



Government of Western Australia
Mental Health Commission

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Western Australia.*

Alcohol and Other Drug (AOD) Terminology Guide



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1. Introduction

When alcohol and other drug (AOD) use is discussed, terms are often used interchangeably and sometimes inaccurately. Terminology can differ between countries and, even within Australia, between disciplines, services and workers. This can lead to confusion when discussing AOD and people who use AOD. The language we use is particularly important when we discuss AOD use and mental health as these issues are prone to be viewed emotively, misunderstood and even sensationalised, which can contribute to stigma and discrimination.

This guide aims to provide workers within the mental health (MH) and AOD sectors with consistent, accurate and standardised language to use when speaking with or about people who use AOD. In addition, this document advises language to use which is less stigmatising of AOD use and people who use AOD.

It is important to note that the way AOD use is communicated in clinical or treatment settings differs from how language is used in health promotion and general communication. Whilst language in clinical settings is also very important, terminology may be used that is inconsistent with this guide, but appropriate for the purpose of that communication.

2. Background

Research has shown that there are explicit and implicit bias associated with the language used to discuss AOD-related issues. For example, Kelly and Westerhoff (2010) found that the term 'substance abuser' explicitly evoked a negative bias among behavioural health professionals, as well as among the general public.¹ Not only is the impact of stigmatising language important, but the impact of positive or empowering language should also be considered.²

The way language is used to describe individuals and groups is important as it can impact not only how they are viewed by others, but also on the way they view themselves.³ Language can be stigmatising and have negative effects on people, particularly people who use AOD and their significant others. Stigma leads to prejudice and discrimination and, in turn, can delay or dissuade people who use AOD from approaching services for assistance.

Stigma can be understood as an attribute, behaviour, or a reputation that is socially discrediting. Stigma results in people being mentally classified by others in an undesirable, stereotypical way.⁴ AOD-related problems appear to be particularly susceptible to stigma due to their strong association with crime and population-level harms.⁵

¹Kelly, Dow and Westerhoff, "Does our choice of substance-related terms influence perceptions of treatment need?": 805-818.

²Ashford, Brown and Curtis, "Expanding language choices to reduce stigma": 51-62.

³Global Commission on Drug Policy, *The World Drug Perception Problem*. (Global Commission on Drug Policy, 2017).

⁴Erving Goffman, *Stigma: Notes on the management of spoiled identity* (New York. Prentice-Hall, 1963)

⁵John Kelly, Sarah Dow and Cara Westerhoff, "Does our choice of substance-related terms influence perceptions of treatment need? An empirical investigation with two commonly used terms" *Journal of Drug Issues*, 40, no.4 (2010): 805-818.

People who use AOD can experience significant stigma at personal, societal and institutional levels.⁶ This can have broader social repercussions, which can lead to a reluctance to seek help. Social repercussions may include being disadvantaged when accessing housing and employment opportunities, and involvement with the criminal justice or child protection systems.⁷ Furthermore, people who use AOD may experience poorer quality healthcare because of negative views health professionals may have towards AOD use. Research has found that both explicit behaviours (actions intentionally taken against someone) and implicit biases (unconscious beliefs and attitudes towards a person or group) are influenced by the language used by the broader community, including reports from the media and government policies.⁸

It has been suggested that the language used to refer to people who use AOD is a “potentially modifiable influence on the perception of substance-related conditions.” (p. 807)⁹ Modifying the language people use to describe AOD and the people who use AOD is not a new concept. The World Health Organization (WHO) recommended over 40 years ago that the term ‘abuser’ not be used by professionals working with people who use AOD. Language can facilitate stigma as it can deliver intended and unintended messages regarding cause and controllability of use. Additionally, terms used such as “problem drinker,” “alcoholic,” and “substance abuser” may be used inconsistently or interchangeably when, in fact, they hold different meanings.

3. Tables of recommended language to use or to avoid

The language used when referring to people who use AOD can have a strong impact on how they view themselves and how they are viewed by others.¹⁰ It is important to use person-centred terminology which is positive and empowering to facilitate language change. The use of person-centred or ‘person-first’ language is now common practice when describing people with disability. This means referring to the individual as a person first and any disability second. This changes the person from being viewed ‘as the problem’ to ‘a person with a problem’.¹¹ Therefore instead of describing someone as a ‘drug user’, they would be described as a ‘person who uses drugs’.

