# The Use of Language in Treatment Courts

## Word Choice Matters

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# Introduction

Widely considered to be "one of the most promising trends in the criminal justice system,"[1] treatment courts have demonstrated the potential to reduce recidivism, increase cost savings, and improve the individual well-being of participants.

Treatment courts emerged in 1989 in response to a surge in criminal cases involving substance use and individuals cycling in and out of the system—an ineffective and expensive process that produced long-term collateral consequences for individuals, families, and communities. As a result, pioneering practitioners challenged criminal legal system partners to work differently and, in some cases, in stark contrast to their formal training (e.g., defense attorney and prosecuting attorney working collaboratively versus as adversaries). The treatment court model was designed with particular attention to behavior change, access to clinical treatment and recovery support services, regular hearings with the judge, comprehensive case management, non-adversarial and multi-disciplinary team collaboration, ongoing team training, drug and alcohol testing, and program monitoring and evaluation.

Treatment court programs were tasked with addressing the needs of the target population, focusing on the factors contributing to criminal behavior, as well as providing the structure and support needed for individuals to remain engaged in the recovery process. The specific goals of treatment courts are to reduce participants' substance use, improve participants' successful recovery, reduce recidivism, and improve community safety.[2]

Elements of various theoretical perspectives, such as social learning theory, social bond theory, structured ritualization theory, etc. inform the treatment court model. In the mid-to-late 1980s, legal scholars introduced the theory of "therapeutic jurisprudence" and asserted that scholars, practitioners, policymakers, etc. must work to ensure the law functions as a helping hand and assess "the therapeutic and anti-therapeutic consequences of law and how it is applied" (p. 479).[3] Over time, treatment courts have evolved. What were viewed as experimental innovations at the frontline of criminal reform in the 1980s have become foundations of criminal legal practice, with treatment courts established, in some fashion, in every state.

The movement to create treatment courts has been studied and best practices were developed to provide a uniform model. Researchers have concluded the way treatment courts are ideally structured and operate confirms that legal procedures and the roles of lawyers, judges, and all members of the treatment court team can in fact have therapeutic consequences for individuals involved in the legal process. Importantly, the legal process can also lead to anti-therapeutic consequences for involved parties.

The definitive guidebook for treatment court practitioners, the Adult Treatment Court Best Practice Standards,[4] has been recently revised to include new evidence-based practices, highlighting the ways the

field has continued to develop throughout its 30+ year history. This paper seeks to build on these advances, while acknowledging that data show ongoing areas for improvement, including racial and ethnic disparities, multidisciplinary team member turnover, and the use of stigmatizing language.

This paper examines current research on the impacts of stigmatization, as well as the benefits of using strength-based and person-centered language. Given that language is constantly evolving, the paper provides the tools and understanding for treatment court teams to routinely re-examine their practices. Accompanying language guides will focus on specific populations and provide practical recommendations on shifting language to operationalize principles of therapeutic jurisprudence. This language shift will allow treatment court partners and program staff to facilitate individual participants' success more effectively.

# Language is Critical

Treatment court teams have an opportunity to assess and improve their use of language to strengthen the therapeutic alliance with participants. In order for treatment courts to achieve this goal, language used by court partners and program staff must facilitate an environment that embodies the principles of therapeutic jurisprudence. When treatment courts entered the field, they were first known as "drug courts." Over time, the field has adopted the term "treatment courts," recognizing that changing a single word can reframe the focus to treatment instead of spotlighting the substance. This is a key example of a critical, yet underexplored, facet that contributes to the success of treatment courts and program participants: the use of language.

