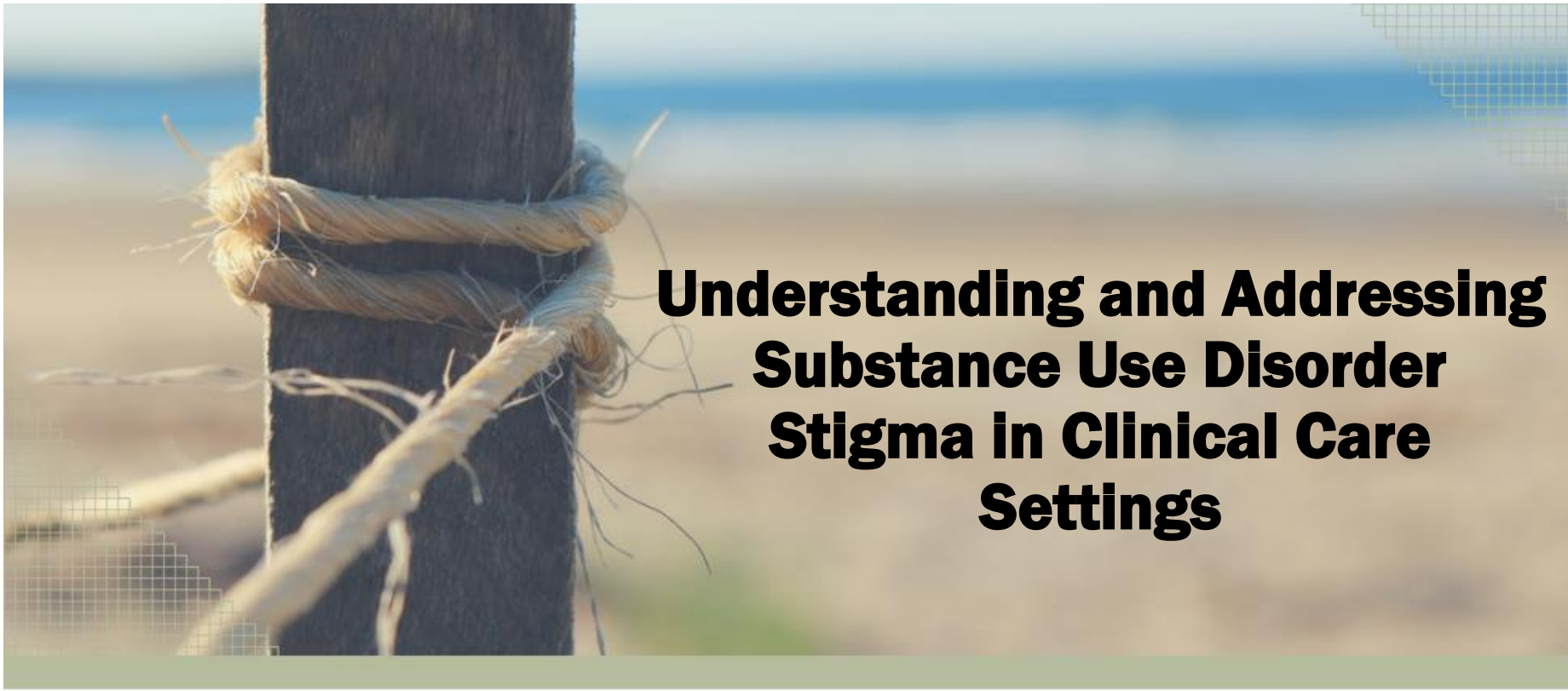

Understanding and Addressing Substance Use Disorder Stigma in Clinical Care Settings

John F. Kelly, PhD, ABPP

Opioid Response Network (AAAP/SAMHSA)

June 2021

RECOVERY RESEARCH INSTITUTE
MASSACHUSETTS GENERAL HOSPITAL
HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

Sponsoring Organizations

Opioid Response Network

- The SAMHSA-funded *Opioid Response Network (ORN)* assists states, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.
- ✧ Technical assistance is available to support the evidence-based prevention, treatment and recovery of opioid use disorders and stimulant use disorders.

Funding for this initiative was made possible (in part) by grant no. 1H79TI083343 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Working With Communities

- The *Opioid Response Network (ORN)* provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis and stimulant use.

✧ *ORN* accepts requests for education and training.

✧ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.

Contact the Opioid Response Network

- To ask questions or submit a request for technical assistance:

  - Visit www.OpioidResponseNetwork.org
  - Email orn@aaap.org
  - Call 401-270-5900

John F. Kelly, PhD ABPP
Elizabeth R. Spallin Professor of Psychiatry in Addiction Medicine
Harvard Medical School
Director Recovery Research Institute
Associate Director Center for Addiction Medicine
Massachusetts General Hospital

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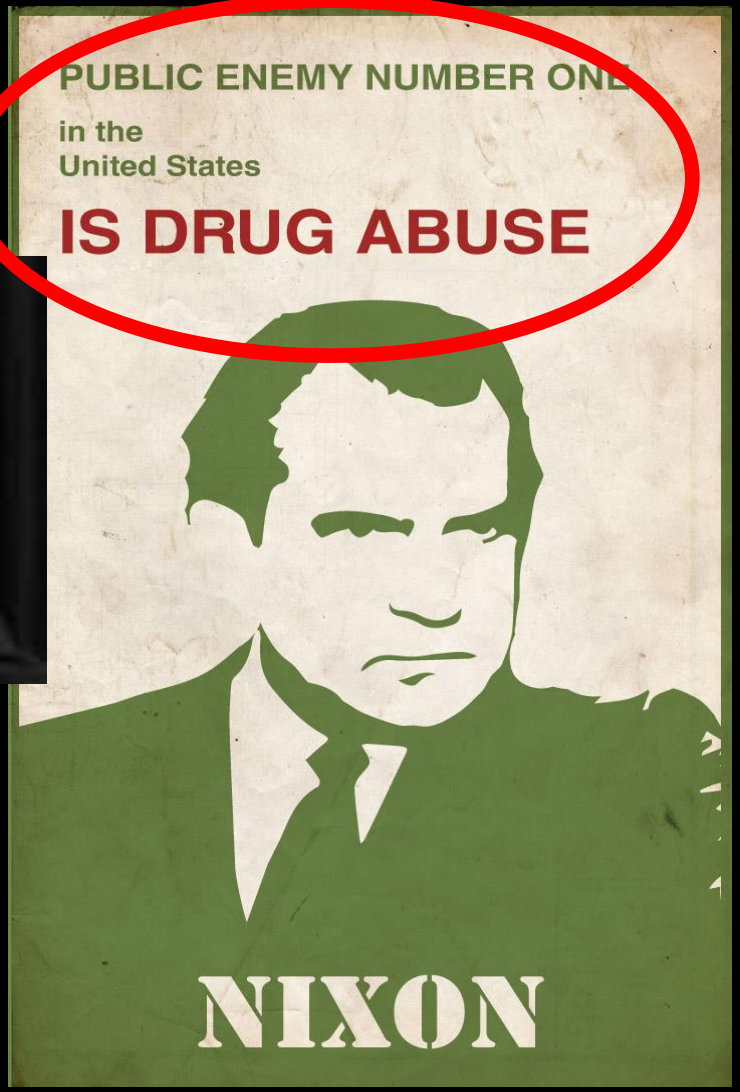
50 years….
1970-2020

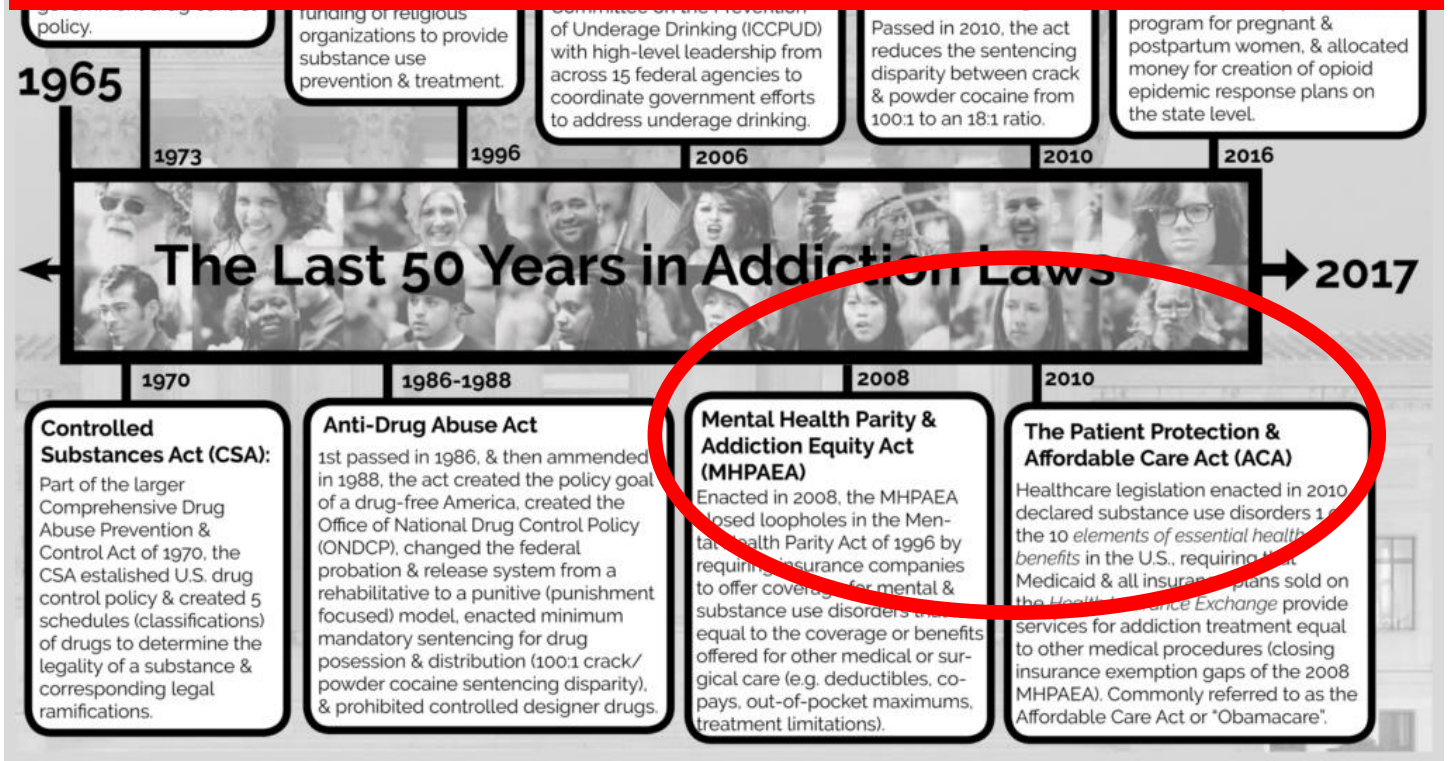
During the past 50 yrs since “War on Drugs” declared, our rhetoric and terminology also has changed… we have moved from “Public Enemy No. 1” to “Top public health problem…”

Rhetoric and terminology has changed along with broad approaches to addressing endemic substance use problems…



Recovery Research Institute (2020). *The Last 50 Years in U.S. Addiction Laws.* Retrieved from https://www.recoveryanswers.org/the-last-50-years-in-addiction-laws-in-the-u-s-infographic

Laws passed in the past 50 yrs have moved from more punitive ones to public health oriented ones…. increasing availability, accessibility and affordability of treatment..



Recovery Research Institute (2020). *The Last 50 Years in U.S. Addiction Laws.* Retrieved from https://www.recoveryanswers.org/the-last-50-years-in-addiction-laws-in-the-u-s-infographic

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HOME · BLOG

ONDCP Hosts First-Ever Drug Policy Reform Conference

DECEMBER 11, 2013 AT 10:57 AM ET BY CAMERON HARDESTY

On Monday, Director Kerlikowske and Deputy Director Botticelli kicked off an unprecedented discussion at the White House on the future of drug policy. Braving a snowy D.C. morning, approximately 140 people attended to engage in a conversation on drug policy reform and hundreds more watched online. Limited video on demand is available here.

