

Language is powerful—especially when discussing alcohol and other drugs and the people who have or do use them. While there isn't a one-size-fits-all approach, this resource provides guidelines for using language in a person-centred way. It's important to recognise that language will vary depending on personal, service delivery, and systemic contexts. What matters most is that the language we use reduces stigma and demonstrates respect.

When working with people who have or do use alcohol and other drugs...

Try this	Instead of this
substance use, non-prescribed use	abuse, misuse, problem use, non-compliant use
person who uses/injects drugs	drug user/abuser
person with a dependence on...	junkie, druggie, alcoholic , addict
person experiencing drug dependence	suffering from addiction, has a drug habit
person who has stopped using drugs	clean , sober , drug-free
person with lived experience of drug dependence	ex-addict , former addict, used to be a...
person disagrees	lacks insight, in denial, resistant, unmotivated
treatment has not been suitable	not engaged, non-compliant, chooses not to
person's needs are not being met	drug seeking, manipulative, splitting
currently using drugs	using again, fallen off the wagon, had a setback
no longer using drugs	stayed clean , maintained recovery
drug detected/drug not detected	dirty/clean urine
used/unused syringe	dirty/clean needle
pharmacotherapy is treatment	replacing one drug for another

In certain contexts, such as 12-step programs, people may use identity-first language and refer to themselves using terms like '**addict**', '**sober**', '**clean**', and '**in recovery**'. The choice to use these terms is personal and reflects individual experiences. This guide recognises the importance of embracing and using these terms in a way that feels right for the person. However, it is not recommended for AOD workers to use these terms when describing another person's experiences.

Person-centred language in non-government alcohol and other drugs (AOD) services

About this resource

Person-centred language focuses on the person, not their substance use. It is a simple and effective way of showing you respect a person's agency, dignity and worth.

This resource has been developed for people working in AOD services. It has been developed in consultation with people with lived and living experience of AOD use.

The purpose of this resource is to provide guidance for workers on using language that destigmatises and reinforces a person-centred approach.

Why have we developed this resource?

The way we talk about AOD use reflects—and shapes—attitudes. The concepts and language we use don't just describe a person's experience; they can either reinforce stigma or promote dignity and respect.

Words like 'addict,' 'clean,' and 'dirty' can imply negative stereotypes. In general conversation these terms can make a person feel that their experience is reduced to a label and contribute to cycles of blame and shame. However, 12-step programs and abstinence-based services may use these terms to reclaim them and support their AOD 'recovery' journey.

Fear of stigma and being labelled as a 'drug user' can and does prevent people from accessing treatment and support. Use of such language also contributes to poorer treatment outcomes.

Language is powerful and it is the intention of language which makes it an important practice tool; a tool to fight discrimination and self-stigma.

What this resource is not

This resource is not an exhaustive list of 'dos' and 'don'ts.' Language is complex, and what is considered 'person-centred' can vary based on the individual and the context. The purpose of this resource is not to dictate how a person should describe themselves; rather, it offers guidance on how AOD workers can work with others. It does not address the nuances that may intersect with individuals who use or are affected by AOD, including cultural, criminal justice, and family/carer considerations.

Better practice guidelines

When working with people who use drugs:

- Don't define a person by their substance use or diagnosis—emphasise the person first. For example, say 'person who injects drugs' instead of 'injecting drug user' or 'person living with hepatitis C' instead of 'infected with hep C.'
- Don't impose your language on others. Where appropriate ask the person what language they prefer and respect their wishes.
- Choose terms that are strengths-based and empowering. Avoid terms like 'non-compliant'; use terms like 'chooses not to' or 'decided against' which affirm a person's agency, choice, and preferences.
- Be mindful of the implications of your language. Avoid terms like 'clean' and 'dirty' when talking about urine drug screen results. Consider also the implications of referring to opioid pharmacotherapies as 'substitution' or 'replacement' treatment.
- Avoid expressions like 'has a drug habit' or 'suffering from addiction' which can disempower a person by trivialising or sensationalising their AOD use.
- Use language that is accessible. Don't speak above a person's level of understanding or assume that a person is not capable of understanding. Avoid slang and medical jargon which can be misinterpreted or cause confusion when used incorrectly.
- Be aware of the context of the language being used. Some terms are ok when used by members of a specific community as a means of claiming identity; the same terms can be stigmatising when used by people outside that community.
- The community of people who use drugs, like all communities, can suffer from lateral discrimination. Be careful not to take on the biases of others. Your language should respect a diversity of experience and empower the person who is looking to you for help.
- Remember, we don't just use words to communicate. Use non-verbal cues, like eye contact, tone of voice and body language to demonstrate you respect the dignity and worth of all people.

To learn more, visit the International Network of People who Use Drugs website: www.inpud.net

References

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