



**Guidelines for the use of
non-stigmatising language
when speaking & writing
about addiction.**

Guidelines for the use of non-stigmatising language

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Guidelines for the use of non-stigmatising language

1. Stigma Kills.

We all know someone who has experienced addiction at some point in their lives, from substance use to gambling or gaming addiction

Although addiction is a common health issue that requires medical intervention and support, people experiencing this condition are some of the most stigmatised in society, often seen as not even unwell and in some way deserving of their experiences.

Stigma Kills is a public campaign launched by the NHS Addictions Provider Alliance and its supporters. The campaign aims to highlight the damaging effects of stigmatising language and attitudes towards those who experience addiction. It asks for all of us as individuals to look beyond the addiction and to see the person behind it and hear their story.

The campaign also aims to break down the myths and misconceptions around addiction demonstrating it is both a mental and physical long term health condition, that can arise from or be exacerbated by a person's social and/or historical experiences, and not a person's choice.

Our hope is that this document provides practical guidance for writing about addiction and the experiences of those facing addiction in a non-stigmatising way.

<https://www.stigmakills.org.uk/>

#StigmaKills

#SeeThePersonHearTheirStory

2. Foreword: The need for these guidelines

Stigma kills. This is the reality for the many people experiencing addiction who do not feel able to seek treatment or even talk openly about their experience.

Across the healthcare system and third-sector organisations, people work towards providing the best possible services and treatment for those experiencing addiction. But to reach as many people as possible who need support addressing and treating their addiction, we need to speak about addiction as openly as we would about any health condition that may impact people's lives. That isn't always easy when shame, borne of stigma, is such a powerful motivator for those experiencing addiction to ignore or minimise their experiences and need for support.

Getting the language right isn't easy – people who regularly work with those experiencing addiction still get it wrong from time to time, and usually aren't intending to stigmatise.

This is why we've produced this language guide, to help readers understand the background of how language can create stigma, and what words and phrases can be used to help avoid creating a sense of stigma around addiction. Some simple steps can result in big differences.

By considering your language, you can work towards creating an environment and culture within your organisation that recognises addiction as a long term health condition and makes it more likely that those experiencing addiction can feel supported to seek help and treatment.

We've also included some guidance on how you can generally make the language more accessible, including describing terms around addiction in ways that are easier to understand. And if you want to find out more about the rationale and context underpinning this document, we have linked to some great resources that have informed this guide's development and go deeper into issues such as language and portrayal of addiction in the media.

Our Stigma Kills campaign shows people how the language we use can be stigmatising and encourages them to see the person, not the addiction. With this guide, we hope we have provided you with tools so that you can find the right words with confidence, and help make the environment less stigmatising for those experiencing addiction.

Language has power – let's use it.

Danny Hames,
Chair, NHS APA

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3. Addiction & language

Although addiction has for many years been recognised in science as a health condition, with a number of physiological, social, and psychological elements that contribute to whether or not an individual is likely to experience addiction, the representation within the wider media and society at large is slower to catch up. Addiction is often framed primarily as a personal or moral failing, despite a large percentage of the UK population agreeing that circumstances outside of the control of people affected by addiction play a significant part in contributing to addiction¹.

“ **Non-stigmatising and sympathetic representations...are found, but these are very rare. Far more common is a stigmatising discourse, featuring negative words, phrases and metaphors, articulated consistently, irrespective of whether the newspapers are tabloid or broadsheet and regardless of their political perspective.** ”

Framing addiction as a negative personal trait is not only stigmatising, it also makes it difficult to discuss addiction and people's experiences of it, with nuance. For example, recognising the spectrum of severity of addiction, as well as the different sorts of addiction people can experience, such as drugs, alcohol, gambling, sex, social media, food or smoking. This stigma can also create a difficult environment for arguing the case for policies and interventions that do not punish the individual experiencing addiction.

Changing the framing of addiction, then, is a vital step for both reducing the burden of stigma on the individual, and helping us deal effectively with the issue of addiction as a society more generally.