Defining a person solely by their use of AOD diminishes the fact that they are more than their AOD use and labels them as “other”, inferior or flawed individuals, both physically and morally.¹²

Below provides a rationale for the preferred language to use and avoid when communicating about AOD use, followed by tables summarising this information, for ease of reference. Sources are cited in the footnotes.

⁶Robert Ashford, Austin Brown and Brendan Curtis, “Expanding language choices to reduce stigma: A Delphi study of positive and negative terms in substance use and recovery” *Health Education*, 119 no.1 (2019): 51-62. <https://doi.org/10.1108/HE-03-2018-0017>

⁷Ashford, Brown and Curtis, “Expanding language choices to reduce stigma”: 51-62.

⁸Ashford, Brown and Curtis, “Expanding language choices to reduce stigma”: 51-62.

⁹Kelly, Dow and Westerhoff, “Does our choice of substance-related terms influence perceptions of treatment need?”: 805-818

¹⁰Global Commission on Drug Policy, *The World Drug Perception Problem*.

¹¹Kathie Snow, *People first language* (2009), http://www.inclusioncollaborative.org/docs/Person-First-Language-Article_Kathie_Snow.pdf, Accessed 18 November, 2019.

¹²Global Commission on Drug Policy, *The World Drug Perception Problem*.

In the past the term ‘drug/s and alcohol’ (D and A) was used however the preferred term is now AOD, acknowledging that alcohol is indeed a drug and not something separate. This term is considered best practice within the AOD sector in Australia. It is important to note that this wording is not commonly used outside of the sector, and that in the United States and many other countries the term ‘substance’ is used to incorporate alcohol and other drugs.

The use of the term ‘abuser’ when referring to people who use AOD has a negative connotation and may evoke associations with objectionable behaviour such as domestic violence or child abuse.¹³ ‘Junkie’ and other similar terms are derogatory and can alienate the individual.

When referring to AOD use and people who use AOD	
Use	Avoid
AOD/ substance use	AOD/substance abuse/ misuse
Non-medical use of... Non-prescribed use of...	AOD/ substance abuse/ misuse/ non-compliant
Person with problematic AOD/ substance use	Substance abuse/ misuse
Person who uses substances/ drugs/ alcohol/ AOD	Substance/ drug/ alcohol/ AOD abuser / user
Person with a dependence on/person who is dependent on drugs/ alcohol/ substances/ person experiencing dependence	Person suffering from addiction/ person with a drug habit/ addict/ druggie/ junkie
Person who uses drugs	Recreational/ casual/ experimental user
Person who uses drugs/ alcohol/ AOD	Drug user/ user/ druggie
Person who uses/ injects drugs	Drug addict/ addict/ junkie/ druggie, injector/ person with a drug habit
Person who uses heroin/ person who injects drugs	Junkie/ smack head
Person who uses methamphetamine	Methhead/ crackhead/ zombie
Person who uses cannabis	Pothead/ stoner
Person with a dependence on alcohol	Alcoholic/ alkie/ drunkard/ inebriate/ boozer
Intoxicated/ under the influence	Wasted/ pissed
Increase in the use of ...drugs/ methamphetamine/ heroin	Drug/ meth/ heroin epidemic
Positive/ negative drug screen	Dirty/ clean drug screen (e.g. clean urine test, clean from drugs)

When referring to people who no longer use AOD	
Use	Avoid
Person who has stopped using drugs/ is abstinent	Clean/ sober/ drug-free

¹³Ashford, Brown and Curtis, “Expanding language choices to reduce stigma”: 51-62.

When referring to people who no longer use AOD	
Person with lived experience of drug dependence/ person in recovery/ person in long-term recovery	Ex-addict/ former addict/ reformed addict
No longer using drugs	Stayed clean/ maintained recovery

The term 'crack' is used to describe crack cocaine in the United States. However, it has been appropriated by some people in Western Australia to describe methamphetamine. Although crack cocaine is not generally used in Australia, the use of the term crack to describe methamphetamine is potentially misleading, and evocative of negative images received about crack cocaine from the United States.

Referring to used syringes as 'dirty' adds a connotation to the used device that the person who used it was also 'dirty' as a result of their drug use.

