

# TOWARD AN ADDICTION-ARY: LANGUAGE, STIGMA, TREATMENT, AND POLICY



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# Language and Terminology Considerations in Addiction

- “Political correctness”?
- Public stigma/discrimination
- Policy approaches to addressing addiction
- Clinical attitudes and behavior in treatment
- Scientific and clinical accuracy in communication



# Key points

Burden related to addiction/substance-related conditions is prodigious and growing

Research on stigma reveals addiction/substance-related conditions highly stigmatized; understanding of biomedical aspects of addiction increasing but stigmatizing attitudes are not decreasing

Stigma and discrimination are major barriers to acknowledging the presence of a problem, in accessing help, and staying in recovery

Definitions and conceptualizations of addiction matter- affect stigma and our societal approach and accuracy in scientific communication

Stigma is influenced by perceptions about cause and controllability

Language/terminology of addiction influence these perceptions and may affect policy and clinical care

What to do about stigma: education, personal witness, shift language/terminology

## Burden of disease attributable to alcohol and other drug-related conditions

Worldwide, alcohol kills 3.3 million each year; 350,000 die due to illicit drugs (WHO, 2015). Major contributor to DALYs – alcohol third leading risk factor for disease burden

Alcohol and other drug-related conditions number 1 public health concern in US; unintentional overdose leading cause of accidental death (CASA, 2011; Warner, Chen, Makuc, Anderson, & Minino, 2011).

23 million individuals with substance use disorder in the US

Economic cost attributable to substance use from lost productivity, health care expenditures, and criminal justice involvement, = \$600 billion annually.

Despite presence of about 14,000 treatment facilities and 100,000 recovery mutual-aid support chapters meeting weekly in US, only 10% receive some form of help

A main barrier to seeking and receiving help is stigma...

# What is stigma?

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



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

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

## Stigma, social inequality and alcohol and drug use

ROBIN ROOM

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### Abstract

*A heavy load of symbolism surrounds psychoactive substance use, for reasons which are discussed. Psychoactive substances can be prestige commodities, but one or another aspect of their use seems to attract near-universal stigma and marginalization. Processes of stigmatization include intimate process of social control among family and friends; decisions by social and health agencies; and governmental policy decisions. What is negatively moralized commonly includes incurring health, casualty or social problems, derogated even by other heavy users; intoxication itself; addiction or dependence, and the loss of control such terms describe; and in some circumstances use per se. Two independent literatures on stigma operate on different premises: studies oriented to mental illness and disability consider the negative effects of stigma on the stigmatized, and how stigma may be neutralized, while studies of crime generally view stigma more benignly, as a form of social control. The alcohol and drug literature overlap both topical areas, and includes examples of both orientations. While poverty and heavy substance use are not necessary related, poverty often increases the harm for a given level of use. Marginalization and stigma commonly add to this effect. Those in treatment for alcohol or drug problems are frequently and disproportionately marginalized. Studies of social inequality and substance use problems need to pay attention also to processes of stigmatization and marginalization and their effect on adverse outcomes. [Room R. Stigma, social inequality and alcohol and drug use. *Drug Alcohol Rev* 2005;24:143–155]*

**Key words:** stigma, marginalization, social inequality, alcohol problems, drug problems, social control, moralization

When asked “Please indicate how people in society would react to a person with the health condition appearing in public”, the most marginalized conditions were “someone who is visibly drunk” and “someone who is visibly under the influence of drugs”

**Table 3.** Percentage of informants responding ‘People would think it was wrong’ for a person to appear in public, by country

Condition	Total %	Country													
		Canada	China	Egypt	Greece	India	Japan	Luxembourg	Netherlands	Nigeria	Romania	Spain	Tunisia	Turkey	UK
A woman in her 8th month of pregnancy	2	0	0	0	0	4	0	0	0	7	0	0	0	7	0
Someone who is blind	3	7	0	0	0	6	0	0	0	7	13	0	0	0	0
A person in a wheelchair	2	0	0	0	13	7	0	0	0	0	0	0	0	0	0
An obese person	12	20	7	13	7	6	19	31	8	13	0	17	0	20	8
A person who is intellectually ‘slow’	7	7	0	0	0	4	23	0	0	13	0	0	14	33	8
Someone with a face disfigured from burns	6	0	33	6	0	0	0	12	0	20	0	0	13	7	0
Someone with a chronic mental disorder who ‘acts out’	15	0	33	0	20	17	12	19	17	13	27	22	0	0	17
Someone who is dirty and unkempt	25	20	27	69	20	17	0	44	8	47	40	17	43	0	33
Someone who is visibly drunk	46	13	27	88	27	46	6	81	8	80	73	50	79	14	50
Someone who is visibly under the influence of drugs	58	20	57	100	40	67	M	56	17	64	67	56	79	M	M
<i>n</i> of key informants	245	15	15	16	15	47	18	16	13	15	15	18	15	15	12

Source: Room *et al.*, 2001:281.

Note: The question was ‘Please indicate how people in this society would react to a person with the health condition appearing in public’. ‘Think it was wrong’ refers to responses: ‘People would think it was wrong, and might say something about it’ and ‘People would think it was wrong and try to stop it’. M=question not asked.



## Addiction more stigmatized than other mental illness:

- **Sample:** 709 respondents to an online survey
- **Design:** Randomized experiment (online survey)
- **Comparison conditions:** Participants were randomly assigned to receive questions about mental illness or the same questions in reference to drug addiction
- **Outcome:** Public attitudes (i.e. willing to let a person with this addiction marry into your family)