A. Referring to addiction and people who experience addiction

The approach to writing about those experiencing addiction follows the principles of person-centred language. This puts the emphasis on people rather than their situation, or in this case, condition (e.g. “person experiencing poverty” rather than “the poor”, “person experiencing drug addiction” rather than “drug addict”). This is important when writing about those experiencing addiction. For example, the associations with calling someone an “addict” are negative, reducing them to simply their condition, ignoring the person, and inviting judgement of them. In person-centred language, we put the individual first with the condition being a secondary element.

This reminds us that we are referring to a person or people dealing with an often debilitating condition, who need support and empathy. Think about how you might refer to someone who had a serious disease or was experiencing mental illness, and what would be appropriate language to use in that case.

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Some of the symptoms of addiction are the social impacts, which in some circumstances can lead to altered behaviour. Unless we acknowledge that adverse behaviours can sometimes arise as a result of a condition, and have an appropriate context, we do the individual a disservice and perpetuate an association of addiction being the product of weak or immoral character. Statistics also show a clear correlation between poverty and the likelihood of experiencing addiction. It can be a contributing factor due to the impact that poverty has on mental health, wellbeing, and reducing other outlets and options for a person's energy and activities. Where we must be careful is in treating the state of experiencing poverty as a personal failure, which can lead to people viewing addiction as a personal choice.

Taking all these factors together along with other contributing factors to addiction can create an impression of an individual who is generally of 'poor character', rather than being in a difficult life situation and experiencing a condition that intersects with these other factors. This narrative needs to be countered.

Below are examples of headlines for stories relating to addiction, with the ones on the left being more stigmatising headlines, and the ones on the right being more person-centred and in line with how we would hope addiction is talked about publicly.



- ADDICT HOOKED ON METH AT 12 IS UNRECOGNISABLE AFTER GETTING CLEAN
- CALL FOR DRUG ADDICTS TO BE GIVEN FREE BUS PASSES
- JAILED DRUG ADDICTS WILL BE GIVEN TVS AND GYM SESSIONS IF THEY GO COLD TURKEY
- OUTCRY OVER DRUG ABUSE AFTER PHOTO SHOWS 'SPICE ZOMBIES' SLUMPED ON BENCH IN TOWN CENTRE

- PICKING UP THE PIECES: FAMILIES CALL FOR OUT-OF-HOURS ADDICTION SUPPORT
- 'I WAS DROWNING IN THE HELL OF ADDICTION': FAMILIES SPEAK OUT ON SUPPORT LIFELINE AHEAD OF NEW DRUG DEATH FIGURES
- ALCOHOL-RELATED DEATHS RISE BY 17% ACROSS SCOTLAND

(Image from Adfam presentation 'The Reporting of Substance - A Media Toolkit' at 2022 APA Conference)

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In general, there are three key principles to bear in mind, and check yourself against, when writing or speaking about addiction and those experiencing it:

Think about addiction as a health condition, not a criminal act or immoral choice, and frame your writing through that lens

Put the person first, e.g. "person experiencing addiction" not "addict" – avoid reducing someone to only their addiction

Consider how some phrases associated with addiction contain judgements and seek to avoid these e.g. "clean", "junkie"

More detailed guidance is below, but these principles will be helpful for you in setting the context for your own writing.

B. Language do's and don'ts

“ **Stigma causes death and serious harm to those who experience addiction. 2020 saw record-high numbers of drug & alcohol-related deaths, with 79.5 drug-related deaths and 130 alcohol-related deaths per million people in England alone. This is the highest recorded figure since records began. This shocking statistic can be largely attributed to stigma.** ”

Below are terms we would recommend are avoided, along with a preferred term for each that expresses the same term in non-stigmatising language or rephrases an idea or situation that perpetuates a myth or misrepresentation.

The only time we would not look to amend these words is if we are quoting something that contains them for important context (such as an existing newspaper headline as an example of bad practice), or if a person who has experienced addiction uses these words in their own story or statement (e.g. "It took me a long time, and the support of my family, before I got clean.").

