

Breaking the cycle of stigma in academic writing



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Throughout the last two decades, there has been a societal shift towards more person-centred language and terms of expression that seek to avoid offending, marginalising and stigmatising particular groups of people. Yet, as part of my academic role, I frequently read articles in academic journals, which use stigmatising language.

I hope the alternative words and phrases suggested here may be one step towards breaking the cycle of stigma in academic writing.

WORDS TO AVOID, WORDS TO USE, AND WHY

The following table provides suggested guidance on some of the words/expressions to avoid in scholarly output (e.g. reports, research papers, and conference presentations). These examples serve to highlight the way in which stigma can be (consciously and unconsciously) re-produced through the language used by researchers and scholars.

There may be times when the use of such terms and phrases is valid and legitimate, such as in verbatim quotes by research participants when qualitative data extracts are being included in the main body of the text. But even then, they should be used with caution and preferably following discussion and full agreement by the research team (if more than one author is involved).

AVOID...	WHY?	CONSIDER INSTEAD...
1. Addicts, alcoholics, crack-users, druggies, drunks, drunkards, heroin-users and other pejorative terms	These are dehumanising expressions, which stigmatise and define people by their behaviour.	People who use drugs / alcohol
2. BAME	Abbreviation does not fully reflect the wide range of experiences associated with people from marginalised or minority ethnic groups.	Ethnic groups, ethnicity, diverse backgrounds

AVOID...	WHY?	CONSIDER INSTEAD...
3. Battling or suffering with drug use	Expressions like these imply hopelessness and helplessness and reinforce paternalistic models of healthcare. They fail to recognise individual choice, decision-making, and personal preferences, and do not acknowledge the lived experience of people who use drugs or are in treatment.	People living with substance-related issues
4. Beg, beggar, steal, shoplift,	Terms have a moralistic undertone, and define people on the basis of activities that may be necessary to address withdrawal symptoms, and which typically cause no physical harm to others.	Alternative forms of income generation
5. Brainstorm(ing) (especially when describing research methods or focus group work)	Term has associations with a neurological disorder, and may be considered pejorative, insensitive or offensive.	Thought shower(ing), shared discussion, round-table session

AVOID...	WHY?	CONSIDER INSTEAD...
6. Chaotic lifestyles (associated with substance use)	<p>Term makes a subjective and paternalistic statement regarding perceived levels of stability or instability around someone's lifestyle.</p> <p>From the perspective of people who drink or use drugs, there could be routine and logic in their behaviour, which is perceived as 'chaotic' by others.</p>	Lifestyles affected by substance use
7. Clean / dirty syringes	<p>These terms create a binary division regarding hygiene, in which 'clean' equates to acceptable and safe, and 'dirty' relates to danger and is to be avoided.</p> <p>They embed a set of value judgements regarding appropriate / inappropriate behaviours associated with injecting hygiene and technique. People with experience of rough sleeping, for example, may have little to no option but to share injecting paraphernalia on occasion.</p>	Unused / used syringes

AVOID...	WHY?	CONSIDER INSTEAD...
8. Clean / dirty screening tests (e.g. urine samples)	Stigmatising terms associated with paternalistic models of healthcare. They make value judgements regarding the motivations / behaviours of people affected by testing procedures.	Positive / negative screening test
9. Clean, sober, drug-free, abstinent	Terms do not acknowledge the lived experience of people who use drugs or who are in treatment. They make a judgement about an individual's treatment and recovery agenda, and reinforce paternalistic models of healthcare.	People who have stopped using drugs
10. Convicts, cons, felons, prisoners, inmates	Terms define people by their (typically temporary) legal status.	People who have been detained
11. Criminals, involved in crime, committed crime (all relating to substance use)	Terms criminalise people based on behaviour that may be necessary to address withdrawal symptoms, and could result in researchers labelling their research participants as deviant / criminal.	People involved in behaviour likely to result in arrest, people who might risk arrest, people in trouble with the police, people risking liberty / detention

AVOID...	WHY?	CONSIDER INSTEAD...
12. Disabled, disabled people	<p>Terms highlight a person's inability to perform specific actions, and define people by conditions and experiences. They are potentially offensive / degrading to some people, and essentially highlight 'ability privilege'.</p> <p>Refer instead to a person's ability or accessibility (rather than their inability to do an action / activity).</p>	People with ability issues, people with mobility issues
13. Disabled toilets	Phrase is marginalising as it highlights a person's 'disability'.	Accessible toilets, accessible facilities
14. Drug abuse, drug misuse	Terms such as these are not neutral; they imply a subjective (and negative) position by the author regarding another person's use of substance/s.	Substance use
15. Drug dealer, drug seller, drug peddler	Define people by an activity / behaviour with pejorative, judgemental and moral implications, often based on the legal classification of drugs.	People who sell drugs

