WORDS MATTER!

Language Statement & Reference Guide

ANPUD

INPUD

International Network of People who Use Drugs

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INPUD & ANPUD Language Statement & Reference Guide

Who is INPUD?

The International Network of People Who Use Drugs (INPUD) is a global, peer-based network that seeks to promote the health and protect the rights and dignity of people who use/have used drugs. (For more information about INPUD see: www.inpud.net)

Who is ANPUD?

The Asian Network of People who use Drugs (ANPUD) is a regional community-led organisation for community empowerment, human rights, and people-centered evidence- & rights-based drug laws and policies. (For more information about ANPUD see: www.anpud.org)

WHAT'S THE AIM OF THIS STATEMENT & GUIDE?

Language does not stand still. It is dynamic, and the language and words we use are always changing. This makes it difficult to be absolute in the way we use language. Nevertheless, there are times when certain language and words used in relation to people who use drugs can be disempowering, divisive, confusing, or give offence.

This guide aims to explain INPUD's current position on the use of language and to provide clear advice on what is acceptable to us as communities of people who use drugs. We want to encourage all people to be thoughtful about the language and words they use, and have therefore provided a reference guide that identifies stigmatising language and gives non-judgemental, strengths-based, and respectful alternatives.

The guide is designed to be brief, clear, and easy to navigate. It does not cover every possible term or circumstance, as the meaning and effects of language — good and bad — are context-dependent and culturally determined. It does, however, serve the purpose of highlighting the language that is preferred within the INPUD global network, and provides reasons for why certain widely-used terms might be problematic or even harmful.

WHY IS LANGUAGE IMPORTANT?

Language is fundamental to all human societies. Language is how we make and shape meaning. It is how we create and make sense of the world and the people around us. Language is one of the main ways we communicate our attitudes, beliefs, and values. The language you choose to use can say a lot about you as a person.

Language is always evolving. One of the reasons we change our language is because we understand its power not only to uplift but also to dehumanise. In recent decades, we have seen progressive changes to language in relation to race, ethnicity, gender, sexuality, disability, and mental health. In these areas, we have moved away from language that is pejorative, pathologising, stigmatising, and dehumanising towards language that values people first, promotes equality and inclusion, acknowledges diversity, and is strengths-based.

WHAT ABOUT LANGUAGE & PEOPLE WHO USE DRUGS?

The need to change our language in relation to people who use drugs has become an increasing topic of discussion, but there is still a long way to go. People who use drugs are highly diverse and their relationship with drug use takes many different forms. Current prohibitionist approaches to drug use and 'war on drugs' rhetoric does little to encourage language that acknowledges this diversity. Instead, it promotes and maintains negative stereotypes that construct people who use drugs as morally flawed, inferior, unreliable, and dangerous.[1]

1. Ahern. J., Stuber, J. & Galea S. (2007). Stigma, discrimination and the health of illicit drug users. *Drug Alcohol Dependence* 2007;88(2–3):188–96. doi: 10.1016/j.drugalcdep.2006.10.014.

Due to criminalisation, people who use drugs experience high degrees of stigma and discrimination from family, friends, and broader society. Stigma breaks down trust, prevents communication, and leads to shame and marginalisation. While research shows that the type and extent of stigma varies according to the drug(s) being used,[2] other research has confirmed stigma is so pervasive in relation to drug use that it is an almost universal experience for people who use drugs.[3]

The role of mainstream media in promoting and perpetuating negative stereotypes, vilifying language, and sensationalist ideas in relation to people who use drugs is well acknowledged.[4] In recent years, INPUD and its regional members have conducted advocacy campaigns to draw attention to specific cases. While this and other advocacy work has resulted in some positive developments such as published retractions, updating of style guides and codes of practice, the media continues to drive negative public perceptions of people who use drugs in large part due to the use of stigmatising language.[5]

2. Brown, S. A. (2015). Stigma towards marijuana users and heroin Users. *Journal of Psychoactive Drugs*, 47(3), 213-220.
3. Room, R. (2005). Stigma, social inequality and alcohol and drug use. *Drug and Alcohol Review*, 24(2), 143-155.
4. Global Commission on Drug Policy. 2017. The World Drug Perception Problem: Countering Prejudices About People Who Use Drugs – Report. *Media & Public Perception* pp.26-30. *https://www.globalcommissionondrugs.org/wp-content/uploads/2018/01/GCDP-Report-2017_Perceptions-ENGLISH.pdf*
5. Blog post: "Media Needs More Than a New Style Guide to Get Them to Stop Stigmatizing People Who Use Drugs". 18 July 2017. Drug Policy Alliance: *https://www.drugpolicy.org/blog/media-needs-more-new-style-guide-get-them-stop-stigmatizing-people-who-use-drugs*

In the health system — sadly another key setting for stigmatising and discriminatory attitudes — language and actions associated with drug-related stigma can make people feel unsafe and unwelcome. Research studies have shown this can lead to a reluctance in disclosing drug use, create barriers to accessing drug treatment and other health services, including people delaying access until they are very unwell.[6] Stigma can also lead to poor and discriminatory treatment in many other contexts including the criminal justice system, housing, employment, and other aspects of daily life.[7]

Language is powerful and our choice of language and words matter! For example, research studies into the effects of stigmatising language in relation to people who use drugs found that simply varying the phrase or word used changed the doctors' response from a negative or punitive reaction to a more beneficial or therapeutic response.[8] This study demonstrates that changing language is not a small or trivial matter, but it is important and can have a positive impact not just on attitudes and judgments, but on the way that people act towards each other.