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Stigmatising term	Preferred term	Why it's a problem	Example use
Addict	Person/people experiencing addiction	Non-neutral language, loaded with negative personal associations, doesn't put the person first	"We work with people who are experiencing addiction."
User/Drug User; Drug Abuser; Junkie	People who use drugs (PWUD)	Non-neutral language, loaded with negative personal associations, especially criminality, doesn't put the person first	"Simon is a person who uses drugs."
Alcoholic/Drunk	Person with an alcohol dependency; Person who is dependent on alcohol; Alcohol use disorder	Non-neutral language, loaded with negative personal associations, doesn't put the person first	"Ali has an alcohol dependency."
Habit; Hooked	Experiencing addiction	Non-specific, doesn't recognise as a condition, has negative connotations	"Hal has been experiencing addiction to opiates for several years"

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c. Ensuring non-stigmatising representation of people's stories

The saying, “no story without numbers, no numbers without a story” is a neat summary of why people's stories are so important to convey wider truths and arguments. The individual stories of those who have experienced (or are experiencing) addiction powerfully evidence the impact of treatment, and the reality of living with addiction, and make the case for support. These stories can also be of immense benefit to those considering seeking treatment, who can see relatable stories and experiences from peers in a similar situation to their own.

When deciding who to approach for an interview to include as a testimonial or story, and how you can present their story in a way that centres the individual, consider some key points:

- Do they meet the basic criteria to support the central thrust of this piece of work i.e. are they in the right location? Is their particular experience reflective of the report/story?
- You have a responsibility to ensure that anyone who shares a story is not inadvertently exposing themselves to risk, or sharing information about themselves or others that may be compromising. This may be flagged within your internal records, but if not, should be assessed through an interview.
- Following an email or phone call to assess their interest, have an initial conversation to get a sense of how comfortable they are speaking about their experience, how much they may need extra supportive questioning to draw out their story, and whether anything in their life has changed that may mean now is not a good time for them to tell their story.
- Outline to them clearly why you're asking them to be interviewed, and what the process of interview, approval and publication will be. Make sure you tell them if it will involve asking them to do interviews with the external press.
- When conducting the interview, try and make the questions open-ended in order to support a longer, more personal answer. Give them the time to answer as fully as they wish. At the end, make sure you ask if there is anything else the interviewee would like to say.
- Write up the interview. You can edit for length and focus on the bits you need, but do not amend the interviewee's language significantly. You might remove swearing for wider publication, but otherwise, let the language be theirs as much as possible. Equally, do not slip into writing their interview up as 'dialect', which can end up looking patronising.

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- Share the written-up interview with the interviewee for their approval. This gives them the opportunity to spot anything that, on reflection, they may not be comfortable with having in the public domain, or things that, when written down, they realise aren't quite accurate. The interviewee may also challenge the absence of something you have removed in editing, that they may feel is an essential part of their story. Discuss the decision with them so you can both understand whether it is crucial context or something they like, and this should help you both to reach a compromise solution.
- The interviewee may wish, or you may think it prudent, to have their story anonymised. In this case, you will remove all names and other identifying factors from the story. Any pictures used should be stock images and clearly labelled as such.
- After publication, check in with the interviewee to see if they have had any comments following publication. It is important to check just in case they have received critical comments that may have negatively affected them or their family and require support. You can also share any positive coverage or impact that the report or content has had, in order to highlight to them what difference their sharing of their story has made.

D. Supporting language change in your organisation

As you are working towards making your own use of language around addiction less stigmatising, there is also the opportunity to involve your wider organisation, to ensure that formal communications and documents representing your organisation's voice and views are not inadvertently using inappropriate language.

If your organisation is already providing services or supporting individuals experiencing addiction, then they may well have guidance relating to language already in place, which this document can support.

If there is a comms person or team responsible for signing off external and internal communications for the tone of voice/brand, sharing this document with them can make it easier for them to incorporate best practices into that work. They may also be able to advise or lead, on how to audit your existing communications materials for appropriate language – creating a list of materials and a process for review and amendments.

If you are a service provider considering using these as a starting point for amending or creating your own guidelines, involving those experiencing addiction and centring the voice of lived experience as part of the process is strongly recommended.

