Recognising the recovering addict with Honneth: An intervention into the stigmatising language debate in the alcohol and other drugs (AOD) field

Abstract

Purpose – To assess the impact of the recommendation to replace identity-first language with person-first language on people who self-identify as recovering addicts as part of a recovery programme. Narcotics Anonymous will be used to illustrate the contextualised nature of the recovering addict identity.

Design/methodology/approach – To demonstrate the value of the recovering addict identity and social relations in Narcotics Anonymous, this paper draws on Axel Honneth's theory of mutual recognition and self-formation.

Findings – Person-first language overlooks the significance of identity-first language to people in 12-step recovery. This oversight is linked to the logic of stigma reduction which excludes all identity-first language by association rather than assessing the impact of such terms on a case-by-case basis. Honneth's theory is used to show how the recovering addict identity facilitates self-confidence and self-esteem through relations of mutual recognition in Narcotics Anonymous.

Research limitations – The argument excludes people who identity as recovering addicts, but do not attend 12-step groups. Further research would be needed to understand how the recommendation not to use person-first language instead of identify-first language impacts upon other recovery communities and pathways.

Practical implications – The recommendation to replace identity-first language with person-first language might result in 12-step fellowships becoming marginalised within the broader academic and policy and practice arena. Language preferences can become a contentious issue when 12-step groups and their members enter the wider recovery arena where their preferred terminology is viewed as stigmatising and dehumanising.

Originality – To the best of the author's knowledge, this is the first article to propose an alternative theoretical framework to stigma reduction for judging morally appropriate language in the alcohol and drugs field.

Introduction

Having grown in momentum over the past decade, stakeholders (i.e., researchers, activists, journal editors, treatment providers and policy makers) in the alcohol and other drugs (AOD) field have proposed changes to the language we use to refer to people who use drugs to reduce stigmatisation (Ashford et al. 2018a; 2018b; Atayde et al. 2021; Botha et al. 2021; Kelly et al. 2016). The chief recommendation is to replace identity-first language (e.g., problem drug user, injecting drug user, recreational drug user and recovering addict) with person-first language (e.g., person with a drug problem, person who injects drugs, person who uses drugs recreationally and person in recovery from addiction). Framing the person as the condition, advocates of person-first language argue, reinforces stigmatising attitudes towards people who use drugs (Werder et al. 2022). Stigmatising attitudes can be particularly harmful when internalised, creating feelings of isolation and shame and low self-worth and self-esteem (Harney et al. 2022). Person-first language addresses this problem by putting the person before the condition to create opportunities for the different aspects of the person, silenced by the stigmatised identity, to be recognised, humanised, and affirmed by self and others (Atayde et al. 2021). Reducing stigmatisation, furthermore, can remove barriers to engaging in treatment and recovery services, reduce social exclusion and marginalisation and improve the social, economic and health outcomes of people who use drugs (Lloyd 2013; Werder et al. 2022).

The aim of this paper is to extend and develop the stigmatising language debate in the alcohol and other drugs field. Person-first language arguably lacks an appropriate theoretical underpinning to guide judgements about morally appropriate language. Judgements about what terms to use or avoid are currently oriented towards stigma reduction. The binary logic of stigmatising or non-stigmatising language is used to determine what is and what is not morally appropriate language. Based on this logic, all identity-first language is judged to be stigmatising and in need of replacing by person-first language, regardless of the type of illegal drugs used, the level of stigma it attracts, the type of

problems related to the drug use, and the value and meaning of the terminology to the individuals who use it. This binary logic arguably limits a more nuanced debate about the language we use or avoid using to refer to people who use or have used drugs.[1]

Contributors to the stigmatising language debate have so far not offered a realistic solution to the 'addict dilemma' created by person-first language. By this I mean that the 'addict identity', which is used by a sizable minority of people in recovery, is judged to be problematic because it puts the condition before the person, which is common to all identity-first language. The promise of person-first language is to reduce stigmatisation by using language that separates the condition from the person's identity, thereby opening up all other aspects of the self, which had been marginalised by the master status or dominant identity (McIntosh and McKeganey 2000), to be appropriately recognised in social relations. However, the recovering addict identity is foundational to some recovery programmes such as Narcotics Anonymous (NA) where self-identifying as a recovering addict is the foundation of the 12-step recovery programme and a perquisite of NA membership. The recommendation not to use the terminology of such recovery communities arguably denies opportunities for self-realisation, social inclusion, participation and recovery. In addition, it also limits the meaningful involvement and appropriate representation of NA within the discursive and social practices of the relevant academic and policy and practice communities. Therefore, this paper recommends a conceptual shift from stigmatisation to self-realisation as the framework through which to judge the appropriateness of the recovering addict identity. Axel Honneth's (1995) theory of mutual recognition and self-realisation will be used to achieve this objective.

