

# The Power of Words

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Having alcohol and other drug conversations:  
**A practical guide**

## The Power of Words

### Alcohol and other drug conversations: a practical guide

Professionals working in the health, education and justice sectors can dramatically reduce the impact of stigma by reconsidering how they think about people who use alcohol or other drugs (AOD) and choosing words that focus on people, rather than their AOD use.

The right words can reduce stigma, which is a very real and complex problem. It can make people who use or have used alcohol and other drugs feel unwelcome and unsafe and stop them from seeking the services they need, negatively impacting their health, wellbeing, employment and social outcomes.

The right words have the power to improve health outcomes.

This guide is designed to get positive conversations started. Use it to understand commonly used terms that have negative connotations and identify practical alternatives that are welcoming, inclusive and empowering.

This collaborative project was undertaken by the Alcohol and Drug Foundation, the Association of Participating Service Users, Harm Reduction Victoria and Penington Institute and funded by the Victorian Department of Health and Human Services.



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APSU is a service of share



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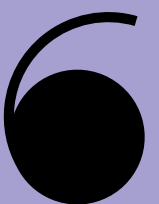
## Who is this practical guide for?

This guide is aimed at professionals working directly in the alcohol and other drug sector, including health care providers, social workers and human services professionals. It may also be useful for professionals working in policy.

## How to use this guide?

- Terms in orange are generally considered stigmatising terms and are not recommended.
- Terms in yellow are accepted in some contexts and not others. This is dependent on the person and their experience. You can determine how each person or group feels by asking them directly.
- Terms in green are the terms that are generally accepted as non-stigmatising.

***“The impact of stigma is a break down of trust and honest communication with health professionals”***



## Ten tips about language

Ten language tips to remember when engaging with, or around people, who use alcohol and other drugs.

1. People are people first and should not be defined by their use or diagnosis. Use person-first and person-centred language. For example, ‘person who uses drugs’.
2. Language is broader than just the words used – body language and tone are an important part of respectful engagement.
3. Alcohol and other drug use is a public health issue. Avoid framing alcohol and other drugs use as a moral failing, exaggerating facts or relying on information that is not supported by evidence or selective statistics.
4. Look for the most recent consensus on appropriate language as terms can become outdated as language evolves. For example, the term ‘misuse’ was accepted until recently.
5. Choose terms that are strengths-based and empowering and convey messages of protective and preventative measures for reducing harm related to alcohol and other drug use. For example, say ‘decided against treatment’ rather than ‘non-compliant’.
6. When discussing a person who uses drugs or a drug-related crime, convey factual and accurate information and terminology to avoid sensationalist comments.
7. Include help seeking information when working with people who use/have used drugs to encourage connections with health or harm reduction services. Limit inaccurate and irresponsible language and avoid describing people as ‘hopeless’ or unable to seek out their own help.
8. Keep your audience in mind as ‘use’, ‘misuse’ and ‘abuse’ can mean different things to different audiences, depending on language and cultural contexts.
9. People who use/have used drugs will refer to themselves and their life experiences in different ways, which may sometimes include the terms listed as stigmatising in this resource. That is their choice.
10. You can use this resource as a guide for best practice, but it is also important to ask the person what terminology they prefer.

Guidelines for appropriate and accepted language to use when talking about people who use alcohol and other drugs are emerging across Australia and internationally. We used existing guidelines and relevant evidence to create this broader resource. You should always consider the context of language as the content of this resource is not exhaustive or definitive.

***“Stigma creates a cycle of self-stigma, shame, and unworthiness.  
A loss of health, a loss of life”***

***“You can be polite, saying you’re just following the book, and the  
outcome for me is still the same, I’m denied a health service”***

***“The campaigns made out all ice users are violent people, so I was met  
with violence and fear when using health services”***



**“Stigma is judgment, labeling, stereotyping, it is dehumanising, fear shame, it is ignorance, it is insidious.”**

## Avoiding stigmatising language when referring to people who use drugs

● Stigmatising terms   ● Stigmatising in certain contexts   ● Preferred neutral terms

