pp. 458-467.

Foucault, M. (1969), *The Archaeology of Knowledge*, Tavistock Publications Limited, London.

Goodyear, K., Haass-Koffler, C.L. and Chavanne, D.C. (2018), "Opioid use and stigma: the role of gender, language, and precipitating events", *Drug and Alcohol Dependence*, Vol. 185, pp. 339-346.

Kelly, J.F. (2004), "Toward an addictionary: a proposal for more precise terminology", *Alcoholism Treatment Quarterly*, Vol. 22 No. 2, pp. 79-87.

Kelly, J.F. and Westerhoff, C.M. (2010), "Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms", *International Journal of Drug Policy*, Vol. 21 No. 3, pp. 202-207.

Kelly, J.F., Dow, S.J. and Westerhoff, C. (2010), "Does our choice of substance-related terms influence perceptions of treatment need? An empirical investigation with two commonly used terms", *Journal of Drug Issues*, Vol. 40 No. 4, pp. 805-818.

Kelly, J.F., Saitz, R. and Wakeman, S. (2016), "Language, substance use disorders, and policy: the need to reach consensus on an 'addiction-ary'", *Alcoholism Treatment Quarterly*, Vol. 34 No. 1, pp. 116-123.

Luoma, J.B., Twohig, M.P., Waltz, T., Hayes, S.C., Roget, N., Padilla, M. and Fisher, G. (2007), "An investigation of stigma in individuals receiving treatment for substance abuse", *Addictive Behaviors*, Vol. 32 No. 7, pp. 1331-1346.

McGinty, E.E., Goldman, H.H., Pescosolido, B. and Barry, C.L. (2015), "Portraying mental illness and drug addiction as treatable health conditions: effects of a randomized experiment on stigma and discrimination", *Social Science & Medicine*, Vol. 126, pp. 73-85, available at: https://doi.org/10.1016/j.socscimed.2014.12.010

Neale, J., Finch, E., Marsden, J., Mitcheson, L., Rose, D., Strang, J., Tompkins, C., Wheeler, C. and Wykes, T. (2014), "How should we measure addiction recovery? Analysis of service provider perspectives using online Delphi groups", *Drugs: Education, Prevention and Policy*, Vol. 21 No. 4, pp. 310-323, available at: https://doi.org/10.3109/09687637.2014.918089

Office of National Drug Control Policy (2011), *National Drug Control Strategy*, Office of National Drug Control Policy, Washington, DC.

Radcliffe, P. and Stevens, A. (2008), "Are drug treatment services only for 'thieving junkie scumbags'? Drug users and the management of stigmatised identities", *Social Science & Medicine*, Vol. 67 No. 7, pp. 1065-1073.

Stringer, K.L. and Baker, E.H. (2015), "Stigma as a barrier to substance abuse treatment among those with unmet need: an analysis of parenthood and marital status", *Journal of Family Issues*, Vol. 39 No. 1, pp. 3-27.

Van Boekel, L.C., Brouwers, E.P., Van Weeghel, J. and Garretsen, H.F. (2013), "Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: systematic review", *Drug & Alcohol Dependence*, Vol. 131 No. 1, pp. 23-35.

White, W.L. and Kelly, J.F. (2011), "Alcohol/drug/substance 'abuse': the history and (hopeful) demise of a pernicious label", *Alcoholism Treatment Quarterly*, Vol. 29 No. 3, pp. 317-321, available at: https://doi.org/10.1080/07347324.2011.587731

Williams, P.L. and Webb, C. (1994), "The Delphi technique: a methodological discussion", *Journal of Advanced Nursing*, Vol. 19 No. 1, pp. 180-186.

Corresponding author
Robert David Ashford can be contacted at: rashford@mail.usciences.edu