National Pain Council

Office of the Executive Director
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#053
Better Words

Bad Words Have Made the Opioid Crisis Worse

For Journalists and Writers, Legislators, and the Public

Words carry power, power that can lead to good or to harm.

Clear and precise language, as we learned from Edwin Newman, teaches us how to communicate and convey the truth without gilding the lily.

We have collected words from the opioid avoidance campaign designed to limit the use of our only effective medicines for serious pain - natural opium and opium derivatives called narcotics (opioids).

Inappropriately chosen words have been engineered to provoke emotional responses, suppress critical thinking, and divert attention from the facts.

For example, opioid analgesics, like other medicines, have manageable side effects within the bounds of sound clinical practice. Our traditional pain medications (opioids) are considered safe enough to take for decades without evidence of organ damage that limits long-term use of many medications, even the benign-sounding Tylenol (acetaminophen). There are few, if any, alternative medications that can be taken for life without developing toxicity.

Biased words fuel the "Great American Pain Refugee Crisis"[1], affecting seven million defenseless patients forced off their pain medications (opioids) without their consent to satisfy the opioid avoidance gods[2]. The problem is that there is no alternative treatment for serious pain. Nothing else works.

Sir William Osler, the first internist at the new Johns Hopkins Medical School, proclaimed in 1900 that opium was "God's own medicine."

In the case of Our Lady of the Couch, her "God's own medicine" was taken from her without her

permission because people in government are so afraid of "opioids" that everyone else should be afraid and not take them.

Seven million pain refugees are living lives "on the couch," rocking back and forth in pain, asking God to take them all, but for a simple, safe, natural medication in use now for 5500 years without a glitch. Yes, with treatable addiction as an adverse drug response in less than 1% of the population[2]. Currently, "rampant addiction" is used to deny pain treatment in the other 99%.

These anti-opioid crusaders address the issues of opioid pain medicine; they tend to use the classic implied biased words we are discussing here. The biased words are a way to smuggle in negative ideas, ideas of fear, ideas to stop using pain medications for nothing short of distorted research and manipulated numbers. But it is the words (below) that carry the day. These same words convince juries that doctors, since they handle "opioids," are part of the problem.

Doctors have been terrorized by the federal drug police (DEA) and the Department of Justice, who have received incorrect information that pain medicines are killers, evil, immoral and cause deaths. Preventable deaths do occur "in the streets" in 5% of the heroin-addicted men and women for people not offered medical care. Deaths among patients treated by doctors for painful diseases are almost unheard of, outside of suicide or dying with the medications on board, dying from the underlying diseases for which the narcotics were prescribed in the first place. Dying because of the narcotic and dying with the medications are two different things and not separated in many studies on death and dose.

It has become nearly impossible in the United States to have a physician write a prescription for these[4], fearing the federal drug police and the U.S. Department of Justice putting doctors behind bars for "overprescribing": not a law, not even a medical faux pas. How did this happen? It was not science. It was words.

Many citizens are afraid of death or addiction from pain medicines. Many physicians are becoming so afraid of the intense anti-opioid campaign that they now imagine they might kill their patients and be arrested on charges of manslaughter, no matter the circumstance. Doctors have been had. Prosecutors have been given the wrong information.

These false premises are not spread by reason, logic, or science; they are spread effectively by fear, ignorance, and - words.

The seven million wrecked lives need to be acknowledged (subject of an in-process National Pain Council (NPC) publication)[2]. Their stories must be told, for they tell a profound truth: zealots, whether they be private or governmental, can ruin your life and interfere with your doctor-patient relationship for which they have no authorization to do.

Words Can Convey Hidden Messages

Words can convey good ideas and harmful ideas (“he was a bad boy"). Once in circulation, carefully chosen scare words tend to be copied and recopied without thinking. It is "copying from the kid in the next row” syndrome.

Loaded words "glued" into writing vocabulary can steer us away from logic and toward emotion and fear. When afraid, we lose reasoning, and we do terrible, unforgivable things to people, like taking pain medicine away from people whose lives were resurrected and now spend life in bed or on the couch in constant pain, no longer the vibrant mothers, fathers, and grandmothers they used to be before forced tapering.

As proof the medicines taken away were, in fact, necessary. Stories of redemption after the restoration of medications tell the story.

Rethinking words that convey the wrong message is in order. There are other words that convey the truth we can substitute without the infusion of fear. Unbiased writing can lift the veil of deceit. Precise wording conveys truth and is the best remedy to confront fear, all fears. True heroin addiction occurs in half of one percent of the population[3]. It is rare, it is a bona fide disease, and it is treatable.

Better Words to Use in Opioid Information

To see how bias works, begin substituting the word “pain medicine” every time you see or hear the word “opioid”. All opioids are pain medicines, and all pain medicines, except for Tylenol, are opioids.