Criminal justice approaches have begun to shift and embrace clinical and public health emphases in part due to new knowledge….

ONDCP Hosts First-Ever Drug Policy Reform Conference (2013, December 13). *White House Blog.* Retrieved from https://www.obamawhitehouse.archives.gov/blog/2013/12/11/ondcp-hosts-first-ever-drug-policy-reform-conference

Public Health Approaches to Addressing Drug-Related Crime: Drug Courts

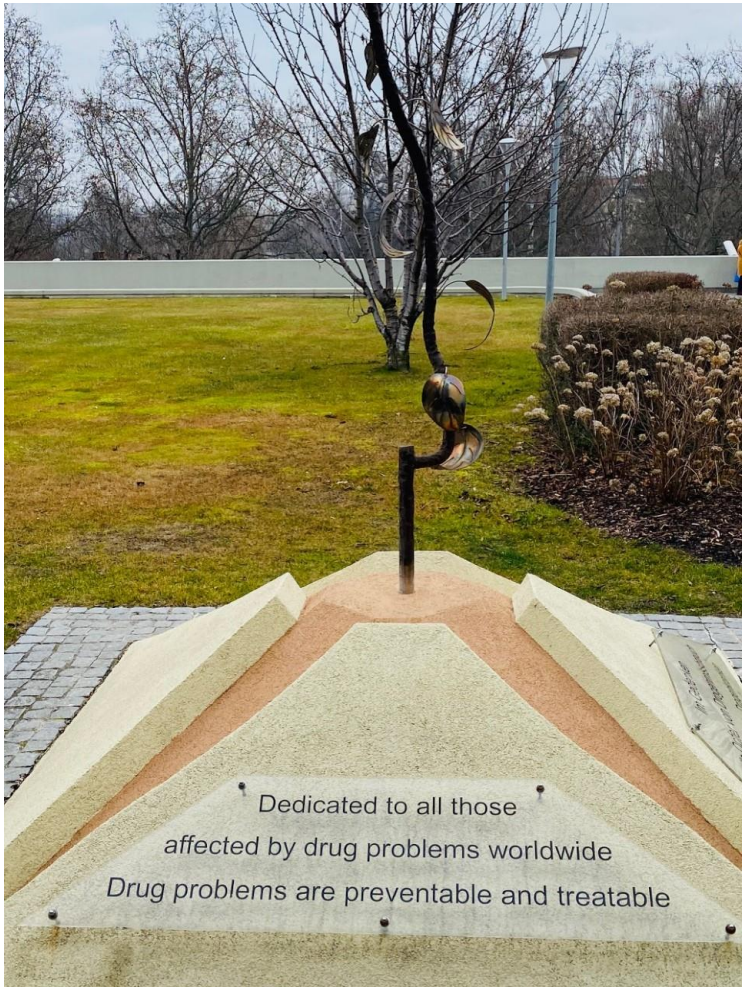
Public Health Approaches to Law Enforcement

- Chief Campanello
  - Angel Program

"Help not Handcuffs"

UNODC

United Nations Office on Drugs and Crime

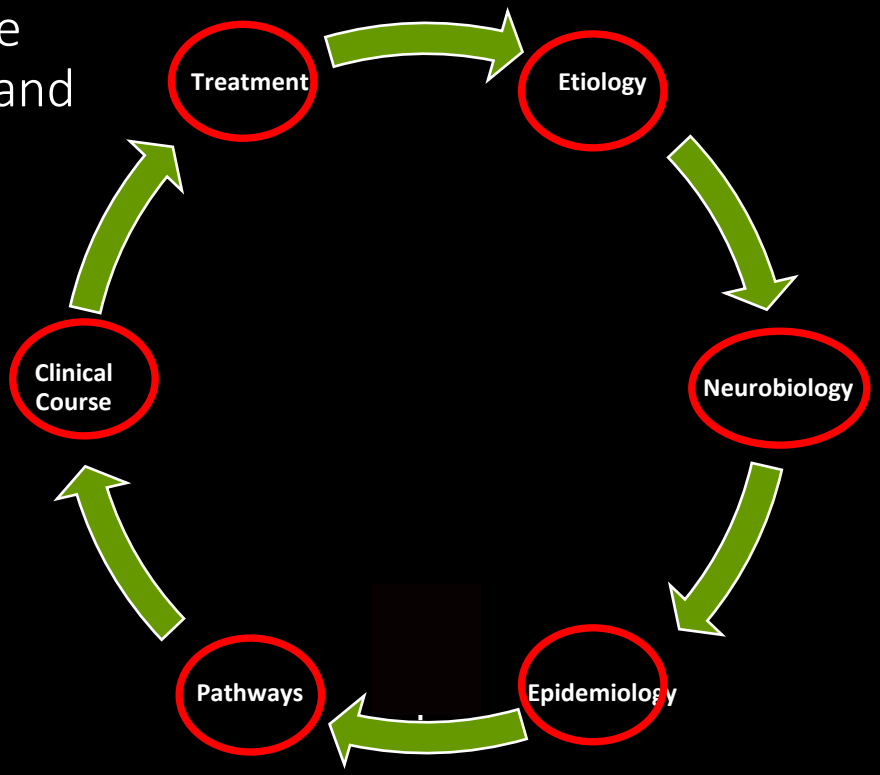


The “war on drugs” rhetoric reflected a national concerted effort to reduce “supply” but also “demand” that created treatment and public health oriented federal agencies.

The new science emanating from funding from these organizations has informed the shift towards clinical and public health approaches….

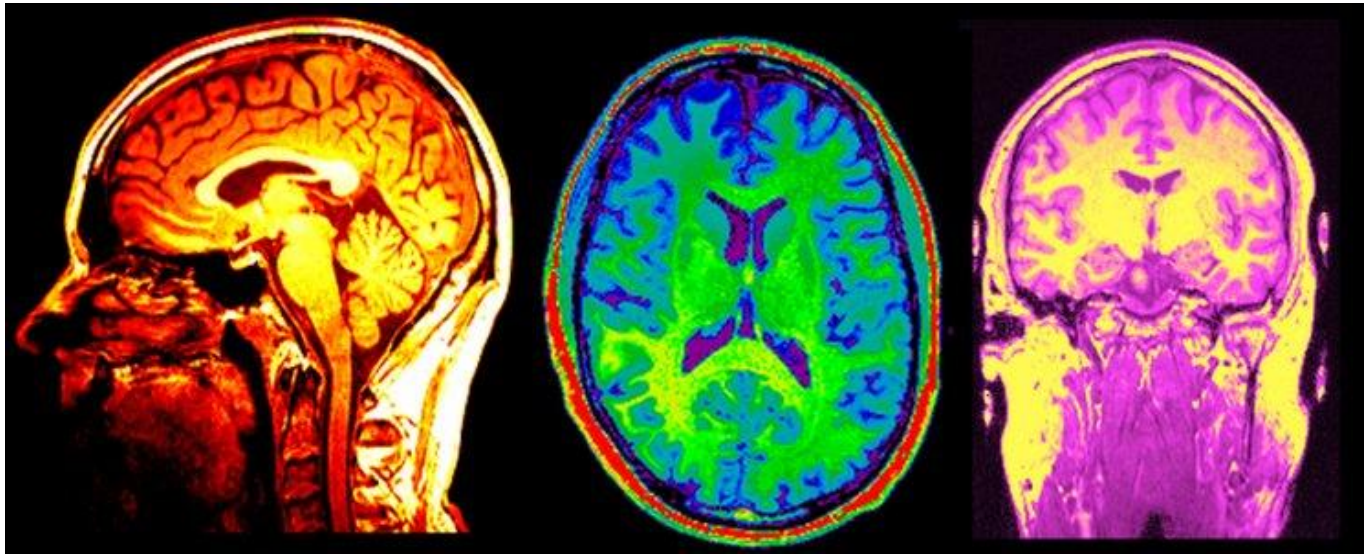
Paradigm Shifts

Past 50 yrs since declaration of “War on drugs” led to large-scale federal appropriations and a number of paradigm shifts…



Genetics, Genomics, Pharmacogenetics

Neuroscience: Neural plasticity



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STAGES OF CHANGE

RELATED TREATMENT & RECOVERY SUPPORT SERVICES

PRECONTEMPLATIVE

In this stage, individuals are not even thinking about changing their behavior. They do not see their addiction as a problem: they often think others who point out the problem are exaggerating.

CONTEMPLATIVE

In this stage people are more aware of the personal consequences of their addiction & spend time thinking about their problem. Although they are able to consider the possibility of changing, they tend to be ambivalent about it.

PREPARATION

In this stage, people have made a commitment to make a change. This stage involves information gathering about what they will need to change their behavior.

ACTION

In this stage, individuals believe they have the ability to change their behavior & actively take steps to change their behavior.

MAINTENANCE

In this stage, individuals maintain their sobriety, successfully avoiding temptations & relapse.

HARM REDUCTION
* Emergency Services (i.e. Narcan)
* Needle Exhanges
* Supervised Injection Sites

SCREENING & FEEDBACK
* Brief Advice
* Motivational Interventions

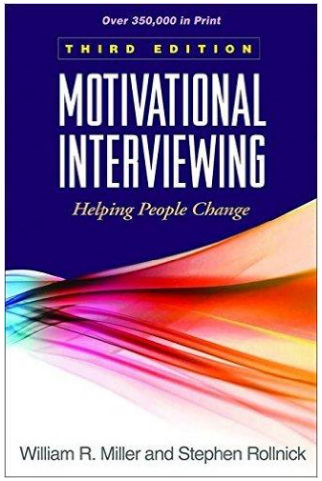
SREENING, BRIEF INTERVENTION, & REFFERAL TO TREATMENT (SBIRT)

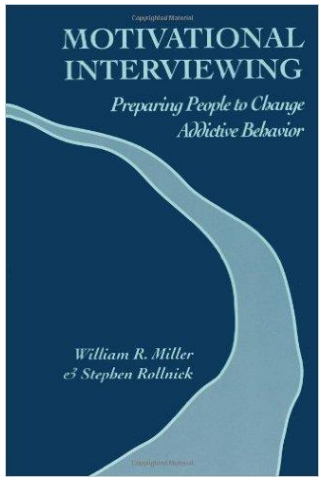
CLINCAL INTERVENTION
* Phases/Levels (e.g., inpatient, residential, outpatient)
* Intervention Types
  - Psychosocial (e.g. Cognitive Behavioral Therapy)
  - Medications: Agonists (e.g. Buprenorphine, Methadone) & Antagonists (Naltrexone)

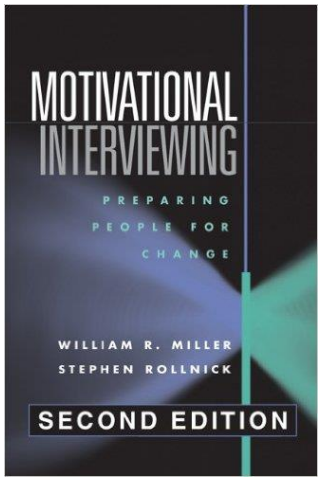
NON-CLINICAL INTERVENTION
* Self-Management/Natural Recovery (e.g. self-help books, online resources)
* Mutal Help Organizations (e.g. Alcoholics Anonymous, SMART Recovery, Lifering Secular Recovery)
* Community Support Services (e.g. Recovery Community Centers, Recovery Ministries, Recovery Employment Assistance)

CONTINUING CARE (3m- 1 year)
Recovery Management Checkups, Telephone Counseling, Mobile Applications, Text Message Interventions