This paper will be organised into three sections. First, the stigmatising language debate will be critically examined, drawing particular attention to the concept of stigma reduction that underpins judgments about morally appropriate language and the exclusion of the recovering addict identity resulting from the binary logic inherent in the person-first language paradigm. Secondly, Honneth's (1995) theory of mutual recognition will be

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[1] My intention in writing this paper is to encourage further debate about the language we use and ask others not to use, and the impact of this decision on the people who are categorised by it. The terms 'addict' and 'recovering addict' will be used in this paper. This is because I will be arguing that some identity-first language is important to the sense of self of some individuals in recovery and abandoning it might be counter-productive to the humanising and stigma reduction objectives of the person-first language paradigm.

proposed as an alternative framework to guide judgments about morally appropriate language. Thirdly, this framework will be used to demonstrate the value of the recovering addict identity to developing a sense of self in recovery within the context of NA. The stigmatising language debate will now be outlined.

The debate: stigmatising language in the alcohol and other drugs field

Person-first language has entered the vocabulary of a wide range of fields from disability and mental health to criminal justice and AODs (Atayde et al. 2021; Botha et al. 2021; Dwyer 2022; Harney et al. 2022; Kelly et al. 2016). In each of these fields, replacing identity-first language (e.g., addict, prisoner, and autistic person) with person-first language (e.g., person with an addiction, person in prison and person with autism) aims to reduce the stigmatisation linked to this type of social identity. Stigma, in this context, is understood as a characteristic of a person's social identity that is deeply discrediting (Goffman 1963). AOD stigmatisation is considered to be more harmful in its consequences than other stigmatised identities (Morris and Schomerus 2022). In their narrative review of the AOD person-first language literature, Werder et al (2022, p. 17) state that stigmatising language "otherizes and relegates persons to a perceived lower echelon of society. This dehumanisation creates feelings of isolation, hurt, shame, failure, and low self-esteem". Person-first language, in contrast, conveys support, encouragement and "values the person first, as a whole, worthy, and dignified human being" (Werder et al. 2022, p. 17). Reducing stigma improves self-worth and self-esteem, removes barriers to engaging with treatment and recovery services and improve social, economic and health outcomes (Harney et al. 2022; Lloyd 2013; Werder et al. 2022).

In the autism field where the debate is more developed, there has been push back by people who self-identify as autistic and advocates of identity-first language (Buijsman et al. 2022; Dwyer 2022). Here it is suggested that person-first language might contribute to the stigmatisation that it purports to reduce. By distancing the person from the condition, person-first language accepts the negative social attitudes towards it and instead simply constructs a new association between the person and the stigmatised condition. Dwyer (2022) distinguishes between pathology-first language and identity-first language to highlight the value of identity-first language (i.e., autistic person) to certain individuals.

Pathology-first language is stigmatising because it calls into discourse the pathology, though identity-first language can positively affect those who view their autism as central to their sense of self. The autistic identity can be stigmatising for some and empowering for others. Therefore, the recommendation to replace identity-first language with person-first language is not straightforward.

An overlooked dilemma within the AOD stigmatising language debate, which is the focus of this article, is what to do about people who self-identify as recovering addicts as part of a recovery programme. Mutual aid groups such as Narcotics Anonymous (NA), for example, use identity-first language (e.g., addict and recovering addict) in their 12-step programme, social interactions and literature. It is part of NA's ingroup language, whereas person-first language is mostly developing within expert domains and being recommended for use by professionals and experts who are external to the NA community.

The importance of identity to the recovery process is well-established in the recovery literature where it is viewed as supportive of the recovery process and social reintegration (Best et al. 2016; Biernacki 1986; McIntosh and McKeganey 2000; von Greiff and Skogens 2021). Best et al (2016), for example, argue that the recovery process is supported by changes in social identity linked to a shift in affiliation from old (drug using) to new (recovery) social groups. The new social identity guides self-definition and behaviour towards pro-recovery outcomes. However, this view of recovery has been criticised for prioritising individual agency in the recovery process (Fomiatti et al. 2019; Sultan and Duff 2021). Fomiatti et al (2019) describe this view of recovery as the 'improvable self' to highlight how it neglects the role of political, economic and other social forces that shape recovery. Similarly, Sultan and Duff (2021) use assemblage thinking to suggest that the individual is among a complex network of connections that constitute and enable recovery.

The person-first language paradigm views the recovery identities that frame the condition or pathology of addiction as the defining characteristic of the individual (e.g., the recovering addict identity) as stigmatising and dehumanising. Ashford et al (2019) acknowledge that some people in recovery derive a cathartic effect from self-identifying as an addict in recovery and suggest self-identification in this context might be a type of identity reclamation. However, the only solution proposed to address this dilemma is for members

of 12-step groups to restrict their use of identity-first language to the physical boundaries of 12-step meetings and switch to person-first language when not in 12-step meetings (Brown 2019). Prioritising stigma reduction arguably denies opportunities for individuals to develop a sense of self in line with the recovery programmes of 12-step groups. Furthermore, the recommendation to abandon identity-first language denies addicts in recovery with appropriate recognition in other areas of social life where they might choose to use identity-first terminology in their interactions with others.

