Misperceptions and the Misused Language of Addiction: Words Matter

Richard Saitz
Boston University School of Public Health

Follow this and additional works at: http://escholarship.umassmed.edu/ner

Part of the Health Communication Commons, Health Services Administration Commons, Information Literacy Commons, Public Health Education and Promotion Commons, and the Substance Abuse and Addiction Commons

Repository Citation
http://escholarship.umassmed.edu/ner/48

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in National Network of Libraries of Medicine New England Region (NN/LM NER) Repository by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.
Misperceptions and the Misused Language of Addiction: Words Matter

Richard Saitz MD MPH FACP DFASAM
Professor and Chair Community Health Sciences, School of Public Health
Professor of Medicine, School of Medicine
Boston University

Senior Editor, Journal of Addiction Medicine,
journal of the American Society of Addiction Medicine
Associate Editor, Journal of the American Medical Association
Evidence-Based Medicine

Alcohol, Other Drugs, and Health: Current Evidence
Informing you of the latest clinically relevant research on alcohol, illicit drugs, and health

www.aodhealth.org
What I will tell you

• Alcohol and drug use have health risks
• Substance use disorders are health conditions
  • There is a spectrum of use and consequences and the distinctions matter
• We talk about and address alcohol and drugs differently from other health risks and conditions
  • Those are related...
  • Language contributes to and reflects stigma (and it affects policy and care)
• Consensus is emerging around accurate non-stigmatizing terminology
Pan A. Arch Intern Med 2012

Relative Risk of Death Across Different Levels of Red Meat Consumption

- All Cause Mortality
- Cardiovascular Mortality
- Cancer Mortality

Quintiles
RICHARD NIXON- 1970
Creates DEA and declares a 'War on Drugs'

KEEP CALM AND JUST SAY NO
What happens to people with diabetes who are incarcerated?

- Insulin is continued

What happens to pregnant women with diabetes?

- They and their babies receive pre- and post-natal care

What happens to pregnant women who drink alcohol or smoke cigarettes?

- They and their babies receive pre- and post-natal care
Withdrawal from methadone in US prisons: cruel and unusual?

In the USA, as in many other settings, the main societal response to the harms of opioid addiction is arrest and imprisonment. The so-called war on drugs has contributed to an era of mass incarceration, in which about one in every 100 US citizens, almost all poor, many from racial minority groups and many who use illicit drugs, are currently detained in jails or prisons. The USA not only has the world’s highest rate of incarceration, but treats opioid-addicted prisoners very differently than those in prisons in other countries. Unlike other serious chronic conditions such as cancer, diabetes, or HIV/AIDS, individuals with opioid dependence will often have their medically effective treatment—such as methadone, the standard

Alabama’s 2006 Chemical Endangering Law....to prosecute and punish women who give birth to babies with drugs in their systems. (cocaine, opioids, not alcohol, nicotine)
Stigma

The social stigma attached to addiction is most often portrayed as an individual problem rooted in the lack of knowledge about alcohol, tobacco, and other drug (ATOD) problems and the prevalence and methods through which they are effectively resolved. The resulting attitudes that become focused on public professional education and changing attitudes through sustained public contact with those who have experienced increased recovery from such problems.

There is, however, another far more penetrating analysis that asked three provocative questions: 1) Who profits from the social stigma attached to ATOD problems? 2) What strategies and tactics are utilized to create, sustain, and intensify ATOD-related social stigma? 3) How could such stigma promoting coercion and control with systems of public compassing professional care and peer recovery support?

Media
Criminal Justice Industrial Complex
Child Welfare System
Alcohol, Tobacco, Pharma Industry
Specialty Sector Addiction Treatment
Addiction: A Disorder of Choice

Addiction Is a Choice

Chasing the Scream: The First and Last Days of the War on Drugs
Rat Experiments

- Rats given access to drugs use them to death
Rat Park
Alexander BK, Coambes BB, Hadaway PF. *Psychopharmacology* 58, 175-179 (1978)

“Choice days”
US soldiers in Vietnam 8-10 months later, of those using drugs, <10% current disorder 2/3rds not using

COMPARISON: 6 months after hospital treatment 70% current disorder 10% not using

Narcotic Use in Southeast Asia and Afterward

An Interview Study of 898 Vietnam Returnees

Lee N. Robins, PhD; John E. Helzer, MD; Darlene H. Davis

Robins et al Arch Gen Psych 1975;32:955-61
National population-based survey

Of US adults with alcohol dependence prior to the past year, 25% met criteria for dependence in the past year.

Only 25% had received any treatment.