RECOVERY MONITORING (1-5+ yrs)
Continued Recovery Management Checkups, therapy visits, Primary Care Provider Visits

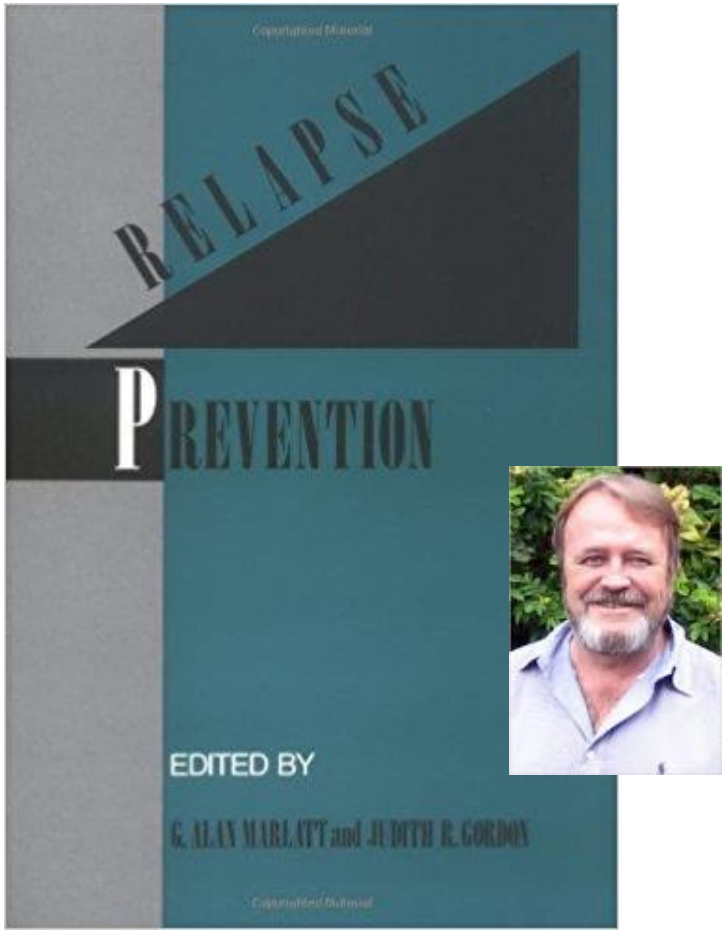




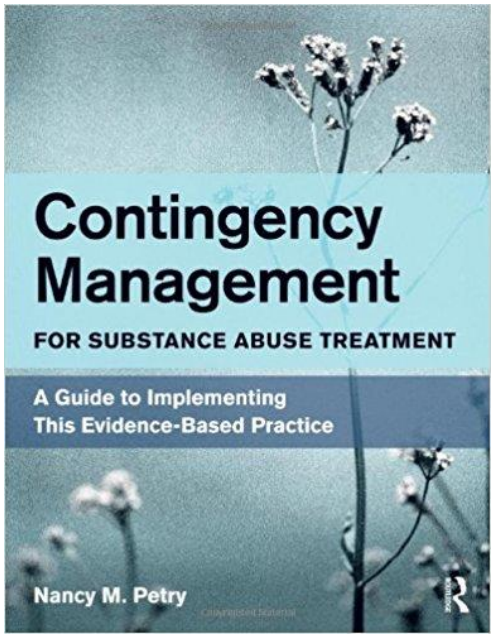


What people really need is a good listening to…

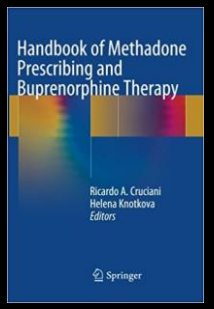
"Quitting smoking is easy, I've done it dozens of times" –Mark Twain



Swift, certain, modest,
consequences shape behavioral choices…

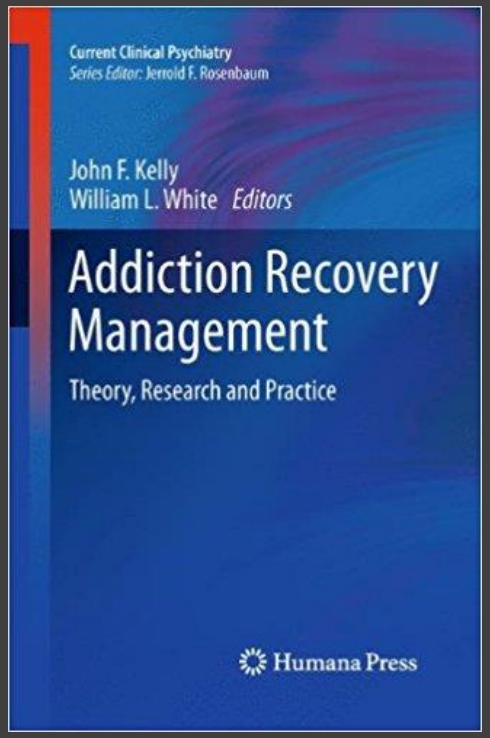


Effective Medications



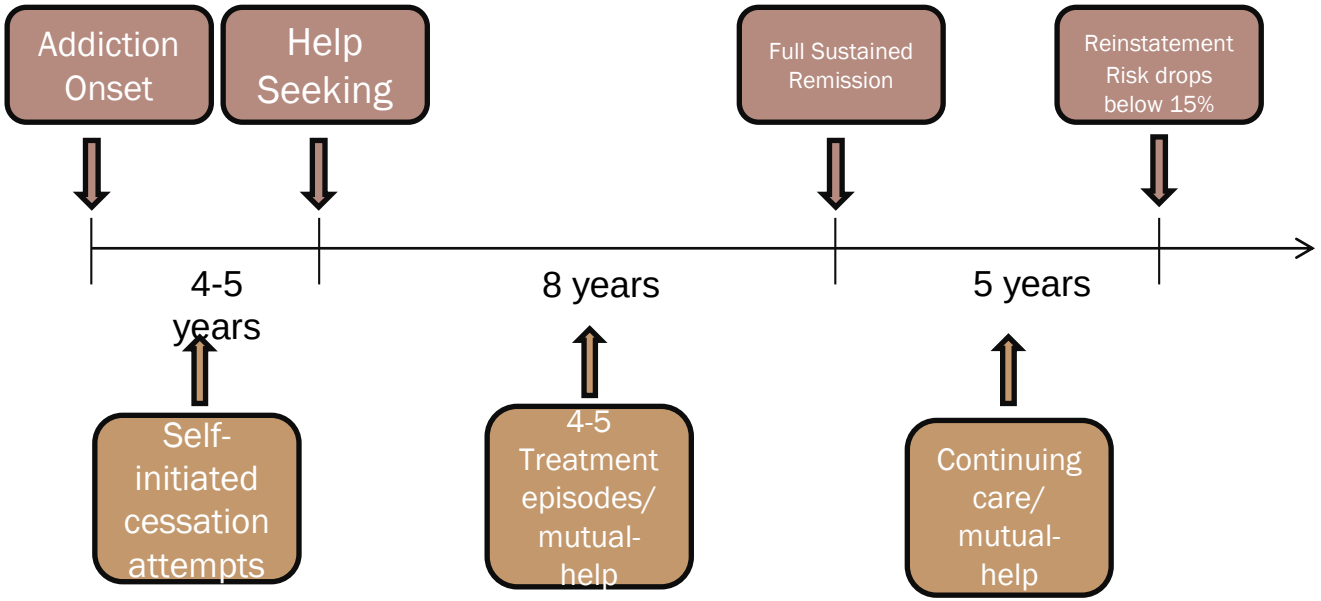
Harm Reduction Strategies

- Anti-craving/anti-relapse medications (“MAT”)
- Overdose reversal medications (Narcan)
- Needle exchange programs
- Heroin prescribing
- Safe Injection Facilities/Safe Consumption sites/Overdose prevention facilities


Current Clinical Psychiatry
Series Editor: Jerrold F. Rosenbaum
John F. Kelly
William L. White Editors
Addiction Recovery Management
Theory, Research and Practice
Humana Press

The clinical course of addiction and achievement of stable recovery can take a long time …

can we speed this up??



Traditional addiction treatment approach: Burning building analogy

- **Putting out the fire** -good job
- **Preventing it from re-igniting** (RP) - less emphasis
- **Re-building materials (recovery capital) –**largely neglected
- **Granting "rebuilding permits"** (removing barriers) –largely neglected

Stigma persists despite significant advances…

- What's the nature of stigma and discrimination?
- What's its impact?
- What can be done to address stigma?

WHAT IS STIGMA?

An attribute, behavior, or condition, that is socially discrediting

WHAT IS DISCRIMINATION?

The unfair treatment of individuals with the stigmatized condition/problem

Stigma Consequences: Public and Personal

- Public:
  - Public stigma can lead to:
    - Differential public and political support for treatment policies
    - Differential public and political support for criminal justice preferences
    - Barriers to employment/education/training
    - Reduced housing and social support
    - Increased social distance (social isolation)
- Personal:
  - Internalization of public stigma can lead to:
    - Shame/guilt
    - Lowered self-esteem
    - Rationalization/minimization; lack of problem acknowledgment
    - Delays in help-seeking
    - Less treatment engagement/retention; lowered chance of remission/recovery

Commonly Studied Dimensions of Stigma

Blame – are they responsible for causing their problem/disorder?

Prognostic pessimism/optimism – will they ever recover “be normal”, “trustworthy”?

Dangerousness – are they unpredictably volatile, a threat to my/others’ safety?

Social distance – would I have them marry into my family, share an apartment with them, have them as a babysitter?

Addiction may be most stigmatized condition in the US and around the world: Cross-cultural views on stigma

Across 14 countries and 18 of the most stigmatized conditions…

Illicit drug addiction ranked 1st

Alcohol addiction ranked 4th

Stigma, social inequality and alcohol and drug use

ROBIN ROOM

Centre for Social Research on Alcohol and Drugs, Stockholm University, Stockholm, Sweden

- **Sample:** Informants from 14 countries
- **Design:** Cross-sectional survey
- **Outcome:** Reaction to people with different health conditions

Room, R., Rehm, J., Trotter, R. T. II, Paglia, A., & Üstün, T. B. (2001). Cross-cultural views on stigma valuation parity and societal attitudes towards disability. In T. B. Üstün, S. Chatterji, J. E. Bickenbach, R. T. Trotter II, R. Room, & J. Rehm (Eds.), *Disability and culture: Universalism and diversity* (pp. 247–291). Seattle, WA: Hofgrebe & Huber.

Studies have shown that…

SUD is more stigmatized compared to other psychiatric disorders

Compared to other psychiatric disorders, **people with SUD are perceived as more to blame** for their disorder

Describing SUD as treatable helps

Patients themselves who hold **more stigmatizing beliefs** about SUD **less likely to seek treatment; discontinue sooner**

Physicians/clinicians shown to hold stigmatizing **biases against those with SUD**; view SUD patients as unmotivated, manipulative, dishonest; **SUD-specific education/training helps**

Kelly, J. F., & Westerhoff, C. M. (2010). Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. *International Journal of Drug Policy, 21*(3), 202–207. doi:10.1016/j.drugpo.2009.10.010

SO, WHY IS ADDICTION SO STIGMATIZED COMPARED TO OTHER SOCIAL PROBLEMS AND HEALTH CONDITIONS, AND OTHER MENTAL ILLNESSES?

What Factors Influence Stigma?