WHO DECIDES WHAT LANGUAGE IS APPROPRIATE?

Language should not be censored, forbidden, or regulated, but there are important reasons why we find some language and words disempowering and offensive and why others are preferred by our communities. When using language that relates to people who use drugs, **INPUD believes the views and preferences of our communities should be accepted as the basis for preferred language.** To ignore the preferences of communities exacerbates marginalisation and further minimises our expertise and experience.

6. Crapanzano, K.A, Hammarlund, R., Ahmad, B., Hunsinge, N. & Kullar R. (2018). The association between perceived stigma and substance use disorder treatment outcomes: A review. *Substance Abuse Rehabilitation* 2018;10:1–12. doi: 10.2147/SAR.S183252.
7. Lancaster, K., Seear, K. & Ritter. A. (2018) Monograph No. 26: Reducing stigma and discrimination for people experiencing problematic alcohol and other drug use. DPMP Monograph Series. Sydney: National Drug and Alcohol Research Centre. *http://doi.org/10.26190/5b8746fe72507.*
8 Kelly, J.F., Westerhoff, C.M. (2010). Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. *International Journal of Drug Policy*, 2010;21(3):202–07. doi: 10.1016/j.drugpo.2009.10.010.

Slang and idioms associated with the social and cultural aspects of illicit drug use play an important role in everyday lives of people who use drugs. Everyone should assess the use of such language for themselves in the context of their circumstances and relationships. If you are unsure, consult with people who use drugs around you and value their opinion and their expertise. People who use drugs have the moral authority to redeploy the symbols of their oppression and to use terms like "junkie" as a form of empowerment, when referring to themselves and their communities. One of the problems with stigma is that over time, people can accept and internalise the negative views they hear so often – which is referred to as 'self-stigma'. By always making positive language choices, you will automatically support people who use drugs to view themselves and their communities in the best possible light.

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9 INPUD and Youth Rise, 2013, The Harms of Drug Use: Criminalisation, Misinformation, and Stigma (London: INPUD and Youth Rise), available at *http://www.inpud.net/The_Harms_of_Drug_Use_JayLevy2014_INPUD_YouthRISE.pdf*

10 INPUD, 2015, Drug User Peace Initiative: Stigmatising People who Use Drugs (London: INPUD), available at *http://www.druguserpeaceinitiative.org/dupidocuments/DUPI-Stigmatising_People_who_Use_Drugs.pdf*

11 INPUD 2015, Consensus Statement on Drug Use Under Prohibition: Human Rights, Health, and the Law (London: INPUD), available at *https://www.inpud.net/consensus_statement_2015.pdf*

12 INPUD (International Network of People who Use Drugs), 2011, INPUD Position Statement on Language, Identity, Inclusivity and Discrimination, available at *http://www.inpud.net/INPUD_Statement_Position_Paper_on_Language_Identity_Inclusivity_Discrimination_Nov2011.pdf*

13 NUAA & NADA Guide – Language Matters: *https://www.nuaa.org.au/language-matters*

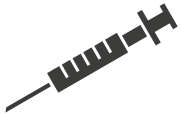
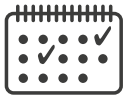
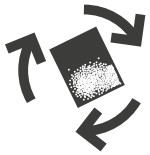
14 Language: Abandoning Addiction Blog file: *https://pointsadhs.com/2018/08/28/language-abandoning-addiction/*

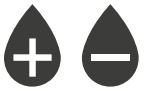
15 How Stigmatising Language Effects people in Australia Who Use Tobacco, Alcohol & Other Drugs: *https://www1.racgp.org.au/ajgp/2020/march/how-stigmatising-language-affects-people-in-austra*

10 TIPS FOR WORDS THAT MATTER!

1. Emphasise the 'person' first - don't define people by their drug use or diagnosis (e.g. person who uses drugs/person living with hep C – not drug user, she/he's hep C, etc.).
2. Don't impose your language or values on others – check with the person about how they would prefer to be addressed/spoken to and respect their views.
3. Choose terms that are 'strength-based' and 'empowering' – avoid 'non-compliant' instead 'chooses not to'/'decided against' – emphasise agency and choice.
4. Avoid trivialising, victimising or sensationalising people or drug use - sayings like 'has a drug habit' or 'suffering from addiction' can be very disempowering.
5. Use language that is accessible – don't speak 'above' or assume a person's understanding (incl. avoiding slang and medical jargon - can be misinterpreted and cause confusion especially for people for whom English is not their first language).
6. Don't make assumptions about a person's identity – be inclusive (e.g. use (gender) neutral terms 'they', 'their' or person's name).
7. Be aware of the context of the language - some language is OK when used within a community to claim identity but stigmatising when used by others e.g. "junkie".
8. Avoid diminishing people – your language should empower the person (don't speak to people like children, victims, pathologising or incapable/without agency).
9. Value the perspective of people who use drugs – people who use drugs are experts in their own lives. Ask their opinion and trust their advice!
10. Communication is not just verbal – use non-verbal, tone of voice, body language to demonstrate respect for the dignity and worth of all people.

