

Misperceptions and the Misused Language of Addiction: Words Matter

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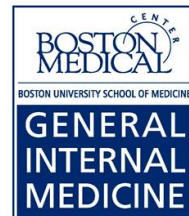
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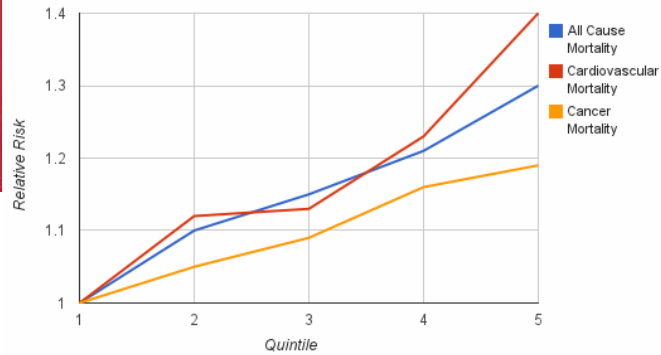


What I will tell you

- 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

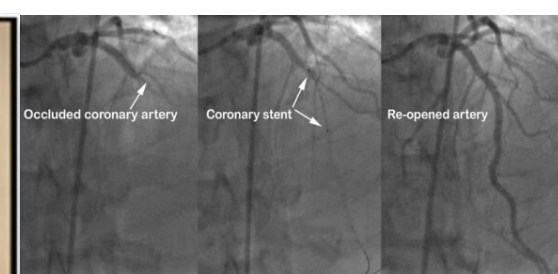


Relative Risk Of Death Across Different Levels Of Red Meat Consumption



Pan A. Arch Intern Med 2012







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

Lancet 2015; 386: 350-59

Published Online

May 29, 2015

[http://dx.doi.org/10.1016/](http://dx.doi.org/10.1016/S0140-6736(14)62338-2)

S0140-6736(14)62338-2

See Comment page 316

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.



Withdrawal from methadone in US prisons: cruel and unusual?

THE NEW ENGLAND JOURNAL OF MEDICINE

SPECIAL ARTICLE

Release from Prison — A High Risk of Death for Former Inmates

Ingrid A. Binswanger, M.D., Marc F. Stern, M.D., Richard A. Deyo, M.D., Patrick J. Heagerty, Ph.D., Allen Cheadle, Ph.D., Joann G. Elmore, M.D., and Thomas D. Koepsell, M.D.

N Engl J Med 2007;356:157-65.

Published Online

May 29, 2015

[http://dx.doi.org/10.1016/](http://dx.doi.org/10.1016/S0140-6736(15)60073-3)

S0140-6736(15)60073-3

See Articles page 350

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.¹ 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 prosecution of moms challenged; field signs on

Last week 47 medical, public health, and legal advocacy groups and individuals filed an amicus curiae (friend of the court) brief in the Alabama Supreme Court urging it to be used to prosecute women who give birth to babies who test positive for drugs.

The Alabama Chemical Endangering Law was written to protect children from the dangers of methadone. However, two counties have used the law to prosecute and punish women who give birth to babies with drugs in their systems. Last August the Court of Criminal Appeals upheld the practice, and attorneys representing two of the women — Amanda Kimbrough and Hope Ankrom — have taken the case to the Alabama Supreme Court, saying — as they have from the beginning — that the meth lab law was never meant to be used to prosecute women for exposing their fetuses to controlled substances.

Over 60 Alabama mothers have been charged under the chemical endangering law. The Court of Criminal Appeals has engaged in judicial activism, and in the guise of

judicial interpretation passed new legislation that is recognized to be bad for babies," said Brian White, Kimbrough's lawyer.

Emma Ketteringham, director of the Alabama Pregnancy Project, said even pregnant women who receive medication that is prescribed for them can be charged with endangering their children.

in Alabama the notice they are due under the constitution to know that if they deliver a pregnancy to term, they could be prosecuted," said Ketteringham.

up-and-coming prosecutor who was running for judge decided to do this, and where another who just became a judge did it as well," she told *ADAF*. "This is what we think happens. Hospitals in certain counties drug test women who give birth. The sheriff is called. The women are arrested and prosecuted. And in

Continues on next page

'Hospitals in certain counties drug test women who give birth. The sheriff is called. The women are arrested and prosecuted. And in places like Marshall County, bail is set at \$1 million.'

Emma Ketteringham

*M-J Milloy, Evan Wood
British Columbia Centre for Excellence in HIV/AIDS, St Paul's Hospital, Vancouver, BC V6Z 1Y6, Canada (M-JM, EW); and
Division of AIDS, Department of Medicine, University of British Columbia, Vancouver, BC, Canada (M-JM, EW)
uhri-mjmm@cfeenet.ubc.ca

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)

**ALCOHOLISM
DRUG ABUSE WEEKLY**
News for policy and program decision-makers

Volume 24 Number 12
March 19, 2012



Boston University School of Public Health

Stigma



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

Addiction

A DISORDER OF CHOICE

GENE M. HEYMAN

Copyrighted Material



Addiction IS A Choice

JEFFREY A. SCHALER, PH.D.