Cause	Controllability	Stigma
“It’s not their fault”	“They can’t help it”	Decreases
“It is their fault”	“They really can help it”	Increases

Relation between Cause and Controllability in producing Stigma

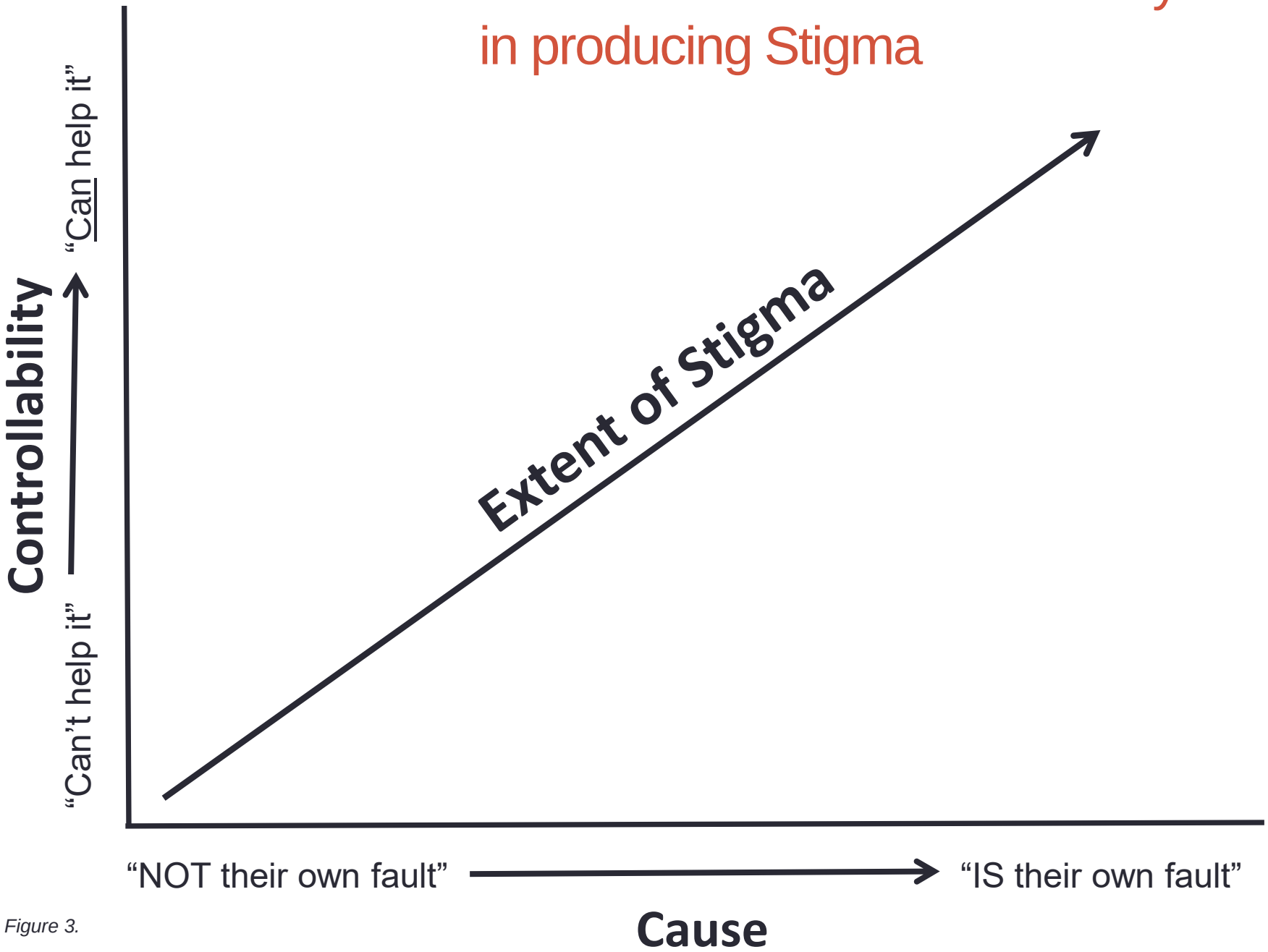


Figure 3.

In terms of cause…Biogenetics

If Drugs Are so Pleasurable, Why Aren't We All Addicted?

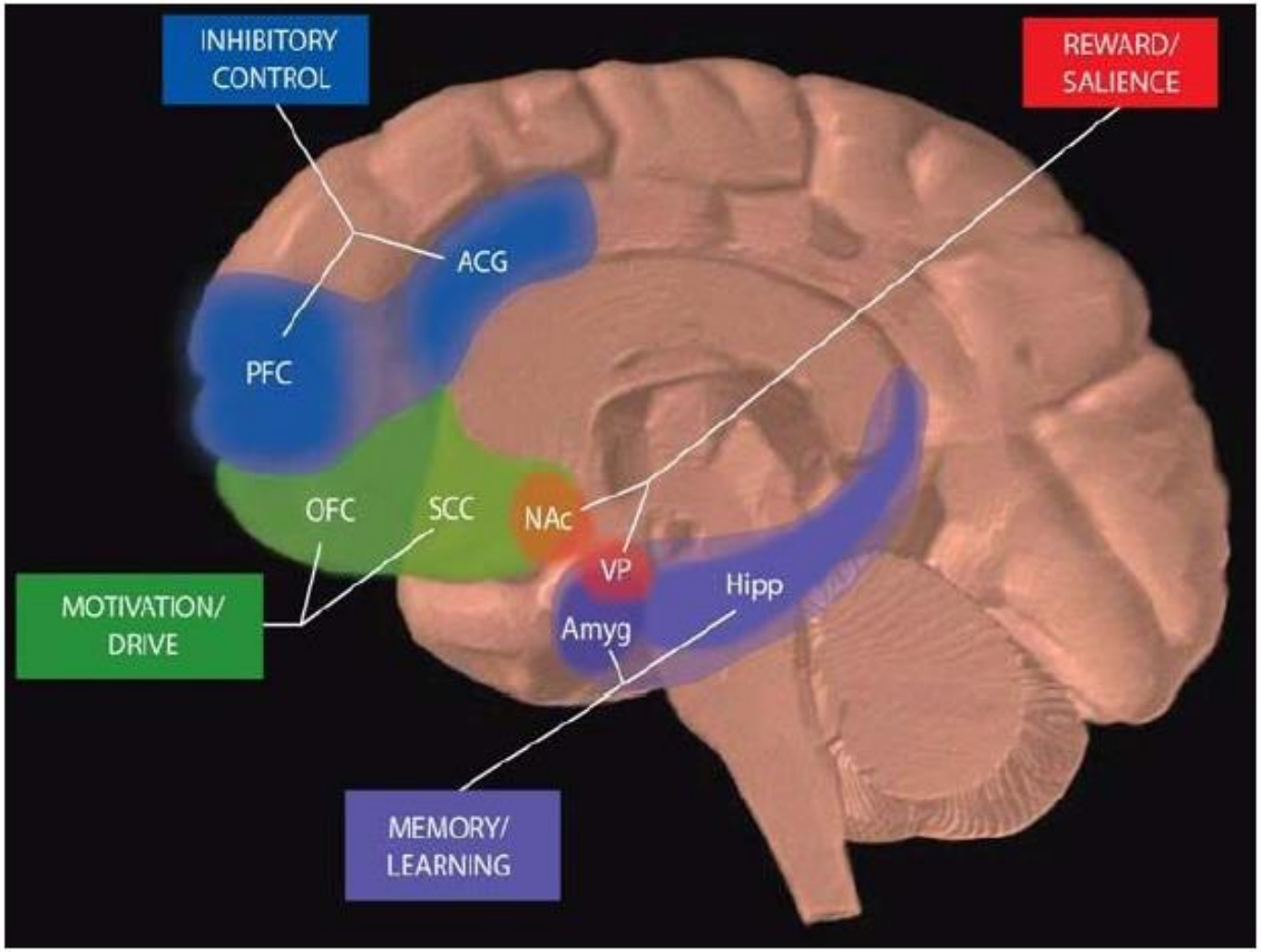
Genetically mediated response, metabolism, reward sensitivity…

- Genetics substantially influence addiction risk
- Genetic differences affect subjective preference and degree of reward from different substances/activities

National Institute on Drug Abuse (2019). *Teaching Addiction Science: The Neurobiology of Drug Addiction*. Retrieved from https://www.drugabuse.gov/publications/teaching-addiction-science/neurobiology-drug-addiction

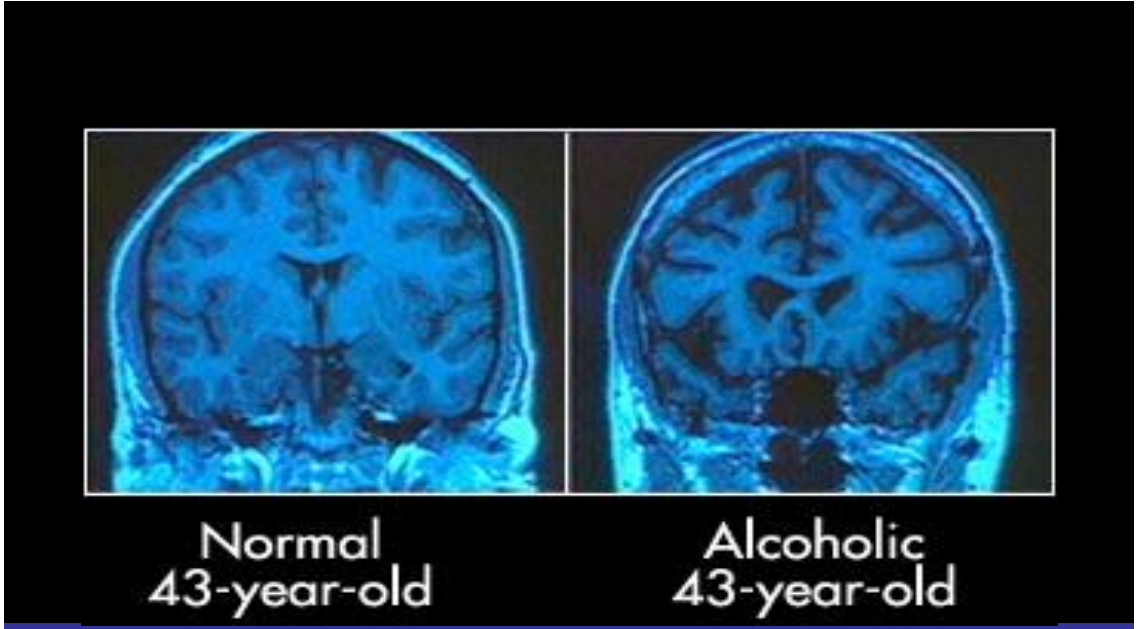
In terms of controllability…Neurobiology

Neural Circuits Involved in Substance Use Disorders



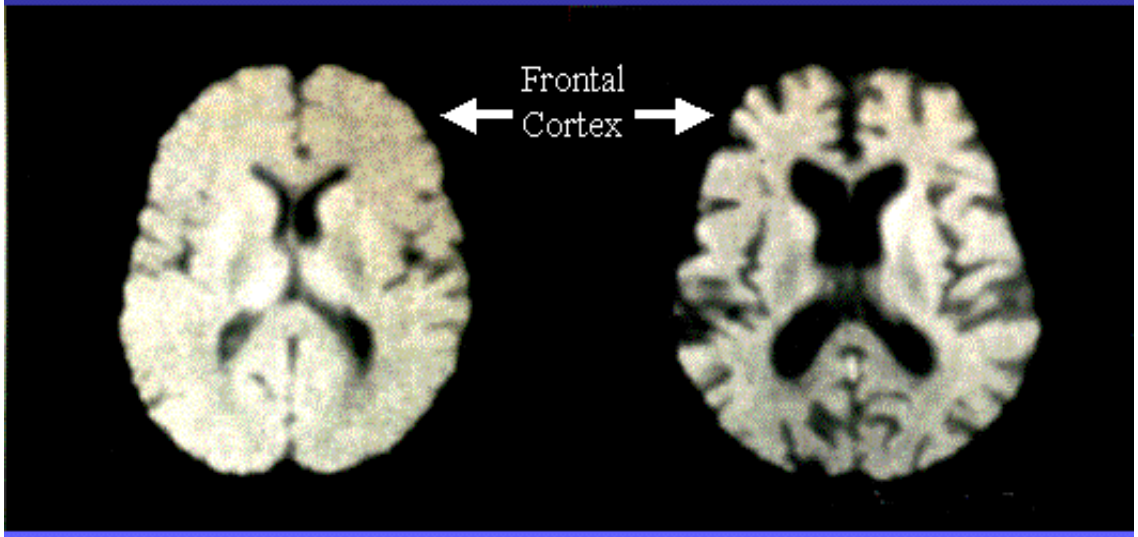
…all of these brain regions must be considered in developing strategies to effectively treat addiction

National Institute on Drug Abuse (2019). *Teaching Addiction Science: The Neurobiology of Drug Addiction*. Retrieved from https://www.drugabuse.gov/publications/teaching-addiction-science/neurobiology-drug-addiction



HUMAN BRAIN IMAGES

Moderate Drinker Alcoholic



Axial magnetic resonance images from a healthy 57-year-old man (left) and a 57-year-old man with a history of alcoholism (right). D. Pfefferbaum

UNC SCHOOL OF MEDICINE BOWLES CENTER FOR ALCOHOL STUDIES

Pfefferbaum, A. (2000). The Neurotoxicity of Alcohol. In U.S. Department of Health and Human Services (Ed). *10th Special Report to the U.S. Congress on Alcohol and Health* (134-142).