The addict dilemma can be arguably overcome by reorientating our judgements regarding morally appropriate language from stigma reduction to self-realisation. This reorientation will bring the recovering addict identity into the domain of morally appropriate language and further support the social inclusion, individuality and agency of those who choose to self-identify with identity-first language. To achieve this reorientation to self-realisation, this paper draws on the critical social theory of Axel Honneth (1995).

Honneth's theory of recognition: self-realisation through mutual recognition

Honneth's (1995) theory of mutual recognition can move the stigmatising language debate beyond its current concern with stigma reduction and onto the social conditions necessary for individuals to develop a sense of self in recovery. This section introduces Honneth's (1995) theory of mutual recognition and describes the three types of mutual recognition that constitute the social conditions necessary for self-realisation: relations of love, rights and solidarity. However, only the relations of love and solidarity will be applied in the analysis that follows this section. The rationale for this will be acknowledged later in this section.

According to Honneth (1995), intersubjective recognition is a fundamental moral quality of all social relations. Inbuilt into all social relations is a moral obligation to recognise the other person and for them to recognise us. Through this social process of mutual recognition individuals develop a practical relation to self, which Honneth (1997, p. 25) describes as "the consciousness or feeling that a person has of himself or herself with regard to the capabilities and rights this person enjoys". This intersubjective conception of the self can be contrasted with the Cartesian notion of the self as an autonomous subject, with one single mind focused upon its own inner world. From the Cartesian perspective, one is an

independent subject first and only then a potential member of a community (Zurn 2015). In contrast, for Honneth (1995), one can only become an autonomous and self-governing subject by internalising the recognition of others. Self-formation within social relations means that the self is particularly vulnerable to social relations in which mutual recognition is denied, blocked, or distorted.

An autonomous and self-governing self develops through three types of mutual recognition (Honneth 1995). Each type corresponds to a practical relation to self and is opposed by three corresponding types of disrespect, which is when recognition is denied, blocked, or distorted. The first type of mutual recognition is love relations. Love relations are intimate relations with those closest to us such as friends, romantic partners, and family members. In love relations, individuals experience unconditional emotional concern where needs, desires, and emotions are recognised and satisfied. The basic trust and emotional concern inherent within love relations is necessary to develop self-confidence. Self-confidence is the emotional security to express our needs and desires without fear of being abandoned, shamed, or humiliated as a result (Zurn 2015). According to Honneth (1995), self-confidence is a necessary pre-condition for self-realisation. However, disrespect within love relations threatens an individual's personal integrity and deprives them of the feeling of autonomy. Therefore, it is important to protect individuals from social conditions undermining the development of basic self-confidence. Stigmatising language, in this respect, can undermine the integrity of the self. Later in this paper it will be argued that the identity-first language used by NA can facilitate access to types of love relations that support the development of self-confidence, which is the foundation for an autonomous and self-governing self.

The second type of mutual recognition is legal relations. In legal relations, the expectation is that everyone is treated equally by the law. To be morally autonomous, we must recognise that we have rights and other people must recognise those rights in us. Unlike love, which is expressed through emotional support, legal rights are expressed cognitively (Zurn 2015). This type of mutual recognition is binary in that it is either given or denied. It is only when appropriate legal recognition is granted can self-respect be developed (Honneth 1995). Self-respect is an awareness of the self as morally accountable and treated as an equal by the law. Honneth (1995) refers to civil rights and gay rights as examples of struggles for this type of recognition. The violation of legal rights can obstruct an individual's ability to understand

themselves as deserving of the dignity of free and equal persons (Zurn 2015). This type of mutual recognition is not used in the analysis because the recommendation to use person-first language instead of identity-first language does not result in the denial of legal rights for people who self-identify as recovering addicts.

The third type of mutual recognition is relations of solidarity. Solidarity refers to intersubjective relations in which each individual positively affirms and recognises the values and ways of life of the other. Unlike love relations, relations of solidarity are socially supportive interactions within the context of a community or society. Relations of solidarity are shared only when individuals esteem one another for their particular traits, abilities and achievements (Honneth 1995). Esteemed differences between individuals are judged in relation to a hierarchy of social values. To understand their social value, an individual must be able to comprehend the value system and view themselves from the perspective of the person they are interacting with. This type of mutual recognition enables individuals to relate to themselves as having self-esteem. If an individual's traits, abilities, and achievements are not recognised then opportunities to develop self-esteem are denied, distorted, or blocked (Zurn 2015). Examples of disrespect in relations of solidarity include insults, cultural denigration, and stigmatisation (Honneth, 1995).

Stigmatising language can be understood as a type of disrespect within the relations of solidarity that people who use illegal drugs experience in wider society (Llyod 2013; Werder et al. 2022). The disrespect of stigmatisation systematically denies people who use or have used illegal drugs the esteem-based recognition that they need for self-realisation. Person-first language has been proposed as a tool to overcome this form of disrespect. It functions similarly to what Zurn (2015, p. 67) refers to as "innovative semantics", which is a "language of interpretation that transforms what was experienced as private, episodic, individual outrage into public, systemic, and collective moral violations" and as a "moral grammar highlighting group-based disrespect". Zurn (2015) uses the terminology of racial profiling to illustrate its function. The terminology of racial profiling provides the symbolic means through which to turn the moral outrage of members of minority groups into a social struggle for recognition. The term has had a meaningful impact on police interactions with minority groups in that it has supported greater recognition. Person-first language can be understood as a type of innovative semantics through which the moral harms of the

stigmatised have been articulated, understood and addressed collectively. Person-first language can affect the social conditions necessary for the self to be realised through relations of mutual recognition. In this respect, it aims to promote the individuality and social inclusion of people who use drugs, which are key objectives of social struggles for mutual recognition (Honneth 1995; Zurn 2015).