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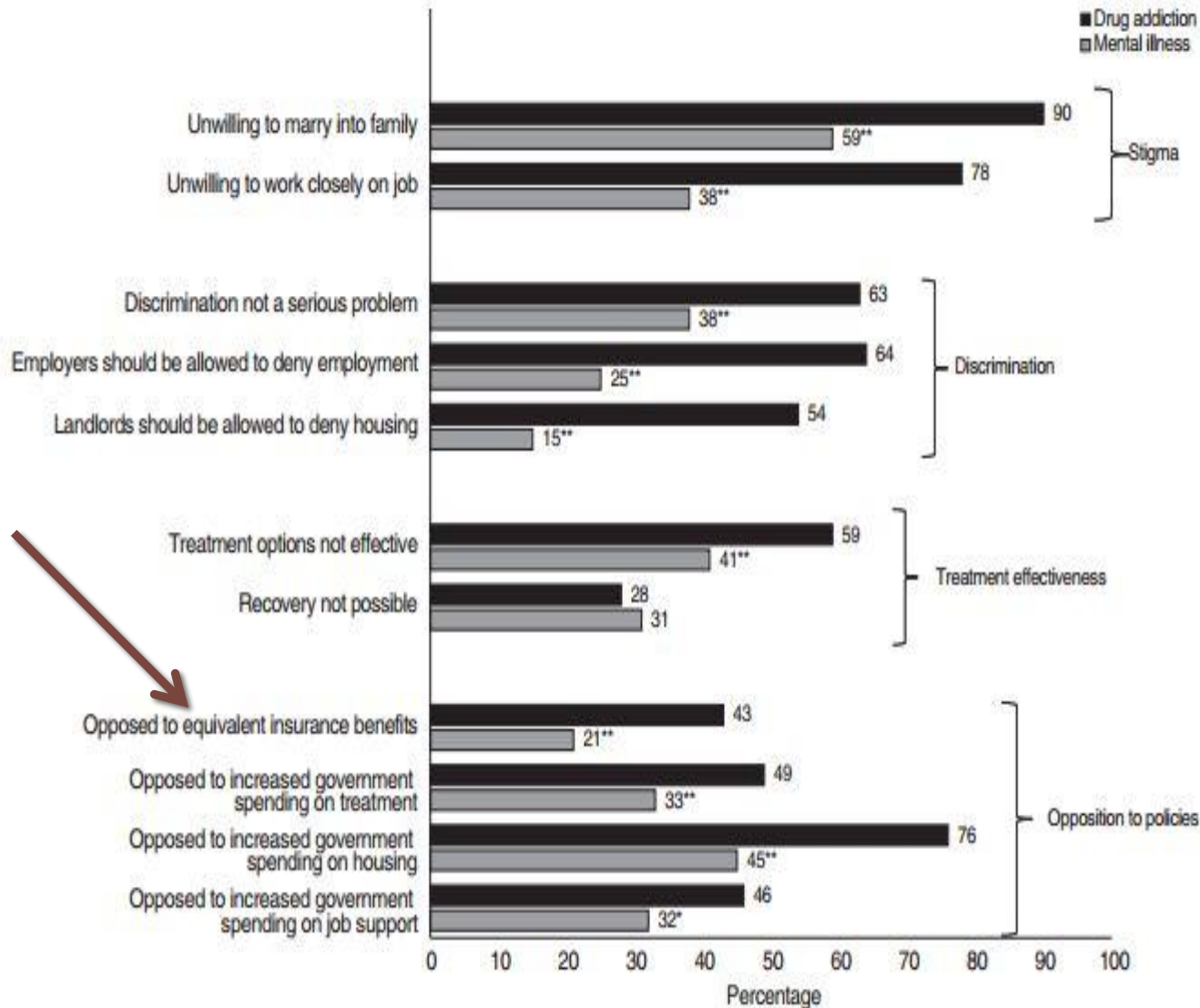
## Stigma, Discrimination, Treatment Effectiveness, and Policy: Public Views About Drug Addiction and Mental Illness

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Howard H. Goldman, M.D., Ph.D.

People hold more negative attitudes towards persons with drug addiction than mental illness

Figure 1

Public attitudes about persons with drug addiction (N=347) and mental illness (N=362), 2013<sup>a</sup>



More individuals were unwilling to have a person with drug addiction (90%) (versus mental illness 59%) marry into their family or work closely with them on a job (78% versus 38%)

In terms of discrimination, people thought employers should be able to deny employment more for addicted (64%) than those with mental illness 25%) and landlords deny housing (54% addicted vs. 15% mental illness)

Treatment options perceived to be less effective for addiction (59%) than mental illness (41%)

Also, big differences in opposition to insurance benefits, government paying for housing, increased spending on treatment etc.

# Attitudes toward different mental illness: Addicted individuals “more to blame” ...

- **Sample:** 1737 adults in the UK
- **Design:** Cross-sectional survey
- **Outcome:** Questions about perceptions of common mental disorders:
  - Severe depression
  - Panic attacks
  - Schizophrenia
  - Dementia
  - Eating disorder
  - Alcohol addiction
  - Drug addiction

## Stigmatisation of people with mental illnesses

ARTHUR H. CRISP, MICHAEL G. GELDER, SUSANNAH RIX, HOWARD I. MELTZER and OLWEN J. ROWLANDS

**Background** Recognition of the additional social handicaps and distress that people with mental illnesses experience as a result of prejudice.

**Aims** To determine opinions of the British adult population concerning those with mental illnesses as baseline data for a campaign to combat stigmatisation.

**Method** Survey of adults ( $n=1737$  interviewed; 65% response) regarding seven types of common mental disorders. Responses evaluated concerned eight specified perceptions.

**Results** Respondents commonly perceived people with schizophrenia, alcoholism and drug addiction as unpredictable and dangerous. The two latter conditions were also viewed as self-inflicted. People with any of the seven disorders were perceived as hard to talk with. Opinions about effects of treatment and prognosis suggested reasonable knowledge. About half the respondents reported knowing someone with a mental

In 1998 the Royal College of Psychiatrists started a five-year campaign entitled 'Changing Minds: Every Family in the Land' to reduce the stigma of mental illness (James, 1998; Crisp, 1999). Many studies have shown that stigmatising attitudes towards people with mental illness are widespread (Byrne, 1997; Link *et al.*, 1997; Jorm *et al.*, 1999) and are commonly held (Rabkin, 1974; Heginbotham, 1998; Porter, 1998), but there has been no recent survey of a large representative sample of the population of Great Britain. To guide the Campaign and as a baseline for a subsequent study of its effects, the Campaign Management Committee commissioned such a survey of current public opinions about people with one or other of the seven mental disorders embraced by its Campaign and based on the range of commonly attributed public attitudes to those with mental illness (Hayward & Bright, 1997).

### METHOD

#### Sampling

The survey was carried out on behalf of the

### The interview

Advance letters were sent to all addresses giving a brief account of the survey. The interviews were carried out in the last two weeks of July and the first week of August 1998.

The survey obtained two sets of data. The first set comprised data collected in all Omnibus Surveys concerning household composition, and individual demographic and employment-related variables. The second set contained responses to questions about opinions concerning people with mental illnesses. Questions were asked about eight topics and each was repeated in relation to seven mental disorders which had been chosen as targets in the College's Campaign. The disorders were severe depression, panic attacks, schizophrenia, dementia, eating disorders, alcoholism and drug addiction. Focus groups carried out at the pre-interview stage indicated that the general population has a good understanding of these terms. Topics were derived from the work of Hayward & Bright (1997), who reviewed the literature on stigmatisation of people with mental illnesses. They concluded that there were enduring themes of people with mental illnesses being perceived as: being dangerous, being unpredictable, being difficult to talk with, having only themselves to blame, being able to pull themselves together, having a poor outcome and responding poorly to treatment. Responses were recorded on a five-point scale, the extremes of which bore anchoring statements, for example "dangerous to others—not dangerous to others". This method was chosen because it had worked well in previous surveys by the ONS. Respondents were also asked whether they knew anyone who has or had had a mental illness.

