Misperceptions and the Misused Language of Addiction: Words Matter

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Misperceptions and the Misused Language of Addiction: Words Matter

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journal of the American Society of Addiction Medicine
Associate Editor, Journal of the American Medical Association
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
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 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

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

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 ensuing narratives that frame addiction are often associated with increased public contact and changing attitudes toward sustained 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 compassion, professional care, and peer recovery support be reduced as part of the broader effort to humanize those problems and replace systems of ATOD?
Rat Experiments

- Rats given access to drugs use them to death

Standard Housing: Skinner Box—isolated and can give foot shocks
Rat Park
“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

Sex

% of Basal DA Output

DA Concentration (% Baseline)

Time (min)

Sample Number


AMPETAMINE

COCAINEN

NICOTINE

MORPHINE

% of Basal Release

Time After Amphetamine

Time After Cocaine

Time After Nicotine

Time After Morphine

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

Substance Use is a Health Condition

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 Kaiter Wednesday, April 13, 2016

Credit: Christopher Evans
LIFE AND DEATH: Massachusetts General Hospital security officer Shaun O’Halleran, above, holds a hospital-issued dosage of Narcan that security personnel carry while on duty at MGH.
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...
I thought we were done with stigmatizing language. Sad. @EvanMAllen cc @Felicefreyer @Peter_Grinspoon @LeoBeletsky

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

Dr. Richard Saitz
@UnhealthyAlcDrg

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

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

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

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

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

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

Felice J. Freyer @felicefreyer · 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
@UnhealthyAlcDrg @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

Stop Talking ‘Dirty’: Clinicians, Language, and Quality of Care for the Leading Cause of Preventable Death in the United States

A patient with diabetes has “an elevated glucose” level. A patient with cardiovascular disease has “a positive exercise tolerance test” result. A clinician within the health care setting addresses the results. An “addict” is not “clean”—he has been “abusing” drugs and has a “dirty” urine sample. Someone outside the system that cares for all other health conditions addresses the results. In the worst case, the drug use is addressed by incarceration.

On December 9, 2013, the first ever national drug policy reform summit was held at the White House. A major thrust of this summit was to mark a philosophical shift away from the “war on drugs” and toward a broader public health approach. Much of the summit was devoted to addressing the stigma surrounding addiction and the under-recognized importance of language.

Stigma is defined as an attribute, behavior, or condition that is socially discrediting. It is important because of the 23 million Americans who meet criteria for a substance use disorder each year, only 10% access treatment, and stigma is a major barrier to seeking help. A World Health Organization study of the 18 most stigmatized social problems (including criminal behavior) in 14 countries found that drug addiction was ranked number 1, and alcohol addiction was ranked number 4.

despite harmful consequences. Yet, despite evidence of a strong causal role for genetics and impairment in inhibitory control, stigma is alive and well. Research is now revealing that one contributory factor to the perpetuation of stigma may be the type of language we use.

Use of the more medically and scientifically accurate “substance use disorder” terminology is linked to a public health approach that captures the medical malfunction inherent in addiction. Use of this term may decrease stigma and increase help-seeking. In contrast, tough, punitive language, including the word “war,” in “war on drugs,” is intended to send an uncompromising message. “You use, you lose,” in the hopes of deterring drug involvement. Accompanying this aggressive rhetoric are terms such as drug “abuse” and drug “abusers,” implying willful misconduct (ie, “they can help it and it is their fault”). This language increases stigma and reduces help-seeking.

Since the 1970s, such language has become the norm. Even our federal health institutions that address addictions have the term “abuse” in their names (eg, National Institute on Drug Abuse), and their materials often refer to affected individuals as substance “abusers.” But, does it really matter what we call it? Rhetorical opposition has persisted regarding the use of stigmatizing language, but there was

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)


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...

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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 not recognized and supported by all providers and payers.

COMMENT & RESPONSE

Substance Use Terminology
To the Editor: We share the concerns of the authors of a Viewpoint about the prevalent use of stigmatizing language that is unclear and incorrect. We believe that language can cloud understanding and perpetuate societal bias.

The authors discuss the draft document about substance use language from the Office of National Drug Control Policy. We wish to point out that it includes misused terms such as “medication-assisted treatment” and “medication-assisted treatment.”

The term “medication-assisted treatment” should be redefined to include psychotherapy and counseling. A more accurate term would be “medication-supported treatment.” These terms reflect the use of medication in combination with psychotherapy and counseling and should be preferred over “medication-assisted treatment.”

The authors discuss the need for a new term that would be more accurate and less stigmatizing. We believe that the term “medication-supported treatment” would be more appropriate.

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

Richard Salz, MD, MPH, FACP, DFASAM

Commentary

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”