"Superb journalism and thrilling storytelling." —NAOMI KLEIN

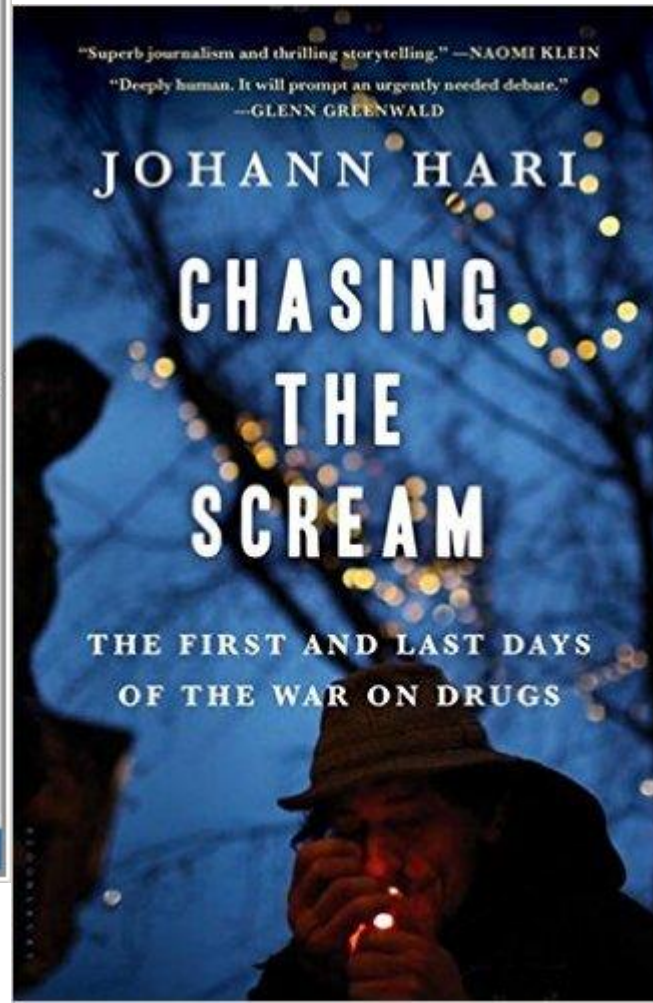
"Deeply human. It will prompt an urgently needed debate."

—GLENN GREENWALD

JOHANN HARI

CHASING THE SCREAM

THE FIRST AND LAST DAYS
OF THE WAR ON DRUGS



Boston University School of Public Health



Rat Experiments



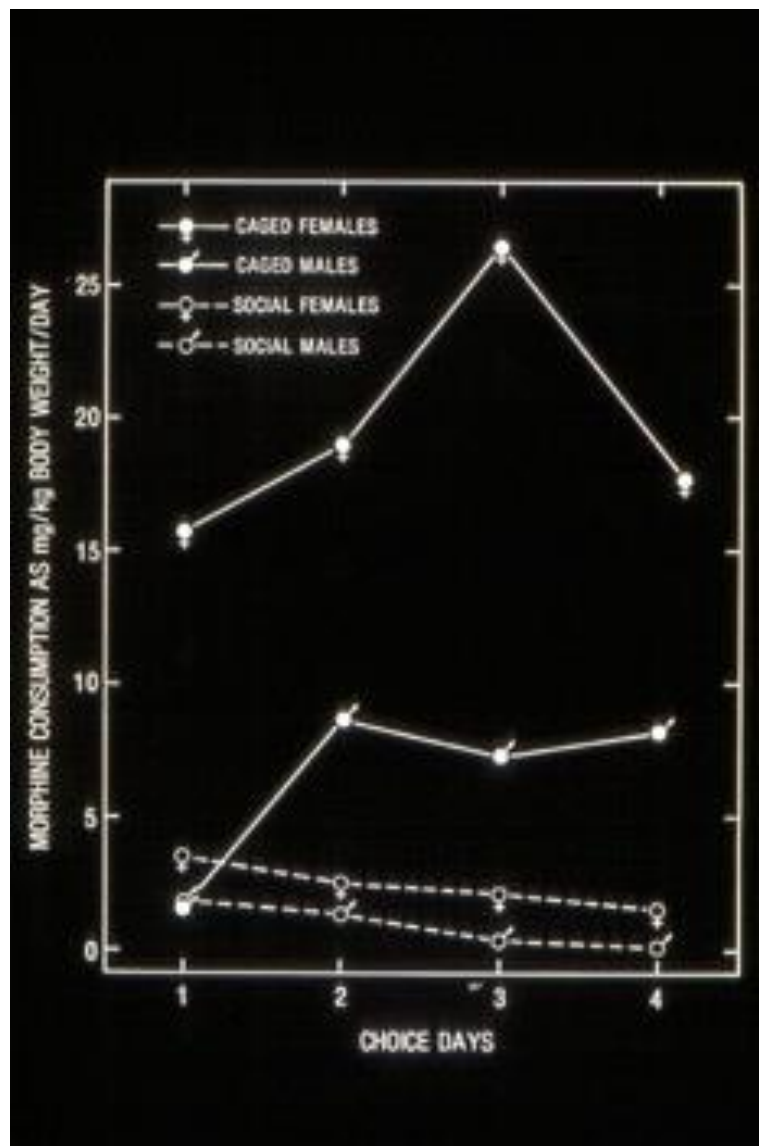
- Rats given access to drugs use them to death



