Language Bank:
Talking about inequalities in alcohol use and harm

Version 1 November 2023

IAS Institute of Alcohol Studies

The purpose of this language bank is to support the delivery of IAS's 2023-26 strategy, which has a focus on inequalities.

Language is important, and terminology can be empowering as well as potentially harmful.

This guide is to be used in conjunction with existing resources to talk about alcohol. These include IAS's communications strategy (internal document), the Alcohol Health Alliance's language bank (internal document), and other organisations' resources, such as Scottish Drugs Forum. This guide can be used alongside further resources and tools for addressing risk of bias in research, assessing or analysing data, or reporting findings, for example the VISION consortium's data assessment tool or the government's social research profession's guide to inclusive social research practices.

This language bank covers language for characteristics relating to inequalities, including but not limited to characteristics protected by the Equality Act 2010.

This guide is not exhaustive, and resources are provided for further reading to tailor language to specific projects.

This document will also be reviewed and updated as and when the need arises because language changes over time. We welcome suggestions for how to update the language bank.

Principles of person-first language

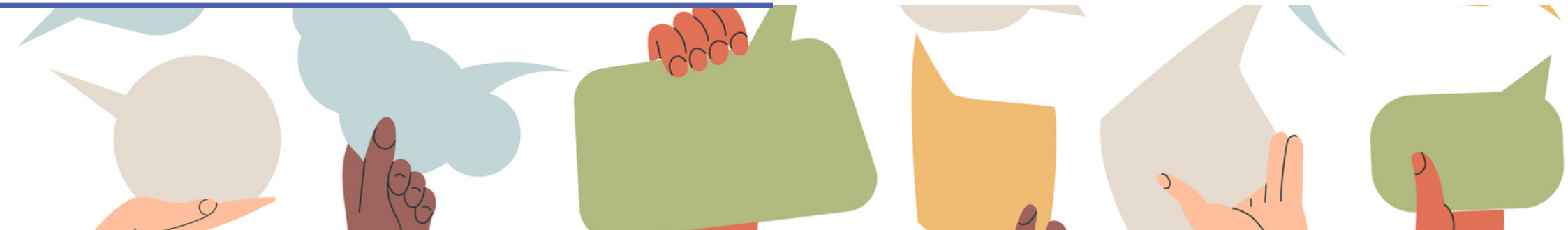
As noted in the Alcohol Health Alliance language bank, person-first language is recommended for talking about substance use. This means structuring sentences to name the person first and the condition or disease they have second.

Similar principles can be applied to describe aspects of identity in many cases. Person-first language articulates that one aspect of someone's identity is not the primary characteristic of that individual's identity.

For example:

- instead of saying "wheelchair user" you can say "person who uses a wheelchair"
- instead of "Sikhs" you can say "people belonging to the Sikh religion"
- instead of "low-income men" you can say "men on low incomes"

Person-first language is not always appropriate for all aspects of identity, or at all times, but it is a useful guiding principle.



Summary of language relating to socio-economic inequality

Characteristic	Suggested language	Avoid using (and why)	Further reading/resources
Socio-economic position and poverty	Be specific when referring to a specific aspect of socio-economic position, e.g.: "routine and manual occupational grade", "higher income", "secondary school level of education", "high levels of area deprivation", "people with fewer financial resources" If you need to be more generic you can use "advantaged" and "disadvantaged" "Families experiencing relative poverty" or "areas with high levels of relative poverty"	"Poorer"/"richer" (especially if not referring specifically to income) Be wary of language that is not person-first or deficit-based that can sound pejorative, e.g.: "uneducated", "workless households", "the poor" Be aware that "deprived" can have a specific meaning relating to neighbourhood deprivation "SEP"/"SES" (not widely understood outside academia) "Working class", "middle class", "upper class" (very British and means different things to different people)	• APA Bias Free Language • Greater Manchester Equality Alliance - poverty • Oxfam inclusive language guide • Open University Open Learn free course: 'Problem' populations, 'problem' places • Language of poverty Open university podcast with Owen Jones • Joseph Rowntree Foundation Talking About Poverty toolkit • Guardian article on homeless vs. unhoused (US perspective) • Write right: The Health Foundation's style guide
	"People experiencing homelessness" "People who are vulnerably housed". "Unhoused" or "houseless" (less commonly in UK but more in US, is used to point to housing crisis)	"The homeless" or "homeless people" (not person-first)	

