PREVENTION PHILOSOPHY

Prevention is key to reducing the impact of substance use disorders on communities. The goal of substance use prevention is to change factors that contribute to substance use. Effective prevention aims to make it easier for folks to make healthy decisions by increasing knowledge, building skills, providing support, enhancing access to services, incentivizing healthy behaviors, and changing environments and policies [1].

It is our responsibility as prevention advocates to drive the conversation and language used by partners and funders. The language used by prevention advocates can cause unintended harm, contributing to feelings of blame, shame and isolation. Some language can reflect a former time, when substance use disorders were not understood as a disease, but as a result of “personal choices” and “moral failings.” In our work, this makes it more challenging to learn from those most affected by the issue, build effective solutions together, and advocate for resources. Research shows the use of stigmatizing language increases the likelihood of punishing those affected by issues like substance use disorder and decreases the perception that they deserve help [2]. Framing substance use as a public health issue upholds dignity of the populations prevention advocates serve.

To maximize opportunity and minimize harm, high quality prevention practices integrate the following:

- **Health Equity.** Advance a system where everyone attains their full health potential, no one is disadvantaged from achieving this potential because of social position (e.g. socioeconomic status) or socially assigned circumstance (e.g. race, religion, sexuality).

- **Racial Justice.** Create and reinforce practices that produce equitable power, access, opportunities and outcomes for all people, regardless of race.

- **Trauma-informed.** Promote and engage in actions that recognize widespread individual and community-level stress imposed by traumatic events and aim to prevent re-traumatization.

- **Strengths-based.** Acknowledge the assets of populations served and promote positive outcomes by providing opportunities to enhance skills and relationships.

CONSIDERATIONS

- Language is ever-changing, so it is important to make room for reflection and learning.
- Use a “person-first” approach. This places value on the person before their condition or disease.
- Allow people to take the lead on choosing the word(s) they want used to identify themselves. For example, an individual in the recovery community may identify as an 'addict' and prevention advocates should be respectful of that individual's preference.
- Work with the population being served to identify language choices that make sense in their preferred language. Be aware that direct translations for the terms in this Guide may not exist in all languages.

This is a living document developed by and for the Network of Prevention Coalitions and partners. Participating organizations include: Allston-Brighton Substance Abuse Task Force, Harbor Health Services, Inc., South Boston CAN, Project RIGHT, Charlestown Coalition and East Boston Alliance for Support, Treatment, Intervention, and Education.

Reach out to awalls@bphc.org with suggestions for change.
### Green - Light Language

**Substance misuse:** use of substance (legal, illegal or not as prescribed) in a way that is harmful to an individual's health.

**Person with a substance use disorder:** an individual whose brain chemistry has been altered such that they experience a compulsive need to use a substance(s), regardless of the negative consequences use poses to their health and well-being.

**Maintained recovery:** the status of a person with a substance use disorder who has not taken a substance over a certain period of time.

**Recurrence of use/continuing use:** the status of a person with a substance use disorder who uses a substance during a period of abstinence.

**Positive or negative/reactive or nonreactive:** status of a test one takes to determine the amount and type of a substance a person has taken.

**Person who sells or deals drugs:** one who profits from exchanging drugs on the black market.

**Protective factor:** conditions, or assets, that make an individual or community less likely to experience poor health outcomes.

**Risk factor:** conditions that make an individual or community more likely to experience poor health outcomes.

**Youth/Young Person:** a person between the ages of 12 and 24.

**Youth in high risk situations:** a young person whose current experiences make it less likely for them to transition into adulthood successfully.

**Living with mental illness:** the experience of a person who has a condition(s) affecting mood, thoughts and behavior to the extent that it interferes with ability to function.

**Person who is incarcerated:** a person who is in jail, prison or other correctional facility. NOTE: “person-first” language should be applied to those of alternative supervision status as well, e.g. person who is court-involved.

**Person who is undocumented:** a person who is foreign-born who has established residence in the country without legal documentation.

**People of color:** a preferred term when speaking of populations who are non-white or many different races. It should not be used to cover up/deny specificity when speaking about a specific population.

**LGBTQ+:** an abbreviation for Lesbian, Gay, Bisexual, Transgender, Queer identifying people and those who fall on the continuum of gender identity and/or sexuality. This includes those who are gender non-conforming, intersex, and asexual.

### Yellow or Red-Light Language Examples

**Substance abuse, Drug problem, Drug habit**

Addict, Junkie, Drunk, Alcoholic, Substance abuser/user

Stayed clean, Reformed addict

Relapse, Slip-up

Clean, Dirty

Dealer, Plug, Connect

Good neighborhood, Good school

Bad neighborhood/hood, Ghetto, Broken home

Child, Kid

High-risk youth, Delinquent, Bad apple, Gangsters

Suffering from mental illness, Crazy, Disturbed, Psycho

Criminal, Felon, Convict

Illegal immigrant/illegal(s), Alien

Minorities, Inner city, Urban

The gay community

*Refrain from speaking of LGBTQ+ as a group with the same experiences.*