Language is an important tool that, when used properly, can lead to improvements. On the contrary, the misuse of language can have damaging consequences. In few settings is the use of language more important than the high stakes criminal legal system. Members of the treatment court team have the power to foster an environment wherein individuals are more likely to succeed or perpetuate an environment of stigmatization and discrimination where individuals may be more likely to fail. In interviews with adult treatment court participants in two midwestern programs, researchers asked participants to identify program elements that they perceived to be the most beneficial.[5] One participant noted the impact that language had on the program's environment:

> "I've been in trouble a lot in my life, so I've been in front of a lot of judges. Usually you go in front of this judge and you are a number. And they're like docket number blah blah . . . How do you plead? Guilty or not guilty? They didn't care about your face, didn't care about your name. They don't care about anything. To have a judge, a person sitting up on a bench, black coat on, gavel, that really honestly week after week no matter what, cares, knows your name, knows your kids' names, that makes you feel like somebody. And that helps."[6]

Participants entering treatment courts in the 'high risk and high need' target population bring with them a myriad of intersectional identities, many of which are stigmatized. Much of the language used to describe conditions related to substance use and/or mental health has focused on individual responsibility and moral failings, ignoring the larger societal structures that created the circumstances for those conditions to exist.[7] Societal bias often frames people with substance use disorders (SUD) as lacking accountability, amoral, and/or making poor

choices. The common use of descriptors such as "clean," "dirty," "addict," "junkie," "convict," "offender," etc. by program staff have deficit-based roots, suggesting that something is wrong with the individual and they need to be fixed. This individualistic narrative further disincentivizes participants from seeking help. Stigmatized groups' expectations of further discrimination, or learned helplessness, can prevent them from accessing services and even when connected with services, stigmatized participants are more likely to drop out.[8] It is imperative that treatment court practitioners consider how they may be perpetuating these stigmas. One key avenue to reducing stigma is for court partners and program staff to examine their use of language and root their practices in a person-centered, trauma-informed, and strength-based approach.

Like program staff, treatment court participants are complex, dynamic, and imperfect actors, all having different lived experiences, cultures, and capacities that should be acknowledged and respected. Although participants involved with the criminal legal system may, on the surface, present as a homogenous group in terms of backgrounds or diagnoses, such as criminal legal involvement and substance use disorder, we know there is great variation in the needs of treatment court participants. As treatment courts evolve it is necessary to examine on a deeper level the ways providers and court staff interact, provide care, and view participants. Providers should aim to incorporate each participant's background, experiences, and other personal aspects into assessment and treatment planning to provide the best individualized care possible. Understanding intersectionality is essential to understanding how to talk to, treat, and support participants.[9]

For many, recovery is a difficult and lifelong commitment that is not always linear nor conventional. People in recovery often experience a level of shame associated with their diagnosis, potentially exacerbated by interactions while seeking treatment. Continued use of stigmatizing language within treatment can lead individuals in recovery to disengage due to feelings of stigma, disenfranchisement, or dehumanization. In acknowledgment of this history of stigmatization, treatment court practitioners should incorporate strength-based and person-centered language, which promotes an individual's self-worth and demonstrates to participants the provider's belief in the client's ability to achieve their own goals.[10]

Constructive treatment courts treat participants in a manner that empowers and uplifts them during their therapeutic journey. Word choice, tone, and body language can affect how people perceive their environment, themselves, and the person speaking to them.[11] Although the language participants use to self-identify may differ, treatment providers have an ethical obligation to communicate in a way that reinforces positive thinking and promotes positive behaviors.[12] The use of affirming language can allow participants to see themselves as individuals with a sense of agency and control over their own long-term recovery.

# The Current Research Landscape

The public holds highly stigmatized views towards people with addiction, and the language used to describe people with substance use disorders, people in treatment, and people in recovery can further perpetuate that stigma.[13] Too often, a culture of stigma manifests in policies and practices that increase barriers for individuals with substance use disorders from accessing basic services, including housing, employment, and healthcare benefits. Engrained stigma can lead to individuals with substance use disorders being deprioritized for care by the medical profession in favor of people with less stigmatized conditions, such as diabetes or heart disease; and it has allowed perpetrators of intimate partner violence to weaponize a history of substance use disorder or mental illness against their victims.[14] Current research on the connection between language, addiction, stigma, and treatment shows that language choice has an impact on individual and treatment outcomes.