Theorising person-first language as a type of moral grammar of mutual recognition, however, also means that some identity-first language needs to be more thoroughly considered before it can be dismissed. The recovering addict identity cannot be dismissed simply because it is identity-first language. Here the binary logic implicit within the person-first language paradigm becomes problematic because of its tendency to exclude on ideological grounds, rather than adopt a pragmatic approach to determining morally appropriate language. Binary systems function by simplifying what can be complex social phenomena (Bacchi 2009). Dwyer's (2022) distinction between pathology-first language and identity-first language can be useful for reinforcing this point. Considered as pathology-first language, the aim of reducing the moral harms to the self is laudable. However, as Dwyer (2022) suggests, identity-first language can be empowering and enabling of a positive sense of self. The exclusion of the recovering addict identity from the discursive and social practices of the academic and policy and practice communities, from this perspective, threatens the social conditions required for the realisation of a recovery self. As we shall see in the next section, it also blocks 12-step recovery communities from fully participating in the wider recovery arena.

In the next section of this paper, my aim is to use Honneth's theory of mutual recognition to demonstrate the fundamental importance of the recovering addict identity to individuals who are in recovery from addiction. The 12-step fellowship of NA will be used to illustrate the contextualised nature of the recovering addict identity to the sense of self and social relations of those in recovery. My rationale for using NA is because self-identifying as an addict and learning to narrate your life story from this identity perspective is a prerequisite of membership of the NA community.

Narcotics Anonymous, recovery and identity-first language

Narcotics Anonymous (1988) was founded in the United States in 1953 and like other 12-Step fellowships (e.g., Cocaine Anonymous) is modelled on the 12-Steps and 12-Traditions of Alcoholics Anonymous (AA) and adopted their identity-first terminology. Today, there are over 1,000 NA meetings per week in the UK and worldwide there are approximately 76,000 weekly meetings in 143 countries. Participation in the 12-step programme of NA has been linked to improvements in key areas of recovery, including abstinence, health and wellbeing and psychosocial functioning (Dekkers et al. 2020; Kissin et al. 2003). NA has become part of the UK's recovery landscape (Home Office and Department of Health, 2021), with NICE (2012) and Public Health England (2015) advising drug treatment and recovery services to signpost people with drug addiction problems to 12-step fellowships. NA also interacts with drug treatment and recovery services through their Hospitals and Institutions, Public Information and Helpline services.

It is important to note that NA's 12-Traditions preclude them from incorporating person-first language into their discursive practices. The Traditions are guidelines for relationships between NA members, meetings, services and wider society. According to NA, the Traditions "protect us from the internal and external forces that could destroy us" (Narcotics Anonymous 1988, p. 49). Tradition 10, in particular, states that NA "has no opinion on outside issues; hence the NA name ought never be drawn into public controversy" (1988, p. 48). Guided by the Traditions, the recommendation to change their terminology to person-first language is likely to be viewed by NA as an outside issue and a distraction from their primary purpose. Therefore, the inclusion of NA's identity-first terminology into the category of morally appropriate language is important to their continuing and meaningful participation in the UK's recovery landscape. The recommendation to exclude NA's identity-first terminology might result in disrespect within academic and policy and practice spaces.[2]

Honneth (1995) claims that intersubjective recognition is a fundamental moral quality of all social relations. The moral quality specific to NA social relations and its recovering addict

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[2] Here I am referring to the exclusion of NA's identity-first language (e.g., recovering addict) in academic publications. Author guidelines, for example, require authors to use person-first language to avoid the stigmatisation linked to identity-first language. I am also referring to the relevant policy documents informing drug treatment and recovery and interactions and communications with NA members in drug treatment and recovery services.

identity is most clearly articulated in the NA literature entitled 'How it Works?', which is read at the beginning of every NA meeting. The preamble states that the "therapeutic value of one addict helping another is without parallel. We feel that our way is practical, for one addict can best understand and help another addict" (Narcotics Anonymous 1988, p. 15). Through NA social relations each member affirms the existence of the other and develops a practical relation to self, which Honneth (1997, p. 25) describes as "the consciousness or feeling that a person has of himself or herself with regard to the capabilities and rights this person enjoys". The sense of self affirmed within NA social relations is understood through the addict and recovering addict identities (Rafalovich 1999; Rodriguez and Smith 2014). New members internalise the recovering addict identity by interacting and listening to other members share their experiences in meetings (Rafalovich 1999). To illustrate the value of the recovering addict identity to the self-realisation of NA members, the relations of love and solidarity within NA will be examined. These types of mutual recognition support the development of the self-confidence and self-esteem of NA members.

