

How the Alcohol Health Alliance communicates about alcohol and its harms

Alcohol is a harmful product. High rates of alcohol harm impact not only the individual who drinks but also their families, communities and our society as a whole:

- Alcohol is classified as a group one carcinogen¹ and a cause of at least seven types of cancer including breast cancer and bowel cancer.² The risks start from any level of regular drinking and then rise with the amounts of alcohol being consumed.³
- Alcohol is also linked to more than 200 health conditions and injuries. It is the leading cause of death, ill-health and disability for 15-49-year-olds in the UK.⁴
- Alcohol resulted in almost 980,000 estimated admissions in 2021 where the primary reason for hospital admission or a secondary diagnosis was linked to alcohol.⁵ Most are due to cardiovascular disease, cancer, mental and behavioural disorders and alcoholic liver disease.
- Alcohol costs NHS England £3.5 billion every year.⁶
- Alcohol is involved in 34-59% of violent crime across the UK, and more than half of police time is spent on alcohol.⁷
- Between 2001-2021 alcohol-related deaths rose by 89%⁸ and they remain at record highs.

Highlighting the rising levels of alcohol-related harm in the UK and proposing evidenced-based policies to reduce the harm is now more urgent than ever.

Who is this guide for?

The Alcohol Health Alliance is committed to tackling the stigma associated with alcohol use disorder in its communications. This short guide outlines our plans for how we will use language when writing about alcohol and its harms. We have made this guide available to our members and partners so organisations are free to use it to inform their own communications should they wish to.

Why is language important?

The language we use is a powerful tool when it comes to shaping public opinion, understanding and narrative about alcohol harm and the individuals it affects. Stigma is reportedly one of the main barriers to people with substance use disorders accessing treatment.⁹

We use the term 'alcohol harm' or 'alcohol-related harm' when referring to the negative impact alcohol can have/has on an individual or society as a whole.

¹ International Agency for Research on Cancer. Consumption of alcoholic beverages. IARC Monogr Eval Carcinog Risks to Humans. 2012;100E.

² UK Chief Medical Officers' Low Risk Drinking Guidelines

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/545937/UK_CMOs_report.pdf

³ UK Chief Medical Officers' Low Risk Drinking Guidelines

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/545937/UK_CMOs_report.pdf

⁴ VizHub - GBD Results. (2019). [Global Health Data Exchange](#), Institute for Health Metrics and Evaluation, University of Washington.

⁵ NHS Digital: Statistics on Alcohol, England 2021 <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2021/part-1>

⁶ Home Office (2012). [Impact assessment: a minimum unit price for alcohol](#).

⁷ 39% in England and Wales, 59% in Scotland, 34% in Northern Ireland; Office of National Statistics (2019). [The nature of violent crime in England and Wales: year ending March 2018](#); Scottish Government (2020). [Scottish crime and justice survey 2018/19: main findings](#); Police Service of Northern Ireland (2020). [Trends in Domestic Abuse Incidents and Crimes Recorded by the Police in Northern Ireland 2004/05 to 2019/20](#). Accompanying spreadsheet table 2.3; The Institute of Alcohol Studies (2015). [Alcohol's impact on emergency services](#).

⁸ (National Audit Office, 2023) [Alcohol Treatment Services: A briefing from the National Audit Office](#)

⁹ (NHS Highland Drug and Alcohol Partnership, 2021) [Language Matters: communicating about people, alcohol and drugs](#)

We will avoid using language that infers blame on an individual or individual actions and instead frame the harm caused by alcohol as a population level issue that requires population level solutions, such as addressing the availability, price and marketing of alcohol. This includes rejecting the term “drink responsibly” that is designed to suit the commercial interests of the alcohol industry.

As language is fluid and changes over time, we will review and revise this guide as necessary.