What can we do about stigma and discrimination in addiction?

Education about essential nature of these conditions

Personal witness (putting a face and voice on recovery)

Change our language/terminology to be consistent with the nature of the condition and the policies we wish to implement to address it

What can we do about stigma and discrimination in addiction?

Education about essential nature of these conditions

Personal witness (putting a face and voice on recovery)

Change our language/terminology to be consistent with the nature of the condition and the policies we wish to implement to address it

MIGHT GREATER BIOMEDICAL EMPHASIS AND EXPLANATIONS (E.G., BIOGENETIC AND/OR NEUROBIOLOGICAL) HELP REDUCE STIGMA?

Biogenetic explanations as ways to reduce stigma…

- Meta-analysis of 28 experimental studies found biogenetic explanations:
  - Reduced blame, but increased…
  - Social distance
  - Dangerousness
  - Prognostic Pessimism

Clinical Psychology Review 33 (2013) 782–794

Contents lists available at SciVerse ScienceDirect

Clinical Psychology Review

The 'side effects' of medicalization: A meta-analytic review of how biogenetic explanations affect stigma

Erlend P. Kvaale [a,*], Nick Haslam [a], William H. Gottdiener [b]

[a] Melbourne School of Psychological Sciences, University of Melbourne, Parkville, Australia
[b] Department of Psychology, John Jay College of Criminal Justice, City University of New York, NY, USA

HIGHLIGHTS

- Biomedical perspectives shape contemporary thinking about psychological problems.
- We quantitatively reviewed how biogenetic explanations affect stigma.
- Biogenetic explanations reduce blame, but induce pessimism about recovery.
- Biogenetic explanations do not affect desire for distance.
- Medicalization is no cure for stigma and may create barriers to recovery.

ARTICLE INFO

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Medicalization
Biomedical model
Biogenetic explanations
Stigma
Prejudice

ABSTRACT

Reducing stigma is crucial for facilitating recovery from psychological problems. Viewing these problems biomedically may reduce the tendency to blame affected persons, but critics have cautioned that it could also increase other facets of stigma. We report on the first meta-analytic review of the effects of biogenetic explanations on stigma. A comprehensive search yielded 28 eligible experimental studies. Four separate meta-analyses (*Ns* = 1207–3469) assessed the effects of biogenetic explanations on blame, perceived dangerousness, social distance, and prognostic pessimism. We found that biogenetic explanations reduce blame (Hedges $g = -0.324$) but induce pessimism (Hedges $g = 0.263$). We also found that biogenetic explanations increase endorsement of the stereotype that people with psychological problems are dangerous (Hedges $g = 0.198$), although this result could reflect publication bias. Finally, we found that biogenetic explanations do not typically affect social distance. Promoting biogenetic explanations to alleviate blame may induce pessimism and set the stage for self-fulfilling prophecies that could hamper recovery from psychological problems.

Kvaale, E. P., Haslam, N., & Gottdiener, W. H. (2013). The 'side effects' of medicalization: a meta-analytic review of how biogenetic explanations affect stigma. *Clinical Psychology Review, 33*(6), 782-794. doi: 10.1016/j.cpr.2013.06.002

Neurobiological

explanations as ways to reduce stigma…

Neurobiological explanation studies found they increased:

- Social distance
- Dangerousness
- Prognostic pessimism
- had no effect on reducing blame

Loughman and Haslam *Cognitive Research: Principles and Implications* (2018) 3:43
https://doi.org/10.1186/s41235-018-0136-1

Cognitive Research: Principles and Implications

ORIGINAL ARTICLE Open Access

Neuroscientific explanations and the stigma of mental disorder: a meta-analytic study

Amy Loughman[1,2] and Nick Haslam[2*]

Abstract

Genetic and other biological explanations appear to have mixed blessings for the stigma of mental disorder. Meta-analytic evidence shows that these "biogenetic" explanations reduce the blame attached to sufferers, but they also increase aversion, perceptions of dangerousness, and pessimism about recovery. These relationships may arise because biogenetic explanations recruit essentialist intuitions, which have known associations with prejudice and the endorsement of stereotypes. However, the adverse implications of biogenetic explanations as a set may not hold true for the subset of those explanations that invoke neurobiological causes. Neurobiological explanations might have less adverse implications for stigma than genetic explanations, for example, because they are arguably less essentialist. Although this possibility is important for evaluating the social implications of neuroscientific explanations of mental health problems, it has yet to be tested meta-analytically. We present meta-analyses of links between neurobiological explanations and multiple dimensions of stigma in 26 correlational and experimental studies. In correlational studies, neurobiological explanations were marginally associated with greater desire for social distance from people with mental health problems. In experimental studies, these explanations were associated with greater desire for social distance, greater perceived dangerousness, and greater prognostic pessimism. Neurobiological explanations were not linked to reduced blame in either set of studies. By implication, neurobiological explanations have the same adverse links to stigma as other forms of biogenetic explanation. These findings raise troubling implications about the public impact of psychiatric neuroscience research findings. Although such findings are not intrinsically stigmatizing, they may become so when viewed through the lens of neuroessentialism.

Keywords: Essentialism, Stigma, Mental disorder, Psychiatric disorder, Brain disease, Blame

Significance

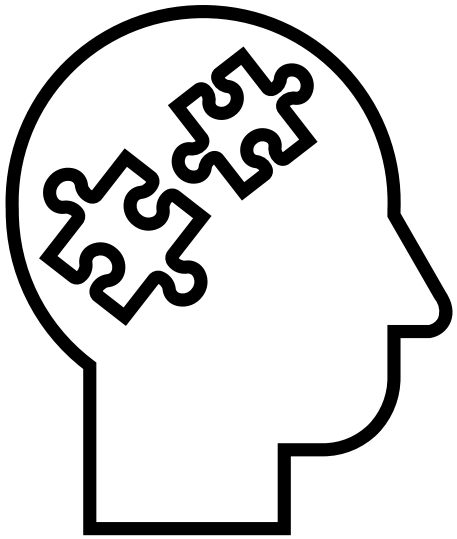
Neuroscientific explanations of mental health problems are increasingly prominent in the psychiatric and psychological literature, and they are becoming more widely endorsed by the general public. At the same time, mental health problems continue to be heavily stigmatized and there are few signs that this stigma is abating. It has been argued that biological explanations might play a role in reducing psychiatric stigma, but the evidence to date indicates that they are a double-edged sword, reducing some forms of stigma but exacerbating others. However, no previous studies have examined how the narrower set of neurobiological explanations are linked to stigma, and whether they might have less adverse links to stigma than other forms of biological explanation (e.g., genetic explanations). The present study reports meta-analyses of correlational and experimental studies on this question, and indicates that neurobiological explanations tend to be associated with greater stigma, especially in experimental studies. These findings suggest that laypeople apprehend neuroscientific research findings with an essentialist bias that leads them to ascribe mental health problems to fixed and unchanging pathological essences. The study has implications for how neuroscientific research findings on mental health should be communicated so as to minimize adverse effects on stigma.

Background

How people respond to neuroscientific explanations is emerging as a dynamic field of research in cognitive psychology. Researchers have explored why these explanations have a particular allure relative to mentalistic explanations (Weisberg, Keil, Goodstein, Rawson, &

* Correspondence: nhaslam@unimelb.edu.au
[2]Melbourne School of Psychological Sciences, University of Melbourne, Parkville, VIC 3010, Australia
Full list of author information is available at the end of the article

Loughman, A. & Haslam, N. (2018). Neuroscientific explanations and the stigma of mental disorder: a meta-analytic study. *Cognitive Research: Principles and Implications, 43*. doi: 10.1186/s41235-018-0136-1



What about ways of describing drug-related impairment, specifically?

A Randomized Study on Different Addiction Terminology in a Nationally Representative sample of the U.S. Adult Population

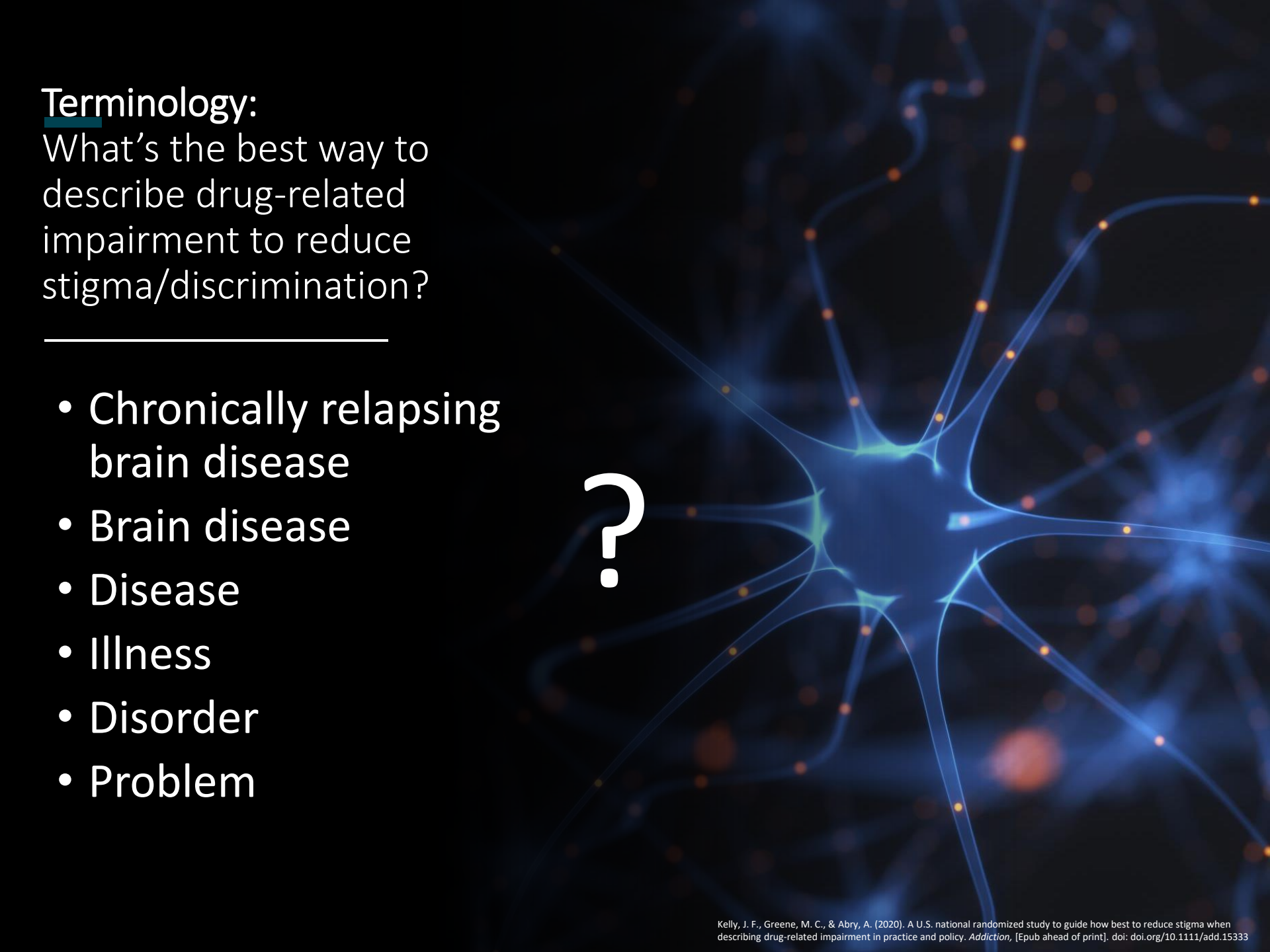
Kelly, J. F., Greene, M. C., & Abry, A. (2020). A U.S. national randomized study to guide how best to reduce stigma when describing drug-related impairment in practice and policy. *Addiction,* [Epub ahead of print]. doi: doi.org/10.1111/add.15333

Terminology:

What's the best way to describe drug-related impairment to reduce stigma/discrimination?

