

Statement and Position Paper



Statement and Position Paper On Language, Identity, Inclusivity and Discrimination (November 2011)

Background

INPUD is a global network that advocates for the human rights of people who use drugs. As with earlier movements for equality - notably those relating to gender, race, ethnicity, sexuality and disability - language is one domain through which identity is expressed and where oppression may arise.

The millions of people around the world who use drugs are immensely diverse and their relationship with drug-taking takes many different forms. INPUD is an inclusive organisation and the key criteria for membership are a) endorsement of the Vancouver Declaration and b) being a current or former drug user from one or more of the groups that consistently “face significant health problems and frequently are subjected to human rights infringements.” (See appendix)

The experience of drug use and being a drug user for someone aged 15 and experimenting with cannabis and someone in their 50s who has injected almost every day of their adult life differs greatly and will rarely be well reflected in language that attempts to reduce these experiences into the same thing. Furthermore, the meaning and effects of language - good and bad - are invariably context-dependent, and culturally determined. This makes it difficult to be prescriptive about language use in any absolute way; nevertheless, there are a number of ways that certain language relating to people who use drugs can be disempowering, divisive, confusing or give offence.

Language that denigrates

Many commonly encountered terms directly construct people who use drugs as ‘other’, allowing people to see us as separate from mainstream society; inferior; and/or, morally flawed. The use of terms such as ‘junkie’, ‘drug abuser’ or ‘smack head’ is dehumanising and

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enables policies that treat people who use drugs as sub-human, non-citizens; frequently making them into scapegoats for wider societal problems.

INPUD opposes the use of terms such as ‘junkie’ within the media and anywhere else in the public discourse concerning drug use/policy, because it reduces people who use drugs to a stereotype and undermines public understanding. INPUD contributed to a successful challenge of the use of such language in the Irish press, which was upheld by *the Office of the Press Ombudsman*. We aim to repeat such campaigns in the future where similar defamatory articles appear anywhere in the media.¹

Language that potentially divides or confuses

People make sense of drug taking in different ways using different concepts, reflecting adherence to various, underlying theoretical models and values. Where people are experiencing difficulties associated with their drug use, language can reflect the way these are explained and, often, the kind of solutions to which these explanations lead.

The ‘disease model’ and the concept of ‘recovery’ with which it is sometimes associated is one area where disagreements and misunderstandings arise. Each of these terms has been used and defined in many different ways. For some people, interpreting their experiences of drug use as an ‘addiction disease’ that can best be managed within a medical model, and in which they have a goal of ‘recovery’ which generally involves being abstinent from all or most drugs, can be experienced unambiguously as a positive way of achieving their life-goals. For others, the disease model is experienced as a way of pathologising an enduring dimension of being human – drug-taking – and misusing medical and other forms of state power to regulate and control citizens’ lives. Despite the various meanings people give it in practice, many of which are positive, ‘recovery’ can often be understood to imply that drug use is a disease from which people could or should be cured. Likewise, being three years clean may well be something to celebrate for someone in certain settings, yet terms such as ‘clean’ imply that people who continue to use drugs are ‘dirty’ i.e. of less worth and, as such, can denigrate and marginalise.

We regard people as sovereign over their bodies and – besides the right this implies regarding what adults can put into their bodies and how - INPUD also recognises the individual’s right to freely interpret their experiences of drug-taking using a disease or any other model.

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However, we are opposed to *systems* that impose a disease model on drug-taking in general or view drug use as something from which people ought to recover, especially where recovery is used as code for a goal of abstinence that is imposed on people, rather than freely chosen. For these reasons, INPUD discourages the general use of terminology that can imply a disease model (e.g. addiction, recovery, patient and clean) and, instead, promotes non-stigmatising language that is less likely to be divisive.

Preferred, non-stigmatising, language

INPUD resists any implication that drug-taking of any sort leads inevitably to problems, nevertheless, it is undeniable that some people sometimes experience difficulties associated with the use of drugs. These difficulties can arise or be exacerbated by drug prohibition and sometimes by factors associated with the properties of the drugs themselves, the person consuming them and their situation and terminology is needed that address the relevant range of experiences.

INPUD recognises that language cannot be regulated and that context can transform a term that is used to oppress into one through which emancipation is pursued. Just as the reclaiming of the label 'queer' by LGBT activists and feminists was an assertion of power, empowered drug users may sometimes elect to refer to themselves as 'junkies'. This reclaiming of language can be a highly effective political tool. Ordinarily, however, language that may denigrate, is best avoided and the following terms are preferred:

People who use drugs (PUD) – The collective term for all people whose interests INPUD represents. We tend to avoid the term 'drug user' as it reduces the complexity of an individual to one aspect, albeit an often important or defining one, to a single activity. Similarly, we reject terms such as 'drug abuser', 'problem drug user' (PDU) or 'misuser' for general use because these are often used in an uncritical, disparaging or hostile way.

People who inject drugs (PWID) – A key constituency within INPUD, because this group is often the most discriminated against, marginalised, criminalised and experiences some of the most serious health problems that can be associated with drug-taking under the regime of global prohibition.

People who are dependent on drugs - Dependent drug users literally depend on their drug doses to get through the day. This does not imply that they are dysfunctional in any way or

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necessarily require services and dependence is not otherwise incompatible with a productive, happy, and fulfilled life.

Clients (of drug and related services) – The term client is generally preferred when referring to people using drugs who are receiving services from which they are intended to benefit (or for whom they are intended). ‘Patient’ is probably foremost among the possible alternatives, but can be problematic because it connotes a medical/disease model, which is still contested.

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Appendix – INPUD membership statement

Who are we?

This definition needs to be both complex and flexible and as such what follows is a descriptive statement rather than a simple sentence.

INPUD represents the interest of all people who use drugs on the global stage. INPUD was formed and has its strongest roots among those people who most frequently experience human rights infringements and face the greatest health problems. We recognise that this will rightly be defined differently in different country settings. This will be informed by drug control laws and political, cultural and religious norms.

The following groups consistently face significant health problems and frequently are subjected to human rights infringements:

- *People who inject drugs*
- *People who smoke stimulant drugs*
- *People who use opioid drugs by non-injecting routes of administration*
- *People on Substitution Therapy programmes*
- *People living with HIV, TB, and Hepatitis who have a history of drug use*
- *People who use drugs who are incarcerated and / or those in drug detention centres or coerced treatment*

In addition, some groups of stimulant snorters may have patterns of use that would be familiar to those injecting or smoking stimulants.

INPUD is deliberately described as a peer-based organisation and we view our peers as other drug user activists who self-identify and have close community connectedness with those parts of our community that face the greatest health problems and most frequently experience human rights infringements. Through our first phase of development, we will focus on building this activist community to help establish the values and principles of the organisation.

International agencies and donors have acknowledged their need to engage those members of our community who most frequently experience human rights infringements and face the greatest health problems in public health efforts.

We also recognise that particular drugs or sections of the drug using community may start to face increased or new health problems and human rights infringements. INPUD will use

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social networking systems, peer connections and alliance building strategies to establish strong lines of communication with this extended drug using community. This will allow

INPUD to become aware of new drug trends and support people who use drugs who are facing new health problems and human rights infringements to interact with the international community. It will also allow INPUD to build alliances and solidarity with the wider drug using community around drug law reform and the impact of the criminalisation of people who use drugs.

ⁱ Office of the Press Ombudsman, The International Harm Reduction Association and others and the Irish Independent

http://www.ihra.net/files/2011/06/14/19_International_Harm_Reduction_Association_and_others_and_the_Irish_Independent_23_5_-_for_publication.pdf Accessed November 1st 2011