Person-first language

Leading health organisations such as the WHO¹⁰, experts in the recovery field and those with lived experience¹¹ recommend using person-first language when talking about substance use disorder, as well as avoiding words and terms that perpetuate stigma. This means structuring sentences to name the person first and the condition or disease they have second. Person-first language articulates that the disease is not the primary characteristic of the individual’s identity. For instance, instead of describing someone as an ‘alcoholic’ you can use ‘person who is currently dependent on alcohol’.

We recognise the many complexities around language and identity and respect that terminology is an individual preference. Some people may self-identify as an ‘alcoholic’ and find it beneficial to their recovery. However, this should be a term individuals choose and not one we assign to them¹².

We will aspire to use person-first language in all our communications.

Images and depictions

When communicating about alcohol use disorder it is also important to be mindful of using non-stigmatising images so as not to perpetuate negative stereotypes or trigger substance use cravings¹³. We will aim to use images without stereotypes of overly positive or negative connotations such as people intoxicated, paraphernalia or images that glamourise or sensationalise alcohol.

Language bank

We will avoid using...	Suggested alternative	Why?
Alcoholism, alcoholic ¹⁴	<ul style="list-style-type: none"> Alcohol use disorder Person with an alcohol use disorder Person with a current dependency on alcohol People who are currently dependent on alcohol Person/people experiencing alcohol problems/issues 	<p>There are several negative stereotypes associated with the word alcoholism and alcoholic. Avoid these labels where possible to reduce stigma.</p> <p><i>Note: some people self-identify as an ‘alcoholic’, but this should be a term they choose rather than one assigned to them.</i></p>
Recovering alcoholic	<ul style="list-style-type: none"> A person in recovery 	<p>Person first language reduces stigma associated with the word “alcoholic” and</p>

¹⁰ (World Health Organisation, 2023) [Reporting about alcohol: a guide for journalists](#)

¹¹ (Phoenix Futures) [Phoenix Futures Guide to Recovery Friendly Language](#)

¹² (Phoenix Futures) [Phoenix Futures Guide to Recovery Friendly Language](#)

¹³ (NHS Highland Drug and Alcohol Partnership, 2021) [Language Matters: communicating about people, alcohol and drugs](#)

¹⁴ (World Health Organisation, 2023) [Reporting about alcohol: a guide for journalists](#)

		empowers the individual in recovery.
Harmful use of alcohol, Alcohol misuse, alcohol abuse ¹⁵	<ul style="list-style-type: none"> • Alcohol use • Hazardous levels of drinking (when referring to regularly consuming between 14-34 units for women and 14-50 units for men a week)** • Harmful levels of drinking (when referring to regularly consuming more than 35 units a week for a woman and 50 units for a man)** 	<p>We recognise that some clinical guidelines* may refer to ‘harmful use of alcohol’, however we take a broader view of alcohol’s impact on society. There is no safe level of consumption and alcohol harm is not limited to or solely caused by a small proportion of the population. Alcohol misuse and alcohol abuse have negative connotations and can perpetuate stigma.</p> <p><i>*Please refer to appendix for further information</i></p> <p><i>** These clinical definitions can be used when describing specific data relating to units of alcohol consumed. Referencing the definition where possible is recommended. See appendix for further information.</i></p>
Addiction, addict ¹⁶	<ul style="list-style-type: none"> • Alcohol dependence • Alcohol dependent • Person with a current dependency on • Person with alcohol dependence • Person with lived / living experience • Person/people experiencing alcohol problems/issues 	<p>Addiction and addict carry negative connotations around individual blame and perpetuates stigma.</p> <p>Using person first language ensures the individual is put before their illness.</p> <p>Addictive/addiction may be used to describe the product, but not a person. i.e Alcohol is an addictive product and can lead to addiction.</p>

¹⁵ (Phoenix Futures) [Phoenix Futures Guide to Recovery Friendly Language](#)

¹⁶ (World Health Organisation, 2023) [Reporting about alcohol: a guide for journalists](#)