- Chronically relapsing brain disease
- Brain disease
- Disease
- Illness
- Disorder
- Problem

?



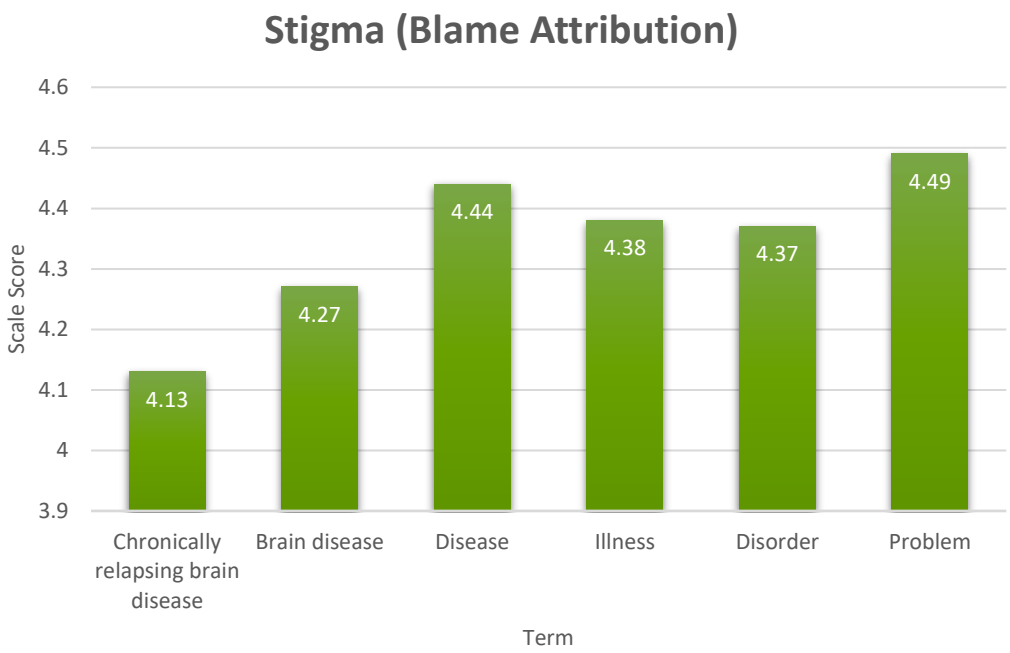
Kelly, J. F., Greene, M. C., & Abry, A. (2020). A U.S. national randomized study to guide how best to reduce stigma when describing drug-related impairment in practice and policy. *Addiction,* [Epub ahead of print]. doi: doi.org/10.1111/add.15333

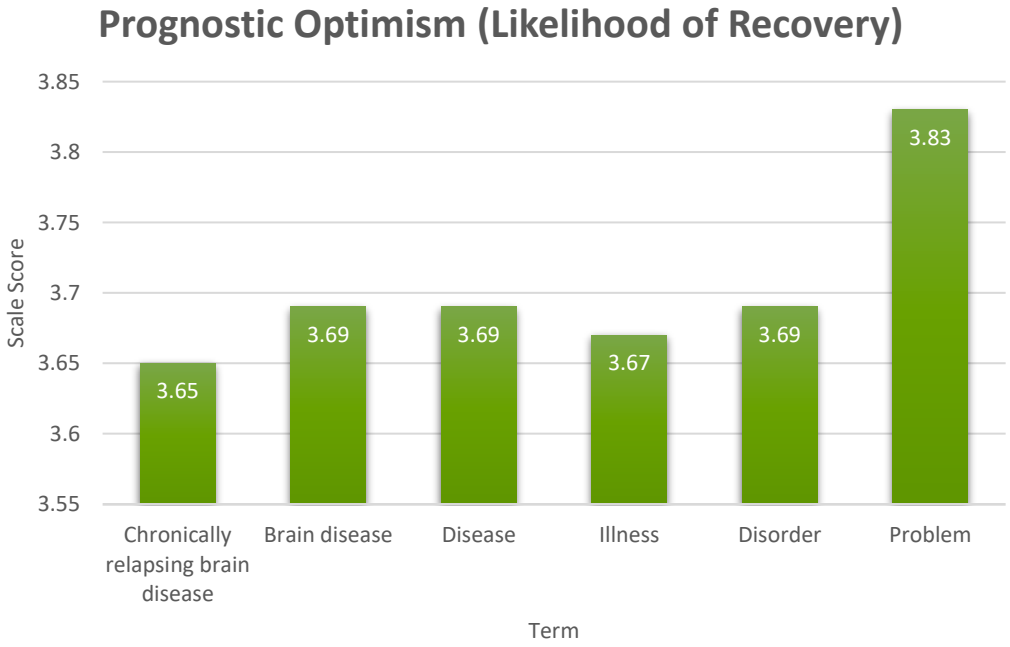
Design

- N=3,635
- Randomly assigned to receive one of 12 vignettes which described someone with opioid-related impairment in one of six different ways, as a(n):
  - Chronically relapsing brain disease
  - Brain disease
  - Disease
  - Illness
  - Disorder
  - Problem

"Alex was having serious trouble at home and work because of (his/her) increasing opioid use. (He/She) is now in a treatment program where (he/she) is learning from staff that (his/her) drug use is best understood as a (TERM) that often impacts multiple areas of one's life. Alex is committed to doing all that (he/she) can to ensure success following treatment. In the meantime, (he/she) has been asked by (his/her) counselor to think about what (he/she) has learned with regard to understanding (his/her) opioid use as a (TERM)."

Kelly, J. F., Greene, M. C., & Abry, A. (2020). A U.S. national randomized study to guide how best to reduce stigma when describing drug-related impairment in practice and policy. *Addiction,* [Epub ahead of print]. doi: doi.org/10.1111/add.15333





- There does not appear to be one single medical term for opioid-related impairment that can meet all desirable clinical and public health goals
- To reduce stigmatizing blame, biomedical 'chronically relapsing brain disease' terminology may be optimal
- To increase prognostic optimism and decrease perceived danger/social exclusion use of non-medical terminology (e.g. 'opioid problem') may be optimal

Kelly, J. F., Greene, M. C., & Abry, A. (2020). A U.S. national randomized study to guide how best to reduce stigma when describing drug-related impairment in practice and policy. *Addiction,* [Epub ahead of print]. doi: doi.org/10.1111/add.15333

What can we do about stigma and discrimination in addiction?

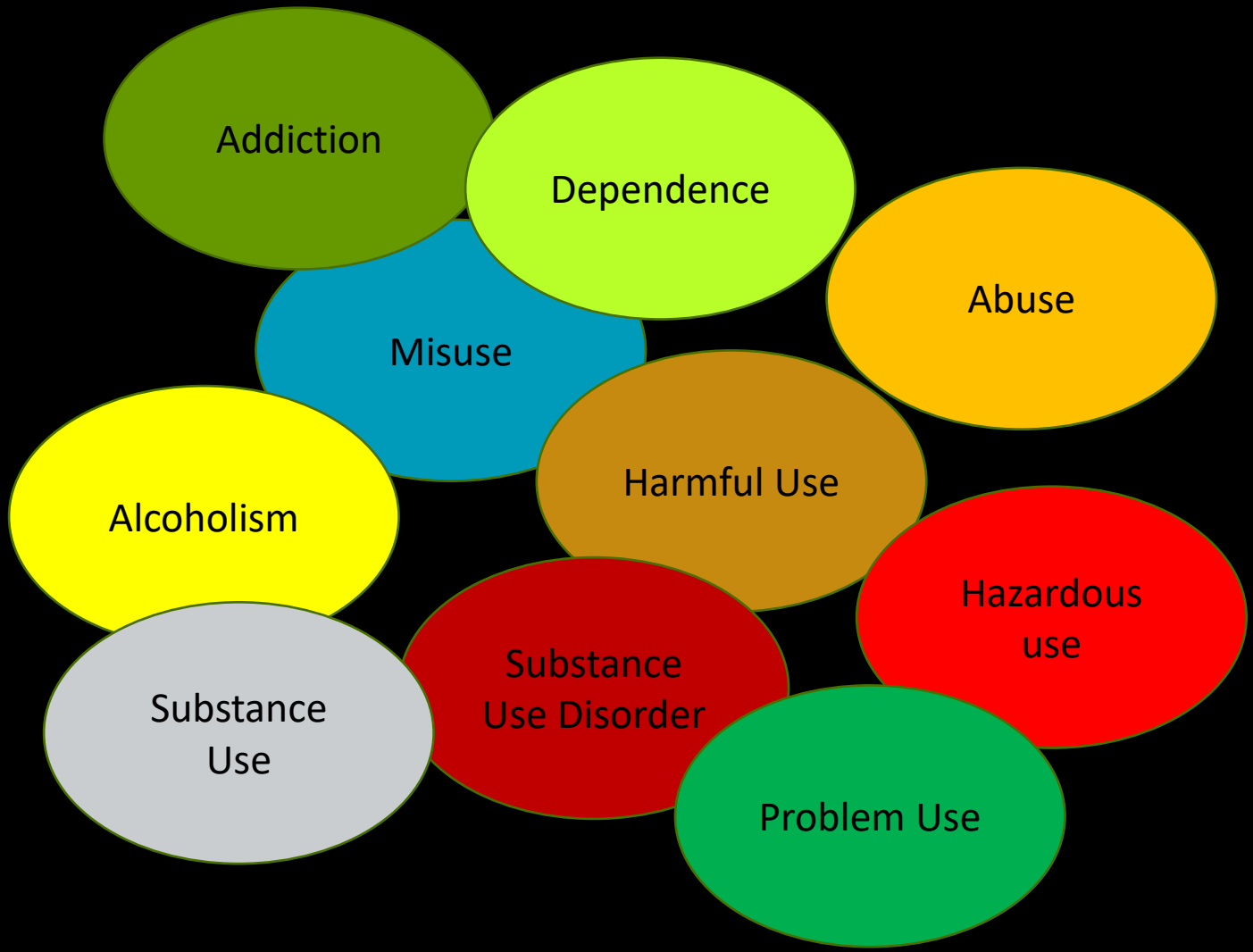
Education about essential nature of these conditions

Personal witness (putting a face and voice on recovery)

