

Recovery Linguaging: Moving from Normalizing Healing to Normalizing Use & Pathology

For well over a decade, significant focus of effort within the recovery community and across our service space has focused on changing how we talk about substance use conditions and those who experience them. As noted in the 2014 paper [Language, Substance Use Disorders, and Policy: The Need to Reach Consensus on an “Addiction-ary”](#) our language matters a great deal. It can serve to reduce negative perceptions in respect to the spectrum of healing from substance use conditions or it can serve as a barrier to effective healing and support across that continuum. Words can augment connection and healing or foment division and harm in subtle ways hard to discern without reflection.



Changing how we talk about addiction to focus on how we heal and the benefit in our own lives and within the communities we live in as we thrive in recovery was the intent of wide spread efforts a generation ago. Thought leaders in that era helped change how we talk about addiction and recovery and the words in common use across our society to improve access to treatment, expand recovery opportunities and change public perception about addiction.

While people can use any terms they want to describe themselves, commonly used terms like junkie, alcoholic, addict and lush were in broad use and did not serve to dignify our inherent worth and capacity to heal. People were asked to consider communicating about their recovery and not the pathology of what occurred to them.

One of the first introductions to this concept of recovery messaging that conveys our value for many Americans was probably in the opening moments of the film [The Anonymous People](#) when a deeply respected member of the recovery community went public on the big screen about his own addiction and recovery. He used that moment to speak about how to message recovery in ways that help the public see beyond the pathology and to what recovery is, a radically altered way of living that is beneficial not just to the individual but to the whole society. It was an historical moment.

It was an important advancement in what is called the New Recovery Advocacy Movement (NRAM) for recovery advocates and our allies nationally. To embrace ways to express the deeply positive process of recovery through improved manners of messaging who and what we are beyond the pathology of addiction. As he referenced in the *Anonymous People*, to message “*my name is XXXX and I am a person in long term recovery and that means to me I can have a healthy life and take care of myself and my family and participate meaningfully in my community*” was what people were asked to consider doing if they decided to be open about their recovery. This messaging was different than what one might use when in mutual support groups behind closed doors identifying with others within their mutual groups as an addict or alcoholic, which are often deeply meaningful to members in these settings. It was about highlighting our recovery to the broader society.

Is this still the focus? Is it a well-meaning strategy of group empowerment to communicate the value of recovery or has it morphed into something else? Has it now shifted to communicate superiority by those who see themselves as more enlightened and moved beyond person first messaging into a form of political correctness of conformity that actually fosters division within our community? If someone decides to describe themselves as an alcoholic or an addict in a public setting, who ultimately has the right to openly chastise the person and tell them they are so wrong to do so? To assert that they do not have the right to use the words that they choose to express who and what they are? We should always ask such questions to be intentional about where we are going and not to inflict harm even when we may have good intentions.

The Science of Non-Stigmatizing Language

Accuracy of the language used to conceptualize and communicate effective care and support for persons experiencing a substance use condition has been a frequent topic of focus in the writing of William White. This includes [a 2014 post](#) and [a paper published in Alcoholism Treatment Quarterly](#) in 2010 with coauthor John Kelly of the Recovery Research Institute. The paper describes how the word “abuse” was associated with willful misconduct. It reflected a moral model orientation. Their work provided critical focus on how the word we use matters in describing a condition and to improve public perception about us. Public awareness increased about how these conditions were framed in the DSM, in other relevant papers and in the names of some of our most venerated institutions.

Hard Questions to Consider

The reframing of the spectrum of substance use conditions beyond a willful choice and the moral model by highlighting the benefits of recovery was then and remains now critically important. Backwards views have been with us for hundreds of years and are words and their underlying concepts can be a vital component of these efforts. This is why highlighting our capacity to heal from the broad devastation of addiction by highlighting recovery was a key focus of NRAM. Yet efforts did not begin and end with changing the labels.

There were other things the new recovery advocacy movement advocated for:

- Authentic representation of people in recovery in the design and implementation of recovery-oriented services to support healing efforts across the full continuum of need.
- The development of recovery-oriented science focused on understanding the dynamics of recovery and the broad range of effective pathways to healing for individuals, families and communities.
- The strengthening of recovery capital not just on the individual level but within community as a foundational element of recovery transmission beyond formalized professional services.
- The elimination of discriminatory practices that impact housing, health care and employment for persons seeking help, with a history of addiction related consequences and those in recovery.

These strategies of the movement were envisioned to occur together. It was understood that meaningful systems wide change necessitated a lot of things improving together. It was widely understood that if the focus of effort became centered on any one strategy at the expense of the others, the overarching goals of the movement would fail. Short-term gains that would not stand the test of time.

In respect to person first language as a singular focus, the risk was then as it is now that the deep societal negative perceptions about us would taint our new words over time, leaving us exactly where we started. Not just in respect to the ever-present specter of stigma, but also on a treadmill of political correctness used by the “in group” to signal outside status of those who do not use whatever the newest words, even as the words become so diluted as to be meaningless. Window treatments temporarily masking long term challenges that merely serve to make people feel better in the short term without changing much at all in the long term.

Shifting Sands of Recovery Messaging in Our Current Era

As noted above, what people decide to term themselves is their prerogative. Messaging recovery is important, but the term has also been culturally appropriated in harmful ways. One of the primary shifts we see in our current era is a movement away from recovery focused on those of us with severe substance use conditions changing our entire lives, including abstaining from alcohol and other drug use to not just stay alive but to thrive in every aspect of our lives. Abstinence recovery includes not using drugs in which we are not prescribed and when prescribed taken as intended as a foundational element of substantive changes in every way we live. Recovery as a term is now used to describe any minimal change in how people use destructive drugs. Recovery in which people abstain from drugs to stay alive, to heal and to be fundamentally better versions of themselves has become a frowned upon status in our time of recovery relativism. This is 180 degrees from the initial intent of our advocacy efforts.