**Natural Rewards Elevate Dopamine Levels**

**Food**

- NAc shell

- Box Feeding

<table>
<thead>
<tr>
<th>Time (min)</th>
<th>% of Basal DA Output</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>60</td>
<td>150</td>
</tr>
<tr>
<td>120</td>
<td>100</td>
</tr>
<tr>
<td>180</td>
<td>75</td>
</tr>
</tbody>
</table>

**Sex**

- DA Concentration (% Baseline)

<table>
<thead>
<tr>
<th>Sample Number</th>
<th>Female Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>150</td>
</tr>
<tr>
<td>2</td>
<td>100</td>
</tr>
<tr>
<td>3</td>
<td>50</td>
</tr>
<tr>
<td>4</td>
<td>25</td>
</tr>
<tr>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>2.5</td>
</tr>
<tr>
<td>8</td>
<td>1.0</td>
</tr>
</tbody>
</table>


**AMPHETAMINE**

- Accumbens

<table>
<thead>
<tr>
<th>% of Basal Release</th>
<th>Time After Amphetamine</th>
</tr>
</thead>
<tbody>
<tr>
<td>1100</td>
<td>0</td>
</tr>
<tr>
<td>1000</td>
<td>1</td>
</tr>
<tr>
<td>900</td>
<td>2</td>
</tr>
<tr>
<td>800</td>
<td>3</td>
</tr>
<tr>
<td>700</td>
<td>4</td>
</tr>
<tr>
<td>600</td>
<td>5</td>
</tr>
</tbody>
</table>

**COCAIN**

- Accumbens

<table>
<thead>
<tr>
<th>% of Basal Release</th>
<th>Time After Cocaine</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000</td>
<td>0</td>
</tr>
<tr>
<td>900</td>
<td>1</td>
</tr>
<tr>
<td>800</td>
<td>2</td>
</tr>
<tr>
<td>700</td>
<td>3</td>
</tr>
<tr>
<td>600</td>
<td>4</td>
</tr>
<tr>
<td>500</td>
<td>5</td>
</tr>
</tbody>
</table>

**NICOTINE**

- Accumbens

<table>
<thead>
<tr>
<th>% of Basal Release</th>
<th>Time After Nicotine</th>
</tr>
</thead>
<tbody>
<tr>
<td>250</td>
<td>0</td>
</tr>
<tr>
<td>200</td>
<td>1</td>
</tr>
<tr>
<td>150</td>
<td>2</td>
</tr>
<tr>
<td>100</td>
<td>3</td>
</tr>
</tbody>
</table>

**MORPHINE**

<table>
<thead>
<tr>
<th>Dose (mg/kg)</th>
<th>% of Basal Release</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5</td>
<td>150</td>
</tr>
<tr>
<td>1.0</td>
<td>100</td>
</tr>
<tr>
<td>2.5</td>
<td>50</td>
</tr>
<tr>
<td>10</td>
<td>25</td>
</tr>
</tbody>
</table>

Source: Di Chiara and Imperato
Choice?

• Selection
  • not all use is a disease, not all substance use disorders are the same
• No one would choose addiction
• Even if first use is a choice, repeated use leads to brain changes that reduce the capacity to stop
• Multifactorial genetic and environmental etiologies
• We treat the consequences of other choices
Substance Use is a Health Condition
Alcohol use disorder (DSM 5)
2 or more in 12 mo; 2-3=mild, 4-5=moderate, 6 or more=severe

1. recurrent use resulting in a failure to fulfill major role obligations at work, school, or home
2. recurrent use in situations in which it is physically hazardous
3. continued use despite having persistent or recurrent social or interpersonal problems
4. tolerance
5. withdrawal
6. use in larger amounts or over a longer period than intended
7. persistent desire or unsuccessful efforts to cut down
8. a great deal of time is spent obtaining alcohol, using it, recovering from it
9. important social, occupational, or recreational activities given up or reduced
10. use despite knowledge of related physical or psychological problem
11. craving

Moderate to severe is similar to ICD-10 dependence
UNHEALTHY USE

Consequence/problem
Risk: Unhealthy use
Risk: Heavy use

Moderate to severe AUD
Mild AUD

Consequence/problems

Consumption

Alcohol use

Consequences

Unhealthy use

Low-risk use

Abstinence

Terminology for unhealthy use

**Disease**
- Use disorder (DSM)
  - Addiction (ASAM)
- Dependence, harmful (ICD)
  - Like old DSM IV abuse/dependence

**Risk**
- At-risk, risky,
- Hazardous
Stigma

- Stigmatizing terms can affect the perception and behavior of
  - patients,
  - their loved ones,
  - the general public,
  - scientists,
  - and clinicians.

