

Substance abuse journal calls for changes regarding pejorative language

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In a ground-breaking editorial article published in Substance Abuse journal, the Editorial Board encourages researchers, reviewers, and even readers to consider and change some common terminology used to describe alcohol and other drug use and disorders, individuals affected by these conditions, their related behaviors, treatment, and recovery. Substance Abuse journal is the first scientific addiction journal to attempt to do so.

Language intentionally and unintentionally propagates stigma: the mark of dishonor, disgrace, and difference that depersonalizes people, depriving them of individual or personal qualities and personal identity. To adjust the stigma associated with substance use, the Editorial proposes four adjustments needed in the clinical language: (1) the use of "people-first language," (2) a focus on the medical nature of [substance use disorders](#) and treatment, (3) promotion of the [recovery](#) process, and (4) less perpetuation of negative stereotype biases through the use of slang and idioms (e.g. terms such as "addict," "pothead," "frequent flyer," "clean," or "dirty") .

"In my clinical experience, patients internalized this stigmatizing language all the time, and that led them to feel worse about themselves and the possibility of recovery," explained Lauren Broyles, lead author of the article, who told a clinical story.

When working with a patient, who was feeling dejected for straying away from recovery and convinced his urine was 'dirty,' Broyles used the

approach. "I explained to him that most people believe that everyone's urine is considered dirty, he got a puzzled look on his face. I explained that in my mind, 'dirty' reflect the presence of germs, and asked if he meant that his urine screen would show that he had recently used an illicit substance (followed by an affirmative nod). I let him know that 'dirty' is not the correct term – we are monitoring a chronic medical illness and that the urine screen is used to help provide care, not to label him, blame him, or catch him in managing his illness"

The patient mentioned their conversation while in outpatient care, "it helped me not quit the treatment program because I was reminded that there are people out there really get it, and really care about how I myself think about what I'm doing, or not doing, for my recovery."

"We too [Editorial Board members] are in a position of 'unlearning' various terms, phrases, and verbal shorthand, even terms like 'abuse' that seem second-nature," explained Broyles. "By encouraging our authors to use alternative terms that more accurately describe addiction, treatment, and recovery, and, by being vocal about why those terms are favorable, we can be leaders in helping to re-frame what people think about substance use disorders."

More information: "Confronting Inadvertent Stigma and Pejorative Language in Addiction Scholarship: A Recognition and Response," Lauren M. Broyles, Ingrid A. Binswanger, Jennifer A. Jenkins, Deborah S. Finnell, Babalola Faseru, Alan Cavaiola, Marianne Pugatch, and Adam J. Gordon, [DOI: 10.1080/08897077.2014.930372](https://doi.org/10.1080/08897077.2014.930372)

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