1737 adults in the UK participated in an interview about perceptions regarding common mental disorders

- Of all types of mental illness, schizophrenia, alcohol addiction, and drug addiction had the most negative opinions
  - 70% of respondents rated these conditions as dangerous to others
  - 80% rated them as unpredictable
- **People with alcohol or other drug addiction were viewed as having themselves to blame for their disorder**
  - Only 7% of respondents rated people with schizophrenia in this manner



# Addiction still more stigmatized than mental illnesses but portraying it as treatable helps...

- **Sample:** 3940 respondents to a nationally representative online survey
- **Design:** Randomized vignette-based experiment
- **Comparison conditions:** Participants were randomized to read one of ten vignettes with different portrayals (e.g., having untreated or treated mental illness or drug addiction) of a white college-educated woman.
- **Outcomes:** desirability of social distance, perceptions about treatment effectiveness, willingness to discriminate, support for policies that benefit persons with mental health or substance use disorders



## Portraying mental illness and drug addiction as treatable health conditions: Effects of a randomized experiment on stigma and discrimination



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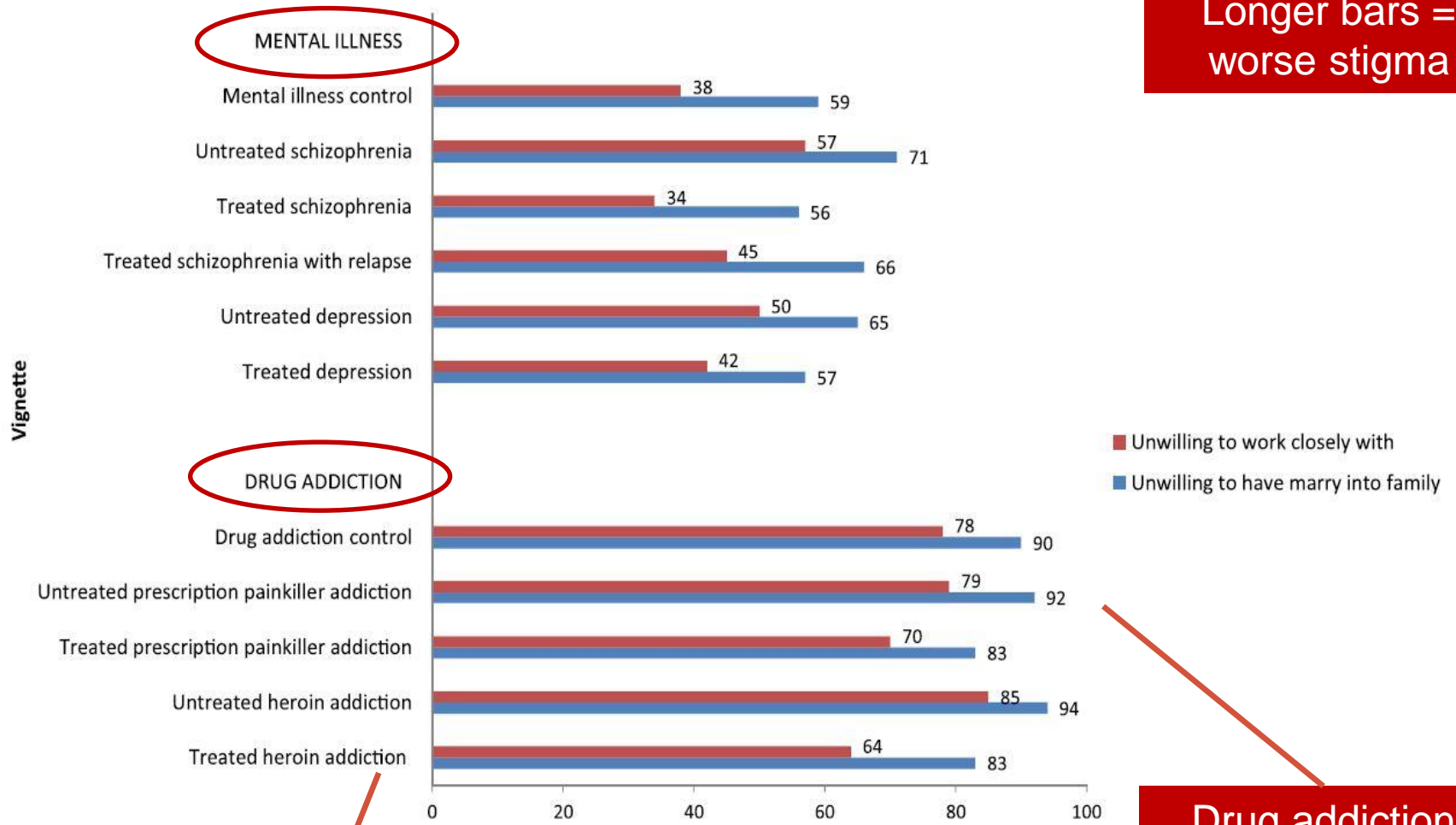
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### ABSTRACT

Despite significant advances in treatment, stigma and discrimination toward persons with mental illness and drug addiction have remained constant in past decades. Prior work suggests that portraying other stigmatized health conditions (i.e., HIV/AIDS) as treatable can improve public attitudes toward those affected. Our study compared the effects of vignettes portraying persons with untreated and symptomatic versus successfully treated and asymptomatic mental illness and drug addiction on several dimensions of public attitudes about these conditions. We conducted a survey-embedded randomized experiment using a national sample ( $N = 3940$ ) from an online panel. Respondents were randomly assigned to read one of ten vignettes. Vignette one was a control vignette, vignettes 2–5 portrayed individuals with untreated schizophrenia, depression, prescription pain medication addiction and heroin addiction, and vignettes 6–10 portrayed successfully treated individuals with the same conditions. After reading the randomly assigned vignette, respondents answered questions about their attitudes related to mental illness or drug addiction. Portrayals of untreated and symptomatic schizophrenia, depression, and heroin addiction heightened negative public attitudes toward persons with mental illness and drug addiction. In contrast, portrayals of successfully treated schizophrenia, prescription painkiller addiction, and heroin addiction led to less desire for social distance, greater belief in the effectiveness of treatment, and less willingness to discriminate against persons with these conditions. Portrayal of persons with successfully treated mental illness and drug addiction is a promising strategy for reducing stigma and discrimination toward persons with these conditions and improving public perceptions of treatment effectiveness.