Characteristic	Suggested language	Avoid using (and why)	Further reading/resources
General	"Under-served" or "rarely heard" (but note these are not synonymous with 'disproportionately affected', or 'low SES') "Belonging to XXXX minoritised group" "Marginalised"	"Hard-to-reach" (often seen as blaming people, whereas "under-served" shifts the responsibility on to services to listen and/or reach out)	• Office for National Statistics service manual • OHID Guidance on applying All Our Health (2022) • Commentary by Prof Jenny Mindell (2019) • CDC Preferred Terms for select population groups and communities
	"Among XXXX communities" (plural)	"Among the XXXX community" (does not reflect diversity within the group, and risks making sweeping generalisations)	
	"Inequality" (commonly used and understood) "Inequity" (implies unfairness)	"Disparity" (not established use in research. Might be appropriate for describing patterns, but is quite neutral and can overlook causes) "Variation" (not widely used, and overlooks unfairness)	
	"Experiences XXXX"	"Suffers from/victim of XXXX" (implies someone's life experience is negative)	
Intersectionality	"People experiencing multiple disadvantage" "Overlapping aspects of identity" "Overlapping with other risk factors/characteristics"		• APA Bias Free Language • Oxfam inclusive language guide

Summary of language relating to different aspects of identity

Characteristic	Suggested language	Avoid using (and why)	Further reading/resources
Age	"Older people" "Adults aged over XX years"	"Elderly" or "aged" (implies frailty)	• APA Bias Free Language • Frameworks Institute (2015) • Age UK North Tyneside blog (2019 • Younger people prefer 'vulnerable' or 'at risk' to describe inequalities • Greater Manchester Equality Alliance - age • NHS Digital Service manual
	"Younger people" "Young people under XX years" "Children and young people"	"Youth" or "youths" ("children and young people" better reflects language used in e.g. healthcare)	
		Generational terms e.g. "boomer", "Gen X", "millennial", "Gen Z" (can foster unhelpful stereotypes)	
Disability	Generally, use person-first language, for example "person with the disability" (though there are exceptions where identity-first language is used, for example "autistic people" (see Neurodiversity section))	"Handicapped" or "Wheelchair-bound" (imply confinement)	• Cabinet Office and Disability Unit guidance on inclusive language • APA Bias Free Language • Office for National Statistics service manual • NHS Digital service manual • British Medical Association guide to effective communication (2016) • Greater Manchester Equality Alliance - disability • Oxfam inclusive language guide
		"Suffers from…" (implies discomfort)	
		"Vulnerable" (implies weakness in context of disability but may be useful in other contexts)	
	"Disabled people"	"The disabled" (defines people by their disability)	
	"Non-disabled" "People not living with a disability"	"Able-bodied" (implies disabled people cannot use their bodies well)	
		Also - Avoid using phrases like "fallen on deaf ears" or "blind to the solution" as metaphors to talk about things like policy responses (these equate disability with ignorance)	

Characteristic	Suggested language	Avoid using (and why)	Further reading/resources
Marriage and civil partnership	Be specific about marital status using a range of descriptors. If unclear, "partner" is neutral	Avoid assumptions that married couples consist of husbands and wives (assumes heterosexual relationships) A binary of "married" vs. "single" (overlooks other forms of committed relationships, and marital status is not always a reliable indicator of cohabitation (e.g. married couples may be separated))	• APA Bias Free Language • Civil Service harmonised standards • Oxfam inclusive language guide
	"Divorced people/men/women"	"Divorcees" (defines someone by the end of their marriage, sometimes used in stigmatising way describing domestic violence)	
Mental health	"People with mental health problems/condition", "person with psychosis" "Has a diagnosis of depression", "experiences anxiety", "lives with bipolar" "Died by suicide"	"Mentally ill", "psychotic" "mad" (defines someone by their condition) "suffers from depression/anxiety", "victim of bipolar", "vulnerable" (implies someone's life experience is negative) "Committed suicide" (suggests it is a crime)	• Mind Mental Health Language • Mental Health Foundation blog and webpage • The Royal College of Psychiatrists Public Mental Health Implementation Centre A-Z of public mental health • NHS Digital service manual
Neurodiversity **(includes dyslexia, dyspraxia, dyscalculia...**	"Neurodivergent" Use the language people use to describe themselves, this may be person-first language (e.g. "children with ADHD") or identity-first language (e.g. "autistic people")	"Disease", "illness", "high/low functioning", "special needs" (ableist) "Asperger's syndrome" (outdated) Being neurodivergent does not mean someone has a disability, although it may often amount to a disability under the Equality Act 2010, even if the person doesn't consider themselves disabled	• Nature Mental Health correspondence • Critical Disability Studies Collective • NHS What Is Autism? • ACAS disability and the Equality Act 2010 • Why I dislike 'person first' language by Jim Sinclair