**Assigning moral value to drug use in choice of language may create barriers to treatment for individuals who use substances.** Research highlights how language that is traditionally used to discuss substance use and people who use substances (e.g., "substance abuse," "addicts") is morally-centered, impacts provider attitudes, and can create barriers to accessing care.[15] Further, use of language implying helplessness, such as "problems with" use, may diminish agency for people who use substances and exacerbate stigma.[16]

**Stigmatizing language can reinforce negative public perceptions of individuals who use substances.** A review of language used by the news media during coverage of the opioid epidemic found that the media's use of stigmatizing terms instead of person-centered terms dehumanized people who use substances. For example, the use of the word "abuser" reinforced the general public's widely held belief that "addiction is the result of poor individual choices" as opposed to a medical condition or set of behaviors influenced by sociocultural factors.[17] In a study of stigmatizing language surrounding opioid use, when research participants were provided identical vignettes, one featuring a "drug addict" and one an individual with an "opioid use disorder", study participants rated the "drug addict" more negatively and assigned higher responsibility to the "drug addict" for their actions as compared to the individual with the "opioid use disorder."[18]

**Using stigmatizing language to frame actions and substance use may result in punitive consequences for individuals who use substances.** In a comparative study examining how individuals with substance-related conditions are perceived, researchers found that exposure to being labeled a "substance abuser" was found to perpetuate stigmatizing attitudes. Clinicians at a mental health conference were asked to examine vignettes about "individuals with either a substance use disorder" or "substance abusers." With all other variables similar, study participants found "substance abusers"

more likely to be personally culpable for their actions and concluded that punitive measures should be taken against them, unlike the "individuals with the substance use disorder," who were more likely to be recommended for treatment.[19]

**Individuals who use substances may have heightened sensitivity to stigmatizing language due to internalized shame and past experiences.** Individuals who use substances may be more sensitive to staff attitudes and responses due to past discrimination based on substance use, internalized shame, and the belief that they will be exposed to, and may deserve, negative treatment experiences. Similarly, expectations of stigma may influence the perceptions of participants who engage in treatment services interactions with treatment providers. Interactions between treatment providers and participants engaging in treatment services may also be strained due to participants' internalized fears of rejection and discrimination. Training staff members and thoroughly reviewing processes and services provided, including examining language usage, can promote greater acceptance and decreased use of stigmatized language.[20]

**In research focused on language in treatment settings, the use of stigmatizing language by staff can discourage individuals who engage in treatment from continuing treatment, while treatment providers who use nonjudgmental language can positively impact individuals in treatment.** In a comprehensive review of treatment seeking behaviors of people who use substances, researchers identified a common theme: the source of stigma matters. Staff at healthcare and substance use treatment facilities who used nonjudgmental language appeared to positively affect negative emotions, self-stigma, and perceived social stigma associated with treatment for individuals who used substances. Similarly, staff who propagated stigma against individuals who used substances ended up discouraging these individuals from both seeking and remaining in treatment. Reported stigma was identified as a highly influential barrier to treatment engagement if the stigma was "being experienced or anticipated from staff at rehabilitation facilities or programs."[21] Internalizing negative comments can hinder treatment and recovery efforts. In recent studies involving individuals in methadone treatment, internalized self-stigma was associated with greater odds of hearing negative comments from healthcare providers.[22]

**Use of person-centered and inclusive language may build trust and strengthen communication between treatment participants and treatment providers.** Research focusing on alcohol use treatment and person-centered language has recognized that patient-provider relationships are bi-directional and rely on a flow of information and trust to yield positive outcomes. In a treatment context, failure to use person-centered language may impede communication and enact implicit and explicit negative bias, thus affecting quality of care. Individuals in treatment may also be less willing to continue to see counselors who use non-inclusive language.[23] Although treatment courts may often, and should, include individuals in recovery on the multidisciplinary team,

those individuals may self-label with terms that may be seen as stigmatizing and counter to a person-centered approach; however, individual self-labeling should not carry over into conversations with participants in the treatment court. Self-labeling should be differentiated from professional use and should not be modeled.[24]