Stigmatising terms	Stigmatising in certain contexts	Preferred neutral terms	Reason to use preferred terms	Additional guidance
● Junkie, druggie, drug user, drug abuser	● Addict, alcoholic/alkie, IDU/injecting drug user, intravenous drug user	● Person who uses or has used alcohol or other drugs	The order of the words we use, as well as the actual words, affects the images generated about the person or group being described. Using person-first language recognises that the most important label is that of ‘person’ – that a person be understood as a human being before they are anything else.	A person working in communications may include these guidelines to inform how their organisation could talk about people who use alcohol and other drugs. This may include both legal and illegal drugs.
● Drug habit	● Alcoholic, addict, person with a substance use disorder	● Person with a dependence on drugs, person with a dependence on alcohol	People who use alcohol and/or other drugs should not be assumed to have a substance use disorder.  ‘Substance Use Disorder’ is a clinically accurate term to describe the ‘constellation of impairments caused by repeated use of a substance’. Using stigmatising terms can negatively affect judgments made about a person who uses alcohol and/or other drugs, including attitudes towards if they should receive punishment or medical care.	Not making assumptions about how and when someone uses drugs maintains trust while working positively to support the person, their family, or the wider community.
● Suffering from addiction (currently or previously)	● Addicted	● Person experiencing addiction	The term ‘suffering’ implies that the person has a poor quality of life, and no control over their actions.  Someone who is experiencing addiction may not be currently using alcohol and/or other drugs.  ‘Addiction’ is a medical term used to describe a condition where someone continues to engage in a behaviour despite experiencing negative consequences.	When speaking with someone with lived experience of alcohol or drug dependence, asking what their preferred terms are can be a positive strategy to avoid using terms that a person might find stigmatising.
● Abuse, misuse, problem use, non-compliant use	● Alcohol abuse, pharmaceutical misuse	● Substance use, non-prescribed use, non-medical use	The term ‘abuse’ can imply a moral failure and is often not necessary to describe a health condition. Sometimes there may be a scientific justification, such as referring to someone who meets the Diagnostic and Statistical Manual of Mental Disorders criteria for ‘alcohol abuse’, but in general, abuse be avoided.  The term ‘pharmaceutical misuse’ may be used to describe the use of a prescribed medication when not following prescription directions.	A person may use more of a prescribed medication than they have been prescribed, such as benzodiazepines or opioid analgesics. Using the preferred terms allows you to focus on supporting the person’s wellbeing.

## “Stigma ignores the whole complexity of people’s story”

Stigmatising terms	Stigmatising in certain contexts	Preferred neutral terms	Reason to use preferred terms	Additional guidance
<p>● Using again, fallen off the wagon, failing treatment</p>	<p>● Had a setback, relapse</p>	<p>● Currently using drugs/alcohol (after a period of not using)</p>	<p>These phrases can imply failure and can make people feel shame, which takes away from the focus that the person may have for the future.</p> <p>Using the preferred term considers that people may use drugs at different times in their life and doesn't take away their sense of control as they make different choices over time.</p>	<p>In treatment and clinical settings, it may be necessary for information about a client to be conveyed by a practitioner to other colleagues. It's important that people remain mindful of language to avoid implying failure or perpetuating stigma in their practice. Sharing these guidelines amongst peers can be a positive strategy to avoid stigma in these situations.</p>
<p>● Clean/dirty needle, dirties</p>	<p>● Freshies</p>	<p>● Sterile/unsterile, used/unused, new/old</p>	<p>Using terms like 'clean' and 'dirty' suggest a value judgment that links these concepts with the person.</p> <p>The preferred terms are descriptive clinical terms that name the object, rather than attributing judgment to the objects and the people that use them.</p>	
<p>● Dirty/clean urine/blood, tainted blood</p>		<p>● Positive/negative urine/blood drug screen, specific description of clinical condition, blood containing hepatitis C</p>	<p>Describing urine or blood as dirty/clean implies a value judgment that people who test positive are dirty and that associates alcohol and/or drug use with being unclean.</p> <p>Preferred terms focus on the clinical findings regarding a fluid sample and so avoid a value judgment implication that may be stigmatising.</p>	
<p>● Complex / challenging people</p>		<p>● People with complex/ challenging needs, people with co-occurring needs</p>	<p>Focusing on a person's actions, behaviours, or circumstances as being complex or challenging separates the behaviour from the person. This avoids making a negative judgment about them as a human being by identifying the behaviour or circumstances as the issue.</p>	<p>When working in a multidisciplinary team, whether in a policy or clinical context, use person first/centred language when speaking or writing about people with complex needs.</p>
<p>● Doctor shopper</p>		<p>● Person with multiple prescribers</p>	<p>Using the stigmatising term implies blame and can isolate the person as the problem. Using the preferred term focuses on the medical care and other support that person may require.</p>	<p>In Victoria, SafeScript is a public health system to help prescribers and pharmacists keep track of prescriptions of high-risk medications. This will help with preventing the harms associated with people having multiple scripts for risky medications.</p>

