

2019

# LANGUAGE MATTERS

Using respectful language in relation to sexual health, substance use, STBBIs and intersecting sources of stigma





# ACKNOWLEDGEMENTS

*Language matters: Using respectful language in relation to sexual health, substance use, and intersecting stigmas was developed as part of the project Addressing Sexually Transmitted and Blood-Borne Infections and Related Stigma through Partnerships, Capacity Building and Community Engagement.*

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# INTRODUCTION

The words we use to discuss health and relationships can have a powerful impact on our conversations with and about the people who access our services. Research shows that the words used to describe someone can influence our attitudes, beliefs, and behaviour toward them, including the care decisions we make as health or social service providers.<sup>1,2</sup>

By being thoughtful and inclusive with our language choices, we can avoid using words or expressions that exclude groups of people or that are considered hurtful toward particular communities. Respectful language can also help us to be more clear and accurate when communicating with the people who access our services.

Sexuality, substance use, and sexually transmitted and blood borne infections (STBBIs) can be challenging to talk about. It is important that the diversity of people who access our services feel safe and comfortable when having these discussions, and the language we use is a big part of that. Our understanding of respectful and inclusive language continuously evolves as societal views change and individuals and communities choose to redefine their own identities. It's important to keep in mind that the respectfulness and inclusivity of language about a particular group must be determined by the group itself.

<sup>1</sup> Goddu AP, O'Connor KJ, Lanzkron S, Saheed MO, Saha S, Peek ME, Haywood C, and Beach MC. Do Words Matter? Stigmatizing Language and the Transmission of Bias in the Medical Record. *Journal of General Internal Medicine*, 2018; 33 (5): 685.

<sup>2</sup> Kelly, J.F. and Westerhoff, C. Does it matter how we refer to individuals with substance-related problems? A randomized study with two commonly used terms. *Int J Drug Policy*. 2010; 21: 202–207

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## GUIDING PRINCIPLES FOR RESPECTFUL LANGUAGE

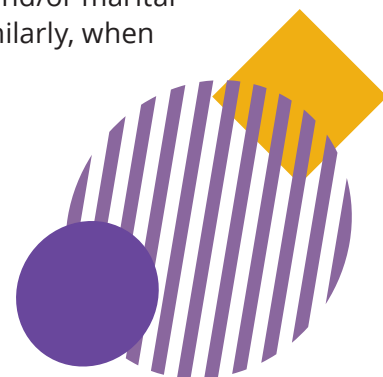
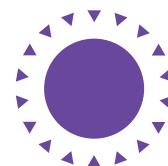
**Words matter.** Certain words can make people or groups feel excluded, and can also convey stereotypes, expectations or limitations based on a person's identity. Stigmatizing language can make people feel unwelcome or unsafe in our service settings, with adverse impacts on a person's well-being and access to STBBI prevention, testing, treatment, or care.

**Language changes.** As societal values change over time, so does the language that is considered acceptable. Nuances can be challenging to understand and navigate, but every effort should be made to be specific and use appropriate words when having conversations about sexuality and substance use.

**Mindset matters.** Be open and empathetic, and encourage others to do the same. It is important that we do not let the fear of using the 'wrong' word keep important conversations from taking place. If someone suggests a correction to our language, it's important not to be insulted or defensive. Rather, try and understand the need for the suggested change, and take it as an opportunity to learn, increase our understanding, and show empathy.

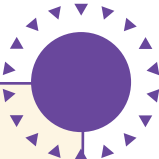
**Person first.** Use 'person first' language: language that prioritizes someone's identity and individuality above whatever other characteristic you might be describing (e.g., 'person living with HIV' rather than 'HIV-infected'). This approach is consistent with delivering more person-centred care.

**Be inclusive.** Try and use language that is as inclusive as possible to reflect the known or unknown diversity of your audience. For example, instead of using the terms husband or wife when unsure of the sexual orientation and/or marital status of who you are speaking with, use the term 'partner.' Similarly, when referring to a group of people, try 'folks' instead of 'guys.'



**Be specific.** Use language that is consistent with how a person identifies and is comfortable for them. This would include, for example, using correct pronouns and using words a person is comfortable with to describe body parts. It's important to keep in mind that not every member of a group, or person impacted by an issue, will agree on preferred terminology or identifiers. When describing their own identity, people might even use language that you would typically avoid using. The best way to find out how someone identifies or what language is comfortable to them is to ask.