**Although people may explicitly identify with egalitarian views about individuals who use substances, implicit bias may remain, particularly relating to minoritized populations.** In an experimental evaluation of the relationship between explicit and implicit bias and intersecting minoritized identities, study respondents were more likely to identify with punishment instead of treatment for Latinx people who injected substances as opposed to white populations, even when study respondents indicated little explicit bias. Observed implicit addiction stigma in this study suggested that bias toward people who use substances may be sensitive to intersectional and minoritized populations.[25]

**Changing embedded language patterns will require training in addition to generalized awareness.** Researchers found despite access to the Associated Press style guide which provides destigmatizing language options, media sources continued to use stigmatizing language. This suggests that there is great need for on-going training of multiple stakeholder groups.[26] To be most effective at countering misinformation, training strategies should raise awareness of specific misperceptions and stereotypes.[27] Additionally, programs that promote an understanding of substance use as a part of a continuum of human experience may lead to more effective stigma change.[28]

# Application: How to Change Your Treatment Court Team's Use of Language

To have positive impacts on their participants, the treatment court team must be purposeful in their choice of language and take note of research outcomes. Best practices and optimal outcomes occur when the team understands the impact of their language choice and actively works against stigma. The use of supportive language requires time, insight, and effort. Using person-first language is an alternative to the use of stigmatizing language. Person-first language centers the individual over their health condition. For example, "a person who uses drugs" or "a person with a substance use disorder" can be used instead of stigmatizing words like "addict" or "substance abuser." Similarly, person-first language should be used when discussing people involved with the criminal legal system. "A person involved with the criminal legal system" is less stigmatizing and can be used instead of de-humanizing words such as "offender," "convict," or "ex-con." By elevating the individual over the condition, the societal framing of the person is changed for the better.[29]

## Use a strength-based approach.

Framing language using a strength-based approach can also serve to reduce stigma and facilitate engagement with participants. For example, if treatment reports a positive toxicology result the provider may say: "We received a positive test" instead of "you tested positive" or "your toxicology result is positive for a substance." Although both reflect that there was an issue with the urinalysis, one framing removes judgment and may provide a better on-ramp to the ensuing conversation. Similarly, instead of saying a participant has "slipped up" when self-reporting use, it would be appropriate to label their action as a use, without assigning moral judgment. Another example of removing deficit-based language is to replace "suffering with" with "living with" or "working to recover from." These seemingly small language modifications help a participant better reframe their action away from a perception of internal failing. Identifying and uplifting a participant's internal and external strengths and resources can help both the individual and provider better understand how to respond to challenges.

## Flip the script to reframe.

Reframing expected interactions, or flipping the script, can help challenge falsely held beliefs—for example, someone's apparent hesitancy to disclose personal information can be viewed as discernment and self-protective, rather than dishonesty or withholding. Similarly, someone's criticism of

the program can be viewed as having higher standards for themselves; ambivalence towards engagement can be reframed as wanting to seek clarity. By using a strength-based approach, the treatment court team can work to reframe these encounters, improving engagement and rapport with participants while helping them to see the ways they have navigated and survived systems. Explicitly defining and explaining to participants why certain terminology is modeled in the court setting can help to set the stage for creating a welcoming person-centered strength-based courtroom.

## Evaluate language use.

Work with your treatment court evaluator or research partner to incorporate an assessment of the language used by members of the treatment court team into the program's annual process evaluation. Attention should be paid to the use of language in all domains of the program (e.g., treatment sessions, case management notes, case management sessions, court reports, team staffing meetings, and court hearings, etc.). Including a language assessment in the formal evaluation process will allow teams the opportunity to monitor their progress toward the adoption of recovery-oriented language across all program elements. The evaluator or research partner can also offer suggestions for improvement.