Standard Housing: Skinner Box-- isolated and can give foot shocks

Rat Park





“Choice days”

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

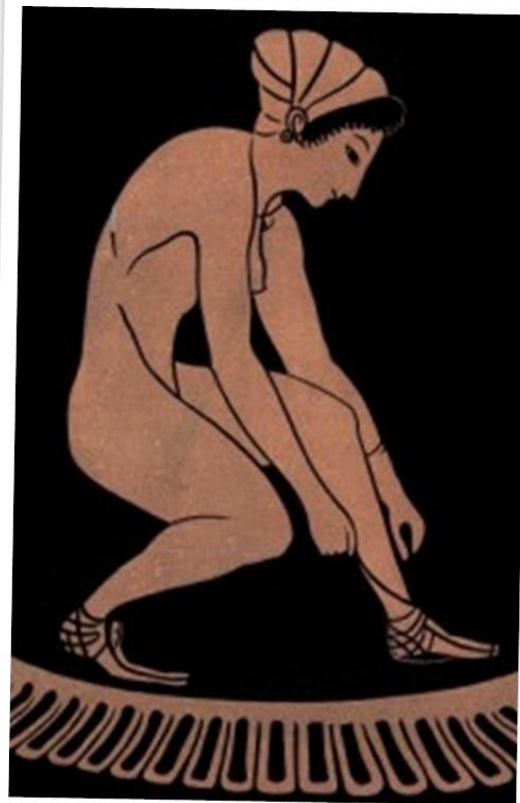
National population-based survey

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

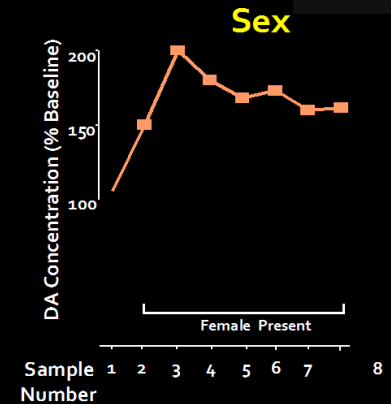
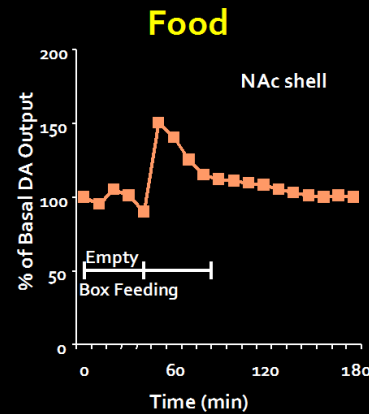
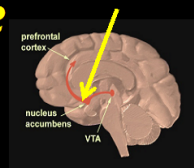
Only 25% had received any treatment

Dawson et al. *Alcohol Health Res World* 29(2):131-42, 2006



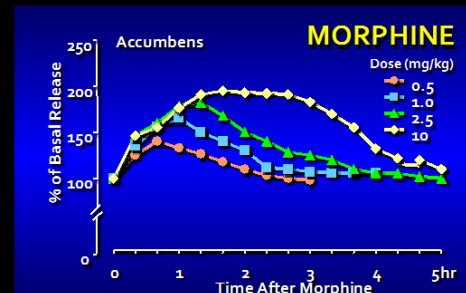
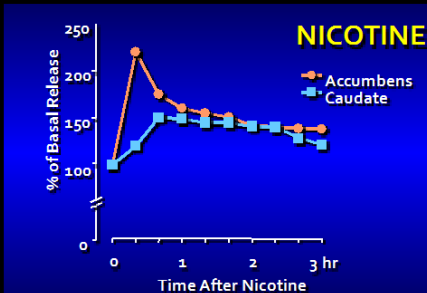
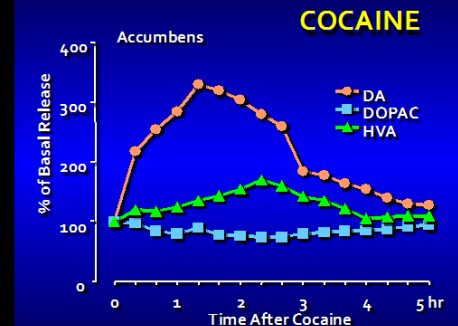
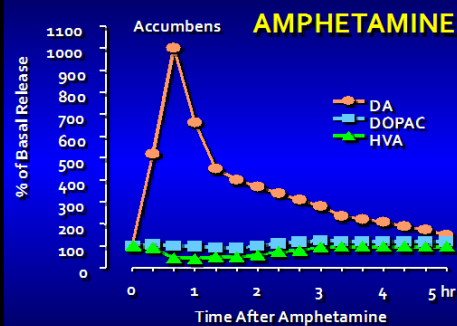


Natural Rewards Elevate Dopamine Levels



Di Chiara et al., Neuroscience, 1999., Fiorino and Phillips, J. Neuroscience, 1997.