When referring to particular drugs or drug use paraphernalia	
Use	Avoid
Methamphetamine	Crack
Smoking implement	Crack pipe
Used/ unused syringe	Dirty/ clean needle/ dirties

When referring to AOD treatment and people in treatment	
Use	Avoid
Person disagrees	Lacks insight/ in denial/ resistant/ unmotivated
Treatment has not been effective/ chooses not to engage in treatment	Non-compliant
Person's needs are not being met	Drug seeking/ manipulative/ splitting
Pharmacotherapy treatment	Replacing one drug for another
Consumer/ service user/ client/ resident/ patient	User
Withdrawal management	Detox /detoxification
Respond/ address/ manage	Fight/ counter/ combat drugs or other combatant language

Avoidance of terms which include the word 'morbid' in them is recommended due to the negative connotations associated with morbidity.

When referring to people with co-occurring mental health conditions	
Use	Avoid
Co-occurring/ lived experience	Comorbidity/ dual diagnosis/ multi-morbidity

4. Relevant terminology and definitions

Dependence Versus Use and Problematic use

Often people who use AOD are lumped together despite vast differences in the way different people use AOD. The majority of drug use is non-problematic. For this reason, it is encouraged to use terms which clarify the differences in the ways drugs are used. The following definitions were adapted from WHO definitions.¹⁴

Dependence: A cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

Problematic use: The use of psychoactive substances including alcohol and illicit drug which results in harms.

Use: Any use of alcohol or other drugs, including use that does not cause harm or causes minimal harm to the person using the alcohol or other drugs and others.

Dependence Versus Addiction

In 1964 a WHO expert committee introduced the term 'dependence' to replace the terms 'addiction' and 'habituation'. The terms 'dependence' and 'addiction' are often used synonymously to describe people who have dependence to AOD. Dependence (the preferred term) has fewer negative connotations than the term 'addiction'.

It is also important to acknowledge that these terms are often considered subtly different in meaning. For example, the National Institute of Drug Abuse (NIDA)¹⁵ in the United States define dependence as a physical condition while addiction includes the psychological or behavioural aspects associated with dependence. They cite the example of a person who is being treated with opioids for chronic pain. They may be dependent and if so, when the opioids are stopped abruptly they will suffer physical withdrawal symptoms. However, they may not necessarily have developed a psychological dependence on opioids, and if not, would not be considered addicted.

Addiction is defined by NIDA as a “condition characterised by compulsive drug seeking and use, despite harmful consequences.”¹⁶

It is important to note that in clinical and educational settings the term addiction is often still used and is appropriate in these contexts. For example, addiction medicine, addiction studies, addiction specialist.

¹⁴World Health Organization, *Health Topics: Substance abuse* https://www.who.int/topics/substance_abuse/en/ (2020)

¹⁵National Institute on Drug Abuse, *The neurobiology of drug addiction*. <https://www.drugabuse.gov/publications/teaching-packets/neurobiology-drug-addiction/section-iii-action-heroin-morphine/10-addiction-vs-dependence>. Accessed 29 May, 2019.

¹⁶National Institute on Drug Abuse, *Drugs, brains, and behaviour: The science of addiction* <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-misuse-addiction>. Accessed 13 November 2019.

Substance Use Disorder

The Diagnostic and Statistical Manual, 5th Edition (DSM 5) and the International Classification of Diseases, 11th Revision (ICD 11) use the terms “Substance Use Disorder” and “Use Disorders” depending on the drug used. While research^{17,18} has shown that the term “person with a substance use disorder” is less stigmatising than other terms such as “substance abuser”, the term “substance use disorder” does not produce a positive association, just a less negative one than terms such as “substance abuser”. Use of the term “disorder” may increase stigma because it can imply that the condition is outside of the person’s control. When working in and communicating with clinical settings where the DSM 5 and ICD 11 are used and referred to, the language of these tools is required. However, when referring to people outside the diagnostic realm the terms “problematic substance use” or “person who uses substances problematically” is preferable.

Co-occurring AOD and Mental Health Conditions

The use of AOD can interact with mental health in ways that create serious adverse effects on many areas of a person’s life, including work, relationships, health and safety. People with diagnosed mental health conditions use AOD for the same reasons as other people. However, they may also use because the immediate effect of AOD can provide an escape from the symptoms of their mental health condition or the side-effects of their medications.

However, it is important to note that, as in the general population, many people with mental health conditions use AOD in ways that cause minimal harm.