Longer bars = worse stigma



Treated individuals less stigmatized...

Drug addiction vignettes had more stigmatizing responses than seen with mental illness vignettes



# SELF STIGMA AND TREATMENT

## Addicted individuals:

- Less likely to seek help/treatment perceived stigma high
- Report high discrimination, feeling feared, abandoned
- More likely to dropout of treatment due to stigma

## Health Care Professionals:

- Hold patients with SUD in poor regard relative to other patients
- View them as poorly motivated, violent, manipulative
- May avoid these patients, shorten visits, leading to suboptimal care

# Stigmatization of alcoholism: impact on treatment seeking

- **Sample:** Nationally representative sample of 34,653 adults with alcohol use disorder
- **Design:** Cross-sectional survey
- **Outcomes:** Perceived stigma of alcoholism and receipt of services



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## Original Contribution

### Stigma and Treatment for Alcohol Disorders in the United States

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*Initially submitted June 3, 2010; accepted for publication August 12, 2010.*

Among a nationally representative sample of adults with an alcohol use disorder, the authors tested whether perceived stigmatization of alcoholism was associated with a lower likelihood of receiving alcohol-related services. Data were drawn from a face-to-face epidemiologic survey of 34,653 adults interviewed in 2004–2005 who were aged 20 years or older and residing in households and group quarters in the United States. Alcohol abuse/dependence was diagnosed by using the Alcohol Use Disorder and Associated Disabilities Interview Schedule—*Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, version (AUDADIS-IV). The stigma measure used was the Perceived Devaluation-Discrimination Scale. The main outcome was lifetime intervention including professional services and 12-step groups for alcohol disorders. Individuals with a lifetime diagnosis of an alcohol use disorder were less likely to utilize alcohol services if they perceived higher stigma toward individuals with alcohol disorders (odds ratio = 0.37, 95% confidence interval: 0.18, 0.76). Higher perceived stigma was associated with male gender ( $\beta = -0.75$ ;  $P < 0.01$ ), nonwhite compared with non-Hispanic white race/ethnicity, lower income ( $\beta = 1.0$ ;  $P < 0.01$ ), education ( $\beta = 1.48$ ;  $P < 0.01$ ), and being previously married ( $\beta = 0.47$ ;  $P = 0.02$ ). Individuals reporting close contact with an alcohol-disordered individual (e.g., relative with an alcohol problem) reported lower perceived stigma ( $\beta = -1.70$ ;  $P < 0.01$ ). A link between highly stigmatized views of alcoholism and lack of services suggests that stigma reduction should be integrated into public health efforts to promote alcohol treatment.

alcohol drinking; alcoholics anonymous; alcoholism; mental disorders; psychiatric therapeutic processes; shame; therapeutics; United States

- Treatment utilization - highest in the lowest stigma group
- Individuals with lifetime alcohol use disorder (AUD) less likely to use services if had higher perception of stigma towards individuals with AUD
- Odds of treatment/self-help decreased with each increase in alcohol stigma quartile

**Table 3.** Association Between Alcohol Stigma and Any Lifetime Treatment Utilization Among Individuals With a Lifetime Alcohol Disorder, United States, 2004–2005 (*n* = 6,309)

	Utilized Alcohol Services, Lifetime ( <i>n</i> = 1,401)				
	% (SE)	Unadjusted OR	95% CI	Adjusted OR <sup>a</sup>	95% CI
High stigma ( <i>n</i> = 1,911)	21.25 (1.32)	0.88	0.71, 1.08	0.37	0.18, 0.76
Middle high ( <i>n</i> = 1,692)	17.69 (1.06)	0.70	0.58, 0.84	0.47	0.23, 0.95
Middle low ( <i>n</i> = 1,533)	17.17 (1.05)	0.67	0.57, 0.81	0.61	0.32, 1.16
Low stigma ( <i>n</i> = 1,173)	23.51 (1.06)	1.00		1.00	

Abbreviations: CI, confidence interval; OR, odds ratio; SE, standard error.

<sup>a</sup> Adjusted for sex, age, race/ethnicity, income, education, marital status, and number of lifetime alcohol dependence criteria met.

# Does stigma affect treatment completion?

- **Sample:** 92 patients who used heroin in residential treatment in Sydney, Australia
- **Design:** Cross-sectional survey
- **Outcomes:** Perceptions of staff discrimination and treatment motivation

## Perceptions of discriminatory treatment by staff as predictors of drug treatment completion: Utility of a mixed methods approach

LOREN BRENER<sup>1</sup>, WILLIAM VON HIPPEL<sup>2</sup>, COURTNEY VON HIPPEL<sup>2</sup>, ILYSE RESNICK<sup>1</sup> & CARLA TRELOAR<sup>1</sup>

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### Abstract

**Introduction and Aims.** Staff interactions with their clients are an important factor in the quality of care that is provided to people in drug treatment. Yet there is very little research that addresses staff attitudes or clients' perceptions of discrimination and prejudice by staff with regard to treatment outcomes. This research aimed to assess whether perceptions of discrimination by staff predict drug treatment completion. **Design and Methods.** The study used a mixed methods approach. Ninety-two clients in residential rehabilitation facilities in Sydney were administered a series of quantitative measures assessing drug history, severity of drug use, treatment history, perceptions of staff discrimination and treatment motivation. Clients were followed up regularly until an outcome (dropout or completion) was obtained for the full sample. **Results.** Perceptions of discrimination were a significant predictor of treatment completion, with greater perceived discrimination associated with increased dropout. Qualitative interviews with 13 clients and eight health-care workers from these treatment services were then conducted to gain insight into how perceived discrimination may impact on treatment experiences. Clients and staff discussed how they would address the issue of perceived discrimination during the current treatment experience. **Discussion and Conclusions.** Adopting a mixed methods approach facilitated exploration of the impact of perceived discrimination on treatment from both clients' and health-care workers' perspectives. This methodology may also enhance interpretation and utilisation of these findings in drug treatment. [Brener L, von Hippel W, von Hippel C, Resnick I, Treloar C. Perceptions of discriminatory treatment by staff as predictors of drug treatment completion: Utility of a mixed methods approach. *Drug Alcohol Rev* 2010;29:491-497]

**Key words:** drug treatment, perceived discrimination, attitudes, treatment outcomes, mixed methods.

# Patients in the study...

- Experienced discrimination: 60% believed people treated them unfairly because they knew about their substance use
- Felt Feared: 46% felt others were afraid of them when they found out about their substance use
- Felt Abandoned: 45% felt some of their family gave up on them after finding out about their substance use



- Perceptions of discrimination was a significant predictor of treatment completion
  - Greater perceived discrimination was associated with increased dropout
- From qualitative interviews with 13 participants:
  - All reported they experienced discrimination in the past in treatment or at other health facilities



