

Language and stigma: terms used in the area of alcohol and other drugs

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This article provides a present-day reflection, focusing mainly on Brazil, of terms used by society at large (and frequently by health workers) to refer to people who use drugs. The greater part of the scientific literature is published in English and, therefore, Brazilian literature does not yet contain standardizations of adequate terms in the area of alcohol and other drugs. This results in a series of doubts and (uncritical) reproduction of terms that have not been used in the scientific literature for more than 10 years.¹ The intention is to provide references rather than to rigidly standardize these terms, since language – whether used in clinical practice or in scientific literature – is dynamic. A panorama will be presented of current discussion and alternatives on which researchers, health workers, the press and the population can base themselves in order to reduce stigma in the area of alcohol and other drugs.

Science has evolved in diverse domains, ranging from new discoveries that make previous findings obsolete, to modification of terms that become inappropriate at a given moment in history. In the area of mental health, for instance, “exceptional” children are now called “children with intellectual disability”, and “schizophrenics” are now called “people with schizophrenia”.² Adequacy of language in the area of mental health is not merely a question

of being politically correct, as this expression relates to words that are used in social contexts just to conceal prejudice rather than to combat it.

Adequate use of terms in the area of alcohol and other drugs is not a recent movement. Since the 1960s, the World Health Organization (WHO) has been discussing and changing several nomenclatures; for example, the term “alcoholic” has been replaced by “alcohol dependence”.³ The American Psychiatric Association removed the term “abuse” from the new version of its Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5).² In Brazil terminologies contained in laws and decrees have been changed, replacing terms such as “addicted offenders”,⁴ “drug addict sanatorium”,⁵ “National Anti-Drug Council” with other more adequate terms, such as “dependent”,⁶ “access to care”,⁷ “National Policy on Drugs”, respectively. Jointly with other organizations, in 2017 the Brazilian Platform on Drug Policies launched a Journalist’s Guide to Drugs, with the aim of providing guidance to press professionals so as to reduce stigma in Brazilian media reports and stories.⁸ Efforts like these contribute to the adequacy, coherence and propagation of scientific findings among society.

A study conducted in 2010 with health workers tested the influence of the expressions “drug abuse” and “substance use disorder” and found that when

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the term “abuse” was used, health workers were more inclined to indicate actions of punishment and blame.¹ Use of inadequate terms, including by highly qualified professionals, can be prejudicial to access, seeking treatment and adherence to it by people who use drugs.⁹⁻¹¹

It is recommended that unspecific terms or terms with unclear meanings be avoided, such as “moderate use”, “healthy use”, “unhealthy use”, “responsible use”, “problematic use”, “misuse” and “compulsive use”,^{11,12} as well as common everyday terms (Figure 1).¹¹⁻¹⁵ It is also proposed that terms such as “alcohol user” be avoided, even though this term has been proposed to replace another inappropriate term such as “alcoholic” (“alcoólatra” in Portuguese), which denotes “idolatry”.^{11,16} The word “alcoollista” has been used more in the Brazilian context, and denotes “someone who has a preference for something”; however, as it is a question of a disorder due to alcohol use, the person does not prefer to use alcohol, but rather does so because of their current clinical picture, which involves genetic, psychological and social factors.¹⁷ The expression “chemical dependence” has also been discussed as being unspecific, since it does not cover psychological and social factors, and reduces a multifactorial dimension into just one of its facets – the “chemical” part.¹⁸

In the social imaginary, the term “abuse” is associated with violent behaviors directed towards other people, such as rape and domestic violence.¹² The term is used in the area of alcohol and other drugs and can perpetuate the idea that a person who uses drugs is guilty and deserves punitive measures and exclusion.^{12,14-18} Other terms commonly used when giving the results of toxicology tests, or at places where substance use disorder treatment is provided, are “clean” or “dirty”.¹⁸ Such words, apart from evoking implicit punitive prejudice, reduce the sensation of self-efficacy, and are a barrier to

changing paradigms in the field of health.¹² In the case of toxicology tests, use of the expressions “positive” and “negative” is recommended.^{9,17}

Another aspect to be considered is the encouragement of language aimed at changing the perception of a person from their “being” a problem, to their “having” a problem.¹⁵ For example, terms like “users” and “dependents” group people together and depersonalize them; for this reason, the expressions “person who uses drugs”, “person with a substance use disorder” or “person dependent on alcohol” are preferable.¹⁵ Other current terms have been adopted, such as those that denote degrees of risk, like “at-risky”, “low-risk” or “high-risk”.⁹ With regard to “drug dependence”, which is currently referred to as “substance use disorder”, the findings show that both expressions are appropriate for health settings.^{12,13,16,19} Even expressions frequently used in health and research contexts, such as “demotivated”, “resistant”, “non-adherent”, can individualize responsibility for treatment. Alternatives to these expressions are “not in agreement with the treatment plan”, “opted not to”, “has not begun treatment”.¹⁴

