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The Label "Substance Abuser" Does Something Measurable

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In 2010, a team of researchers led by John Kelly ran a quiet experiment on people

who should have been immune to it. They gave a large group of trained clinicians

a short case description of a man who had stopped following the terms of a

court-ordered treatment plan. The description was identical for everyone who read

it, with a single exception. Half the clinicians read that the man was "a

substance abuser." The other half read that the man "has a substance use

disorder." One noun phrase, swapped. Nothing else about the case changed.

The two groups then judged the same man differently. According to the study,

published in the Journal of Drug Issues, the clinicians who had read the words

"substance abuser" were more likely to agree that the man deserved punishment and

was personally to blame for his situation, and less likely to lean toward

treatment, than the clinicians who read that he "has a substance use disorder."

The people making these judgments were professionals trained specifically not to

be swayed by labels. They were swayed anyway, by one word, without knowing it.

This article is about what that finding means for the people the professionals

never studied: the family. Not because a family did anything wrong, but because

the same research that measured the word's effect on clinicians has something

genuinely useful, and genuinely hopeful, to offer the person setting the dinner

table across from someone they love and cannot fix. It is a summary of what

researchers and public-health bodies have concluded about language. It is not

treatment, and it is not a rule handed down by us; the sources are listed at the

end so you can read them yourself.

WHY ONE WORD CAN CARRY THAT MUCH WEIGHT:

The reason a label moves a judgment is not mysterious, and the research names it

plainly. A phrase like "substance abuser" does two things at once. It names a

behavior, and it also passes a verdict: it casts the person as someone misusing

something on purpose, a wrongdoer rather than someone who is ill. The phrase "has

a substance use disorder" describes the same life, but frames it as a condition a

person has, rather than a crime a person commits. The National Institute on Drug Abuse, in

its guidance for professionals, makes the point directly: the terms used to

describe addiction can either reinforce the assumption that it is a moral failing

or reflect the medical understanding that it is a disorder, and that framing in

turn shapes whether a person is met with punishment or with care.

For families, this is not an argument about being polite. It is an argument about

what you are quietly telling yourself. The vocabulary available to describe a

loved one's addiction was, for a long time, almost entirely the vocabulary of

blame: "junkie," "addict," "using again," "clean" versus "dirty." Researchers have

found that this language is not a neutral mirror of reality. It carries the

verdict along with the description, and when a parent or a partner reaches for it,

they are absorbing that verdict too.

THE PART THAT REACHES THE CHILDREN:

The effect does not stop with the person who is using. A 2023 review examining

language considerations for children of parents with substance use disorders

noted that these children frequently experience stigma by association, and can be

left feeling invisible, ashamed, and isolated, particularly in settings built

around the parent rather than the family. A household's habitual words about

addiction are the water a child swims in. If the loved one is "an addict who can't

be trusted," the child learns a definition of their parent, and sometimes a

prediction about themselves, long before they can weigh it. The research does not

promise that changing the words will heal any of this. It suggests something more

modest: that the words are one of the few parts of the situation a family

actually controls, and that they are not weightless.

WHAT THE GUIDANCE ACTUALLY RECOMMENDS:

Here is where the research becomes something a family can hold. The recommended

shift, across the public-health guidance, is toward what specialists call

person-first language, described consistently across sources such as the National

Institute on Drug Abuse and the Recovery Research Institute. The pattern is to

name the person first and the condition second.

In practice, the guidance points in a few concrete directions. Where the old

vocabulary said "an addict" or "a substance abuser," the recommended phrasing is

"a person with a substance use disorder." Where a drug test was called "clean" or

"dirty," the suggested language is simply "negative" or "positive," because

"dirty" quietly calls the person filthy. Where relapse was described as the person

having failed, the framing offered is that a symptom of the disorder returned. The

Recovery Research Institute adds an honest caveat worth keeping: preferences vary

between individuals, and rather than assuming, it may be best simply to ask the

person how they would like to be spoken about.

Notice what none of these swaps require. They do not ask a family to pretend the

addiction is not happening, to lower a boundary, or to feel a way they do not

feel. They change the frame, not the facts.

THE OBJECTION WORTH TAKING SERIOUSLY:

A reasonable person, exhausted and frightened, might read all of this and feel a

flash of irritation: this is word games, and my son is overdosing, and you want

me to worry about vocabulary. It is a fair objection, and the honest answer is not

to wave it away. The answer is the experiment at the top of this article.

If language were only manners, the trained clinicians in the 2010 study would

have rated the case the same way regardless of the word used, because the clinical

facts were the same. They did not. The word changed the recommendation of experts

who did not believe a word could change anything. That is not a reason to police

how a grieving family talks; it is a reason to take seriously that the frame a

family lives inside is doing quiet work on all of them, and that they have some

say over it.

WHERE THIS LEAVES A FAMILY:

The research on language does not offer a cure, and it would be dishonest to

suggest that changing a few words will change what a loved one does. What it

offers is smaller and steadier: evidence that the words carried around a household

are not neutral, that they shape how a person is judged even by people paid to

judge fairly, and that a family holds more of that frame than they may have

realized. Choosing to describe someone as a person with a disorder rather than as

a substance abuser is not a denial of how hard the situation is. According to this body of

work, it is one of the few moves that is entirely a family's own to make.

Learning how to talk to, and about, a loved one struggling with addiction, in a

way that is both honest and survivable, is exactly what our course at Facing

Addiction with Hope and Understanding is built to help families do. The word is a

place to start, and it is one you already hold.

*This article is educational and is not medical advice or a substitute for care

from a qualified professional.*

Works Cited

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