# Clinician attitudes toward patients who use substances: differences by specialty

- **Sample:** 866 health service professionals (physicians, psychiatrists, psychologist, nurses, and social workers) from a variety of service settings in 7 European countries
- **Design:** Cross-sectional survey
- **Outcomes:** Regard toward working with patients with problems related to alcohol or drugs, with depression, and with diabetes

### Staff regard towards working with substance users: a European multi-centre study

Gail Gilchrist, Jacek Moskalewicz, Silvia Slezakova, Lubomir Okruhlica, Marta Torrens, Rajko Vajd & Alex Baldacchino

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#### ABSTRACT

**Aims** To compare regard for working with different patient groups (including substance users) among different professional groups in different health-care settings in eight European countries. **Design** A multi-centre, cross-sectional comparative study. **Setting** Primary care, general psychiatry and specialist addiction services in Bulgaria, Greece, Italy, Poland, Scotland, Slovakia, Slovenia and Spain. **Participants** A multi-disciplinary convenience sample of 866 professionals (physicians, psychiatrists, psychologists, nurses and social workers) from 253 services. **Measurements** The Medical Condition Regard Scale measured regard for working with different patient groups. Multi-factor between-subjects analysis of variance determined the factors associated with regard for each condition by country and all countries. **Findings** Regard for working with alcohol (mean score alcohol: 45.35, 95% CI 44.76, 45.95) and drug users (mean score drugs: 43.67, 95% CI 42.98, 44.36) was consistently lower than for other patient groups (mean score diabetes: 50.19, 95% CI 49.71, 50.66; mean score depression: 51.34, 95% CI 50.89, 51.79) across all countries participating in the study, particularly among staff from primary care compared to general psychiatry or specialist addiction services ( $P < 0.001$ ). After controlling for sex of staff, profession and duration of time working in profession, treatment entry point and country remained the only statistically significant variables associated with regard for working with alcohol and drug users. **Conclusions** Health professionals appear to ascribe lower status to working with substance users than helping other patient groups, particularly in primary care; the effect is larger in some countries than others.

**Keywords** Alcohol users, cross-sectional study, drug users, Europe, general psychiatry, Medical Condition Regard Scale, primary care, specialist addiction services, staff attitudes.

- Over all clinicians, regard for working with alcohol and drug users consistently lower than other patients with diabetes or depression
- Primary care physicians showed lower regard for drinkers and drug users than other professionals

**Table 3** Regard for working with patients with different conditions.

<i>MCRS condition</i>	<i>n</i>	<i>Mean (SD)</i>	<i>95% CIs</i>
Drugs	855	43.67 (10.25)	42.98. 44.36
Alcohol	862	45.35 (8.92)	44.76. 45.95
Diabetes	807	50.19 (6.85)	49.71. 50.66
Depression	850	51.34 (6.71)	50.89. 51.79

CI: confidence interval; SD: standard deviation; MCRS: Medical Condition Regard Scale.

# Stigma among health professionals: impact on care delivery

- **Sample:** 28 studies with health personnel who work with patients with substance use problems
- **Design:** Systematic review
- **Outcomes:** Attitudes of health personnel, healthcare delivery, (social) stigma



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## Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: Systematic review

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### ABSTRACT

**Background:** Healthcare professionals are crucial in the identification and accessibility to treatment for people with substance use disorders. Our objective was to assess health professionals' attitudes towards patients with substance use disorders and examine the consequences of these attitudes on healthcare delivery for these patients in Western countries.

**Methods:** Pubmed, PsycINFO and Embase were systematically searched for articles published between 2000 and 2011. Studies evaluating health professionals' attitudes towards patients with substance use disorders and consequences of negative attitudes were included. An inclusion criterion was that studies addressed alcohol or illicit drug abuse. Reviews, commentaries and letters were excluded, as were studies originating from non-Western countries.

**Results:** The search process yielded 1562 citations. After selection and quality assessment, 28 studies were included. Health professionals generally had a negative attitude towards patients with substance use disorders. They perceived violence, manipulation, and poor motivation as impeding factors in the healthcare delivery for these patients. Health professionals also lacked adequate education, training and support structures in working with this patient group. Negative attitudes of health professionals diminished patients' feelings of empowerment and subsequent treatment outcomes. Health professionals are less involved and have a more task-oriented approach in the delivery of healthcare, resulting in less personal engagement and diminished empathy.

**Conclusions:** This review indicates that negative attitudes of health professionals towards patients with substance use disorders are common and contribute to suboptimal health care for these patients. However, few studies have evaluated the consequences of health professionals' negative attitudes towards patients with substance use disorders.

- In general, health professionals had a negative attitude toward patients with substance use disorders
- Perceived factors impeding healthcare for these patients:
  - Violence
  - Manipulation
  - Poor motivation
- Health professionals did not have adequate training in regards to working with this patient group
- Health professionals may have an avoidant approach to delivery of care with substance use disorder patients compared to other patient groups
  - **may result in shorter visits, expression of less empathy, and less patient engagement and retention**

# Brief Recap

- Addiction appears to be among the top (if not the top) most stigmatized conditions across different societies
- Compared to other mental illnesses, people have more stigmatizing and discriminatory views toward those with addiction disorders
- Perceived stigma is a major barrier to seeking help/earlier
- Perceived stigma predicts earlier treatment discontinuation
- Clinicians, generally, hold negative views toward addicted individuals, particularly those with less specific training/exposure in addiction