NA sponsorship and the development of self-confidence

Honneth (1995) describes love relations as intimate relations with individuals who are closest to us. The basic trust and emotional support characteristic of love relations is necessary to develop the type of emotional security needed to express basic needs and desires (Zurn 2015). Existing qualitative studies of NA (Dekkers et al. 2020; Rodriguez and Smith 2014) are used here to illustrate the value of the intersubjective relation that Honneth (1995) describes as love relations, and how this type of social relation supports the development of the type of emotional security that Honneth (1995) refers to as self-confidence.

Rodriguez and Smith (2014, p. 483) describe the NA community as "a relational context where recovering members respond to one another with care, facilitating feelings of unconditional acceptance and trust". Similarly, in Dekkers et al's (2020) study, the participants described NA social relations in terms of "'family-like' bonds" to illustrate their close and supportive quality. Rudi, a male in his 20s, for instance, described the intimate and mutually supportive relationships that he experienced in NA in the following terms:

"… you just sit there chatting about feelings, emotions and things like that you have experienced that were difficult for you […] I thought that was really great. I feel at home there. When I go to a meeting like that I feel at home […]. Then I can say: "I'm Rudi, I'm an addict" and that's okay'" (Dekkers et al. 2020, p. 4).

Narcotics Anonymous provides individuals with opportunities to participate in different types of love relations with other NA members. A fundamental love relation supporting the development of the self-confidence of NA members is sponsorship. Sponsorship is described in the NA leaflet entitled *Sponsorship, Revised*, in the following terms:

"The two-way street of sponsorship is a loving, spiritual, and compassionate relationship that helps both the sponsor and sponsee … an NA sponsor is [someone] who is willing to build a special, supportive, one-on-one relationship … Some describe their sponsor as loving and compassionate, someone they can count on to listen and support them no matter what" (Sponsorship, Revised, 2004).

New NA members are advised by more experienced members in their first NA meeting or shortly after to get a sponsor (Narcotics Anonymous 1988). Sponsors have experience of the 12-step programme and can provide emotional support and guidance as they take sponsees through NA's 12-step programme. The sponsor and sponsee meet regularly to discuss the application of the 12-steps to the ups and downs of the sponsee's day to day life. The sponsor-sponsee relationship affords NA members valuable opportunities to share their needs, hopes and desires without concern of being dismissed or shamed as a result. Rodriguez and Smith (2014) describe the sponsorship experience of Arjun, an NA member, in the following way:

"Damien is the closest friend I have, my sponsor, knows everything that's going on … I don't actually have to do anything on a kind of continued basis to make sure that the relationship doesn't go wrong and that's great that's freedom (Rodriguez and Smith 2014, p. 483).

Here Damien describes the basic trust and emotional concern that is necessary to exist in the life he has developed outside of NA with self-confidence and reassurance. This is the first practical relation to self that Honneth (1995) argues is essential to the development of

other aspects of the self. In NA, the support and guidance given in the love relationship of sponsorship is significant to the development of a recovery self. The recommendation not to use the recovering addict identity, in this respect, overlooks the significance of this particular identity-first terminology to members of NA.

The recovering addict identity and the esteem order of Narcotics Anonymous

Honneth (1995) refers to communities of value to illustrate the esteemed qualities, achievements and accomplishments particular to societies and smaller groups such as NA. Members of NA share the same ethical values and learn to recognise in themselves and in others the type of qualities, achievements and accomplishments that receive esteem within NA. This type of mutual recognition received from the society or community enables individuals to develop a sense of what makes them special, unique and particular, thus distinguishing themselves from other people by recognising their value and individuality (Zurn 2015). This type of intersubjective relationship is necessary for the development of self-esteem.

NA provides individuals in recovery with opportunities to participate in relations of solidarity where they can receive recognition for achievements and accomplishments particular to their recovering addict identity. Snyder and Fessler's (2014) paper on prestige-based status and identity within NA can provide a way into the analysis of the social esteem linked to the recovering addict identity. NA is often viewed as an egalitarian community where all members have an equal status supported by the normative desire to become or remain abstinent. However, according to Snyder and Fessler (2014), below the surface of the NA community exists a prestige hierarchy which members must navigate because their social standing is linked to their recovery identity. Prestige-based status can come from a variety of positions and achievements in NA including 'clean time', involvement in NA service positions, sponsorship and knowledge and experience of the 12-step programme. The particular accomplishment linked to the recovering addict identity that I will focus on here is clean time. The status of clean time to the NA community further illustrates the contextualised nature of the recovering addict identity.

Abstinence from all drugs is a shared value of the NA community. Here, the category of drugs includes all mood- and mind-altering substances, irrespective of their legal status. The

intersubjective nature of abstinence within the NA community is described in the *NA White Booklet*:

> "We are recovering addicts who meet regularly to help each other stay clean. This is a program of complete abstinence from all drugs. There is only one requirement for membership, the desire to stop using" (Narcotics Anonymous, 1986).