**Be critical.** Before introducing or describing someone based on personal characteristics (such as race, gender identity, (dis)ability, use of substances, etc.), ask yourself whether it is relevant and necessary to do so. Similarly, think about your intentions for using a phrase or word, whether it has any origins that may impact how it is received, and whether there is a more inclusive or respectful way to state what you are trying to say.



Language is experienced by everyone differently, and there is no one-size-fits-all approach we can use to ensure that we are using the right words. There are, however, some overarching considerations that can help us to reflect on whether we are speaking in an appropriate and respectful manner. Please keep the above points in mind as you consider the language recommendations made in the table below.



## TERMS TO AVOID/USE WITH CAUTION

## EXPLANATION

## USE INSTEAD

## DESCRIBING SEXUAL ACTIVITY, RELATIONSHIPS AND SUBSTANCE USE

'Substance abuse'

'Substance misuse'

'Habit' in reference to substance use

'Abuser'

'Junkie'

These words can be interpreted as communicating that the use of substances or addiction represents failure of morals, personality and willpower. These terms demonstrate a lack of attention to the complex physiological, genetic, psychological, and sociocultural factors that can underlie substance use and addiction and imply blame toward the person who is using substances.

'Substance use'

'Substance use disorder/opioid use disorder' (as applicable)

'Problematic [substance] use'

'Person who uses [substance(s)]'

'Person who uses drugs'

'Person with a substance use disorder' (as applicable)

*Tip: Not everyone who uses substances uses them problematically and/or has a substance use disorder, so the choice of the correct term depends on the context.*

'Alcoholic'

'[Drug/substance] user'

'[Drug] addict'

'Recreational [drug] user'

These terms characterize and label people according to an illness or action, rather than putting their individuality first, which may be experienced as dehumanizing.

'Person who uses [substance(s)]'

'Person with a substance use disorder' (as applicable)

'Person who occasionally uses [substance(s)]'

TERMS TO AVOID/USE WITH CAUTION	EXPLANATION	USE INSTEAD
<p>'Ex-user'</p> <p>'Former addict'</p>	<p>These terms characterize and label people according to an illness or action, rather than putting their individuality first, which may be experienced as dehumanizing.</p>	<p>'Person in recovery'</p>
<p>'Risky sex'</p> <p>'Unprotected sex'</p> <p>'Promiscuous'</p>	<p>By focusing only on risk, rather than taking a more sex positive approach these words can come across as judgmental. They are also overly vague descriptions that are unlikely to provide complete and useful information, so it is best to be more precise with respect to what sexual practices you are referring to and why.</p>	<p>'Sexual contact (e.g., oral, vaginal, anal, frontal) without a condom/dental dam/glove/PrEP/other method of protection from STBBI'</p> <p>'Having multiple partners'</p>
<p>'Normal' in reference to sexual activity, test results, etc. (e.g., 'normal' sex, 'normal' CD4 count)</p>	<p>The word 'normal' can be othering and excluding to those outside the stated 'norm'</p>	<p>Try to use more specific and neutral language for whatever it is you want to refer to, such as:</p> <p>'Penis in vagina sex'</p> <p>'Sex where a mouth is on a bum/vulva/etc.'</p> <p>'CD4 count above 500, meaning that our immune system can fight off most infections'</p>

TERMS TO AVOID/USE WITH CAUTION	EXPLANATION	USE INSTEAD
<p>'Illicit drugs/opioids'</p> <p>'Illicit drug market'</p> <p>'Street drugs'</p>	<p>'Illicit' has a moral connotation that can be perceived as stigmatizing. 'Illegal' is a more accurate, plain language term that may come across as less judgmental.</p>	<p>'Illegal drug market'</p> <p>'Illegally obtained drugs/opioids'</p> <p>'Illegally produced drugs/opioids'</p> <p>'Diverted prescription drugs/opioids'</p>
<p>'Overdose crisis'</p> <p>'Drug poisoning crisis'</p>	<p>The term overdose, though still widely used, can sometimes be perceived as implying blame and responsibility on the part of the person who has used drugs. Overdose, meaning to administer medication in too large a dose, may imply that the person knows what the dose is and what its effects will be, and chooses to take too much. Poisoning (like we say for alcohol poisoning) may be considered a more accurate diagnostic term describing what is happening to the person/their body. However, consensus has not been reached that this alternative is preferred within affected communities. The term might be experienced as frightening, alarming, or contributing to fear-based messaging about substance use.</p>	<p><i>Tip: Community consultation can enhance understanding of what words are considered respectful and non-judgmental for the people you work with.</i></p> <p><i>For example, the Peer Engagement and Evaluation Project (PEEP) in British Columbia found that 'overdose' is a preferred term in reference to individual event(s) (e.g., 'an overdose' or 'overdoses'), but when discussing the current situation of contamination of drug supply, the term 'Prohibition Crisis' is preferred</i></p>