NIDA

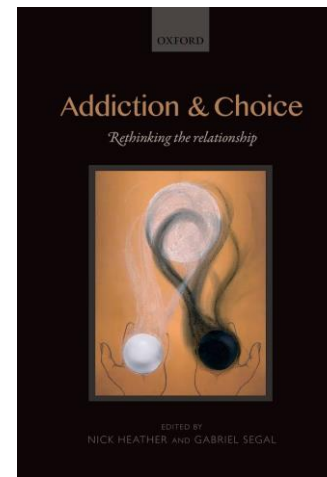


Source: Di Chiara and Imperato

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





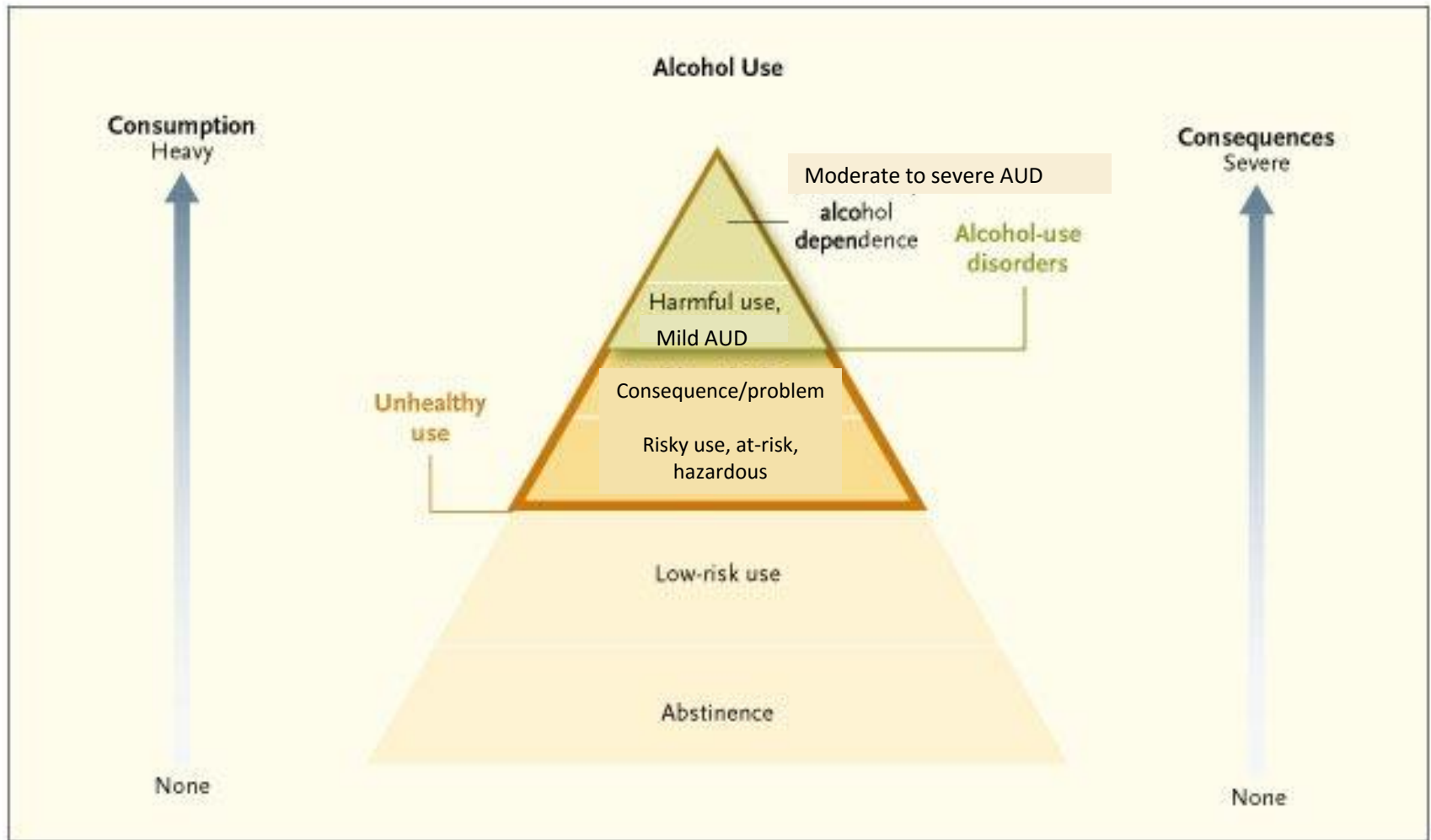
Alcohol use disorder (DSM 5)

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



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

Broyles LM, Binswanger IA, Jenkins JA, Finnell DS, Faseru B, Cavaiola A, Pugatch M, Gordon AJ. Confronting inadvertent stigma and pejorative language in addiction scholarship: a recognition and response. *Subst Abus.* 2014;35(3):217-21.