More generally, these guidelines should be considered by anyone whose work may involve working directly with, or writing about, those experiencing addiction.

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If you provide services directly to those experiencing addiction, these guidelines should form part of the orientation and training for new starters when talking about your organisational ethos and approach, and how you reference those experiencing addiction that you work with. Again, this may simply support what you are already doing and what you have in place..

To help remind people of their importance in everyday usage, you may wish to make reference to the guidance in other policies and documents where appropriate, for example:

“ At (NAME OF ORGANISATION), we recognise the negative impact that stigma can have on those experiencing addiction. The stigma around addiction can prevent people from accessing the support and services that could ultimately help them and prevent worsening health or even death. We help reduce the impact of stigma through our own communications by using person-centred language that puts the person, not the condition of addiction, first; and by avoiding negative terms that perpetuate stigma such as “user”, “addict” or “junkie”. For more information, read the NHS Addiction Providers’ Alliance (NHS APA’s) language guidelines (LINK). ”

Examples of person-centred language in use

- **Phoenix Futures:** This charity and housing association, which supports those recovering from drug or alcohol addiction, has a focus on empathy and person-centred language across all their communications which presents a supportive, non-stigmatising environment.
- **HepC U Later:** The NHS APA initiative was formulated with Gilead Sciences in response to NHS England’s innovative procurement of initiatives that aim to eliminate Hepatitis C by 2025. Gilead and NHS APA’s programme has been developed to drive widespread implementation of established best practice pathways across all NHS APA members’ services. Visit their website and social media channels for examples of person-centred language in use.
- **Anti-Stigma Network:** This network was created by a group of organisations including the NHS APA and aims to improve understanding of the stigma and discrimination against people with addiction. Visit their website for examples of person-centred language in use.

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E. Making language accessible

As well as thinking specifically about the way in which we write about addiction and those experiencing addiction, it is also important to consider the ways in which our general descriptions of some of the terminology can be made easier to understand for the general public. This includes reminders and explanations of what certain words mean, not using acronyms without explaining each word, and generally following good practice around easy-to-read, accessible language.

Explaining common jargon

There may be some language relating to addiction and its treatment that is not immediately familiar to the general public. In each case, these should be given a brief explanation in brackets to help with clarity and understanding. This can be particularly important when implementing non-stigmatising language with an audience that may be familiar with older terms we are looking to phase out.

Examples might include:

- Methadone (A synthetic drug, often prescribed to those receiving treatment for heroin addiction)
- Recreational drug use (Use of drugs that is perceived to be casual and/or only in social situations, and is not considered by the individual to be an addiction)
- Stigma / Stigmatising (Discrimination against an individual or group based on certain characteristics)

Key Plain English tips

- For publications or content that is meant for a general audience, try and keep the language relatively straightforward and sentences short for ease of reading and comprehension. Studies suggest that the average UK reading age is nine years old, so keep that in mind when writing something. This may include explaining concepts or practices that someone unfamiliar with the topic would not expect to know. Publications which are meant for particular specialists or professionals who could expect to be familiar with more technical language do not need to follow this guidance to the same extent.
- Use short, easily-recognised words rather than longer ones – only use longer ones where there is an important nuance that needs to be conveyed.

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- Be concise, not flowery. You don't need to over-write to help people get the point – they will appreciate being introduced to the key points earlier in any piece of writing.
- Structure your pages with headers and subheaders. This helps both break up text and act as a visual guide for the reader who may be looking for context or extra information.
- Make use of summaries and lists – this both helps break up large sections of text and helps draw attention to key points of any piece of content.