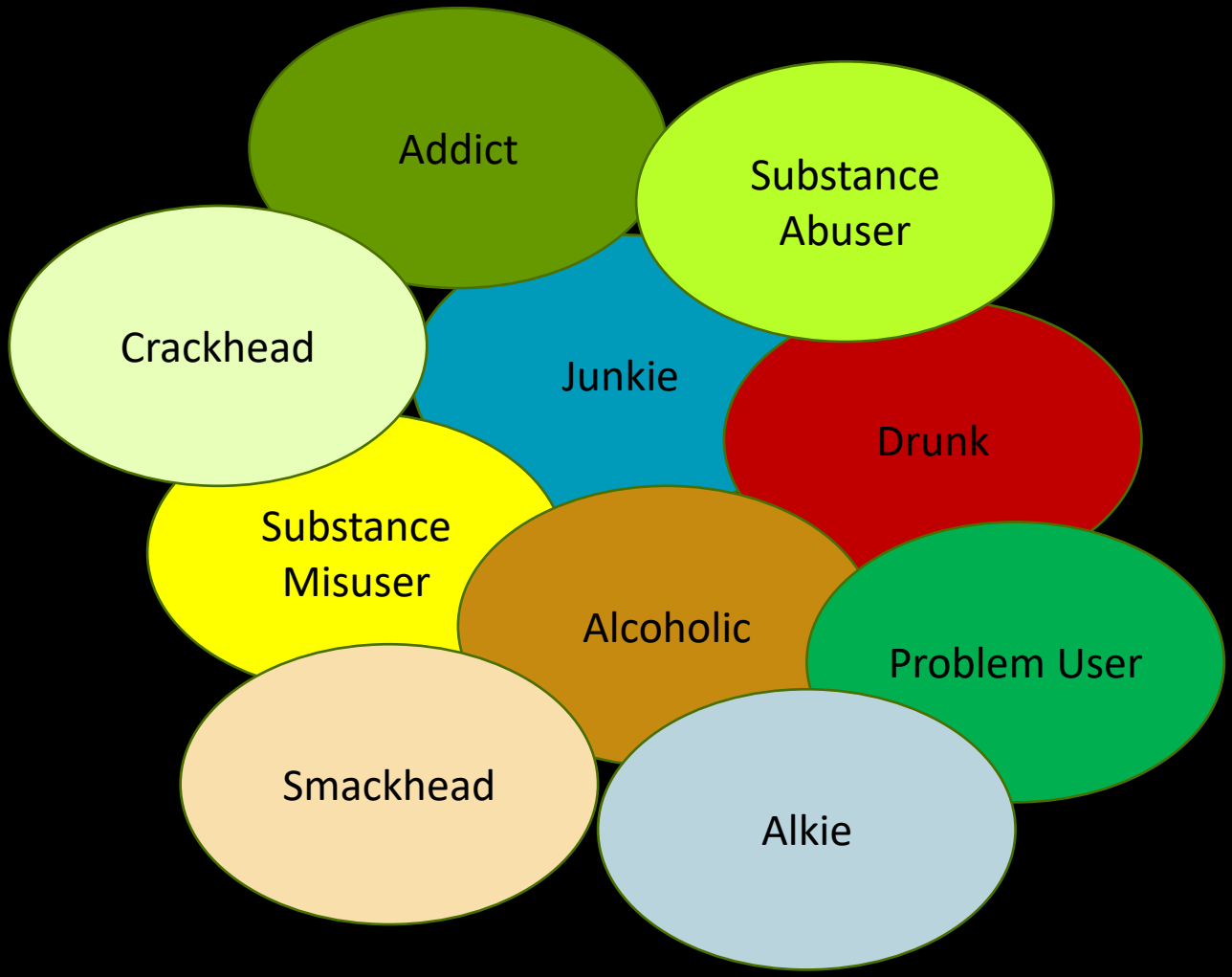
Change our language/terminology to be consistent with the nature of the condition and the policies we wish to implement to address it

TERMINOLOGY

Confusing array of terms Describing the Construct and Spectrum of Substance-Related Problems



Array of Terms Describing the Person using or suffering from compulsive substance use



Question…

People with eating-related conditions are always referred to as "**having an eating disorder**", **never as "food abusers".**

So why are people with substance-related conditions referred to as **"substance abusers"** and not as **"having a substance use disorder"?**

Does it matter?

Much ado about nothing?

“Political correctness”?

Mere “semantics”?

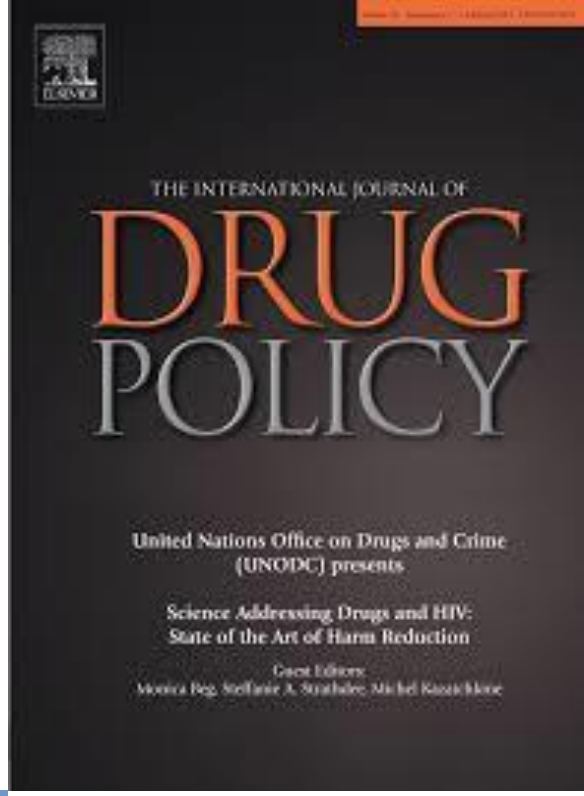
Two Commonly Used Terms…

- 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"?

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

International Journal of Drug Policy



How we talk and write about these conditions and individuals suffering them does matter

Kelly, J. F., & Westerhoff, C. M. (2010). Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. *International Journal of Drug Policy, 21*(3), 202–207. doi:10.1016/j.drugpo.2009.10.010

“Substance Abuser”

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…

“Substance Use Disorder”

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…

Compared to those in “substance use disorder” condition, those in “substance abuser” condition agreed more with idea that individual was personally culpable, needed punishment

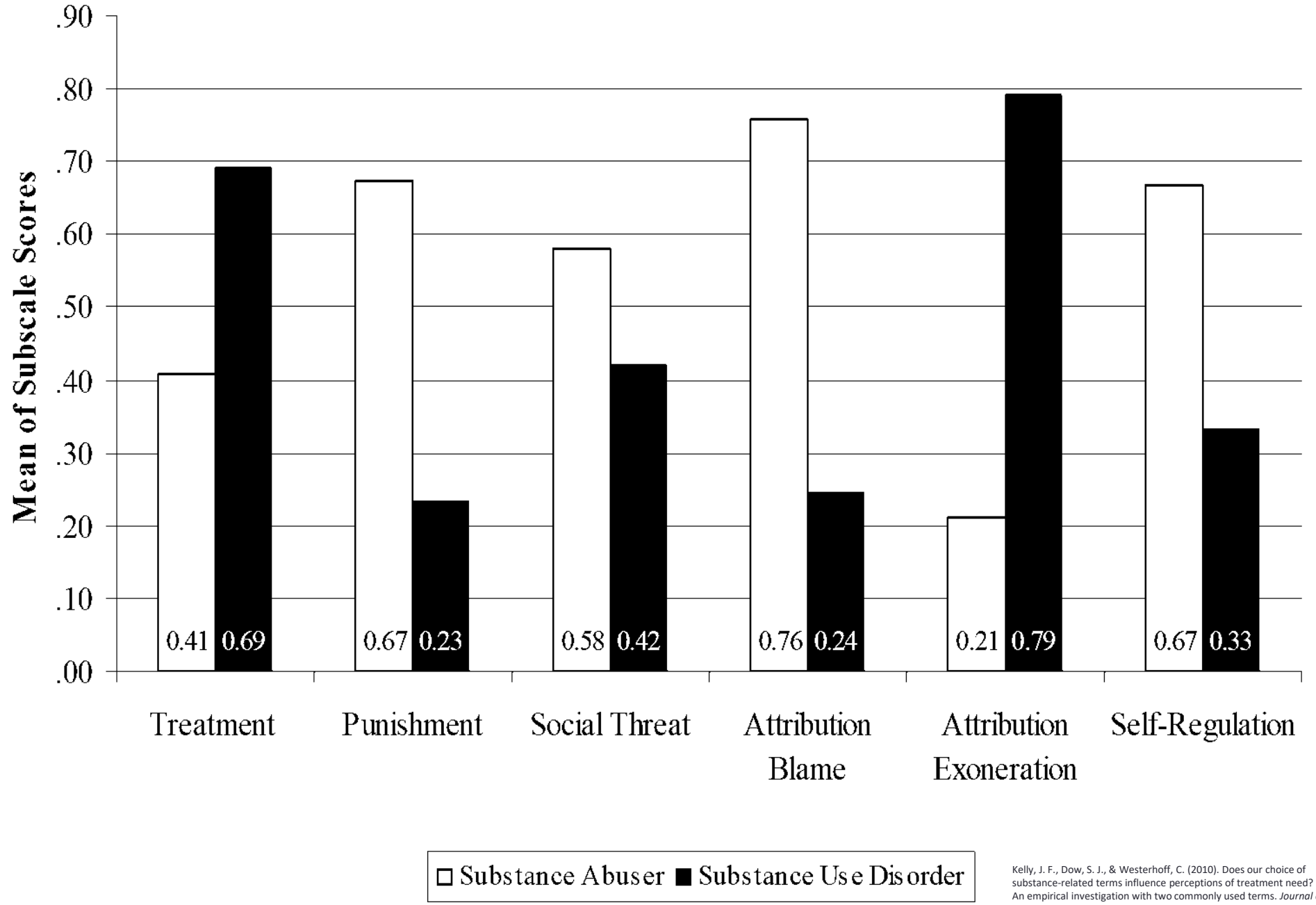
Kelly, J. F., & Westerhoff, C. M. (2010). Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. *International Journal of Drug Policy, 21*(3), 202–207. doi:10.1016/j.drugpo.2009.10.010

Does Our Choice of Substance-Related Terms Influence Perceptions of Treatment Need? An Empircal Investigation with Two Commonly Used Terms

John F. Kelly, Sarah J. Dow, Cara Westerhoff

Substance-related terminology is often a contentious topic because terms may convey meanings that have stigmatizing consequences and present a barrier to treatment. Chief among these are the labels, “abuse” and “abuser.”