“Dependence”

- DSM IV/ICD vs. physical

JAMA[®]

News & Analysis

Medical News & Perspectives

A Day in the Life: NICU Medical Director Tends to Opioid-Addicted Infants

April 27, 2017, 10 AM



Medical News & Perspectives

A Day in the Life: NICU Medical Director Tends to Infants With Neonatal Abstinence Syndrome

April 27, 2017, 4 PM

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”?



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

MONITOR ON PSYCHOLOGY

A PUBLICATION OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION

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



Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo



Research paper

Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms[☆]

John F. Kelly^{*}, Cassandra M. Westerhoff

Center for Addiction Medicine, Department of Psychiatry, Massachusetts General Hospital, 60 Staniford Street, Boston, MA 02114, United States

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Substance abuser

Term

Stigma

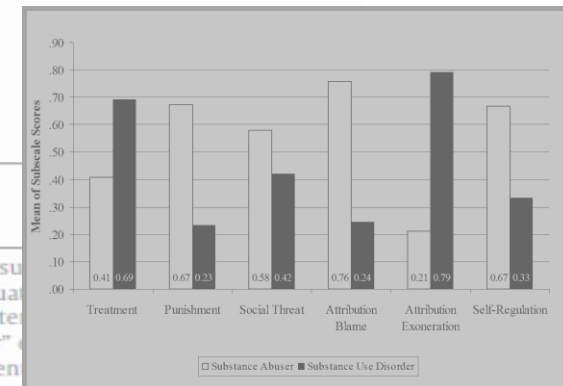
Treatment access

ABSTRACT

Objective: Stigma is a frequently cited barrier to help-seeking for many with substance-related conditions. Common ways of describing individuals with such problems may perpetuate stigmatizing attitudes yet little research exists to inform this debate. We sought to determine whether referring to an individual as “a substance abuser” vs. “having a substance use disorder” evokes different judgments about behavioral self-regulation, social threat, and treatment vs. punishment.

Method: A randomized, between-subjects, cross-sectional design was utilized. Participants were asked to respond to a randomized, controlled, vignette describing a person with a substance-related condition. Clinicians (N = 516) attending two mental health conferences (63% female, 81% white, M age 51; 65% doctoral-level) completed the study (71% response rate). A Likert-scaled questionnaire (α = .84) assessed the perceived causes of the problem, whether the character was a social threat, able to regulate substance use, and should receive therapeutic vs. punitive action.

Results: Individuals in the “substance abuser” condition were perceived as more personally culpable, more of a social threat, less likely to be recommended for treatment, and more likely to be recommended for punishment. However, a difference was observed on the perpetrator–punishment scale. Compared to those in the “substance use disorder” condition, those in the “substance abuser” condition agreed more with the statement that “the person should be punished.” **Conclusions:** Even among highly trained mental health professionals, exposure to these two commonly used terms evokes systematically different judgments. The commonly used “substance abuser” term may perpetuate stigmatizing attitudes.