In view of the countless barriers and difficulties found in the area of alcohol and other drugs in Brazil (where over 43.1% of the population used alcohol; 17.3% used tobacco; and 3.4% used an illegal substance in the last 12 months),²⁰ an initial way forward would be to adopt language that is appropriate from the scientific and health point of view, and which transmits the same dignity and respect offered to people with other health conditions. The negative consequences of drug use go beyond substance use disorder, and also involve increased occurrence of chronic diseases, early death, and disabilities.²¹ In the meantime, efforts to change terminologies need to take place systematically and consistently, taking current scientific findings into consideration.

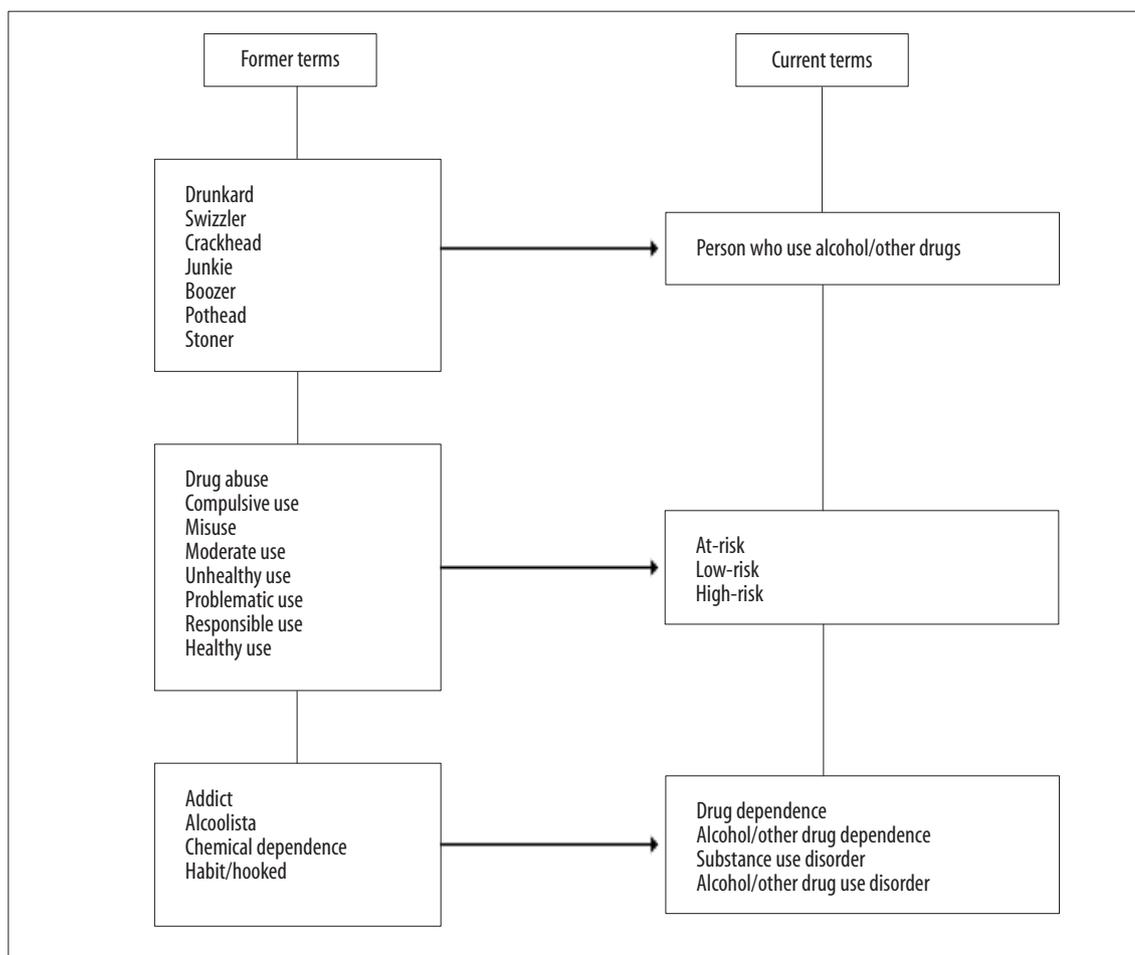


Figure 1 – Former terms to be avoided and recommended current terms

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