**Person-First Language in Nicotine and Tobacco Research**

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In 2022, Nicotine and Tobacco Research published an Editorial suggesting it may be time we stop using the word ‘smoker’ to refer to people who smoke tobacco (1). A strong argument was made that the term lacks precision, since referring to a person as a ’smoker’ is neither a precise nor particularly distinguishing description of a human being, even in the context of scientific papers on tobacco use, since it can have so many meanings. In continuing to employ this term, given its lack of scientific meaning and the social stigma associated with substance use generally in society, NTR’s continued endorsement of this term may perpetuate the ongoing stigmatisation of a person engaging in the behaviour. To develop this argument further, and in response to the suggestion that it would ‘best serve our field’s research, clinical treatment, and public health prevention aims of reducing tobacco use if we change, or at least consciously revisit, our terminology” (2), we propose that the field should move towards person-first language with the primary rationale being that in order to successfully communicate in science, our language must be scientifically accurate. A secondary outcome of this approach would be one that we can, we hope, broadly agree on: respecting all people equally, which follows that we use identifiers that put our common identity - as complex, unique individuals first and foremost – rather than prioritizing an identifier based on one particular behaviour in which a person may engage.

Language shapes scientific discourse, which in turn influences how people perceive themselves and others. In the field of nicotine and tobacco research, the terminology used to describe individuals who use nicotine and tobacco containing products may have a profound impact on the attitudes and approaches of researchers, clinicians, policymakers, and individuals themselves. Adopting person-first language - phrasing that emphasises the individual before their behaviour – essentially denotes agency of action and a more empathetic, equitable discourse. For example, instead of referring to someone as a “smoker,” person-first language would use the term “a person who smokes.” Similarly, “tobacco user” becomes “a person who uses tobacco.” This subtle shift underscores that individuals are not reducible to their nicotine or tobacco use habits and acknowledges their complex multiple identities, dignity, and agency. It also does not force people into boxes which do not even have universal definitions (i.e., current smoker (current is used with many different timeframes), former smoker (is someone who smoked for a year and has not smoked for the past 30 a former smoker?) and identities which appear more immutable than a single behaviour.

A complexity with person-first language, not unique to the nicotine and tobacco research field, is that in some cases it may be preferential to use labels that define individuals by their behaviour. These preferences may be stated by users themselves, and in this case should be upheld, even in scientific discourse. In seeking help for alcohol use problems, for example, individuals may find that self-identifying as an ‘alcoholic’ may be, as has been reported by first-person accounts, an effective first step toward positive change in so far as it cuts through denial and acknowledges a problem with alcohol. Indeed, this acceptance of identity and therefore identity change is an important mechanism for recovery, according to the 12 step method (3). Clearly, others do not accept this label, and in this case ‘a person who drinks alcohol’ may be more acceptable and neutral terminology that the field of alcohol research has moved towards. Similarly, in nicotine and tobacco research, the term ‘smoker’ is inextricably intertwined with identity for some, and accepting the label may give a sense of belonging and group identity. Cessation, then, may mean moving away from, or rejecting the label, such that a ‘person who smokes’ becomes an ‘ex-smoker’(4). Where labels that define individuals by their behaviour are helpful for positive behaviour change, we might support their use in scientific discourse. Otherwise, we should move as a field towards a norm of person-first language, which offers greater precision, scientific accuracy, and gives clear neutral communication.

Of course, the use of person-first language needs to also be accompanied by clear descriptors of behaviour. In all nicotine and tobacco research, we need to clearly differentiate between categories of behaviour. In our field we might measure smoking intensity and frequency in various ways - by cigarettes per day, pack years, or severity of nicotine dependence. These are important qualifiers. Therefore, in referring to ‘people who smoke’ we must also define what the person is smoking (the product, such as tobacco); quantify the amount that the person is smoking (e.g. daily, occasional, never); and clarify the mode of administration (commercial cigarette, hand rolled cigarette, cigar, bidi etc). We should also guard against using acronyms (such as ‘PWS’ for ‘people who smoke’), which potentially may also become stigmatised labels.

Adopting person-first language is not without challenges. Critics may argue that such phrasing is cumbersome or unnecessarily verbose. Whilst it is imperative in research reporting to seek brevity, this must not however be to the detriment of the scientific pursuit of precision and accuracy of descriptors. Others have argued that person-first language may inadvertently *increase* stigma (5), although this is not the general consensus across research focused on other addictive behaviours.

**Recommendations for Implementation in Nicotine and Tobacco Research**

**1. Adopting Person-First Terminology**

In submission to the journal, authors should prioritize person-first language. For example:

* Instead of “smokers,” use “people who smoke.”
* Replace “dual users” with “individuals who use both combustible and non-combustible nicotine containing products.”

**2. Qualify the language used with clear descriptors:**

* Specify the product used
* Specify the frequency and intensity of use
* Specify the route of administration

Referring to internationally recognised standards through use of ontologically defined entities is encouraged(6)**.**

**3. Engaging with people who smoke**

Researchers should collaborate, through co-production, consultation or by seeking feedback, with individuals who use nicotine or tobacco to understand diverse perspectives on language. Engaging people with lived or living experience ensures that the terminology used is both respectful and reflective of lived experience. Through engagement, there may be a clear case *not* to use person first language, for example because it is the language used by people themselves (in direct quotations), or because it is the stated preference of those people. This is perfectly acceptable, but should be explained.

**4. Revising Standard Practices**

We invite comment, critique, debate and feedback on the proposal to move to person-first language across journal submissions, With the support of our community, the Editorial board of Nicotine and Tobacco Research will encourage the adoption of person-first language by including it in our submission guidelines. At present, we adhere to the recommendations of The International Society of Addiction Journal Editors, which recommends against the use of terminology that can stigmatise people who use alcohol, drugs, other addictive substances or who have an addictive behaviour. We can go further by clearly prioritising person-first language in our instructions to authors. Peer reviewers and editors can also play a role by suggesting language modifications during the review process.

Embracing person-first language is a crucial step toward scientific precision in language use, and will help to achieve an equitable and respectful approach to research on nicotine and tobacco use. By prioritising the individual over their behaviour, we as a research community can foster a culture of linguistic accuracy and precision, which also demonstrates empathy and understanding towards those who use nicotine or tobacco containing products.

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Declaration of interests

None declared.