## Train your team.

Training in the use of strength-based and person-first language can help to enact change. Training around the importance of using clinical terminology to describe substance use (such as a "test indicating use" as opposed to stigmatizing language such as "dirty" or "clean") can yield better engagement in treatment.[30] Similarly, acknowledging sociocultural context for substance-related risks and harms can promote more positive treatment interactions.[31] Training should also include a history of how non-evidence-based public policy, including drug criminalization and abstinence-only approaches, have resulted in morally-centered discourse around people who use substances.[32]

## Lean into your mission.

Many treatment court team members are drawn to the work because they believe people who use substances deserve treatment and support instead of incarceration. Treatment court mission statements often reflect these beliefs and can be an inroad to more robust discussions about the importance of using person-first, dignity-affirming language. Leaning into these big picture sentiments can be an effective way to initiate a conversation about language. Furthermore, some treatment court team members may not be aware of the research-based impact of stigmatizing language and may need to be informed of these significant negative effects. One way to ensure that treatment court staff model appropriate terminology is to embed this language in operations manuals and participant handbooks, and to schedule reviews of best practices in multidisciplinary team meetings and when onboarding new staff.

## Include impacted voices.

It is crucial for treatment courts to include voices that represent the communities they serve by actively including groups historically disempowered due to race, ethnicity, gender, sexual orientation, disability, and substance use. When making team hiring decisions (e.g., for judge, attorney, case manager, community representative), people from minoritized groups or communities should be included. If the team does not have this representation, the team should identify gaps that exist in the demographic makeup of treatment court staff and the community and then engage with community-based organizations that work directly with those demographic groups.

## Engage with representative organizations.

Regardless of team composition, connecting with organizations that work with underserved populations can be a good first step. For example, a disability rights organization in the community could be engaged to discuss the needs of the community, including the appropriate language to use when referring to and interacting with their clients. Similarly, it is important to engage organizations that primarily serve Black, Indigenous, People of Color, and LGBTQIA+ populations to learn about the challenges facing their respective communities, including access to treatment and appropriate uses of person-centered language.

# Conclusion

Treatment courts were designed to stand in contrast to the conventional criminal legal system and to provide more effective intervention in the lives of justice-involved individuals with substance use, mental health, or co-occurring disorders. As noted by treatment court researchers:[33]

> "…this opportunity to intervene and break the cycle of drugs and crime requires something other than the traditional criminal justice methods that have thus far proved costly and ineffective. [Drug treatment courts] represent just the kind of new, therapeutically based system which is capable of addressing the root cause of drug-related crimes."

Certainly, the design of treatment court programs (including, but not limited to, the coordinated system of clinical and recovery support services to which participants are referred, minimal use of jail in response to drug and alcohol use, participants' one-on-one interaction with the judge during court review sessions, incentives given to participants for milestones completed, etc.) distinguishes treatment courts from the established criminal legal system. However, to ensure treatment courts appropriately serve participants, it is incumbent upon treatment court practitioners to align program operations with the principles of therapeutic jurisprudence. One critical way to do this is through the adoption of recovery-oriented, person-centered, strength-based, and culturally competent language.

# Endnotes


[1] Arthur J. Lurigio, "The First 20 Years of Drug Treatment Courts: A Brief Description of Their History and Impact," *Federal Probation* 72, no. 1 (June 2008). https://www.uscourts.gov/sites/default/files/72_1_2_0.pdf.

[2] "Drug Courts: What is a Drug Court?" California Courts: The Judicial Branch of California, accessed March 22, 2024, https://www.courts.ca.gov/5979.htm; "Drug Court Program: Mission & Goals," Delaware Courts Judicial Branch, accessed March 22, 2024, https://courts.delaware.gov/superior/drugcourt/drug_court_mission_goals.aspx; "What are Drug Courts?" National Treatment Court Resource Center, accessed March 22, 2024, https://ntcrc.org/what-are-drug-courts.

[3] Bruce J. Winick and David B. Wexler, "Drug Treatment Court: Therapeutic Jurisprudence Applied," *Touro Law Review* 18, no. 3 (May 2015): 479-485. https://digitalcommons.tourolaw.edu/lawreview/vol18/iss3/6. This work is related to that of Roscoe Pound (1912) who argued that we must examine the social effects that result from the application of law and coined the term "sociological jurisprudence."