Avoid this term (Vague/Stigmatizing)	***Instead, use this term (Precise/Neutral)***	***Rationale for the change***
Big Pharma	Pharmaceutical Manufacturers	Name-calling is never appropriate; use the industry's formal designation.
Opioid	Pain Medicine	This class of medicine effectively removes negative connotations and treats significant pain.

Misuse, Abuse	Non-medical Use	Misuse lacks a stable definition. Abuse is stigmatizing and inaccurately implies it always causes addiction.
Addiction	Heroin? Fentanyl? Cocaine? Adderall?	Precision defeats vagueness and generalization.
Heroin addict	A person with a heroin addiction disease	Avoid labeling a person by their illness, as it is disrespectful.
Highly addictive drug	Addictive drug	No opioid pain medicine is more addictive than another
Craving	Desire to have	Provides a more neutral and descriptive term.
Drug overdose death	Which one (s)	Do not generalize; 97% of "opioid" overdose deaths involve five or more drugs. Specification is required.
Epidemic, Crisis	Opioid Problem	These are incorrect terms carrying implicit bias
Overprescribing	No law, no regulation, no medical policy, only prosecutor policy	Not a genuine medical concept; there are no standards in law or in medicine.
Potent/Powerful/Strong Opioids	If codeine is weak, giving more makes it strong.	Prosecutors use words of their own to convince

Gateway drug	Avoid this retired concept	The idea was fabricated; people can and do use multiple drugs without a "gateway."
Prescription drug crisis	Legal pain medicine drug problem	Avoid confusion
Aberrant behavior	Discuss the specific behaviors	Very stigmatizing term. Discuss the specific behaviors.
OxyContin	Long-acting oxycodone	It's a brand name. Oxycodone is the basic drug
Devastated communities	Be specific: which drug, which communities, and what happens	The problem is crime like shoplifting for heroin, felonious crimesfor methamphetamine
Heroin	Diamorphine	Generic names are used by custom in medicine. Heroin is the brand name.
Safe Prescribing	Prescribing	This is gaslighting. Do doctors not prescribe safely?
Escalation	Increasing the dose	Escalation is a prosecutor's term, not used in medicine
She/he takes drugs	Use the drug name	All drugs are different and should be specified.
Chronic pain	Long-term or persistent pain	Inflammatory disease with high cytokines

Pain level 8 (1-10)	Impossible to determine by number, report functioning instead	This rating is imprecise and useless for pain treatment assessment
Skyrocketing	Increased by a given percentage	An emotional, imprecise term that avoids real numbers for a scary effect.
Getting high	Energized, intoxicated, or stimulated	An ancient, pejorative term coated with negative connotation.
Deadly addicting	Addicting	The term "deadly" does not fit the data for legally prescribed pain medicines; it is an unnecessary negative word.
Drug seeker	A person urgently looking for relief from pain	An accusatory term implying a crime without a precise definition.
Prescription drug opioid deaths	Specify whether legally prescribed pain medicine or illegally obtained pain medicine from the street, with other drugs?	Legally prescribed opiates are not part of the opioid overdose crisis.
Dependence	Use other words,	Too many meanings, mostly negative
Junkie	Person with addiction	Labeling makes things worse

Avoiding Military Jargon

This is not a military conflict or a “war”. We are not fighting anything. We are trying to solve the problem. Addiction, in both its forms, is a medical issue, not a political issue that requires a fight. Playing war with pain medications is not the way to solve these problems. Shifting away from fear-mongering military vocabulary helps in understanding that addiction is a disease National Institutes of Drug Abuse (NIDA).

This is not a battlefield, and pain medicine is not a weapon. There are no enemies here, only patients in need of care. Abandoning militarized, fear-based language allows all of us to fulfill our core responsibility to be nice to our neighbors.

By choosing accurate, unbiased terminology, writers can reject the failed narrative of a perpetual "war on drugs," a campaign repeated across five presidential administrations with no measurable success. If what you're doing is failing, stop doing it.

Here is a guide to replacing aggressive, militaristic terminology with neutral, professional language.

Militarized Terminology to avoid	***Instead, Use This Terminology***	***Rationale***
Opioid takedowns	Investigations	Avoids sensationalism and uses standard legal/police terminology.
Surge	Increased effort	Provides a neutral description of resource allocation rather than expanded military aggression.
Strike force	Coordinated effort	Replaces military terms, removes the take no prisoners mentality
National Drug Threat Assessment	Not appropriate for medical addiction diseases	Shifts focus from a hostile "threat" to a public health and analytical "problem."