Nevertheless, co-occurrence of problematic AOD use with mental health conditions, can complicate treatment and services for both conditions. Conditions can also co-occur with physical health conditions (e.g., cirrhosis, hepatitis, heart disease, and diabetes), intellectual and learning disabilities, cognitive impairment, and chronic pain (Department of Health, 2017, p.27).¹⁹

The term ‘mental health disorder’ may be appropriate to use when communicating about clinical issues to service providers. Marel et al.²⁰, define mental health disorders as those that meet the diagnostic criteria for a mental illness.

When communicating about mental health to the general public, the term ‘mental health condition’ includes those which meet the diagnostic criteria as well as those that display symptoms of a disorder while not meeting the criteria for a diagnosis.

¹⁷Robert Ashford, Austin Brown and Brendan Curtis “Abusing addiction: Our language still isn’t good enough” *Alcoholism Treatment Quarterly*, 37, No.2 (2018), doi:10.1080/07347324.2018.1513777

¹⁸Ashford, Brown and Curtis, “Expanding language choices to reduce stigma”: 51-62.

¹⁹Department of Health, *National Drug Strategy 2017-2026* (Canberra, ACT: Commonwealth of Australia, 2017).

²⁰Christina Marel, Katherine Mills, Rosemary Kingston, Kevin Gournay, Mark Deady, Frances Kay-Lambkin, Amanda Baker and Maree Teesson, *Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings (2nd edition)*. (Sydney, NSW: Centre of Research Excellence in Mental Health and Substance Use, National Drug and Alcohol Research Centre, University of New South Wales, 2016). Retrieved from <https://comorbidityguidelines.org.au/pdf/comorbidity-guideline.pdf>.

Co-occurring AOD and mental health conditions: The co-occurrence of any problematic AOD use with one or more mental health condition.

Recovery

Historically the term ‘recovery,’ when used in the AOD field, referred specifically to recovery in abstinence or the complete cessation of AOD use.²¹ The term is now used in a more general way, in line with notions of recovery from the mental health sector, and includes a more holistic view of the client’s life. Definitions of recovery will vary from person to person depending on their own goals and preferences.

Definitions of recovery in an AOD context has varied between jurisdictions, with some maintaining a focus on abstinence or control over AOD use²², through to others which are more individually defined with a focus on being ‘in recovery if you say you are’.²³ ²⁴ For further discussion on how people with lived experience of AOD use may define recovery see [Consumer Perspectives: AOD Recovery \(Mental Health Commission \(MHC\), 2019\)](#).

5. Media support and advice on appropriate language

Commonwealth-funded organisation Mindframe can provide one-on-one advice and information to journalists across Australia on appropriate language when reporting on AOD and mental health. They provide the following guides to media:

- [Communicating about alcohol and other drugs](#)
- [Communicating about suicide](#)
- [Communicating about mental ill-health](#)

6. Further reading

The Alcohol and Drug Foundation (ADF) has produced the guide ‘The Power of words’ to support workers’ understanding of the power of language and how it can contribute to stigma and discrimination and significantly negatively impact the lives of people who use AOD. An online flip chart can be sourced via this link: <https://adf.org.au/resources/power-words/>

7. Consultation

This guide was developed by Workforce Development, Community Support Services Management, Mental Health Commission in consultation with:

- Helen Jackson, Manager of Integrated Services, Next Step Drug and Alcohol Services, MHC
- Michael Cao, Manager of Integrated Services Drug and Alcohol Services, MHC
- Dr Richard O’Regan, Director Clinical Services, Next Step Drug and Alcohol Services, MHC

²¹Mental Health Commission, *AOD recovery: Consumer perspectives*. (Perth, WA: Mental Health Commission, Perth, 2018).

²²United Kingdom Drug Policy Commission, *A fresh approach to drugs: The final report of the UK Drug Policy Commission*. (London: United Kingdom Drug Policy Commission, 2012).

²³Mental Health Commission, *AOD recovery: Consumer perspectives*. (Perth, WA: Mental Health Commission, Perth, 2018).

²⁴ Anex, *Australian drug policy: Harm reduction and ‘new recovery’*. (Fitzroy North, Victoria: Anex, 2012).

- Jo Burnett, Senior Project Officer, Community Development and Support Programs, MHC
- Laura Keating, Assistant Director Strategic Communications, MHC