The emphasis on abstinence in NA's definition of recovery puts them in opposition to definitions of recovery that do not include abstinence but instead refer to an increased control over substance use and positive outcomes in various domains that are supportive of recovery (Best et al. 2016; Fomiatti et al. 2019; Sultan and Duff 2021; White 2007). The abstinence requirement of NA puts them in opposition to definitions of recovery and approaches and services that are underpinned by the philosophy of harm reduction.

Clean time is the temporal dimension of abstinence. The quantifiable and esteemed based nature of clean time locates each NA member within a social hierarchy where esteem is determined by the amount of clean time accumulated by each NA member. The greater the amount of clean time accumulated, the greater the esteem accorded to that member. NA members learn about the esteemed quality of clean time and how it positions NA members within a status hierarchy by regularly attending meetings and participating in NA social relations (Narcotics Anonymous 1988; 2011). The status of clean time is recognised and reinforced in several ways. The clean time of each NA member categorises them as 'old timers' or 'newcomers' (Rafalovich 1999). These categories of person, or 'human-kinds' as Hacking (1995) would refer to them, signify experience, wisdom, and positionality within the prestige-based hierarchy of NA. Clean time is celebrated at the end of meetings with loud applause and coloured key rings representing the length of clean time (Narcotics Anonymous 2011). Additionally, NA members are asked to share their experience of recovery in meetings to celebrate clean time milestones (Narcotics Anonymous 1988). The clean time date is often considered to be a second birthday, which is celebrated in addition to the members actual birthday. Recovering addicts also celebrate clean time outside of meetings, at restaurants, with smaller circle of close friends. Importantly, the status accorded to clean time within the prestige hierarchy of NA enables recovering addicts to recognise an aspect of their self as esteemed by others from the same community. It

enables an individuality and self-awareness particular to NA social relations. Therefore, through NA social relations and the recovering addict identity, individuals are able to build and develop self-confidence and self-esteem. The exclusion of NA's language preferences is likely to result in moral harms to the self.

Conclusion: Recovery, identity and the social conditions for self-realisation

The aim of this paper was to extend and develop the stigmatising language debate in the AOD field. The binary logic of stigmatising or non-stigmatising underpinning the person-first language paradigm was identified as exclusionary and problematic. Identifying and challenging binary logics in policy and practice is an important and necessary part of critique (Bacchi 2009). This approach to judging morally appropriate language overlooks the nuances and utility of certain types of identity-first language (e.g., recovering addict) for self-identification, inclusion, participation and recovery. To overcome this dilemma, a conceptual shift to self-realisation was proposed. Honneth's (1995) theory of mutual recognition was put forward as a normative framework through which to understand the value and utility of the recovering addict identity to the formation of a recovery self. It opened up the analysis to a greater appreciation of the embeddedness of the recovering addict identity within social relations of mutual recognition particular to NA. The intersubjective recognition experienced within NA social relations was foundational to the development of a recovery self, with an awareness of emotional security and esteemed qualities particular to the individual.

A blind spot in the stigmatising language debate is the potential for mutual aid groups, particularly 12-step fellowships that use identity-first terminology, to become marginalised and excluded within the broader academic and policy and practice arena. This includes being meaningfully and accurately represented in academic and policy and practice related publications. Language preference can become a contentious issue when 12-step fellowships and members enter the wider recovery arena and interact with institutions and organisations that view their preferred terminology as stigmatising and dehumanising. Twelve-step fellowships are unlikely to accommodate the recommendation to change their preferred terminology to person-first language primarily because of their 12-Traditions. Therefore, the inclusion of NA's identity-first terminology into the category of morally

appropriate language is important to their continuing and meaningful participation and representation in the recovery arena. It is important to note that my argument does not include people who identify as recovering addicts but do belong to 12-step recovery communities. Further research would be needed to understand how the recommendation to use person-first language instead of identity-first language impacts upon individuals and groups in other recovery pathways.

In conclusion, I am not arguing that we should dismiss person-first language and continue to use identity-first language when referring to people who use drugs. Instead, it is that we should be sensitive to the terminology preferences of recovery communities and the value of some identity-first language to those who use it. In practical terms, the guidance that journals provide to authors and efforts to establish an agreed upon terminology in drug policy and practice and healthcare communities (Kelly et al. 2016) could recognise the identity-first language of NA as morally appropriate language. In response to the stigmatising language debate in the autism field, researchers have recommended to use a mix of person-first language and identity-first language in academic publications to recognise individuals who view their autism as central to their identity (Buijsman et al. 2022). Such a recommendation, however, is hampered by the binary logic of stigmatising or non-stigmatising that underpins the person-first language recommendation. A shift to self-realisation allows one to consider the appropriateness of the different identities on a case-by-case basis. Moreover, this opens up a space of autonomy and agency for individuals to decide whether to identify as a recovering drug addict or as a person in recovery from drug addiction. Honneth's (1995) theory of mutual recognition is one possible direction to accomplish this.