## 6 “Stigma prevented me from getting help”

### Avoiding stigmatising language when referring to or talking with people who no longer use alcohol and/or other drugs

● Stigmatising terms   ● Stigmatising in certain contexts   ● Preferred neutral terms

Stigmatising terms	Stigmatising in certain contexts	Preferred neutral terms	Reason to use preferred terms	Additional guidance
● Clean, ex-addict, former addict, used to be a [‘junkie’, ‘druggie’, ‘drug user’, ‘drug abuser’], stayed clean, hit rock bottom	● Person who is recovering from drug use/dependence, sober	● Person who is no longer using, person who has stopped using alcohol/drugs, person with lived experience of drug use/dependence	Use language that highlights a process of self-determined change. You can also use it to refer to people stopping or reducing their use.  Using stigmatising terms can imply a character judgement.	

### Avoiding stigmatising language when referring to treatment

Stigmatising terms	Stigmatising in certain contexts	Preferred neutral terms	Reason to use preferred terms	Additional guidance
● Replacing one drug/ addiction for another; liquid handcuffs		● Pharmacotherapy treatment, Medication-Assisted Treatment of dependence (MATOD)/ Medication, Opioid Substitution/ Replacement Therapy/ Treatment (ORT/ OST), Opioid Pharmacotherapy Program (OPP)	Pharmacotherapy is medicine. It is an evidence-based treatment for drug dependence for specific drugs, typically opioids (both illegal and prescribed).	People who are on methadone programs regularly report experiencing stigma and discrimination. Using terms such as pharmacotherapy or medication helps to reinforce that it is a medical treatment.
● Non-compliant, lacks insight, in denial, resistant, unmotivated	● Not engaged, hard to reach, hard to engage	● Treatment has not been effective, chooses not/ disagrees to treatment	These terms characterise the individual as cooperative or uncooperative and regard the person as a passive and submissive recipient of care. Some people who use drugs may be seeking health care for something other than their drug use and may have other health priorities that they need addressed.	
● Drug seeking, manipulative, splitting, attention seeking		● Person’s needs are not being met	People who use alcohol or other drugs need appropriate health care. Without it, they may not be able to reduce or stop their use of a drug(s) on their own. If their needs are not being met, they do what they can to manage.  These terms are unnecessarily judgemental and may not take into account the complexity of substance use and a person’s circumstance.	



**“Stigma makes you start believing in the stereotypes about yourself”**

## Avoiding stigmatising terms when referring to people living with blood borne viruses

● Stigmatising terms   ● Preferred neutral terms

People who inject drugs are at risk of acquiring blood borne viruses, such as hepatitis C and HIV. People who live with these conditions also experience stigma. This can result in compounding stigma, which is the combination of stigma surrounding the use of drugs and stigma surrounding the blood borne viruses.

Stigmatising Term	Preferred Term	Reason to use preferred term
● Victim, sufferer, carrier, infected, diseased, contaminated	● Person who has/is living with hepatitis C or HIV, survivor	These terms are disempowering and may imply that people have no control over their lives.
● Catch it, became infected/reinfected with	● Contract/acquire/has been exposed to/diagnosed with hepatitis C or HIV	These terms suggest something that is contagious and should be avoided or feared. It is not always relevant to ask how a person acquired viral hepatitis. Always provide harm reduction information, to avoid having to guess or make judgements about current drug use.
● Spread, give/gave	● Transmit/transmission	Transmission is the correct term when referring to the virus passing from one person to another.

***“During an emergency while I was birthing my child, a doctor delayed giving me analgesia while he unnecessarily questioned me about my past drug use. This was a terrifying and utterly disempowering experience and only ended when another doctor advocated on my behalf and stated how inappropriate this was.”***



## More information

If you would like to know more about the work that was completed to develop these guidelines, how to apply them, or a summary of the project, you can download more information here: [adf.org.au/powerofwords](http://adf.org.au/powerofwords).

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