- Can also affect the quality of care and health care policies

“Dependence”

- DSM IV/ICD vs. physical
A Day in the Life: NICU Medical Director Tends to Opioid-Addicted Infants
A Day in the Life: NICU Medical Director Tends to Infants With Neonatal Abstinence Syndrome
Stigma moderated by two factors...

• Causal attribution
  • Did they cause it?
    • “It’s not their fault” (decreases stigma; increase compassion)

• Perceived Control/self-regulation
  • Can they help it?
    • “They can’t help it” (decreases stigma; increases compassion)
Two commonly used terms…

• Referring to someone as…
  
  • “a substance abuser” – implies willful misconduct (it is their fault and they can help it)
  
  • “having a substance use disorder” – implies a medical malfunction (it’s not their fault and they cannot help it)

But, does it really matter how we refer to people with these (highly stigmatized) conditions? Can’t we just dismiss this as a well-meaning point, but merely “semantics” and “political correctness”? 
Words matter

The words we use to describe drug and alcohol use disorders contribute to stigma around the conditions, psychologist John F. Kelly told attendees at a recent White House Conference on Drug Policy Reform.
Doctoral-level clinicians (n=516) randomized to receive one of two terms....

Mr. Williams is a substance abuser and is attending a treatment program through the court. As part of the program Mr. Williams is required to remain abstinent from alcohol and other drugs. He has been doing extremely well, until one month ago, when he was found to have two positive urine toxicology screens which revealed drug use and a breathalyzer reading which revealed alcohol consumption. Within the past month there was a further urine toxicology screen revealing drug use. Mr. Williams has been a substance abuser for the past six years. He now awaits his appointment with the judge to determine his status.

Mr. Williams has a substance use disorder and is attending a treatment program through the court. As part of the program Mr. Williams is required to remain abstinent from alcohol and other drugs. He has been doing extremely well, until one month ago, when he was found to have two positive urine toxicology screens which revealed drug use and a breathalyzer reading which revealed alcohol consumption. Within the past month there was a further urine toxicology screen revealing drug use. Mr. Williams has had a substance use disorder for the past six years. He now awaits his appointment with the judge to determine his status.
How we talk and write about these conditions and individuals suffering them does matter.

Counselors in the “abuse” condition agreed more with the notion that the person was personally culpable, they were seen as a social threat, treatment was less likely to be recommended, and they thought that punitive measures should be taken.
Methadone Maintenance
Still controversial...

“I don’t believe in methadone...substituting one drug for another...liquid handcuffs…”

April 13 2016 Boston Herald
Addicts shoot up in Massachusetts General Hospital bathrooms

OD threats spur action

Lindsey Kelton Wednesday, April 13, 2016
Opioid Abuse in Chronic Pain — Misconceptions and Mitigation Strategies

Nora D. Volkow, M.D., and A. Thomas McLellan, Ph.D.

CHRONIC PAIN NOT CAUSED BY CANCER IS AMONG THE MOST PREVALENT and debilitating medical conditions but also among the most controversial and complex to manage. The urgency of patients’ needs, the demonstrated effectiveness of opioid analogies for the management of acute pain, and the limited therapeutic alternatives for chronic pain have combined to produce an overreliance on opioid medications in the United States, with associated alarming increases in diversion, overdose, and addiction. Given the lack of clinical consensus and research-supported guidance, physicians understandably have questions about whether, when, and how to prescribe opioid analogies for chronic pain without

From the National Institute on Drug Abuse, National Institutes of Health, Bethesda, MD (N.D.V.); and the Treatment Research Institute, Philadelphia, PA (A.T.M.). Address reprint requests to Dr. Volkow at the National Institute on Drug Abuse, National Institutes of Health, 6001 Executive Blvd, Bethesda, MD 20892 or at nvolkow@nia.nih.gov.

DOI: 10.1056/NEJMra1507717

REACHING OUT TO MUSLIMS

A struggle to rewrite the language of addiction

Debating words hinder treatment, advocates say

By Felipe J. Deprey

WASHINGTON — Argentina Rodríguez remembers the sting of the words he learned during a hospital stay a few years ago, “Checkpoint.” It was a sign he needed to make a decision: to stay or to leave. If he stayed, he was told, “You are an addict.” If he left, he was told, “You are not an addict.” He was treated like he was beyond help. Rodríguez said.

But the research found, and these days, free of drugs for five years, Rodríguez makes a point of telling two words to the standard admissions to his 12-step group. “I’m an addict,” she says. “I’m recoverable.”