TERMS TO AVOID/USE WITH CAUTION	EXPLANATION	USE INSTEAD
<p>'Lapse'</p> <p>'Relapse'</p> <p>'Slip'</p>	<p>'Lapse,' 'relapse' and 'slip' are words that may still be commonly used by people who use substances and those working with them. However, some people feel that they imply blame and judgment toward the person who is using substances.</p>	<p>'Experienced a recurrence (of symptoms)'</p> <p>'Resumed'</p> <p><i>Tip: It is important to allow people to use the words that they feel best describe their own experience. You may wish to exercise caution by ensuring that the person you are speaking with is comfortable with you using the same terminology.</i></p>
<p>'Wife'</p> <p>'Husband'</p> <p>'Boyfriend'</p> <p>'Girlfriend'</p>	<p>These words, if used without enough information about the person you are referring to, can assert an incorrect assumption about the nature of the relationship between people and an assumption about the gender of the person being referred to. This is why it can be helpful to replace the 'husband' and 'wife' with 'spouse' or 'partner' when you are not certain of how the person labels their relationship(s), or the gender identity of the partner.</p>	<p>'Spouse'</p> <p>'Partner(s)'</p> <p><i>Tip: It can be useful when asking about someone's sexual or relationship partners to use the plural, 'partners' to be inclusive of a range of relationship types, including more casual partnerships, polyamorous relationships, or consensually non-monogamous relationships.</i></p>

**TERMS TO AVOID/USE WITH CAUTION**
**EXPLANATION**
**USE INSTEAD**

*Tip (cont.): 'Partner' can be a distressing term if used in reference to a non-consensual sexual partner. If someone appears uncomfortable with the language we are using it can be helpful to check in.*

'Mother'  
'Father'

Similarly, these words when used without enough information about the person you are referring to can assert an incorrect assumption about gender, or about the nature of the relationship.

'Parent(s)'  
'Guardian(s)'

*Tip: When unsure of the relationship between an adult and child, it can be helpful to ask.*

**DESCRIBING STBBI PREVENTION, TESTING, TREATMENT & CARE**

'[STBBI]-infected'  
'Became infected'

These terms characterize and label people according to an illness or action, rather than putting their individuality first, which can be experienced as dehumanizing.

'Person living with [STBBI]'  
'Contracted/acquired [STBBI]'  
'[STBBI]-exposed'

'Clean' or 'Dirty' with respect to urine toxicology, STBBI status, equipment (e.g., needles), etc.

These words reinforce negative social and moral judgments attached to sexuality and substance use. Try and replace them with more neutral and accurate terms

'Tested negative/positive for...'  
'Reactive/non-reactive testing'  
'New/unused, used'

TERMS TO AVOID/USE WITH CAUTION	EXPLANATION	USE INSTEAD
<p>'Non-compliant'</p> <p>'Unmotivated'</p> <p>'Resistant' with respect to someone's participation in services/care</p>	<p>These terms reinforce paternalistic models of health care/social services. Individuals have agency, choice, and preferences, and should be active participants in decisions about their health and well-being. The use of these words can work against this goal.</p>	<p>'Not in agreement with the treatment plan'</p> <p>'Opted not to'</p> <p>'Has not begun'</p> <p>'Experiencing ambivalence about change'</p>
<p>'End HIV'</p> <p>'Protect' (e.g., against HIV)</p>	<p>Focusing on 'ending' HIV may cause people who are living with HIV (PLHIV) to feel alienated or like they need to disappear. Similarly, focusing on 'protecting' people against HIV can give the impression that people living with HIV are dangerous.</p>	<p>'End/prevent HIV transmission'</p> <p>'End HIV-related deaths'</p> <p>'End HIV stigma'</p> <p>'End HIV criminalization'</p>
<p>'Mother to child transmission (MTCT)'</p>	<p>Using this phrase can imply blame or accusation toward the person who transmits the STBBI during birth. The term 'mother' may also not represent the term that people use to identify themselves if that term is not consistent with their gender identity, for example.</p>	<p>'Vertical transmission'</p>

