

Language Matters: communicating about people, alcohol, and drugs

The language used when speaking about or referring to people who use drugs, including alcohol, has a massive impact of how individuals view themselves, and how others view them. Words can be alienating, defining people solely by consumption of a substance, designating them as ‘others’; inferior or morally flawed.

Why should we be mindful of language used?

Stigma remains a significant barrier for people with a history of problem alcohol or drug use. One local GP described this situation as “*endemic at all levels of sociality*”. As a result, people become excluded from mainstream society. Structural and public stigma perpetuates self stigma, resulting in barriers to support, and recovery. Families are affected by stigma, while language can also prejudice professionals.

What makes this important?

People who experience alcohol or drug problems, either through use or by association, often experience the most stigma in society. Negative attitudes and stigma from society, from professionals within services, and self-stigmatisation, can be one of the biggest barriers to accessing treatment, community services and other activities. Stigma needs to be challenged across services and society ([Rights, Respect and Recovery, Scottish Government, 2018](#)).

How should we communicate?

People with a history of drug dependence are too often demonised in the media. The local GP continued “*media coverage of drug use is dominated by themes of crime, family and relationship breakdowns, death and celebrity. Rarely is there media coverage of the precipitants to problem drug or alcohol use, the concept of recovery or the positive re-integration into society*”. Viewing problem drug and alcohol use as akin to other health issues will help to address stigma and discrimination. Instead of a condemnatory tone, a respectful, compassionate tone could be adopted. Health outcomes improve for people who are described and treated in a non-judgemental manner.

What if we do this?

Attitudes and behaviour can change. Challenging stigma benefits everyone in society, as it helps to build equality and tackle inequality. By reducing stigma people will feel a greater connection to society, more included and more likely to access treatment and support for recovery. The local GP also stated “*unless something happens to change the behaviour of society if more accepting of [dependence] and recovery as a relapsing and remitting process, stigma will continue to prevent public policy efforts to help people recover*”.

Groups to be particularly mindful about:

Women - Although overall men drink more than women, there is more stigma attached to women’s drinking. Be mindful of this inequity when communicating.

Babies - Babies born mothers who are drug or alcohol dependant are not ‘addicted’. They can experience neonatal withdrawal.

Language is fluid and changes over time. As a result of the evolving discussion around best language to use to discuss substance use, this document will be monitored and revised as necessary. While language is significant, it is also important to be mindful of using non-stigmatising images when communicating. Try to use only neutral images, and avoid images of stereotypes of overly positive or negative connotations.

We encourage the use of ‘people first’ language; language that focuses first on the person, not the behaviour (e.g. people who use drugs). We do this as it reminds us to be compassionate and that we are talking about human beings. People with **Rights**, who deserve **Respect**, and should be supported in their **Recovery**.

| Use ✓ | Don't Use * |
|--|---|
| Substance / drug use | Substance / drug misuse or abuse |
| Person who uses drugs | Drug user |
| Person with non-problem(atic) drug use Person who occasionally uses drugs | Recreational, casual, experimental users |
| Person with [drug] dependence, person with problem(atic) drug use, person with problem(atic) [substance] use, person who uses drugs, person with [substance] problems person with lived / living experience | Addict, drug / substances abuser, alcoholic, jakie, junkie, druggie, stoner, dope head, pothead, smack head, crackhead, zombie, etc. |
| Person with problem(atic) drug use, person with problem(atic) [substance] use | Drug habit, addicted to |
| Person in recovery, person in long term recovery, person who has stopped using drugs person who has used drugs, abstinent, sterile (as in “needles”) | Clean, former addict, reformed addict |
| Actively uses drugs, positive for substance use | Dirty (as in “dirty screen”) |
| Respond, program, address, manage | Fight, counter, combat drugs and other combat language |
| Safe(r) (drug) consumption facility | Fix rooms |
| Person who injects drugs | Injecting drug user |
| Opioid substitution therapy | Opioid replacement therapy |
| Completed suicide / died by suicide | Committed suicide |

Adapted from [Global Commission of Drug Policy 2017 report](#), and aligned to [Rights, Respect and Recovery, the Scottish Government alcohol and drug strategy](#), which states “The language used in this strategy conforms wherever possible to the *Global Commission on Drugs Policy guidelines to help combat stigma*”.

Further sources of guidance: <https://www.apstylebook.com/> <https://www.ipsos.co.uk/editors-code-of-practice/>
<http://www.ukdpc.org.uk/wp-content/uploads/dealing-with-the-stigma-of-drugs.pdf>
<https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/stigma/stigmatips-talk-substance-use.html>
<https://www.samaritans.org/media-centre/media-guidelines-reporting-suicide> <https://www.nui.org.uk/news/mental-health-and-suicide-reporting-guidelines/>