The story of Rodríguez, a Boston resident and regional coordinator for the Massachusetts Organization for Addiction Recovery, quickly addle his voice to those of correctional advocates who want to rewrite the language of addiction. These advocates work to replace negative terms like “failure” and “dropout” with “recovery,” “success,” and “change.”

But many of these words are not the most important part of the conversation about addiction. The conversation needs to be about the systems that are in place to help people who are struggling with addiction.

“Addiction is not just a disease, it’s a social issue,” Rodríguez said. “We need to create a culture of recovery that is accessible to everyone, regardless of their race, ethnicity, or socioeconomic status.”

The key to recovery is access to treatment and support services, according to Rodríguez.

“People who are struggling with addiction need help, but they often don’t know where to turn,” Rodríguez said. “So we need to make sure that everyone has access to the resources they need to get the help they need.”

The key to recovery is access to treatment and support services, according to Rodríguez.

“People who are struggling with addiction need help, but they often don’t know where to turn,” Rodríguez said. “So we need to make sure that everyone has access to the resources they need to get the help they need.”

The key to recovery is access to treatment and support services, according to Rodríguez.
April 1, 2016 Boston Globe

Felice J. Freyer @felicejfreyer · Apr 1
@LeoBeletsky @philiplederer @landmanspeaking @EvanMAllen @Peter_Grinspoon I wish to fight stigma, too, but word choices remain unclear.

Dr. Richard Saitz
@UnhealthyAICDr

@felicejfreyer @LeoBeletsky @philiplederer @landmanspeaking @EvanMAllen @Peter_Grinspoon howwe muddl thru w/no wrd 4 ppl wcancer? #addiction

Keren Landman @landmanspeaking · Apr 1
@philiplederer @EvanMAllen @felicejfreyer @Peter_Grinspoon @LeoBeletsky Writers almost never have input on choosing headlines, FYI.

Philip Lederer @philiplederer · Apr 1
@landmanspeaking @EvanMAllen @felicejfreyer @Peter_Grinspoon @LeoBeletsky I know. But Editors do.

Philip Lederer @philiplederer · Apr 1
@landmanspeaking @EvanMAllen @felicejfreyer @Peter_Grinspoon @LeoBeletsky Globe itself published this 2 months ago. philiplederer.org/2016/02/04/a-s...

Felice J. Freyer @felicejfreyer · Apr 1
@philiplederer @landmanspeaking @EvanMAllen @Peter_Grinspoon @LeoBeletsky N. Volkow warned against "world of grayness" in vague terminology.

Leo Beletsky @LeoBeletsky · Apr 1
@LeoBeletsky @felicejfreyer @philiplederer @landmanspeaking @EvanMAllen @Peter_Grinspoon "addict" is decisively negative and harmful. No grey area

Felice J. Freyer @felicejfreyer · Apr 1
@LeoBeletsky @philiplederer @landmanspeaking @EvanMAllen @Peter_Grinspoon Experts disagree. J.Kelly doesn't like "abuse" but ok w/"addict"
This is substance abuse
ADDITION TERMINOLOGY STATEMENT

The International Society of Addiction Journal Editors recommends against the use of terminology that can stigmatize people who use alcohol, drugs, other addictive substances or who have an addictive behavior.

Rationale: Terms that stigmatize can affect the perception and behavior of patients/clients, their loved ones, the general public, scientists, and clinicians (Broyles et al., 2014; Kelly, Dow & Westerhoff, 2010; Kelly, Wakeman & Saitz, 2015). For example, Kelly and Westerhoff (2010) found that the terms used to refer to individuals with substance-related conditions affected clinician perceptions. Clinicians who read a clinical vignette about “abuse” and an “abuser” agreed more with notions of personal culpability and an approach that involved punishment than did those who read an identical vignette that replaced “abuse” and “abuser” with “substance use disorder” and “person with a substance use disorder.”

ISAJE is aware that terminology in the addiction field varies across cultures and countries and over time. It is thus not possible to give globally relevant recommendations about the use or non-use of specific terms. “Abuse” and “abuser” or equivalent words in other languages should, however, in general be avoided, unless there is particular scientific justification (an example of scientific justification of the use of “abuse” is when referring to a person who meets criteria for a Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, alcohol abuse; that person would be said to have “alcohol abuse”). Another example of stigmatizing language is describing people as “dirty” (or “clean”) because of a urinalysis that finds the presence (or absence) of a drug (Kelly, Wakeman & Saitz, 2015). Instead, the test results and clinical condition should be described.