Top 5 Considerations for Making Language Around Addiction Less Stigmatising in Your Organisation:

- Ensure broader involvement within your organisation to adopt language that reduces stigma. Review and adjust formal communications and documents to avoid unintentionally using inappropriate language.
- Check if your organisation already has language guidelines regarding addiction. Improve any existing guidelines by utilising the guidance provided in this document.
- Share these guidelines with communication teams responsible for tone of voice/ brand. Seek their input on reviewing existing communication materials for appropriate language and establish a process for amendments.
- If creating or adjusting guidelines, involve people who have lived experience of addiction. Focus on centring the voice of those experiencing addiction to enhance the guidelines' relevance and effectiveness.
- For service providers, include language guidelines in orientation and training for new staff. Emphasise the guidelines when discussing organisational ethos and approach, ensuring consistent communication about people who experience addiction.

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4. References and further reading

While writing this guide, we have drawn on a number of other documents, reports and sources which deal with addiction-related stigma and how language affects it.

Below is a list of further reading that may help you to 'go deeper' in your research and develop a further understanding of how language influences perceptions and stigma.

- [Stigma Kills: Campaign Paper](#) – An overview of the Stigma Kills campaign aims and objectives, including how damaging stigma can be to those experiencing addiction.
- [Stigma Kills: Breaking Stigma Down](#) – This report interviews a number of people who have experienced addiction about their own views and history with stigma, and how they perceive it happening.
- [Reporting of Substance Media Toolkit](#) (Scottish Families Affected by Alcohol and Drugs) – This toolkit contains a number of recommendations and examples of best practices for media outlets to use when reporting on issues related to alcohol or drug addiction.
- [Review of Drugs Part Two: Prevention, Treatment and Recovery](#) – The second section of Dame Carol Black's review of drug usage in the UK.
- [Rewriting the Media's Portrayal of Addiction and Recovery \(Scottish Families Affected by Alcohol and Drugs\)](#) – Review of media coverage of drug addiction and related issues in Scotland between 2017 – 2019
- [Shatterproof: Addiction Language Guide](#) – Useful (US-centric) guide on appropriate language to use in relation to addictions, particularly drug and alcohol addiction
- [Language Matters](#) (Network of Alcohol and Other Drugs Agencies): Helpful two-page guide to common language do's and don'ts, and questions relating to addiction
- [Phoenix Futures: Guide to Recovery-Friendly Language](#) – As referenced earlier in this document, the service provider Phoenix Futures have developed their own guidance relating to person-centred, stigma-free language, in the context of recovery
- [Scottish Drugs Forum: Moving Beyond People-First Language](#) – In-depth review and guidance on many different words, phrases and terms relating to drug addiction
- [UK Drug Policy Commission: Representations of Drug Use and Drug Users in the British press](#) – Older (2010) review and analysis of newspaper coverage relating to drugs in the UK
- [The Stigma of Addiction: An Essential Guide](#) – US-focused publication on different elements of stigma, featured Chapter 11, 'The Stigma of Addiction in the Media'
- [Is There a Largely Consistent Discourse on Drugs in the UK Press? Tabloid or Broadsheet, Left-Leaning or Right, Does It Make Much Difference?](#) – 2022 study published in Journal of Criminal Justice and Popular Culture

5. NHS Addictions Provider Alliance

Inaugurated in 2016, NHS Addictions Provider Alliance (APA) is a membership body open to all NHS providers of addiction services across the UK.

Previously known as the NHS Substance Misuse Provider Alliance, the remit of the alliance, along with the name, was changed to enable us to contribute more broadly to the field of addictions.

We believe that, as a group of NHS Providers from across the UK, we will be more effective in positively contributing to the addictions treatment and support sector than as individuals.