AVOID...	WHY?	CONSIDER INSTEAD...
16. Drug habit, suffering from addiction	Expressions like these imply hopelessness and helplessness and reinforce paternalistic models of healthcare. They also make a subjective statement about the nature of an individual's drug use.	People with experience of drug dependence
17. Drug offenders	Term criminalises people based on their drug-related behaviours.	People with experience of the justice system
18. Drug-seeking, using on top	Terms describe behaviours that are considered inappropriate (especially in the context of treatment/prescribed medication), without fully appreciating the circumstances.	Needs are not being fully met, using street drugs in addition to prescribed treatment
19. Ex-addicts, former users	Define people by their previous behaviour.	People living in recovery
20. Ex-cons, ex-prisoners, former inmates	Stigmatising and define people by a status that existed in the past.	People in community re-entry
21. Heavy drinkers	Although regarded as a 'clinical term' to describe the amount / frequency of alcohol consumed over time, when it is used in non-clinical contexts it makes a subjective, moralistic, and paternalistic evaluation regarding the quantity of alcohol an individual consumes.	If used in clinical context, use 'clinical definition of heavy drinking'. When used in connection with non-clinical definition, use 'people who drink alcohol'.

AVOID...	WHY?	CONSIDER INSTEAD...
22. Homeless people, rough sleepers	Terms define people by their circumstances or behaviour, with pejorative, judgemental and moral implications.	People with experience of homelessness / rough sleeping
23. Injecting drug user (IDU)	Stigmatising and dehumanising. Defines people by their substance use and preferred mode of administration.	People who inject drugs
24. No brainer	<p>Although it is unlikely that academics and scholars will write this in their output, it does feature in everyday language.</p> <p>Phrase is considered offensive, insensitive, and stigmatising due to its associations with a neurological disorder.</p>	A good idea
25. Non-compliant, resistant to treatment	Terms do not acknowledge the lived experience of people who use drugs or are in treatment, especially those who do not achieve goals and targets established in treatment plans. They make a judgement about an individual's treatment and recovery agenda, and reinforce paternalistic models of healthcare.	Chooses not to take part in treatment, opts out of treatment, chooses to discontinue treatment

AVOID...	WHY?	CONSIDER INSTEAD...
26. Overdose victims	Term victimises people and suggests they have no agency (decision-making) in the events leading up to an overdose.	People who overdosed
27. Problem drug use	<p>Does not acknowledge the lived experience of people who use drugs.</p> <p>Implies hopelessness and helplessness and reinforces paternalistic models of healthcare.</p> <p>Makes a subjective statement about drug use.</p> <p>Fails to recognise individual choice, decision-making and personal preferences.</p>	Drug use, drug-focused lifestyles, drug-centred lifestyles
28. Public injecting	A term that is confusing and misleading as it means different things to different people. As a descriptive term it stigmatises people who may engage in outdoor injecting, as it implies open, anti-social behaviour.	Street-based injecting, outdoor injecting

AVOID...	WHY?	CONSIDER INSTEAD...
29. PWUD, PWID, and other acronyms	<p>Creating abbreviations to describe groups (and entire populations) of people is to establish labels and classifications that define people as ‘different’ from wider society. Labels and tags establish stigma and can reinforce a particular negative identity (as established in the field of psychology with labelling theory).</p> <p>Similar abbreviations may be (and are) used to describe organisations within the field of harm reduction. However, it should be noted that it is valid and legitimate to abbreviate in this way for organisations (as it does not create a label). It is important that authors realise the difference between abbreviating organisations and labelling people. The former does not stigmatise, the latter does.</p>	People who use drugs, people who inject drugs (i.e. write in full)

AVOID...	WHY?	CONSIDER INSTEAD...
30. Relapse	Makes a judgement about an individual's treatment and recovery agenda and reinforces paternalistic models of healthcare. Such terms do not acknowledge the lived experience of treatment and drug use, and fail to recognise individual choice, decision-making and preferences.	Experience a change in treatment goals / plans. Experience a change in choices relating to treatment / substance use.
31. Sex workers, prostitutes	Terms define people by their behaviour, with pejorative, judgemental, and moral implications.	People with experience of selling sex
32. Shooting galleries, crackhouses, drug dens, trap houses	Expressions define environments by activities associated with stigmatised behaviour.	Drug-focused environments, drug-using environments
33. Sin bin (for discarding injecting paraphernalia)	Term abbreviates 'incineration bin' in a way that is moralistic and paternalistic.	Incineration bin, sharps box
34. Slang terms (e.g. speedball, snowball, strung out, battling demons, high, gouch, rattling, cold turkey, fix, track marks, on top)	Slang terms should not be used in scholarly texts, as they can be inadvertently pejorative and stigmatising.	Use the appropriate (scholarly) terms for the slang used, unless quoting what research participants say

AVOID...	WHY?	CONSIDER INSTEAD...
35. Users, drug users, drug misusers, drug abusers	Terms are stigmatising as they label and classify people based upon perceived levels of drug intake or from the position of one who has an alternative opinion regarding the 'use' of drugs.	People who use drugs

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