[4] AllRise, *Adult Treatment Court Best Practice Standards*. https://allrise.org/publications/standards/.

[5] Christina Lanier and Kristen E. DeVall, "How'd You Do It? Applying Structural Ritualization Theory to Drug Treatment Courts," *Journal of Drug Issues* 47, no. 2 (January 2017): 289-308. https://doi.org/10.1177/0022042616687119.

[6] Lanier and DeVall, "How'd You Do It?" 301.

[7] Alexandra B. Collins et al., "Harnessing the Language of Overdose Prevention to Advance Evidence-Based Responses to the Opioid Crisis." *International Journal of Drug Policy* 55 (May 2018): 77–79. doi: 10.1016/j.drugpo.2018.02.013.

[8] "Words Matter: How Language Choice Can Reduce Stigma," Substance Abuse and Mental Health Services Administration's Center for the Application of Prevention Technologies (November 2017): 1-6. https://facesandvoicesofrecovery.org/wp-content/uploads/2019/06/Words-Matter-How-Language-Choice-Can-Reduce-Stigma.pdf.

[9] Kimberle Crenshaw, "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics," *University of Chicago Legal Forum* 1989, no. 1. *http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8*.

[10] "Trauma-Informed Care in Behavioral Health Services," Substance Abuse and Mental Health Services Administration Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 14-4816 (2014). *https://store.samhsa.gov/product/TIP-57- Trauma-Informed-Care-in-Behavioral-HealthServices/SMA14-4816*.

[11] Einat Liebenthal et al., "The Language, Tone and Prosody of Emotions: Neural Substrates and Dynamics of Spoken-Word Emotion Perception." *Frontiers in Neuroscience* 10 (November 2016): 1-13. doi: 10.3389/fnins.2016.00506.

[12] NAADAC, the Association for Addiction Professionals, Code of Ethics. *https://www.naadac.org/assets/2416/naadac_code_of_ethics_112021.pdf*.

[13] Lawrence H. Yang et al., "Stigma and Substance Use Disorders: An International Phenomenon." *Current Opinion in Psychiatry* 30, no. 5 (September 2017):378-388. doi: 10.1097/YCO.0000000000000351. PMID: 28700360; PMCID: PMC5854406.

[14] Benjamin Bearnot et al. "Experiences of Care Among Individuals with Opioid Use Disorder-Associated Endocarditis and Their Healthcare Providers: Results from a Qualitative Study," *Journal of Substance Abuse Treatment* 102 (July 2019): 16-22. doi:10.1016/j.jsat.2019.04.008.

[15] John F. Kelly and Cassandra M. Westerhoff, "Does It Matter How We Refer to Individuals with Substance-Related Conditions? A Randomized Study of Two Commonly Used Terms." *International Journal on Drug Policy* 21, no. 3 (May 2010): 202–7. doi: 10.1016/j.drugpo.2009.10.010.

[16] Micah Hartwell et al., "The Use of Person-Centered Language in Scientific Research Articles Focusing on Alcohol Use Disorder." *Drug and Alcohol Dependence* 216 (August 2020): 3. doi: 10.1016/j.drugalcdep.2020.108209.

[17] Emma E. McGinty et al., "Stigmatizing Language in News Media Coverage of the Opioid Epidemic: Implications for Public Health." *Preventative Medicine* 124 (July 2019): 111. doi:10.1016/j.ypmed.2019.03.018. Kenneth Feder and Noa Krawczyk, "Four Facts Every Journalist Should Know When Covering the Opioid Epidemic." *Columbia Journalism Review* (August 2017). https://www.cjr.org/local_news/opioid-journalist-advice.php.

[18] Kimberly Goodyear et al., "Opioid Use and Stigma: The Role of Gender, Language, and Precipitating Events." *Drug and Alcohol Dependence* 185 (April 2018): 339–346. doi:10.1016/j.drugalcdep.2017.12.037.

[19] John F. Kelly and Cassandra M. Westerhoff, "Does It Matter How We Refer to Individuals with Substance-Related Conditions? A Randomized Study of Two Commonly Used Terms." *International Journal on Drug Policy* 21, no. 3 (May 2010): 202–7. doi: 10.1016/j.drugpo.2009.10.010.