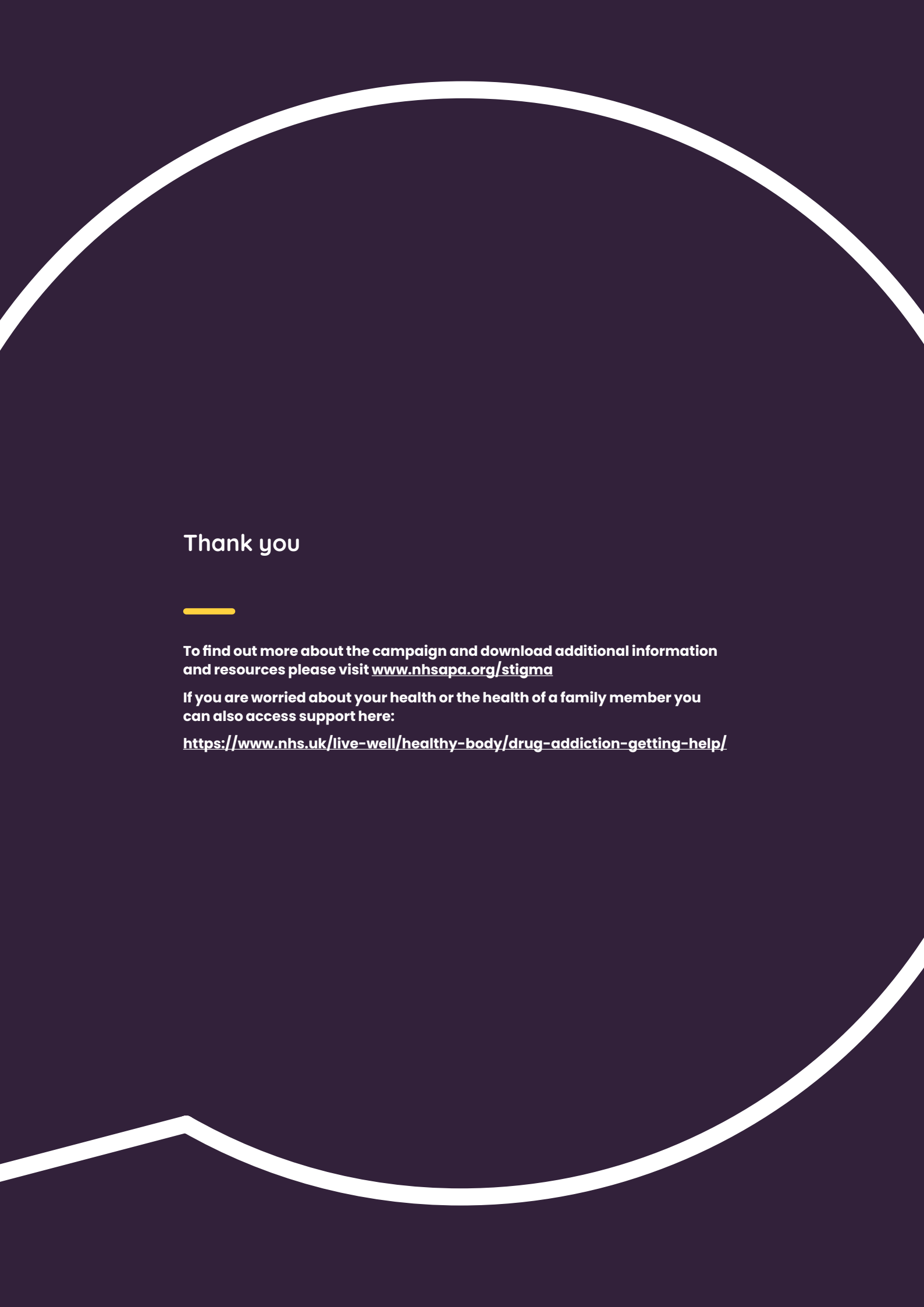
We work collaboratively with service users, carers and other organisations who are committed to making a positive difference in the ongoing development of the addictions field, including within drug, alcohol, gambling and gaming treatment and support.

The NHS APA membership:

- Provides drug and alcohol services in 35 local authority areas nationally
- Provides drug and alcohol services in 43 prisons nationally
- Employs 1,933 staff nationwide working in addiction services
- Provides four Inpatient Detox Units serving the most vulnerable and complex patients
- Gambling Services receive approximately 900 referrals working with most complex clients in the gambling treatment system
- Has over 200 volunteers supporting NHS APA member addiction services at any time

nhsapa.org





Thank you

To find out more about the campaign and download additional information and resources please visit www.nhsapa.org/stigma

If you are worried about your health or the health of a family member you can also access support here:

<https://www.nhs.uk/live-well/healthy-body/drug-addiction-getting-help/>