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Misperceptions and the Misused Language of Addiction: Words Matter

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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
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
Methadone continuation versus forced withdrawal on incarceration in a combined US prison and jail: a randomised, open-label trial

Josiah D Rich, Michelle McKenzie, Sarah Larney, John B Wong, Liem Tran, Jennifer Clarke, Amanda Noska, Manasa Reddy, Nickolas Zaller

Summary
Background Methadone is an effective treatment for opioid dependence. When people who are receiving methadone maintenance treatment for opioid dependence are incarcerated in prison or jail, most US correctional facilities discontinue their methadone treatment, either gradually, or more often, abruptly. This discontinuation can cause uncomfortable symptoms of withdrawal and renders prisoners susceptible to relapse and overdose on release. We aimed to study the effect of forced withdrawal from methadone upon incarceration on individuals’ risk behaviours and engagement with post-release treatment programmes.

Lancet 2015; 386: 350–59
Published Online
May 29, 2015
http://dx.doi.org/10.1016/S0140-6736(15)62383-2
See Comment page 316

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 from 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

WHO PROFITS FROM ADDICTION, RECOVERY STIGMA?

The social stigma attached to addiction is most often portrayed as an attitudinal 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 antipathy that becomes 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 asks 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-prompting coercion and control with systems of public compassion, professional care, and peer recovery support?

Media
Criminal Justice Industrial Complex
Child Welfare System
Alcohol, Tobacco, Pharma Industry
Specialty Sector Addiction Treatment

March 6, 2016 | Bill White

Boston University School of Public Health

C.A.R.E.
Rat Experiments

- Rats given access to drugs use them to death

Standard Housing: Skinner Box--isolated and can give foot shocks
Rat Park
Alexander BK, Coambes BB, Hadaway PF. *Psychopharmacology* 58, 175-179 (1978)
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

Dopamine Release over Time

Sex

Dopamine Concentration over Sample Number


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

Moderate to severe AUD

Harmful use, Mild AUD

Risky use, at-risk, hazardous

Low-risk use

Abstinence

Consequence/problem

Unhealthy use

Consumption

Heavy

None

Consequences

Severe

None

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.
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.

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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
Lindsay Keating Wednesday, April 13, 2016

Credit: Christopher Evans

LIFE AND DEATH: Massachusetts General Hospital security officer Shaun O’Malley, above, holds a hospital-issued dosage of Narcan that security personnel carry while on duty at MGH.

GETTING OUT: A U.S. Navy search and rescue helicopter comforts a victim of Hurricane Katrina pulled from a rooftop in New Orleans as they fly to safety aboard a Navy helicopter yesterday.

Cape refugee plans on hold

KATRINA COVERAGE: PAGES 4-6, 25
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 analgesics 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 analgesics for chronic pain without...
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
@UnhealthyAICDrp

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

Felice J. Freyer @felicejfreyer · Apr 1
@philiplederer @landmanspeaking @EvanMAllen @Peter_Grinspoon @LeoBeletsky Globe itself published this 2 months ago.

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 @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"

Leo Beletsky @LeoBeletsky · Apr 2
@UnhealthyAICDrp @LeoBeletsky @philiplederer @landmanspeaking @EvanMAllen @Peter_Grinspoon "addict" analogous to erstwhile term "cripple"
This is substance abuse
ADDICTION 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.
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)


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 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 not always available, only an estimated 1.6 million received treatment reasons for not seeking treatment receiving it would adversely

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

Richard Saltsz, MD, MPH, FACP, DFASAM

Medications For Addiction Treatment: Changing Language to Improve Care

Sarah E. Wakeman, MD, FASAM

Substance Use Terminology

To the Editor: We share the concerns of the authors of a Viewpoint about the prevalent use of stigmatizing language to refer to unhealthy substance use and the people afflicted by it. Movements at the national level are occurring to encourage the use of nonstigmatizing language, such as the addiction terminology statement by the International Society of Addiction Journal Editors, which marks an important step in developing a consensus on stigmatizing language among medical journals worldwide. In particular, it discourages the use of “dirty,” “clean,” “abuse,” and “abuser.”

The authors discussed the draft document about addiction language from the Office of National Drug Control Policy. We wish to point out that it includes misuse and medication-assisted treatment as preferred terms. Certainly “misuse” could apply to a medication that has an intended use, but it could be stigmatizing when used to refer to a disorder (as per its current use by the Department of Veterans Affairs for alcohol, for which the disorder comes under “severe” misuse). However, life-saving opioid agonist treatments should not be relegated to “assistance” status. They are medication treatments just as insulin is for diabetes (which also has behavioral treatments), not therapies that merely “assist” some other treatment. In fact, it has been difficult to detect the effects of psychosocial care above those of opioid agonists in clinical trials. This term may help explain in part the limited use of and stigma surrounding the treatment.

Katherine E. Galvez, PhD
Richard Saltsz, MD

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”