[20] Nora D. Volkow et al., "Choosing Appropriate Language to Reduce the Stigma around Mental Illness and Substance Use Disorders." *Neuopsychopharmacology* 46 (July 2021): 2230-32. doi: 10.1038/s41386-021-01069-4.

[21] Rebecca Hammarlund et al., "Review of the Effects of Self-Stigma and Perceived Social Stigma on the Treatment-Seeking Decisions of Individuals with Drug- and Alcohol-Use Disorders." *Substance Abuse and Rehabilitation* 9 (November 2018): 133. doi:10.2147/SAR.S183256.

[22] Lee G. Vigilant, "The Stigma Paradox in Methadone Maintenance: Naïve and Positive Consequences of a 'Treatment Punishment' Approach to Opiate Addiction." *Humanity & Society* 28 no. 4 (November 2004): 403–418. doi:10.1177/016059760402800404.; Julia Woo and Anuja Bhaalerao et al., "'Don't Judge a Book by Its Cover': A Qualitative Study of Methadone Patients' Experiences of Stigma." *Substance Abuse* 11 (2017): 1-12. doi: 10.1177/1178221816685087.

[23] Micah Hartwell et al., "The Use of Person-Centered Language in Scientific Research on Alcohol Use Disorder." *Drug and Alcohol Dependence* 216 (November 2020): 1-6. doi:10.1016/j.drugalcdep.2020.108209.

[24] Robert D. Ashford et al., "Recovery Dialects: A Pilot Study of Stigmatizing and Nonstigmatizing Label Use By Individuals in Recovery from Substance Use Disorders." *Experimental and Clinical Psychopharmacology* 27, no. 6 (December 2019): 530–5. https://doi.org/10.1037/pha0000286.

[25] Magdalena Kulesza et al., "Towards Greater Understanding of Addiction Stigma: Intersectionality with Race/Ethnicity and Gender." *Drug and Alcohol Dependence* 169 (December 2016): 85–91. doi:10.1016/j.drugalcdep.2016.10.020.

[26] McGinty et al., "Stigmatizing Language in News Media," 110-114.

[27] Woo and Bhaalerao et al., "'Don't Judge a Book," 1-12.

[28] Patrick W. Corrigan and Katherine Nieweglowski, "Stigma and the Public Health Agenda for the Opioid Crisis in America." *International Journal of Drug Policy* 59 (2018): 44-49. doi: 10.1016/j.drugpo.2018.06.015.

[29] "Words Matter," SAMHSA, 1-6.

[30] Robert D. Ashford et al., "Substance Use, Recovery, and Linguistics: The Impact of Word Choice on Explicit and Implicit Bias," *Drug and Alcohol Dependency* 189 (August 2018): 131-138. doi:10.1016/j.drugalcdep.2018.05.005.

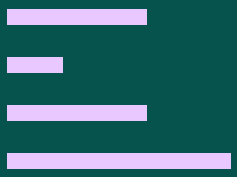
[31] Suzanne Fraser, "The Future of 'Addiction': Critique and Composition." *International Journal of Drug Policy* 44 (June 2017): 130-134. doi: 10.1016/j.drugpo.2017.05.034.

[32] Alexandra B. Collins et al., "Harnessing the Language of Overdose Prevention to Advance Evidence-Based Responses to the Opioid Crisis." *International Journal of Drug Policy* 55 (May 2018): 77–79. doi: 10.1016/j.drugpo.2018.02.013.

[33] Peggy F. Hora, William G. Schma and John T. Rosenthal, "Therapeutic Jurisprudence and the Drug Treatment Court Movement: Revolutionizing the Criminal Justice System's Response to Drug Abuse and Crime in America," *Notre Dame Law Review* 74, issue 2 (1999): 468. http://scholarship.law.nd.edu/ndlr/vol74/iss2/4.

# Notes

Activating ideas.
Strengthening communities.



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