Characteristic	Suggested language	Avoid using (and why)	Further reading/resources
... ADHD, autism, developmental language disorder)	"Neurotypical"	"Normal" (ableist, and there really is no such thing as 'normal')	• NIH person-first language • Prospect union glossary of neurodiversity terms • Greater Manchester Equality Alliance – neurodiversity & autism
	"Non-autistic" or "allistic"	"Normal" (ableist)	
Pregnancy and maternity	"Pregnant women" or "pregnant people	"Mums-to-be" or "expectant mothers" to describe pregnancy (there are other ways of becoming a mother)	• British Medical Association guide to effective communication (2016) • Oxfam inclusive language guide • Miscarriage Association: considering language • Guardian Letters on language around miscarriage • Planned Parenthood blog • Marie Stopes International abortion language guide
	When talking about miscarriage, "baby" or "pregnancy" is often preferred. Use the language people use to describe their experience	When talking about miscarriage, avoid unnecessary medical terms e.g. "products of conception", "unviable" (distressing)	
	When talking about abortion/termination, use "embryo", "foetus" or "the pregnancy", and "pregnant woman/person"	When talking about abortion/termination, avoid "baby" or "unborn child", and "mother/parent" (perpetuates stigma)	
	"Pro-reproductive rights" vs. "anti-abortion"	"Pro-choice" vs. "pro-life"	
	"Parenting"	"Mothering" (if "parenting" is what is meant, assumes gendered labour)	
	"People without children"	"Childless" (deficit-based)	
	Remember that some people are parents through adoption/fostering/surrogacy. And some people who are pregnant do not become parents		

Characteristic	Suggested language	Avoid using (and why)	Further reading/resources
Race and ethnicity	People often prefer specific racial or ethnic identities to be referred to, e.g. "South Asian people" or "people belonging to the Black Caribbean ethnic group" Ethnic groups should be capitalised (e.g. "Black African" not "black African")	"Blacks" or "Asians" (not person-centred and not specific) Gypsy, Roma and Traveller (GRT+) are three distinct groups – check what your source actually measured	• Office for National Statistics service manual • UK Government style guide • Civil Service harmonised standards • Gypsy, Roma and Irish Traveller ethnicity summary • Race Disparity Unit blog (2022) • Civil Service blog describing issues with BAME/BME (2019) • NHS Service Manual • APA Bias Free Language • Greater Manchester Equality Alliance – race & ethnicity • Greater Manchester Equality Alliance - GRT+ • Oxfam inclusive language guide • Also important to recognise that ethnic minorities in the UK are the global majority
	If you need to refer to all ethnic groups besides White British, then use "ethnic minorities"	"BAME" or "BME" (few people identify with this) "Non-White" or "Other" (deficit-based and othering)	
	Use the same language as the people described themselves selected in questionnaires (adding a note to explain why this language is used if needed)	Don't rename groups, for example if people have described themselves as Black British, don't rename them as e.g. Black Caribbean	
Religion or belief	"Having a religious affiliation"	"Being religious" or "religiosity" (can seem to refer to levels of practice or belief)	• Office for National Statistics Census description of concepts of religion • Greater Manchester Equality Alliance – religion & belief • University of Bristol style guide on religion, faith and belief
	The terms 'religion', 'faith' and 'belief' can mean different things to different people, and people may relate to one but not the others		