TERMS TO AVOID/USE WITH CAUTION	EXPLANATION	USE INSTEAD
<b>TERMS RELATING TO KEY POPULATIONS<sup>3</sup></b>		
'Vulnerable populations' 'Populations at-risk'	This term focuses on a role of weakness rather than action and empowerment from populations with a greater likelihood of acquiring an STBBI. This phrasing can imply that all individual members of a given population are vulnerable. It's important that our language reflects recognition of the role of social determinants of health (SDOH) in shaping population health and well-being, while at the same time acknowledging the strength, resiliency, and individuality of individuals within populations.	'Key populations' 'Priority populations'

<sup>3</sup> Key populations affected by STBBIs, according to the Public Health Agency of Canada, include: gay men and other men who have sex with men; people who use drugs; Indigenous peoples; ethnocultural communities (including immigrants, migrants, and refugees); people involved in the sale, trade, or purchase of sex; people living in or recently released from correctional facilities; transgender people; people living with HIV/AIDS or Hep C; and women and youth in particular within these groups. This health inequity is both avoidable and unfair.

It's important that we recognize the role of social determinants of health (SDOH) in shaping population health and well-being. SDOH include factors such as gender, income, employment, working conditions, housing, and education. It is equally important to acknowledge the uniqueness, strength, and resiliency of individual members of these key populations or people lacking access to the social determinants of health, in spite of potentially challenging circumstances.



TERMS TO AVOID/USE WITH CAUTION	EXPLANATION	USE INSTEAD
<p>'Prostitute'</p> <p>'Prostitution'</p>	<p>These words have a historically negative connotation and disregard sex work as a form of employment.</p>	<p>'People involved in the sale or trade of sex'</p> <p>'Sex worker'</p> <p>'Sex work'</p> <p>'Sale of sexual services'</p> <p>'Transactional sex'</p> <p>'Commercial sex'</p>
<p>'Homosexual'</p>	<p>Historically, the word 'homosexual' has been used in a clinical context and adopted by anti-LGBTQ+ movements to suggest that people who are attracted to people of the same sex are somehow diseased or psychologically and emotionally disordered. This position, previously held by the American Psychological Association, was discredited by the organization in 1973</p>	<p>'Gay'</p> <p>'Lesbian'</p> <p>'Bisexual'</p> <p>'Queer'</p> <p><i>Tip: Use gay, lesbian, or when appropriate, bisexual or queer to describe people attracted to people of the same sex—ensure that you are using terms that the individual(s) you are speaking about identify with.</i></p> <p><i>Tip: Gay should be used only as an adjective (e.g., he is gay; identifies as gay, gay people) and not as a noun (e.g., he is a gay).</i></p>

TERMS TO AVOID/USE WITH CAUTION	EXPLANATION	USE INSTEAD
<p>'Sexual preference'</p> <p>'Gay lifestyle'</p>	<p>Conveys the message that same sex attraction is a choice and could/should therefore be 'cured'.</p>	<p>'Sexual orientation'</p> <p>'Orientation'</p>
<p>'Transgendered'</p> <p>'A transgender'</p> <p>'Transvestite'</p>	<p>Transgender is an adjective and not to be used as a noun (e.g., a transgender). Using the word in this way can come across as dehumanizing or implying that a person is inflicted by an unfavourable condition.</p>	<p>Transgender' (adj.)</p> <p>'Trans'</p> <p><i>Tip: Trans is an umbrella term, describing a wide range of people whose gender identity and/or gender expression differ from their assigned sex and/or the societal and cultural expectations of their assigned sex (which could include people who identify as agender, bigender, gender fluid, gender non-conforming, genderqueer, questioning, transgender transsexual, or two-spirit, among others). Click <a href="#">here</a> for more information about language specific to trans people and identities.</i></p>