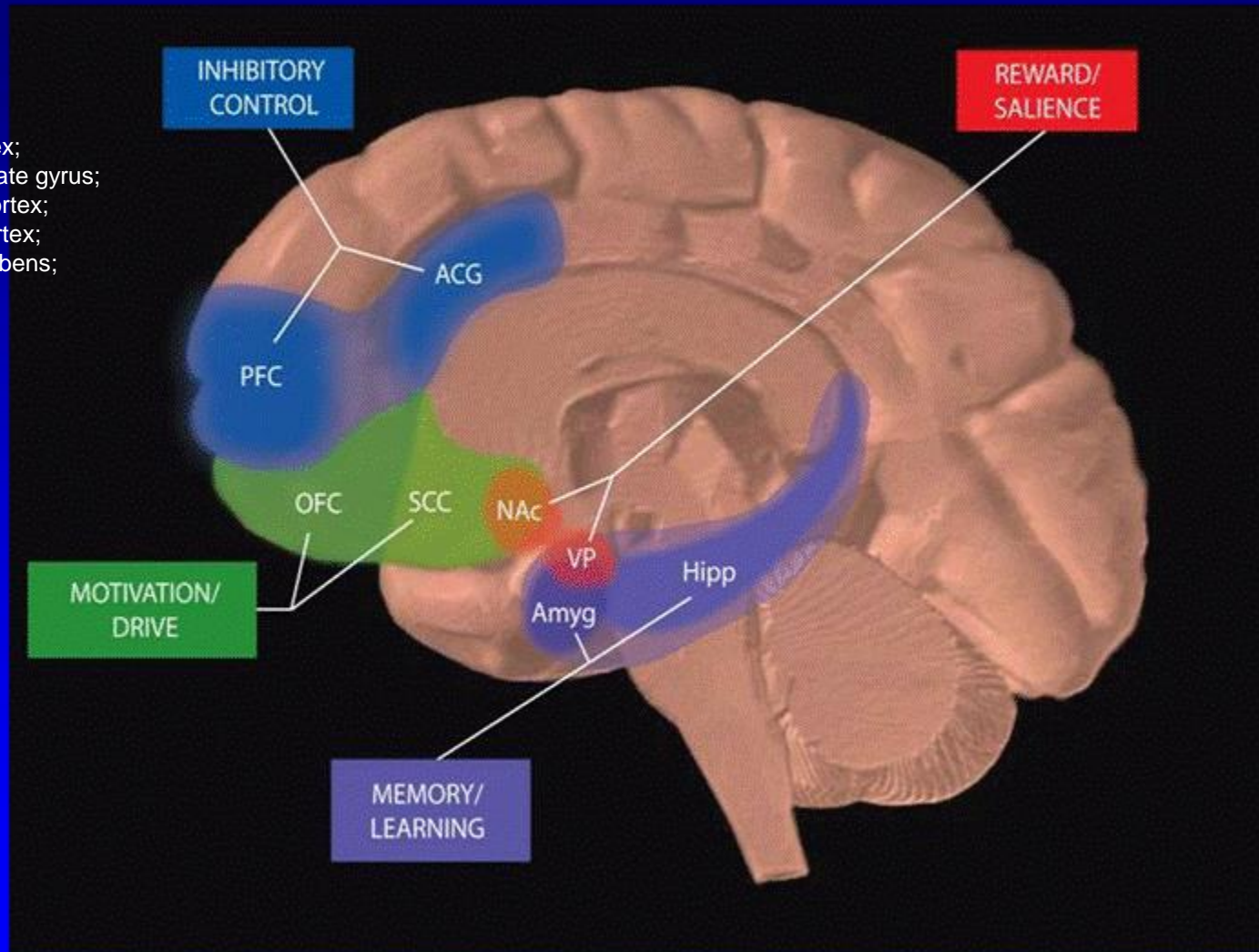
So, why is addiction so stigmatized compared to other social problems and health conditions, and other mental illnesses?



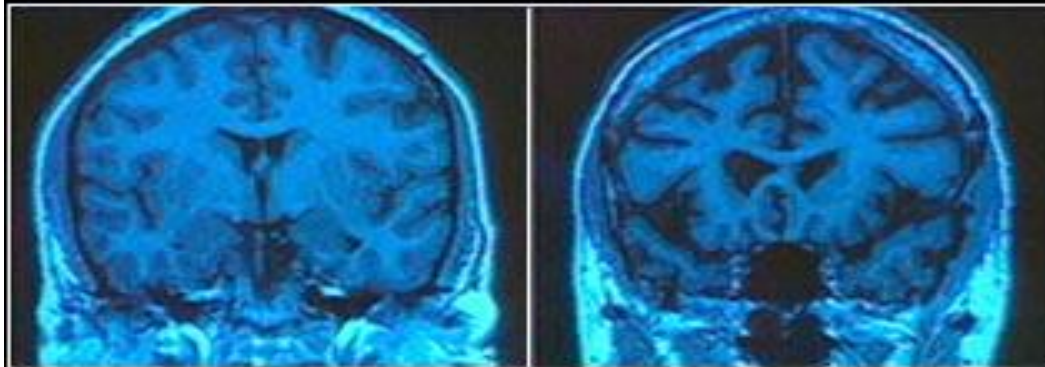
# What factors influence stigma?

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

# Circuits Involved In Drug Abuse and Addiction



**All of these brain regions must be considered in developing strategies to effectively treat addiction**



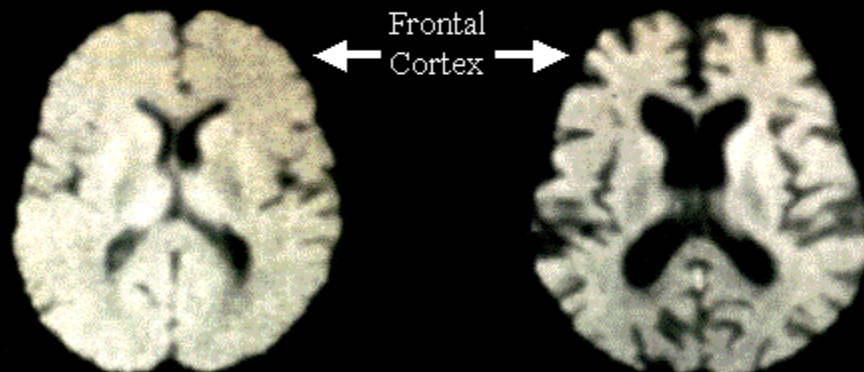
Normal  
43-year-old

Alcoholic  
43-year-old

## 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

# If drugs are so pleasurable, Why aren't we all addicted?

Genetically mediated response, metabolism, reward sensitivity...

- Approx. 50% of the risk for addiction is genetic
- Genetic differences affect the subjective preference and degree of reward people experience from different substances/activities



# What is “addiction”?

## Contemporary definitions

A genetically influenced disease of the brain characterized by impairments in the neurocircuitry of reward, motivation, memory, impulse control, and judgment

Impaired control over a reward-seeking behavior from which harm ensues

A disease of the brain

....Why important to describe as a disease of the brain? In part, to help destigmatize addiction, take it out of the realm of moralization, and place it in the medical/treatment realm...