Characteristic	Suggested language	Avoid using (and why)	Further reading/resources
Sex and gender	Use identity labels that are in accordance with the stated identities of the people you are describing	Avoid conflating sex and gender (see Stonewall glossary)	• Stonewall glossary • Office for National Statistics service manual • APA Bias Free Language • Greater Manchester Equality Alliance - sex and gender • Greater Manchester Equality Alliance - trans and non-binary identities • Oxfam inclusive language guide
	"Cis women" "cis men" "Trans women" "trans men" (has a space - not "transwomen" or "transmen")	"Biological women" (use "female" if describing sex, or "cis women" if describing gender), "biological men" (use "male" if describing sex, or "cis men" if describing gender)	
	"All genders"	"Both genders" (assumes a binary)	
	"Gender affirming" care or surgery	"Gender reassignment" (gender reassignment is the name of the characteristic protected by the Equality Act 2010, however, Stonewall notes this is a term of much contention)	
	Gender neutral language e.g.: "humanity", "layperson" or "lay language", "their project" "everyone", "folks", "people"	Avoid gendered words when they are not relevant for communication e.g. "man-kind", "layman's terms" or "his/her project" Address groups as "everyone" rather than "ladies and gentlemen" or "guys"	
Sexual orientation	Use the language people self-identify with		• Stonewall glossary • APA Bias Free Language • Greater Manchester Equality Alliance – sexual orientation • Oxfam inclusive language guide
	"Sexual orientation"	"Sexual preference" (implies orientation is a choice)	
	"LGBTQ+ people" "Sexual and gender minorities"	"Homosexual" (unless this is how someone describes themselves. Has historical medical connotations)	

Language to talk about inequalities and alcohol control policies

Terminology often used	Key issues and notes	Further reading/resources
Fair and unfair	Changes to alcohol duties have been justified on the grounds of 'fairness'. However it hasn't been clear whose interest that has been in or who these decisions advance fairness for. There is evidence that values-based messaging (e.g. saying something is unfair or unethical) is more effective than using statistics in messaging. Fairness is understood by the public as equality of access to opportunity (not equality of outcome).	• Frameworks Institute on social determinants • Ipsos Mori on fairness and equality • IAS duty report (2023) • Vic Health Australia's Healthy Persuasion guide
Regressive and progressive	Policies such as minimum unit pricing have been described by some as regressive, i.e. impacting disproportionately on people on lower incomes, describing this as 'unfair'. The evidence shows that at any income level, moderate drinkers are little affected by minimum unit pricing. Harmful drinkers on low incomes disproportionately buy cheap alcohol and are most affected by minimum unit pricing (this is regressive). However, this also means the subsequent health gains are concentrated in more disadvantaged groups (i.e. the health outcome of the policy is strongly progressive).	• Holmes et al 2014 Lancet paper • Public Health Scotland MUP evaluation summary (2023)

Terminology often used	Key issues and notes			Further reading/resources
Equality, equity, equality of outcome	Equality: - Everyone gets the same resources	Equity: - Everyone gets the same outcomes, with resources distributed according to need	Equal outcomes: - Can be achieved through the removal of structural barriers	• OHID Guidance on applying All Our Health (2022)

Population level policies versus targeted interventions	Prevention, public health interventions, or population level policies have the strongest evidence for reducing rates of alcohol harm. There are inequalities in drivers of alcohol harm, e.g. availability is higher in more deprived areas. Evidence is lacking on the impact of alcohol control policies on inequalities, except pricing policies, which are known to narrow inequalities. Critics (often industry voices) often say these interventions are 'blanket' and are not sufficiently targeted to vulnerable groups or people in need of support. This is a straw man argument, because public health actors say a mix of interventions and policies are needed. This includes, for example, population level policies such as pricing, alongside alcohol treatment and support for people who need it. It is not either/or, and there is no single 'silver bullet' solution.	• Vic Health Australia's Healthy Persuasion guide • Kilian et al 2023 in eClinicalMedicine • Shortt et al 2015 • Angus et al 2017

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