TERMS TO AVOID/USE WITH CAUTION	EXPLANATION	USE INSTEAD
<p>'Sex change'</p> <p>'Sex change operation'</p> <p>'Pre-operative'/ 'Post-operative'</p>	<p>These terms fixate on surgery and a person's anatomy. Many transgender people do not or cannot undergo surgery as a part of their transition for a variety of reasons. A more inclusive term such as transition encompasses social, surgical, or other medical means of transition.</p>	<p>'Transition'</p> <p>'Gender affirming' interventions</p>
<p>'Native'</p> <p>'Native people(s)'</p>	<p>'Native' denotes a person originating from a particular place and not persons of Indigenous ancestry necessarily. Indigenous is a term than can be used to collectively refer to First Nations, Inuit and Métis people in Canada. Indigenous peoples consulted chose the word 'Indigenous' at the United Nations level to best describe the original peoples of a territory, making this a preferred term.</p> <p>Despite this term, the general preference is to refer specifically to the Indigenous Nation, community, or peoples from which the individual belongs where possible – for example, Siksika from Siksika Nation (Blackfoot).</p>	<p>'Indigenous ' (adj.)</p> <p>'Indigenous peoples'</p> <p><i>Tip: When speaking broadly about Indigenous communities, using the plural (e.g., Indigenous peoples rather than Indigenous people) is preferred, as it recognizes the multiple and distinct communities belonging to the group (not a homogenous group of individuals). For more information about respectful language and Indigenous peoples, click <a href="#">here</a>.</i></p>
<p>'[STBBI]-infected'</p> <p>'[STBBI] patient'</p> <p>'[STBBI]-positive'</p>	<p>This phrasing characterizes and labels people according to their illness, rather than putting their individuality first, which can be experienced as dehumanizing</p>	<p>'Person living with [STBBI]'</p> <p>'Person diagnosed with [STBBI]'</p>

TERMS TO AVOID/USE WITH CAUTION	EXPLANATION	USE INSTEAD
'Convict' 'Ex-convict' 'Prisoner' 'Inmate' 'Felon' 'Drug offender' 'Drunk driver' 'Parolee' 'Probationer'	These terms characterize and label people according to past or present convictions or status in the legal system. This reduces their identity to violations they have been accused of rather than putting their individuality first, which can be experienced as dehumanizing.	'Person who is/has been incarcerated' 'Person with a felony conviction' 'Person convicted of (alleged) offense' 'Person on parole' 'Person on probation'
'Illegal immigrant' 'Illegal' 'Alien'	These words are stigmatizing in that they criminalize the person, rather than the act of entering or remaining irregularly in a country. In addition, 'alien' has a particularly dehumanizing connotation. These terms are also sometimes used to inaccurately label someone who is legally residing in a country.	'Newcomer' 'Refugee' 'Asylum seeker' 'Immigrant' 'Migrant' 'Permanent resident' 'Resident without legal permission' 'Person without status'

*Tip: These terms are only respectful to the extent that they accurately describe a person's situation. Using terms accurately is important to treating people with respect. Click [here](#) for more information about correct use of these and related terms.*



# REFERENCES

## THIS TOOL HAS BEEN ADAPTED FROM THE FOLLOWING RESOURCES:

British Columbia Centre for Disease Control (BCCDC). [Language matters: Reduce stigma, combat overdose.](#)

British Columbia Public Service Agency. [Words matter: Guidelines on using inclusive language in the workplace.](#)

Broyles LM, Binswanger IA, Jenkins JA, Finnell, DS, Faseru B, Cavaiola A, Pugatch M, Gordon AJ. Confronting inadvertent stigma and pejorative language in addiction scholarship: A recognition and response. *Subst Abus.* 2014; 35(3): 217-221.

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Health Canada. [Changing How We Talk About Substance Use.](#)

GLAAD. [An Ally's Guide to Terminology: Talking about LGBT People & Equality.](#)

University of British Columbia. [Indigenous Peoples: Language Guidelines.](#) 2018.

YouthCO. [Inclusive and Destigmatizing Language.](#)

For further guidance on strategies for discussing sexuality, substance use, and STBBIs with people accessing your services, please refer to the Canadian Public Health Association resource (2017): [Discussing sexual health, harm reduction and STBBIs: A guide for service providers](#)