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

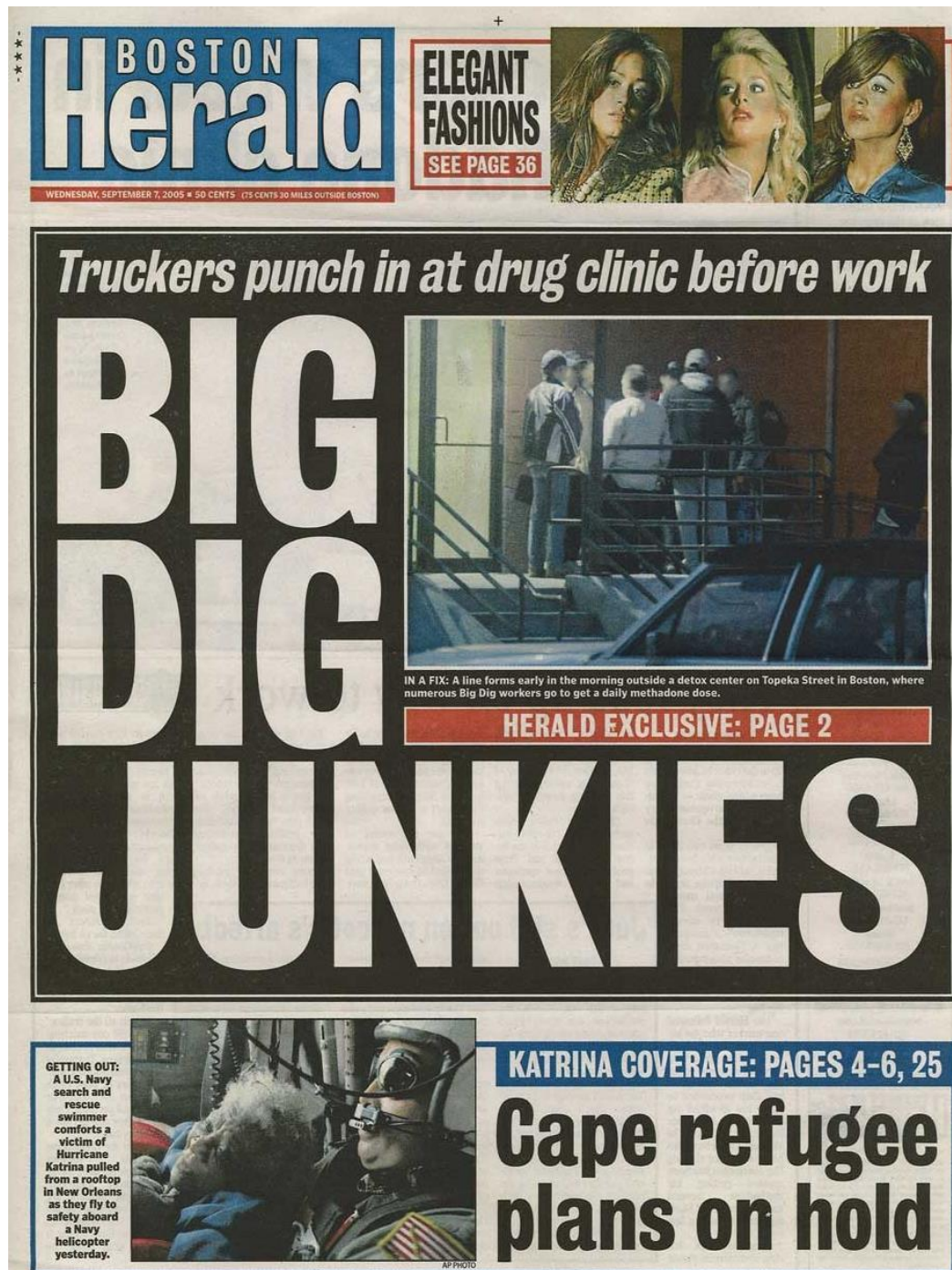
OD threats spur action

Lindsay Kalter Wednesday, April 13, 2016



Credit: Christopher Evans

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



REVIEW ARTICLE

Dan L. Longo, M.D., Editor

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

From the National Institute on Drug Abuse, National Institutes of Health, Bethesda, MD (N.D.V.); and the Treatment Research Institute, Philadelphia (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 20895, or at nvolkow@nida.nih.gov.

N Engl J Med 2016;374:1253-63.
DOI: 10.1056/NEJMra1507771

news



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The Boston Globe

THURSDAY, FEBRUARY 4, 2016

TWITTER WARS ON THE TRAIL

Sanders, Clinton fight on credentials

By Jim O'Sullivan
GLOBE STAFF

WINDHAM, N.H. — Senator Bernie Sanders and former secretary of state Hillary Clinton escalated their verbal wrangling Wednesday, sharply questioning each other's liberal credentials in perhaps the most acrimonious day of their fight for the Democratic nomination.

The two conducted their dispute digitally, with posts aimed at their millions of Twitter followers, and then appeared separately in a CNN-sponsored town hall meeting Wednesday night.

During the televised event at the Derry Opera House, Sanders charged that Clinton could not claim to be both progressive and moderate, prompting Clinton to question his validity as a "gatekeeper" of the left.

Sanders, in his volley of tweets, called attention to her more "moderate" positions on a host of issues important to the party's liberal base, in-

DEMOCRATS, Page A8

Bernie Sanders
@BernieSanders
Most progressives that I know were opposed to the Keystone pipeline from day one. Honestly, it wasn't that complicated.

Hillary Clinton
@HillaryClinton
1) This shouldn't be a debate about who gets to define "progressive" — it should be about who will get real results for American families.

Donald J. Trump
@realDonaldTrump
The State of Iowa should disqualify Ted Cruz from the most recent election on the basis that he cheated — a total fraud!

Trump accuses of fraud in Iowa

By Matt Viser and Michael L....

GOFFSTOWN, N.H. — Donald Trump's presidential campaign appears to be leashed a barrage at Ted Cruz Wednesday, the Texas senator of fraudulently won the Iowa caucus.

It was unclear if Trump had filed complaints with the Iowa State Republican Party to back up his allegation, but the able businessman once again demonstrated his ability to dominate the news — even not in the state.

"Ted Cruz didn't win Iowa, he stole it," Trump tweeted, before deleting it and again by removing the word "illegally" from all of the polls were so wrong and more votes than anticipated. But?

Cruz answered by saying "I won the

REPUBLIC

REACHING OUT TO MUSLIMS



President Obama greeted attendees at the Islamic Society of Baltimore on Wednesday in his first visit to a mosque in the United States since taking office. In an impassioned speech, he embraced Muslims as part of "one American family" since the nation's founding and warned against political rhetoric that sought to "manipulate bigotry." A2.

