Letter

Language matters: Time to update the words we use

Thank you for your article 'SafeScript: Victoria's real-time prescription monitoring system' reporting on the Victorian real-time prescription monitoring program.[1] I note the positive impact of this program. All Australian states and territories now have similar programs in place, and not all are mandatory. It is pleasing that the article flags the negatives of the stigmatising term 'doctor shopping', which 'prejudges' and 'triggers a policing response', and promotes a health response that asks: how can I help this person to improve health outcomes?

I was disappointed that the article repeatedly used the word 'misuse'. It is true this is an often-used term, found in legislation and academic articles. It is, however, old nomenclature, not found in current diagnostic criteria[2,3] and potentially stigmatising, suggesting the person is bad or wrong. I suggest using the terms 'risky use' (potential for harm), 'harmful use' (use that has already caused harm) or 'dependent use' (the development of dependence or use disorder). These terms are less judgmental and can help us to undertake more useful conversations with our patients to plan effective, safer management.

Opioid dependence is a serious chronic condition that requires effective long-term treatment. We are fortunate that we have highly effective treatment with methadone and buprenorphine.[4] Sadly, this treatment is not available to everyone in Australia who could benefit.[5]

There are many reasons people start using high-risk medicines in risky, harmful or dependent ways. High-risk use may be a rational response to an intolerable situation, with some people doing their best to manage a life filled with complexity due to a history of trauma, others managing severe chronic pain with limited access to other effective treatment modalities, and some taking high-risk medicines as prescribed.

We know stigma and discrimination have an impact on health, and the words we use are important.[6] It is timely to consider the impact of language in what we write and what we say; use language that aids engagement, therapeutic alliance and diagnosis; and by referral or management in our settings, assist people to access the care they need.

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