References

Atayde, A. M., P. Hauc S. C., Bessette L. G., Danckers, H., & Saitz, R. (2021). Changing the narrative: a call to end stigmatizing terminology related to substance use disorders. *Addiction Research and Theory*, 29, (5), 359–362. https://doi.org/10.1080/16066359.2021.1875215

Ashford, R. D., Brown, A., & Curtis, B. (2018a). Expanding language choices to reduce stigma: A Delphi study of positive and negative terms in substance use and recovery. *Health Education*, 119, (1), 51-62. https://doi.org/10.1108/HE-03-2018-0017

Ashford, R. D., Brown, A., & Curtis, B. (2018b). Substance use, recovery and linguistics: The impact of word choice on explicit and implicit biases. *Drug and Alcohol Dependence*, 189, 131-138. https://doi: 10.1016/j.drugalcdep.2018.05.005

Ashford, R. D., Brown, A., Ashford, A., & Curtis, B. (2019). Recovery dialects: A pilot study of stigmatising and non-stigmatising label use by individuals in recovery from substance use disorders. *Experimental and Clinical Psychopharmacology*, 1064-1297. https://doi: 10.1037/pha0000286

Anderson, M., Devlin, A. M., Pickering, L., McCann, M., and Wight, D. (2021). 'It's not 9 to 5 recovery': the role of a recovery community in producing social bonds that support recovery. *Drugs: Education, Prevention and Policy*, 28, (5), 475-485. https://doi: 10.1080/09687637.2021.1933911.

Bacchi, C. (2009). *Analysing policy: What's the problem represented to be?* Sydney: Pearson Education.

Baker, E. A. Hamilton, M. Culpepper, D. McCune, G. & Silone, G. (2022). The effect of person-first language on attitudes toward people with addiction. *Journal of Addictions and Offending Counselling*, 43, (1), 22. https://doi.org/10.1002/jaoc.12102

Best, D., Beckwith, M., Haslam, C., Haslam, S., Haslam, A., Jetten, J., Mawson, E., & Lubman, D. I. (2016). Overcoming alcohol and other drug addiction as a process of social identity transition: the social identity model of recovery (SIMOR). *Addiction Research and Theory*, 24, (2), 111-123. https://doi.org/10.3109/16066359.2015.1075980

Biernacki, P. (1986). *Pathways from heroin addiction: Recovery without treatment*. Philadelphia: Temple University Press.

Botha, M., Hanlon, J., & Williams, G. L. (2021). Does Language Matter? Identity-First Versus Person-First Language Use in Autism Research: A Response to Vivanti. *Journal of Autism and Developmental Disorders*, 53, 870-878. https://doi.org/10.1007/s10803-020-04858-w

Brown, A. M. (2019). We need to change the language we use to describe individuals with substance use issues. 13. 1-3. Available from https://surface.syr.edu/cgi/viewcontent.cgi?article=1081&context=lerner&preview_mode=1&z=1612970445

Buckingham, S., Frings, D., & Albery, I. P. (2013). Group membership and social identity in addiction recovery. *Psychology of Addictive Behaviours*, 27, 1132-1140. https://Doi:10.1037/a0032480.

Buijsman, R., Begeer, S., & Scheeren, A. M. (2022). 'Autistic person' or 'person with autism'? Person-first language preference in Dutch adults with autism and parents. *Autism*, https://doi.org/10.1177/13623613221117914

Dekkers, A., Vos, S., & Vanderplasschen, W. (2020). "Personal recovery depends on NA unity": an exploratory study on recovery-supportive elements in Narcotics Anonymous Flanders. *Substance Abuse Treatment, Prevention and Policy*. 15, (1), 53. https://doi.org/10.1186/s13011-020-00296-0

Dwyer, P. (2022). Stigma, incommensurability, or both? Pathology-first, person-first, and identity-first language and the challenges of discourse in divided autism communities. *Journal of Developmental and Behavioral Pediatrics*, 43, (2), 111-113. https:// doi: 10.1097/DBP.0000000000001054.

Fomiatti, R., Moore, D., & Fraser, S. (2019) The improvable self: enacting model citizenship and sociality in research on 'new recovery', *Addiction Research and Theory*, 27:6, 527-538, DOI: 10.1080/16066359.2018.1544624

Goffman, E. (1963). *Stigma: Notes on the management of a spoiled identity*. Harmondsworth, England: Penguin.

Hacking, I. (1995). The looping effects of human kinds. Hacking, I. (1995). The looping effects of human kinds. In D. Sperber, D. Premack, & A.J. Premack (Eds.), *Causal cognition: An interdisciplinary approach*. Oxford: Oxford University Press.

Harney, B, L., Korchinski, M., Young, P., Scow, M., Jack, K., Linsley, P., Bodkin, C., Brothers, T. D., Curtis, M., Higgs, P., Mead, T., S. Hart, A., Kilroy, D., Bonn, M., & Bartlett, S. R. (2022). It is time for us all to embrace person-centred language for people in prison and people who were formerly in prison. *International Journal of Drug Policy*, 99, 103455. https://doi.org/10.1016/j.drugpo.2021.103455

Home Office and Department of Health & Social Care. (2021). *UK Government Recovery Champion Annual Report*. Available from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/956729/Recovery_Champion_First_Annual_Report.pdf

Honneth, A. (1995). *The struggle for recognition: the moral grammar of social conflicts*. Cambridge, UK: Polity Press.