A struggle to rewrite the language of addiction

Debasing words hinder treatment, advocates say

By Felice J. Freyer
GLOBE STAFF

Windia Rodriguez remembers the sting of the words hurled at her during a hospital stay a few years ago. "Crackhead." "Addict." Especially, she recalls the scorn in the voices that pronounced her "just an addict."

"They treated me like I was beyond hope," Rodriguez said.

But she found hope, and these days, free of drugs for four years, Rodriguez makes a point of adding two words to the standard salutation in her 12-step group. "I'm an addict," she says, "in recovery."

In so doing, Rodriguez, a Boston resident and regional coordinator for the Massachusetts Organization for Addiction Recovery, quietly adds her voice to those of researchers and advocates who

want to rewrite the lexicon of addiction. These advocates seek to excise language that blames or disparages the patient and replace it with medical terms free of judgment. They assert that commonly used words — "junkie," "abuser," even "substance abuse" and "addict" — can discourage people from seeking help, induce health professionals to treat patients harshly, and exacerbate the stigma that bedevils people suffering from drug

ADDICTION, Page A9

Suffolk tries to end its turmoil

President, chairman, mayor weigh in

By Laura K. ... and Mark A. ...
GLOBE STAFF

Besieged Suffolk County President Margaret M. Kerr met for four hours Wednesday with the county's top leaders, including Mayor Martin J. Walsh, to discuss the county's reputation and how to move forward.

The meeting took place in the county's boardroom, a place that has become the center of the county's turmoil since the resignation of Mayor Martin J. Walsh in 2014.

The meeting took place in the county's boardroom, a place that has become the center of the county's turmoil since the resignation of Mayor Martin J. Walsh in 2014.

A brief statement from the county's board of supervisors, which might be winding up the county's turmoil, said that the board would continue to meet and work on the county's reputation.

The board's statement said that the board would continue to meet and work on the county's reputation.

Walsh, mean while, said that he would continue to work on the county's reputation.

SUFFOLK



Philip Lederer @philiplerer · Apr 1
I thought we were done with stigmatizing language. Sad. @EvanMallen
cc @felicejfreyer @Peter_Grinspoon @LeoBeletsky



April 1, 2016 Boston Globe

5 4

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

1 2

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

2

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

1

[View summary](#)

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

1 2

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

2 4

Felice J. Freyer @felicejfreyer · Apr 1
@LeoBeletsky @philiplerer @landmanspeaking @EvanMallen
@Peter_Grinspoon Experts disagree. J.Kelly doesn't like "abuse" but ok
w/ "addict"



Felice J. Freyer @felicejfreyer · Apr 1

@LeoBeletsky @philiplerer @landmanspeaking @EvanMallen

@Peter_Grinspoon I wish to fight stigma, too, but word choices remain unclear.



1



1



Dr. Richard Saitz

@UnhealthyAlcDrg

@felicejfreyer @LeoBeletsky @philiplerer

@landmanspeaking @EvanMallen

@Peter_Grinspoon howwe muddl thru w/no wrd

4 ppl w/cancer? #addiction

RETWEET

1

LIKES

3



10:14 AM - 2 Apr 2016

Newton, MA



Reply to @felicejfreyer @LeoBeletsky @philiplerer @landmanspeaking @Evan



Felice J. Freyer @felicejfreyer · Apr 2

@UnhealthyAlcDrg @LeoBeletsky @philiplerer @landmanspeaking

@EvanMallen @Peter_Grinspoon good point



1



2



Leo Beletsky @LeoBeletsky · Apr 2

@UnhealthyAlcDrg @felicejfreyer @philiplerer @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

EDITORIAL

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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.¹ 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 4.²

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

Kelly JF, Wakeman SE, Saitz R. Stop talking 'dirty': clinicians, language, and quality of care for the leading cause of preventable death in the United States. Am J Med. 2015 Jan;128(1):8-9. doi: 10.1016/j.amjmed.2014.07.043. Epub 2014 Sep 3.