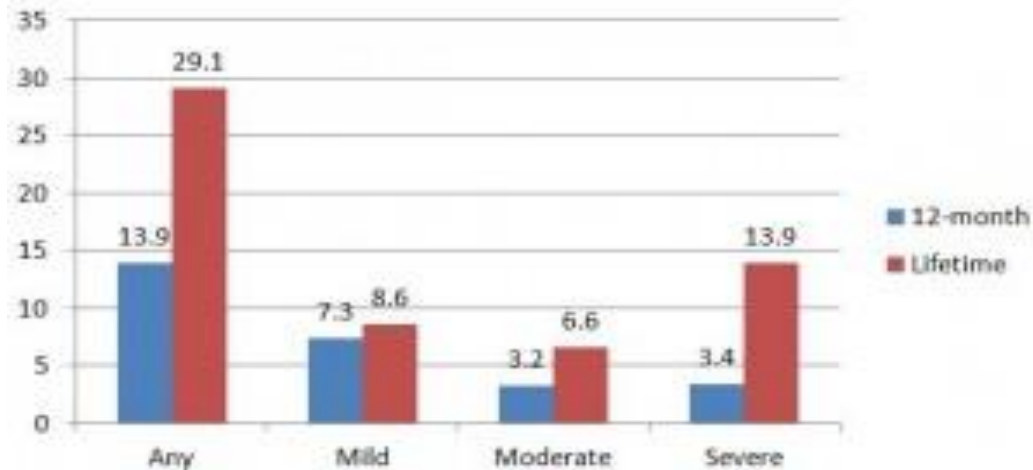


Caution: Potential paradoxical outcome of biomedical “chronically relapsing brain disease” definition’s intent to destigmatize - may actually increase at least some aspects of stigma of addiction

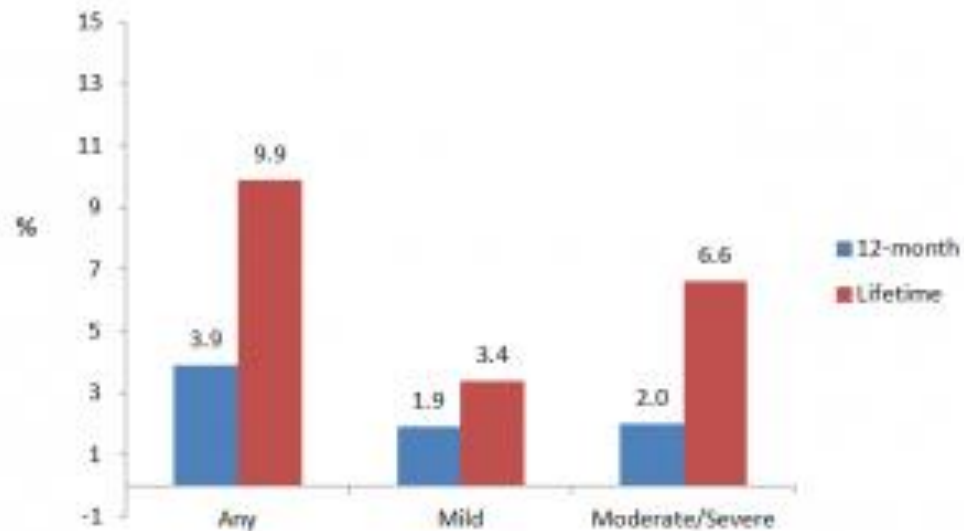
While a genetic and biological and brain disease view is popular and describes the nature of addiction at that level, it is important to also communicate that addiction is treatable, and actually a good prognosis psychiatric disorder from which most people recover.

52% remission rate for AUD

### Prevalence of *DSM-5* Alcohol Use Disorder



### % of U.S. Adults with *DSM-5* Drug Use Disorder

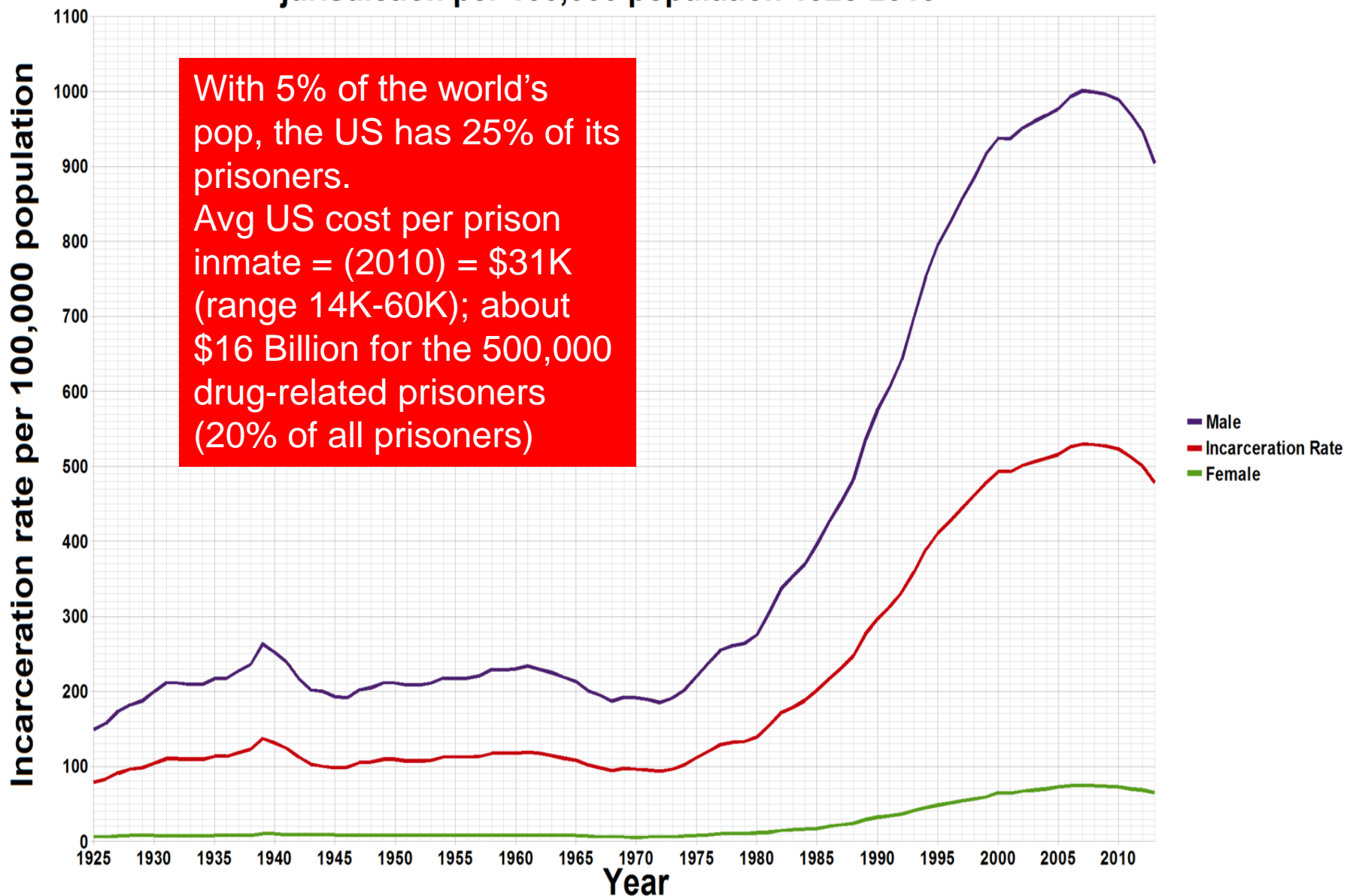


61% remission rate for DUD

# Why it matters how we conceptualize it and what we call it and people with it

- Our conceptual formulations and related language and terminology **implicitly reflect and influence** how we think about and approach these conditions
- Language is a standardized collection of sounds and symbols that tacitly trigger networks of cognitive scripts that activate a serial chain of connected thoughts that influence appraisal, attitudes, decisions, and actions
- Language changes over time (“lunatic asylums” “drunkards/dipsomaniacs” replaced with psych hospitals/ alcohol/AUD patients).
- National policy approaches to “drug problem” possesses own terms/rhetoric - recent shift from a “war on drugs” (punishment) to a broader public health approach (prevention/treatment)...