Kelly, J. F., Dow, S. J., & Westerhoff, C. (2010). Does our choice of substance-related terms influence perceptions of treatment need? An empirical investigation with two commonly used terms. *Journal of Drug Issues, 40*(4), 805-818. doi: 10.1177/002204261004000403



Kelly, J. F., Dow, S. J., & Westerhoff, C. (2010). Does our choice of substance-related terms influence perceptions of treatment need? An empirical investigation with two commonly used terms. *Journal of Drug Issues, 40*(4), 805-818. doi: 10.1177/002204261004000403

Implications

- Even well-trained clinicians judged same individual differently and more punitively depending on which term exposed to
- Use of “abuser” term may activate implicit cognitive bias perpetuating stigmatizing attitudes–could have broad effects (e.g., treatment/funding)
- Let’s learn from allied disorders: people with “eating-related conditions” uniformly described as “having an eating disorder” NEVER as “food abusers”
- Referring to individuals as having “substance use disorder” may reduce stigma, may enhance treatment and recovery

Kelly, J. F., Dow, S. J., & Westerhoff, C. (2010). Does our choice of substance-related terms influence perceptions of treatment need? An empirical investigation with two commonly used terms. *Journal of Drug Issues, 40*(4), 805-818. doi: 10.1177/002204261004000403

EDITORIAL

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.

despite harmful consequer
strong causal role for gene
control, stigma is alive and
that one contributory fact
may be the type of langua

Use of the more medi
"substance use disorder" t
health approach that cap

THE AMERICAN JOURNAL of MEDICINE.
AJM

- Avoid "dirty," "clean," "abuser" language
- Negative urine test for drugs

http://www.amjmed.com/article/S0002-9343(14)00770-0/abstract

Kelly, J. F., Wakeman, S. E., & Saitz, R. (2015). Stop talking 'dirty': clinicians, language, and quality of care for the leading cause of preventable death in the United States. *American Journal of Medicine, 128(1)*, 8-9. doi: 10.1016/j.amjmed.2014.07.043

Recommended language examples…

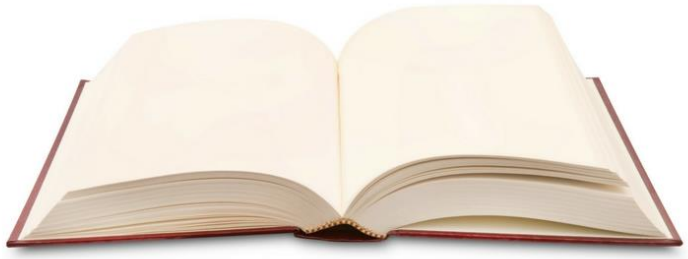
Don't say…	Instead, say…
• "drug abuser"	• "Person/individual/patient with a substance use disorder"
• "alcoholic"	• "Person/individual/patient with an alcohol use disorder"
• "dirty urine"	• "The urine was positive/negative for…."
• "heroin addict"	• "Person/individual/patient with an opioid use disorder"

RECOVERYANSWERS.ORG

RECOVERY RESEARCH INSTITUTE

ADDICTION-ARY

IF WE WANT ADDICTION DESTIGMATIZED, WE NEED A LANGUAGE THAT'S UNIFIED.

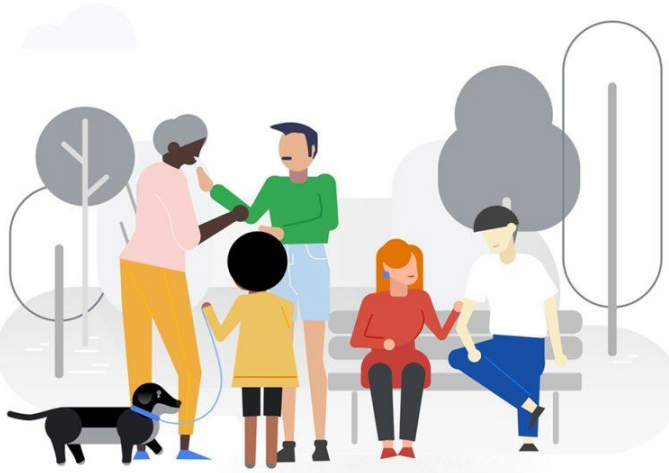


www.recoveryanswers.org

The words we use matter. Caution needs to be taken, especially when the disorders concerned are heavily stigmatized as in substance use disorders.

Recovery Research Institute (2020). *Addictionary*®. Retrieved from https://www.recoveryanswers.org/addiction-ary

Google



Together, recovery is possible.

g.co/recovertogether

Google NATIONAL RECOVERY MONTH

Google (2020). *Recover Together.* Retrieved from https://www.recovertogether.withgoogle.com

Anyone can support the recovery movement

Google

With your words

The leaders of the modern recovery movement ask us all to be thoughtful with the words we use around addiction and recovery. Some common terms, even those historically used by those in recovery, can reinforce stigma and even discourage people struggling with addiction from seeking treatment. Here are some that label people or inadvertently pass judgment, with advice on how to replace them with objective descriptions of symptoms or behaviors.

Old Term	Replace with
Addict/Alcoholic/Junkie	a person with, or suffering from, addiction or substance use disorder.
Lapse/Relapse/Slip	neutral terms such as "resumed," or experienced a "recurrence" of symptoms.
Clean	terms like "in remission or recovery"
Dirty	a person having positive test results or exhibiting symptoms of substance use disorder

RECOVERY RESEARCH INSTITUTE
MASSACHUSETTS GENERAL HOSPITAL
HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

Visit the Addictionary from the Recovery Research Institute for more terminology and guidance

Google (2020). *Recover Together.* Retrieved from https://www.recovertogether.withgoogle.com

February 01, 2019

Addictionary

Share this:

The Recovery Research Institute at Massachusetts General Hospital and Harvard Medical School has developed the Addictionary, a very useful tool when writing or discussing addiction and people with addiction and in recovery. According to the site, "The words we use matter. Caution needs to be taken, especially when the disorders concerned are heavily stigmatized as in substance use disorders."

American Bar Association (2019). *Addictionary*. Retrieved from https://www.americanbar.org

International Addiction Terminology Statement Sept 2015…

ISAJE International Society of Addiction Journal Editors

International Society of Addiction Journal Editors

National Addiction Center
4 Windsor Walk
London
SES 8A, UK

Addiction Terminology Statement

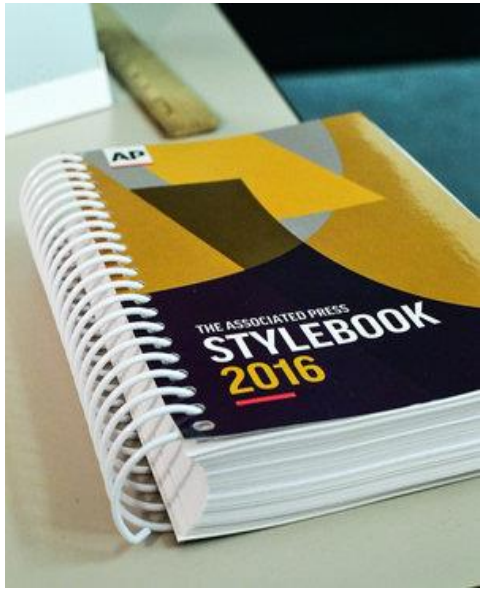
ISAJE editors adopted consensus statement advocating against use of stigmatizing language like "abuse" "abuser" "dirty," "clean" in addiction science in 2015

http://www.parint.org/isajewebsite/terminology.htm

International Society of Addiction Journal Editors (2015). *Addiction Terminology Statement.* Retrieved from https://www.parint.org/isajewebsite/terminology.htm

Impact around the U.S. and world…

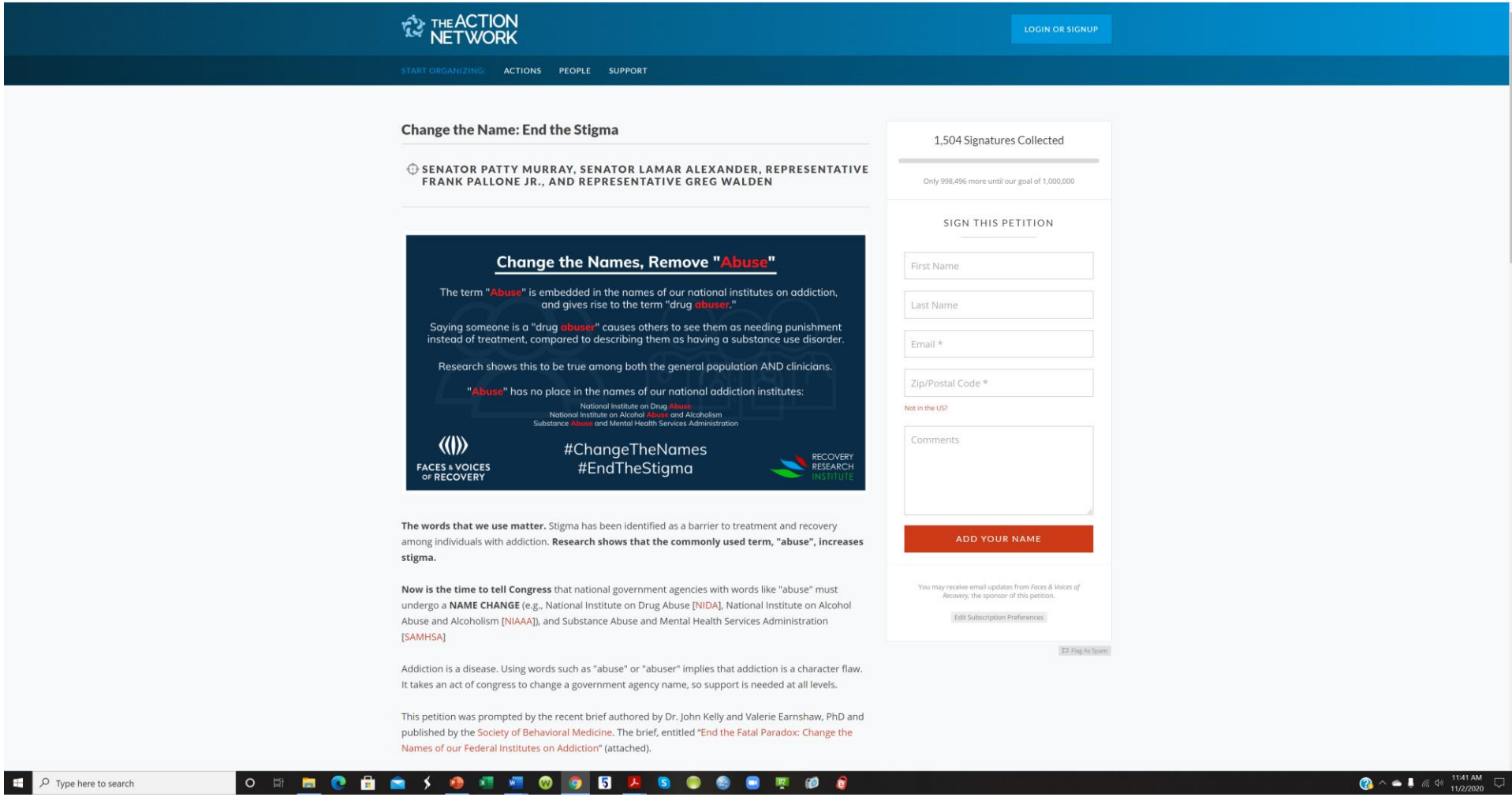
- ONDCP –White House Office of National Drug Control Policy - efforts to change SUD terminology to reduce stigma
- NIH, SAMHSA, website/literature changes; SGR (2016)
- U.S. Associated Press (AP) style guide update on SUD
- World Federation for the Treatment of Opioid Dependence
- The European Pain Federation EFIC
- International Association for Hospice and Palliative Care
- International Doctors for Healthier Drug Policies
- Swiss Romany College for Addiction Medicine
- Swiss Society of Addiction Medicine
- … Also, called on medical journals to ensure that authors always use terminology that is neutral, precise, and respectful in relation to the use of psychoactive substances.



Our national institutes on addiction have “abuse” embedded in their names… This needs to change

https://actionnetwork.org/petitions/change-the-name-end-the-stigma

#changethenames; #endthestigma



https://actionnetwork.org/petitions/change-the-name-end-the-stigma

Reducing Stigma in Clinical Settings

Prescribe, model and reinforce, universal clinical use of appropriate, person-first, non-stigmatizing terminology pertaining to alcohol/drug use disorders and related problems

Provide continuing education on the nature (causes and impacts) of substance use to clinical leadership, practitioners, and all staff, on the importance of addressing substance use disorders on clinical, ethical, humanitarian, compassionate care grounds, as well as health economics grounds

Provide regular opportunity for interaction and exposure to recovering persons to help dismantle stereotypes and disabuse staff of faulty beliefs

Create a “recovery friendly” workplace that openly and continually supports treatment and recovery for employees suffering form SUD including employing individuals with SUD histories

Thank you for your attention!

Enhancing Recovery Through Science

recoveryanswers.org

Recovery Research Institute

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free monthly Recovery Bulletin

@recoveryanswers

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