The above was approved by the International Society of Addiction Journal Editors at its 2015 annual meeting (Budapest, Hungary, August 31-September 2, 2015).
Stop talking dirty

• Avoid “dirty,” “clean,” “abuser”
• Negative urine test for drugs

Treatment terms: misperceptions

- Avoid “medication-assisted,” “substitution”
  - Treatment, opioid agonist treatment


Samet JH, Fiellin DA. Opioid substitution therapy—time to replace the term The Lancet, Volume 385, Issue 9977, 1508 - 1509
Thanks to Tom McLellan for the concept
Miller WR. Retire relapse. Substance Use Misuse in press.

?Relapse
Use, return to use
Journal of Addiction Medicine

- Humanizing
- Non-stigmatizing
- Medical, scientific terms
- Precise
- Professional consensus-driven

http://journals.lww.com/journaladdictionmedicine/Pages/informationforauthors.aspx#languageandterminologyguidance
• Person-first language
  • Not addict, alcoholic, drunk but person with...
• Avoid “abuse,” “abuser”
  • usually “use” is more accurate (unless referring to DSM dx)
• The disease: substance use disorder (DSM), addiction, other diagnostic terms (ICD dependence, harmful)
• Drug versus medication
• Generally avoid misuse (when disorder is meant; except for prescription?), problem, binge, inappropriate, moderate
  • Use low risk, at risk, risky, hazardous, unhealthy (spectrum)


Welcome to Alcoholics Anonymous®
Disease does not remove responsibility

Disease does not mean behavior can be objectionable
Reasons why this is difficult

• Inertia, language device, brevity, convenience, perceived cumbersome alternatives, even among experts and leaders

• Agency names: NIDA, SAMHSA, single-state agencies for substance abuse services, journal names “Substance Abuse,” society names

• BUT none of that would be an excuse were it cancer, heart disease...

Editor’s Note
Distinguishing Between Substance Use and Substance Use Disorder
McNeely and Saitz\(^1\) are correct that the field of drug use and screening would benefit from clarity in terminology. However, in practice, it can be very challenging to distinguish between substance use and a substance use disorder.

Mitchell H. Katz, MD

Conflict of Interest Disclosures: None reported.
Changing the Language of Addiction

Words matter. In the scientific arena, the routine vocabulary of health care professionals and researchers frames illness and shapes medical judgments. When these terms then enter the public arena, they convey social norms and attitudes. As part of their professional duty, clinicians strive to use language that accurately reflects science, promotes evidence-based treatment, and demonstrates respect for patients.

However, history has also demonstrated how language can cloud understanding and perpetuate societal bias. For example, in the past, people with mental illness were derided as “lunatics” and segregated to “insane asylums.” In the early days of human immuno-

Stigma isolates people, coming forward for treatment, knowingly or unknowingly. Evidence-based treatment is the gold standard for opioid use disorder. The 2016 National Survey on Drug Use and Health (NSDUH) reported 22.5 million people (aged ≥18) received specialty treatment for a drug use disorder in the past year; of these, 1.6 million received treatment for opioid use disorder. These numbers are alarming and underscore the critical need for effective treatments and access to care.

Things that Work, Things that Don’t Work, and Things that Matter—Including Words

Richard Salts MD MPH FACP DFASAM

Medications For Addiction Treatment: Changing Language to Improve Care

Sarah E. Wakeman MD FASAM

October 4, 2016
EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

January 9, 2017

MEMORANDUM TO HEADS OF EXECUTIVE DEPARTMENTS AND AGENCIES

FROM: Michael P. Botticelli
Director

SUBJECT: Changing Federal Terminology Regarding Substance Use and
Substance Use Disorders
What I think I told you

• Alcohol and drug *use* have health risks

• Substance use disorders are health conditions
  • There is a spectrum of use and consequences and the distinctions matter

• We *talk about* and *address* alcohol and drugs differently from other health risks and conditions
  • Those are related...
  • Language contributes to and reflects stigma and it affects policy and care)

• Consensus is emerging around accurate non-stigmatizing terminology
Words that matter--Summary

Use
- Alcohol, drug use disorder
  - Addiction
  - Person with/who...
- (Agonist) treatment
- Positive/negative (test)
- Unhealthy
- At-risk, risky, hazardous
- Heavy use, episode
- (Return to) use
- Low risk

Avoid
- Abuse, abuser, user, addict, alcoholic
- Substitution, replacement
- Clean, dirty
- Misuse*
- Relapse
- Binge*
- Dependence*
- Problem
- Inappropriate

*define to avoid confusion. Misuse may be ok for Rx drug...
Taking a birth control pill to relieve a headache is misuse
“medication” vs. “drug”