There are trends to dissuade people from expressing the length of time that they have not used alcohol or other drugs as abstinent recovery is considered elitist by those who advocate for using drugs. Some of these strategies have come from a positive intention to highlight moderated use as something that can and does occur for persons with less severe substance use conditions. Some in this space have little interest in the recovery movement and instead create division as part of drug use normalization agendas funded by billionaires with agendas that have nothing to do with our healing.

It is also true that these efforts have come at the expense of those for whom the process of recovery includes abstinence from drug use and radical changes to how they live as vital to preserving their very lives. As Stephanie Campbell noted in

Alcohol and Drug Abuse Weekly in her recent piece [Not going back into the basement quietly!](#) There are those who say that the word recovery creates a negative connotation for people who are still struggling with chaotic drug use. They believe that the use of the word recovery shames people who are still in active drug use. Recovery messaging is becoming messaging on the normalization of destructive drug use and not our healing.

This is part of drug normalization strategies that have been embraced by our venerated institutions to highlight the concept of any change in the amount, frequency or perceived harm to self or others is the equivalent of the life affirming process of recovery that was the focus of recovery messaging efforts a decade ago. We no longer honor all pathways either, another divisionary shift on the road to drug use normalization. Abstinence is not a politically correct pathway in the current marketplace of ideas. These groups also have shifted away from honoring all pathways of recovery and are highly critical of traditional recovery pathways including faith based, and mutual aid groups such as Alcoholics Anonymous and Narcotics Anonymous.

We are also seeing calls to stop referencing restoration to prosocial values such as productivity or citizenship as these are considered elitist concepts. I have been chastised for noting that I am employable (I was not so in my addiction) and do service work in my community (I harmed my community in active addiction and helping my community is part of my recovery process) as part of defining recovery by members of these groups advocating for harmful drug use. These are not equivalent. We should stop pretending so in contorted forms of relativism. While we need to create space for affirming persons still experiencing the harms of substance use, redefining recovery and messaging it in ways that does not highlight prosocial values actually re-stigmatizes those of us with the most severe form. Harm to those of us who cannot choose to moderate our use and not using is a life sustaining measure. As recovery is now all things, it is the group of persons with the most severe forms who stand to lose the most under these politically correct, relativistic notions. This is probably not the direction we need to go unless we want to lose significant gains made through significant collective efforts of a generation ago.

As noted above, we seem a world away from that opening clip of the movie *The Anonymous People* when that deeply respected member of our community looked into the camera and shares the “*my name is...*” recovery affirming messaging that highlights our healing and how we regain prosocial values as part of recovery. We are now instead normalizing the pathology as recovery.

The Weaponization of Recovery Language

Increasingly, drug use normalization advocates chastise people for using terms they are comfortable with to define themselves. A form of virtue signaling in our space that divides people up. There is even movement to stop using terms such as addiction and alcoholism to describe conditions. It is hard to even fathom the magnitude and scale of destruction wrought on our society from the consequences of addiction across the nation. Avoiding the words or shaming others into not using them will not eliminate the harms.

We have moved beyond person first language as a strategy of focus to using terms that are seen as politically correct to make it seem something other than the devastating condition that costs us millions of lives of our loved ones. We have moved from normalizing recovery to the normalization of the associated pathology. As our institutions move away from definitions of recovery that relate to full healing from substance use conditions and regaining roles of productivity, and citizenship, and embrace it as any self-defined change in substance use, how does this impact the messaging of addiction not being intentional and willful misuse? Addiction or the attempted moderation of its consequences is their chosen pathway of “recovery.”

Changing Our Language Was To be a Temporary Solution

Negative perceptions about people who experience substance use conditions and healing from those conditions have long encountered significant negative public perceptions. They have what the World Health Organization have found to be the most stigmatized conditions of any globally. As I explored in a piece last year in [From Fordrunken to SUD – A Reflection on Shifting Labels and Stigma](#), it is inevitable that any new terms we fight for will become tainted with negative perceptions, so we should consider efforts to change the words we use in ways that lead to additional goals of the recovery movement.

What we are seeing now in the weaponization of recovery language and the shift towards recovery relativism – that anything and conversely virtually no change at all as equivalent to life altering recovery to become better versions of ourselves does not bode well for the future of our movement.

Five years ago, I wrote a First Opinion piece in STAT News, [Addiction treatment is broken. Here's what it should look like](#). In that piece, I advocated for moving our measures of efficacy in respect to treatment and recovery support services to longer term strategies, similar to how we consider remission from cancer by a five-year standard. We know that people who sustain remission from addiction for five years have an 85% chance at doing so for the rest of their lives.

Considering the ravages of severe substance use conditions in our society, if I was asked what to pick to put the focus of efforts on moving forward, it would be to shift our measures to consider the diversity of processes that people with severe substance use conditions do to sustain healing and resilience over the course of five years and then provide more opportunities for more people in move diverse ways achieve a five year sustained remission from severe substance use conditions. This would be the thing that has the most potential to radically change our trajectory as a nation and to experience the cumulative value of millions more Americans in long term recovery. That would be a significant and more permanent way to normalize healing from substance use conditions and not simply to play a wordsmithing game of political correctness that ultimately serves no long-term gain for our efforts.

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