Treatment terms: misperceptions

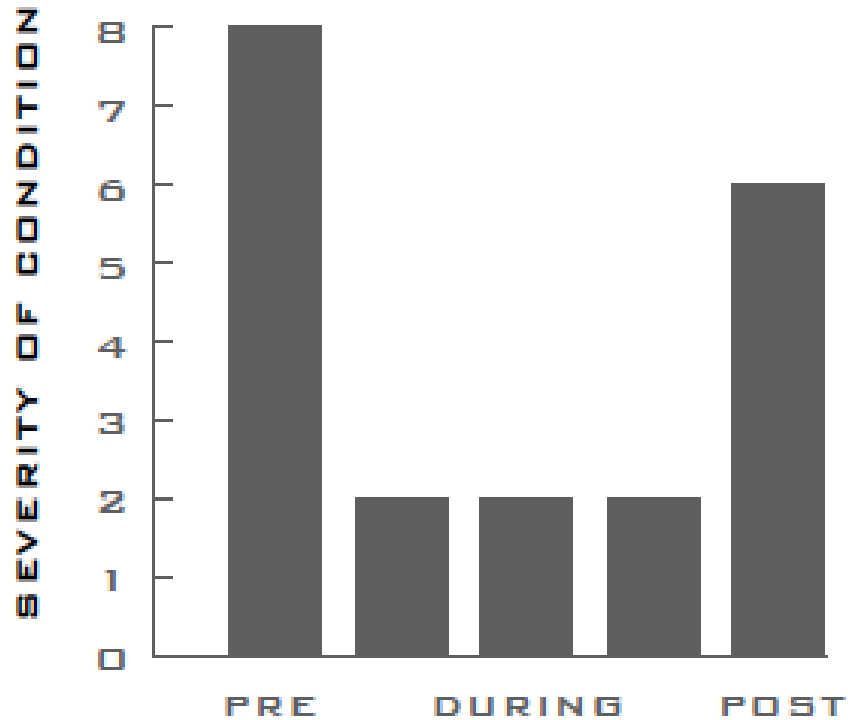
- Avoid “medication-assisted,” “substitution”
 - Treatment, opioid agonist treatment

Friedmann PD, Schwartz RP. Just call it “treatment.” *Addiction Science & Clinical Practice* 2012, 7:10

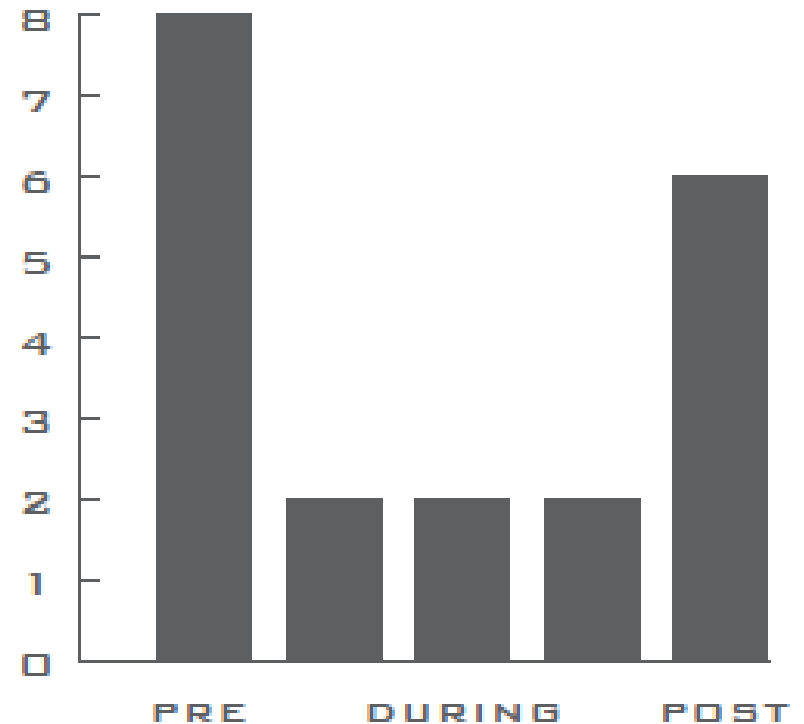
Samet JH, Fiellin DA. Opioid substitution therapy—time to replace the term
The Lancet , Volume 385 , Issue 9977 , 1508 - 1509



Hypertension Treatment



Addiction Treatment



?Relapse

Use, return to use

Thanks to Tom McLellan for the concept
Miller WR. What is a relapse? *Addiction* 1996;91:S15-S27.
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>

Journal of Addiction Medicine

- 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)

<http://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2014/08/01/terminology-related-to-the-spectrum-of-unhealthy-substance-use>

Saitz R. Things that Work, Things that Don't Work, and Things that Matter—Including Words
J Addict Med 2015;9:429-30.



Alcoholics
Anonymous®

Int
Detro



What's New

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 Saitz¹ 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.

1. McNeely J, Saitz R. Appropriate screening for substance use vs disorder. *JAMA Intern Med.* 2015;175(12):1997-1998.



Changing the Language of Addiction

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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, physicians, knowingly or unknowingly, evidence-based treatment strategies. Survey on Drug Use and Health, 22.5 million people (aged ≥ 18) specialty treatment for a problem with drug use, only an estimated 1.6 million received treatment in the past year; of those needing specialty treatment, 1.6 million received treatment for reasons for not seeking treatment, receiving it would adversely affect

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

Richard Saitz, MD, MPH, FACP, DFASAM

COMMENTARY

Medications For Addiction Treatment: Changing Language to Improve Care

Sarah E. Wakeman, MD, FASAM

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 to refer to unhealthy substance use and the people afflicted by it.¹ 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,² 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.³ 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.⁴ 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.⁵ This term may help explain in part the limited use of and stigma surrounding the treatment.

Katherine E. Calver, PhD
Richard Saitz, MD



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”