LANGUAGE REFERENCE GUIDE

	WHAT TO SAY	WHAT NOT TO SAY	AND WHY TO SAY IT
	People/person who use/s drugs	Drug user; drug abuser; druggo; druggies; drug fiend; acronyms (PWUD, etc.)	*Person-first language recognises our collective humanity. Removes moral judgment e.g. 'abuser' or constructing people using drugs as a 'problem'.* *Take care to state the complete phrase or term. Acronyms can dehumanise and objectify, reducing people to a set of capital letters and should be avoided in verbal communication.*
	**People/person who inject drugs**	Injector; junkie; smack-head; injecting drug user; meth-head; acronyms (PWID, IDU, etc.)	*'Injector' defines a person solely on the basis of a practice they engage in.* *Slang and shortcuts can, implicitly or explicitly, be judgemental and pejorative, and acronyms should be avoided.*
	People/person who smoke drugs	Pothead; chuffer; meth-head	*Communities can reclaim identity by taking back or 'reclaiming' terms, but this does not mean others should adopt these terms without constraint.*
	**People/person who use/s drugs occasionally or opportunistically**	Recreational drug user	*People use drugs for many reasons and can experience drug use as 'recreational' even if their drug use is regular, frequent, or 'dependent'.*
	People/person with drug dependence	Addict; drug addict; drug abuser; problem[atic] drug user; misuser; substance abuser*; person who is addicted	*'Addict' language is based on morality and negative connections. It describes people as compromised and as if they are a collection of symptoms.* *Pathologising, disempowering, and creates barriers for people.* **People/person with a substance use disorder – see explanation on "substance use disorder" below.*
	**Drug dependence**	Addiction; drug addiction; substance abuse; substance use disorder†	*Addiction-as-disease model is highly contested, based on an arbitrary set of symptoms that label people as sick, dangerous, disempowered, and unable to exercise agency, choice, and self-determination.* *Drug dependency relates to the physical/psychological connection to a chemical/compound within framework of tolerance, adaption and withdrawal.* *Does not carry the historical and political connotations of 'addiction'.* *† "Substance Use Disorder": sometimes the use of definitions can be complex e.g. DSM V replaced "addiction" in the previous version (DSM IV) with "substance use disorder" – this was viewed as a step forward.*

	WHAT TO SAY	WHAT NOT TO SAY	AND WHY TO SAY IT
	Client/s; service user/s	Patient	*Service user highlights that the person is accessing or receiving a service.* *Term client[s] generally preferred for people using drugs who are receiving services.* *Patient can evoke a sense of 'power over' or imbalance within medical framework and/or the 'disease model'.*
	Currently using drugs	Relapse; non-abstinent; fallen off the wagon; using again; had a setback; lost cause	*Removes nagative connotations associated with taking up using after a period of not using.* *Use appropriate modifiers including occasional or opportunistic drug use (see above).*
	People/person who has used drugs	Clean; sober; drug-free; ex user; in recovery; maintaining recovery; ex-alcoholic	*Previous expertise in using drugs.* *Phrase that acknowledges the time component can be fluid - states facts without additional emotion, value judgment, or negative connections.*
	**Positive/negative drug screen; Presence/absence of drug metabolite in screening process**	Clean/dirty urine/blood	*Keeps to neutral and medically accurate terminology; removes any connotation or meaning with emotive/judgmental words.*
	Communities (of people who use drugs); Networks (of people who use drugs); Peer-led networks	Drug using population[s]; affected communities; vulnerable populations	*Positive recognition of sense of connection, empathy, and trust among people who use drugs.* *Reduces the surveillance or 'victim' aspect, and is defined in purely epidemiological/public health or social welfare terms*
	Opioid Treatment Program; Opioid Agonist Treatment	Opioid Substitution Treatment; Opioid Replacement Therapy	*Effective treatment for opioid dependence that is not simply 'replacing' or 'substituting' one drug for another.*

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The International Network of People who Use Drugs (INPUD) is a global peer-based organisation that seeks to promote the health and defend the rights of people who use drugs. INPUD will expose and challenge stigma, discrimination, and the criminalisation of people who use drugs, and its impact on the drug-using community's health and rights. INPUD will achieve this through processes of empowerment and advocacy at the international level, while supporting empowerment and advocacy at community, national and regional levels. www.inpud.net

INPUD is part of Bridging the Gaps – health and rights for key populations. This unique programme addresses the common challenges faced by sex workers, people who use drugs and lesbian, gay, bisexual and transgender people in terms of human rights violations and accessing much needed HIV and health services. Go to www.hivgaps.org for more information.

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