References to “alcohol and drugs”	<ul style="list-style-type: none"> Alcohol and other drugs 	Alcohol is a drug and should not be differentiated from others sorts of drugs.
Children/child of alcoholic(s)	<ul style="list-style-type: none"> Children of alcohol dependent parents 	See use of “alcoholic”. <i>Note: some people may refer to themselves as children/child of alcoholic(s), but this should be a term they choose, not one assigned to them.</i>
Clean ¹⁷	<ul style="list-style-type: none"> Person in recovery Person who has stopped using alcohol 	Clean may foster stigma due to connotations with opposite word ‘dirty’.
Drunk ¹⁸	<ul style="list-style-type: none"> Intoxicated Intoxication 	Medical terms are preferable due to negative connotations associated with ‘drunk’, both as a state and to negatively describe a person who engages in hazardous alcohol use.
Battling or fighting ¹⁹	<ul style="list-style-type: none"> Managing Addressing Experiencing 	Phrases such as ‘battling or fighting addiction’ - can imply there are winners and losers and that people still in active addiction are not ‘fighting hard enough’ and asserts blame on to the person.
Drinking responsibly or responsible drinking ²⁰	<ul style="list-style-type: none"> Within the UK Chief Medical Officers low risk guidelines 	Using these phrases puts the blame on the individual and creates shame for those who have no control over their use of alcohol.
Safe levels of alcohol use, safe amounts ²¹	<ul style="list-style-type: none"> Within the Chief Medical Officers low risk guidelines 	Any alcohol use is associated with some risk. There is no ‘safe’ amount of alcohol.
Binge drinking, bender	<ul style="list-style-type: none"> Heavy episodic drinking Heavy drinking episode 	The negative connotations associated with binge drinking and bender can

¹⁷ (NHS Highland Drug and Alcohol Partnership, 2021) [Language Matters: communicating about people, alcohol and drugs](#)

¹⁸ (World Health Organisation, 2023) [Reporting about alcohol: a guide for journalists](#)

¹⁹ (Phoenix Futures) [Phoenix Futures Guide to Recovery Friendly Language](#)

²⁰ (World Health Organisation, 2023) [Reporting about alcohol: a guide for journalists](#)

²¹ (World Health Organization, 2023) [No level of alcohol consumption is safe for our health](#)

		perpetuate shame and stigma around these patterns of drinking.
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Appendix – Terminology used by other organisations

We recognise that different organisations use different terminology when it comes to describing the use of alcohol. To provide further context we have included a list of some organisations and the terms they use. A link to more information is provided by clicking on the name of the organisations in the table below.

Organisation	Terms used
ICD-10	Harmful use, Harmful drinking definition: A pattern of alcohol consumption that is causing mental or physical damage (ICD-10, DSM-V). Consumption (units per week): Drinking 35 units a week or more for women. Drinking 50 units a week or more for men. Dependence syndrome
DSM-V	Alcohol use disorders
NICE	Hazardous drinking definition: A pattern of alcohol consumption that increases someone's risk of harm. Some would limit this definition to the physical or mental health consequences (as in harmful use). Others would include the social consequences. The term is currently used by the World Health Organization to describe this pattern of alcohol consumption. It is not a diagnostic term. Consumption (units per week): Drinking more than 14 units a week, but less than 35 units a week for women. Drinking more than 14 units a week, but less than 50 units for men (Health Survey for England 2015: adult alcohol consumption).
AUDIT (Alcohol use disorders identification test) questionnaire	Categorises alcohol use in the following groups: <ul style="list-style-type: none"> ○ low risk (0-7) ○ increasing risk (8-15) ○ higher risk (16-19) ○ possible dependence (20+)
CMO drinking guidelines	<ul style="list-style-type: none"> ○ low risk <14 ○ Increasing risk 14-35/50, ○ higher risk 35/50+
NHS	Alcohol misuse
WHO Geneva	Harmful use of alcohol
WHO Euro	Alcohol use

There is also a helpful glossary from NICE that provides further definitions and explanations [here](#).