Aberrant behaviors	If people have signs of addiction, then they must be addicted.	A terrible pejorative word that reduces a complex problem to an insult.
Tactical squad	Police work	This does not apply to health issues surrounding the treatment.
Opioid Rapid Response Team	Responding to what precisely?	Emphasizes the public health and medical nature of the response rather than a rapid "opioid" confrontation.
Operation X (e.g., Operation Hypocritical Oath)	This is not wartime.	Replace the military-style "Operation" with a term that clearly defines the action as a civil/legal investigation.
Crackdown	Enhanced effort	Provides an objective description of regulatory or police activity instead of a confrontational, aggressive term.

Summary

Inaccurate language, when talking about pain, addiction, and opioid medicines, fuels real-world harm. People actually commit suicide trying to “outthink their pain” instead of being treated with the drug of choice, opioid pain medicines.

Biased and false words contribute to a long-standing, static fear of pain medications, commonly called “opioids”, accelerating fear and ignorance.

How many people know what an opioid actually is? How many people know heroin is a pain medicine? How many know that addiction is rare?

Ideologues and pain nihilists choose the rhetoric of opioid avoidance, not by science. Improper words allow false ideas to be smuggled into the dialogue, explaining why, for more than 75 years, the war on drugs has failed. Time to ask questions. Time to use proper words. Time to rethink the current paradigm

on drug problems.

Replacing emotionally charged terms with precise, medically accurate language (since these are diseases) shifts the focus back to relieving pain, the foundational goal of medicine. It is the most common reason that people seek medical care.

Contrary to popular belief, heroin addiction remains rare (under 1%) and is not caused by dosage, duration, or prescribing practices.

It is largely genetically driven, linked to genetic variations such as the OPRM1 A118G allele. Without a genetic predisposition, addiction cannot occur. Words that insinuate causes like poverty, child abuse, lack of good personality traits, large doses, and "taking medicine for too long" are all unsubstantiated.

Respectful and accurate terminology honors both patients with painful diseases and those with substance use disorders. These are *diseases,* not social-personality problems.

People with addiction disease, no matter how disagreeable their behaviors, are our neighbors. Remember what we all learned in our religious classes growing up: love thy neighbor[5].

Clarity over polemics dismantles the false narrative undermining required pain care and exposes the flawed logic of the opioid avoidance crusade.

To support this shift, we offer alternative words for discussing opioids, free from the distortions promoted by those who would deny all Americans pain treatment without medical justification.

Conclusion

The use of the word dependency and its connotations are implicitly biased words with no connection to drug use, addiction, withdrawal symptoms, or any problems surrounding the American penchant for illicit drug use. We recommend giving a second thought to the use of dependence whenever it is in reference to drug problems.

Footnotes

1. People with rare painful diseases, fitting the diagnosis of Systemic Inflammatory Response Syndrome R65.9 (chronic form) vaguely labeled as chronic pain patients (CPP), have become refugees looking to restore, and not finding, restitution of their previous opioid pain medicines taken away without consent by doctors terrorized by the federal drug police (DEA) and the DOJ. Since these patients require daily opioid pain medications to control their pain and anti-inflammatory, ten million of them by government estimate, seven million have been forcibly taken off their life saving medications. This is the largest public health disaster in history and pales by comparison to the ten times smaller opioid crisis itself.
2. There are 10 million people in the U.S. who have serious long-term inflammatory, incurable diseases (chronic pain) that require daily opioid pain medication in order to live a decent life,

according to NIDA. Seven million of those have been forced off their pain medications. The number determined from combined surveys and to be published by the national pain council. People were harmed for the bizarre goal of saving society from more "junkies". This is not the way to achieve that goal that since substance restriction only works for methamphetamine and cocaine not opiate addiction. https://pmc.ncbi.nlm.nih.gov/articles/PMC11095171/

3. An annual government survey (NSDUH) in 2023 conducted by SAMSHA shows approximately one million total prevalence. Divide by 273 million Americans over the age of 12 shows a government addiction rate of 0.4% addiction rate (4 cases per 1,000 population over age 12.) The prevalence of 4/1000 (less than 1%) has been the same at least for the last 100 years. No intervention has changed the rate of heroin/opioid addiction, in spite of trying.
4. Physicians are those with MD or DO degrees, the common definition of "doctor". However, many clinicians are authorized to prescribe pain medications with DEA certificates. Nurse Practitioners and Physician Assistants have Master's degrees. Veterinarians have Doctor of Veterinary Medicine degrees, and podiatrists have Doctor of Podiatric Medicine degrees. All are considered practitioners or clinicians and are licensed to practice medicine. When you see the word "doctor," think of the whole group.
5. Fred Rogers of "Mister Rogers Neighborhood," a theologian, broadened the term "neighbor" to mean our fellow man, not just the person who lives next door. "Love thy neighbor" from Leviticus 19:18 is of the same nature. There are similar passages in Jewish and Muslim scriptures.

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