

## **BASW Alcohol & Other Drugs SIG: use of the term 'Alcohol and other Drugs'.**

### **Background**

The Special Interest Group took the view that it needed a consistent approach to the way it would describe drink and drug use in communication with social workers and in any publications. The choice of the term 'alcohol and other drugs' (AoD) - and its importance - needs some explanation.

### **Alcohol and other drugs**

The SIG wanted to ensure it reflected social work values and principles in its use of language. Thus, any thought of using pejorative labels terms such as 'addict' or 'alcoholic' was rejected. These terms are associated with models and descriptions of alcohol and drug problems that are typically associated with rigid, prescriptive approaches: specifically, the concept of these problems as diseases that can only be addressed by lifelong abstinence.

The SIG rejected any kind of disease formulation on two basic, complementary grounds:

1. Evidence based approaches to health and social care. There is a burgeoning body of evidence that disproves these simplistic theories. This is reflected in the guidance and best practice advice (e.g. from NICE) which recognises that 'harm reduction' approaches, continuing use while minimising risk to the person themselves and to others, are legitimate and effective. Also, even when specialists and professionals believe, for example, that abstinence is likely to offer the best outcome for the people they are working with the advice is still to start out with an agenda set by the person receiving the service.
2. Negative terminology reinforces negative stereotypes. People in contact with professional social work are highly likely to already be disadvantaged and many face an array of multiple, often complex problems. Using negative, disrespectful language to describe the people we are working with implies a lack of optimism and belief in their potential and capacity to change and manage issues, even difficult and complex problems.

In looking at the range of terms that could be adopted the SIG critically considered a range of options including terms and terminology in common use.

<b>Terminology</b>	<b>Consideration</b>
<b>Drugs and Alcohol</b>	The most common formulation at the time e.g. DAAT [Drug & Alcohol Action Team]
<b>Misuse</b>	Again, commonly used e.g. MoCAM [Models of Care for Alcohol Misusers: NTA 2006]
<b>Abuse</b>	In common use describing drinking and drug taking behaviour
<b>Addiction</b>	Self evidently often used both in common parlance and specialist discourse
<b>Dependence</b>	Often used by professionals and lay commentators alike
<b>Alcohol and Drugs</b>	Less often used than 'Drugs and Alcohol' perhaps reflecting political, policy priorities
<b>Alcohol and other Drugs</b>	Rarely used at the time

### **Drug[s] and Alcohol**

The most common formulation at the time e.g. DAAT [Drug & Alcohol Action Team]. The most basic objection was that this is an inverted listing. Alcohol affects a very much greater proportion of the population than other drugs so in terms of precedence and indeed alphabetical order should at least be 'Alcohol and Drugs'. There was also an implication in the way this term was typically used that 'Drugs' should be taken to mean illegal drugs. Again, this did not address the complex issues that people experience and was not sufficiently acknowledged even in specialist services; over the counter and prescribed medications can be problematic in their own right, they interact with other substances and are frequently implicated in problems associated with complex problems.

### **Misuse [Alcohol or Drug or Substance]**

The SIG was concerned that 'misuse' was a pejorative and inaccurate term. For example, using medication as prescribed is, by definition, not 'misuse' even though in combination with other psychoactive substances drug interactions can make any use of medication riskier. In other circumstances, there are drugs that are always illegal, and they are produced to be consumed e.g. cannabis and amphetamines. Possession (or supply) of such substances, with the intention that they should be used for the purpose they were created, even though that is potentially an offence, is by definition, not 'misuse'.

The SIG preferred the term use. We preferred 'use' because it identified a spectrum of individuals that social workers would come across from relatively light to very heavy, rather than an implied narrow group of misusers or abusers.

### **Abuse [Alcohol or Drug or Substance]**

The term 'abuse' poses the same questions and identical objections to those rehearsed earlier on the term 'misuse'. It is pejorative and potentially insulting. Using illicit drugs and drinking above recommended 'safe' levels can be justified as a rational choice in many circumstances. It may also appear to many people, including vulnerable potential recipients of social work interventions that there are more benefits to be gained from using than from abstaining. The view of the SIG was that

blanket use of judgmental terms without considering individual circumstances and context would be inimical to Social work ethics and values.

### **Addiction**

This term has long been a contested subject of and for debate. It also has associations with inaccurate categorisations such as ‘addictive personality’ which, although widely used and referred to in lay circles, including journalism, is essentially, an insult. The SIG did not want to indulge in a talking shop pitching definitions and arguing semantics. Instead the SIG opted for a more neutral and descriptive use of words rather than opting for a ‘shorthand’ that could generate lengthy discussions distracting from more practical actions e.g. planning and delivering events and publications. Addiction also refers to activities other than the use of psychoactive substances and the SIG wanted to retain a primary focus on drugs and alcohol.

### **Dependence**

Dependence is a term almost as contested as ‘addiction’ and much effort and many words have been expended on attempting universal definitions and differentiating between so-called ‘psychological’ and ‘physical’ dependence. The SIG did not want to rehearse those circular discussions. Taking a linguistic perspective, ‘dependence’ makes the substance the subject of the sentence. The SIGs preference was to focus on the recipient of services and to consider what they found ‘dependable’ in their lives. That retains an individual focus and removes any felt necessity to focus on whether the amount or regularity of their use qualifies as ‘dependent’. While a ‘dependence’ diagnosis might be a ticket into specialist services that would be their assessment, not ours.

### **Alcohol and Drugs**

This was not in such common use despite having the benefit of being in alphabetical order. A few outlier services and writers would use the term despite the bulk of funding, media and policy attention being focused on drugs (N.B. the first alcohol strategy for England was promised in the Labour government’s 1997 election manifesto and not delivered until their second term of office in 2004). The SIG liked this term. Alcohol use is more widespread and social workers would be much more likely to come across it than drug use. The SIG did not have a strict order of priority but agreed, if only on the basis of alphabetical order that ‘Alcohol’ should come before ‘Drugs’.

### **Alcohol and other Drug Use**

Essentially this term ticked all the boxes. Although not in frequent use, it was an accurate descriptor for the group. The SIG were keen to encompass legal and illicit substances and alcohol is another drug. This term built on all the positive reasons the SIG preferred the terminology ‘alcohol and drugs’. The SIG was keen to have social workers think about everyone’s actual and potential use.

It promoted the principles the SIG considered to epitomise social work. It challenged the tendency to call people pejorative names and label narrow problematic populations that are so frequently applied to vulnerable social work recipients. At that time, the SIG considered this phrase to support the social work ethics and values we

wanted to embody in the work of the SIG: challenging and supporting colleagues better to address the issues of alcohol and other drug problems.

### **Summation**

This is inevitably a limited summary of the reasons the SIG chose the term 'alcohol and other drugs' to describe the work of the group.

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