Honneth, A. (1997). Recognition and moral obligation. *Social Research*, 64, (1), 16-35. https://www.jstor.org/stable/40971157

Howard, J. (2006). Expecting and accepting: The temporal ambiguity of recovery identities. *Social Psychology Quarterly*, 69, (4), 307–324. https://doi.org/10.1177/019027250606900402

Kelly, J. F., Saitz, R., & Wakeman, S. (2016). Language, substance use disorders, and policy: The need to reach consensus on an "addiction-ary". *Alcoholism Treatment Quarterly*, 34, (1), 116-123. https://doi.org/10.1080/07347324.2016.1113103

Kissin, W., McLeod, C., & McKay, J. (2003). The longitudinal relationship between self-help group attendance and course of recovery. *Evaluation and Program Planning*, 26, (3), 311-323.

Kontopantelis E., Buchan I., Webb R. T., Ashcroft, D. M., Mamas, M. A., & Doran, T. (2018). Disparities in mortality among 25–44-year-olds in England: a longitudinal, population-based

study. *Lancet Public Health*, 3, (12), 567–75. https://doi.org/10.1016/S2468-2667(18)30177-4

Lloyd, C. (2013). The stigmatisation of problem drug users: A literature review. *Drugs: Education, Prevention and Policy*, 20, (2), 85-95. https://doi.org/10.3109/09687637.2012.743506

McIntosh, J. & McKeganey, N. (2000). Addicts' narratives of recovery from drug use: Constructing a non-addict identity. *Social Science and Medicine*, 50, 1501–1510. https://doi.org/10.1016/S0277-9536(99)00409-8

Morris J. & Schomerus, G. (2023). Why stigma matters in addressing alcohol harm. *Drugs and Alcohol Review*, 42, 1264-1268.

Narcotics Anonymous. (1986). *NA White Booklet*. Narcotics Anonymous World Services. Available from https://na.org/admin/include/spaw2/uploads/pdf/litfiles/us_english/Booklet/NA%20White%20Booklet.pdf

Narcotics Anonymous. (1988). *Narcotics Anonymous basic text*. Van Nuys, CA: World Service Office.

Narcotics Anonymous. (2004). *Sponsorship, revised*. Narcotics Anonymous World Services. Available from https://www.na.org/admin/include/spaw2/uploads/pdf/litfiles/us_english/IP/EN3111.pdf

Narcotics Anonymous. (2011). Chairs preamble. Narcotics Anonymous World Services. Available from

https://na.org.za/wp-content/uploads/2018/09/gauteng_chairs_preamble_template.pdf

NICE. (2012). *Quality standard for drug use disorders*. NICE quality standard 23. London: National Institute for Health and Clinical Excellence.

Pivovarova, E. & Stein, M. D. (2019). In their own words: language preferences of individuals who use heroin. *Addiction*, 114, 1785-1790. https://doi.org/10.1111/add.14699

Public Health England. (2015). *Improving mutual aid engagement: A professional development resource*.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/769246/Improving-mutual-aid-engagement.pdf

Rafalovich, A. (1999). Keep coming back! Narcotics Anonymous narrative and recovering addict identity. *Contemporary Drug Problems*, 26, 131-157.
https://doi.org/10.1177/009145099902600106

Rodriguez, L. & Smith, J. A. (2014). 'Finding your own place': An interpretative phenomenological analysis of young men's experience of early recovery from addiction. *International Journal of Mental Health and Addiction*, 12, 477-490.
https://doi.org/10.1007/s11469-014-9479-0

Snyder, J. K. & Fessler, D. M. T. (2014). Narcotics anonymous: Anonymity, admiration, and prestige in an egalitarian community. *ETHOS*, 42, (4), 440-459.
https://doi.org/10.1111/etho.12063

Sultan, A. & Duff, C. (2021). Assembling and diversifying social contexts of recovery. *International Journal of Drug Policy*, 87, 102979.
https://doi.org/10.1016/j.drugpo.2020.102979.

Von Greiff, N. & Skogens, L. (2021). Recovery and identity: a five-year follow-up of persons treated in 12-step-related programs. *Drugs: Education, Prevention and Policy*, 28, (5), 465-474. https://doi.org/10.1080/09687637.2021.1909535

Werder, K., Curtis, A., Reynolds, S., & Satterfield, J. (2022). Addressing bias and stigma in the language we use with persons with opioid use disorder: A narrative review. *Journal of the American Psychiatric Nurses Association*, 28, (1), 9-22.
https://doi.org/10.1177/10783903211050121

White, W. (2007). Addiction recovery: Its definition and conceptual boundaries. *Journal of Substance Abuse treatment*, 33, 229-241. https://doi.org/10.1016/j.jsat.2007.04.015

Zurn, C. F. (2015). *Axel Honneth*. Cambridge: Polity Press.