# Incarceration rate of inmates incarcerated under state and federal jurisdiction per 100,000 population 1925-2013



With 5% of the world's pop, the US has 25% of its prisoners.

Avg US cost per prison inmate = (2010) = \$31K (range 14K-60K); about \$16 Billion for the 500,000 drug-related prisoners (20% of all prisoners)

Prisons overcrowding: 20% (500,000) of US prisoners are in prison due to drug offences



• Photo: California Department of Corrections



# The paradox of a biomedical view

- **Sample:** Respondents completing the General Social Survey (nationally representative survey of U.S. adults) mental health module in 1996 and 2006
- **Design:** Vignette-based randomized design
- **Comparison conditions:** Respondents were randomized to vignettes depicting a person with one of three psychiatric conditions
- **Outcomes:** Questions about the person portrayed in the vignette



## An uncertain revolution: Why the rise of a genetic model of mental illness has not increased tolerance<sup>☆</sup>

Jason Schnittker

*University of Pennsylvania, 3718 Locust Walk, Philadelphia, PA 19104-6299, USA*

### ARTICLE INFO

*Article history:*  
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### ABSTRACT

This study uses the 2006 replication of the 1996 General Social Survey Mental Health Module to explore trends in public beliefs about mental illness in the USA. Drawing on three models related to the framing of genetic arguments in popular media, the study attempts to address why tolerance of the mentally ill has not increased, despite the growing popularity of a biomedical view. The key to resolving this paradox lies in understanding how genetic arguments interact with other beliefs about mental illness, as well as the complex ideational implications of genetic frameworks. Genetic arguments have contingent relationships with tolerance. When applied to schizophrenia, genetic arguments are positively associated with fears regarding violence. Indeed, in this regard, attributing schizophrenia to genes is no different from attributing schizophrenia to bad character. However, when applied to depression, genetic arguments are positively associated with social acceptance. In addition to these contingencies, genetic explanations have discontinuous relationships with beliefs regarding treatment. Although genetic arguments are positively associated with recommending medical treatment, they are not associated with the perceived likelihood of improvement. The net result of these assorted relationships is little change in overall levels of tolerance over time. Because of the blunt nature of the forces propelling a biomedical view—including the growing popularity of psychiatric medications—altering beliefs about the etiology of mental illness is unlikely, on its own, to increase tolerance.

- Endorsement of the biomedical model increased over time
  - Between 1996 and 2006 people viewed “alcohol abuse” as more “genetic” and due to a “chemical imbalance” but also viewed it significantly more as due to “bad character”

**Table 1**

Public beliefs about the causes of mental illness: 1996 and 2006 GSS

	Depression		Alcohol abuse		Schizophrenia		Overall	
	1996	2006	1996	2006	1996	2006	1996	2006
<b>Biomedical model</b>								
Genes	53	67*	60	69*	67	74	60	70*
Chemical imbalance	73	85*	63	72*	85	92*	74	83*
<b>Environmental model</b>								
The way he/she was raised	48	42	66	70	45	36*	53	50
Stressful circumstances	95	96	92	92	91	87	93	92
<b>Personal model</b>								
Bad character	38	33	51	65*	33	33	41	43
God's will	15	13	9	6	17	15	14	11

\*Percents significantly different at  $p < 0.05$  from 1996 mean using a two-sample t-test.

Note: Standard deviations in braces.

- Despite the increase in support for a biomedical model, no improvements to public tolerance between 1996 and 2006...

**Table 3**

Public tolerance of mental illness: 1996 and 2006 GSS

	Depression		Alcohol abuse		Schizophrenia		Overall	
	1996	2006	1996	2006	1996	2006	1996	2006
<b>Support for legal coercion</b>								
Do you think he/she should be forced by law to:								
Get treatment at a clinic or from a doctor	22	27	39	35	49	53	37	38
Take prescription medication	24	26	25	20	42	50*	30	32
Be admitted to a hospital for treatment	24	27	41	35	45	53*	36	38
<b>Social acceptance</b>								
Willingness to:								
Move next door	77	81	54	62	62	53*	65	66
Have a group home in neighborhood	69	66	57	58	67	63	64	62
Spend an evening socializing with	64	70	44	45	51	46	53	54
Work closely with	51	54	25	24	37	35	38	38
Be friends with	77	80	63	63	66	63	69	69
Marry into family	39	45	22	20	28	27	30	31
<b>Perceived dangerousness</b>								
Likely to hurt others	33	33	71	69	61	63	54	55

\*Percents significantly different at  $p < 0.05$  from 1996 mean using a two-sample  $t$ -test.

Note: Standard deviations in braces.

# What can we do about stigma and discrimination in addiction?

- **Education** about essential nature of these conditions; but also stress that treatment and recovery supports help sustain remission, and a majority of people make full recoveries and have productive lives
- **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

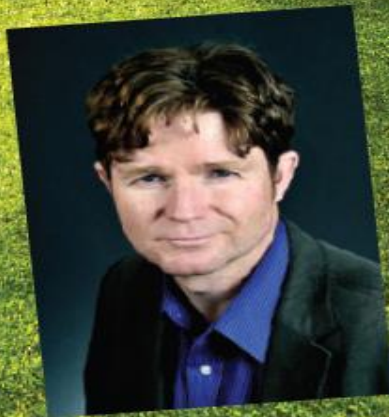




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# Words matter



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.



# Factors that influence stigma have language that is associated with them...

Cause	Controllability	Stigma
"It's not their fault"	"They can't help it"	Decreases
"It <u>is</u> their fault"	"They really <u>can</u> help it"	Increases

# Two commonly used terms...

- Major policy approaches (“war on drugs” vs. public health approaches) has corresponding rhetoric.
- 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”?

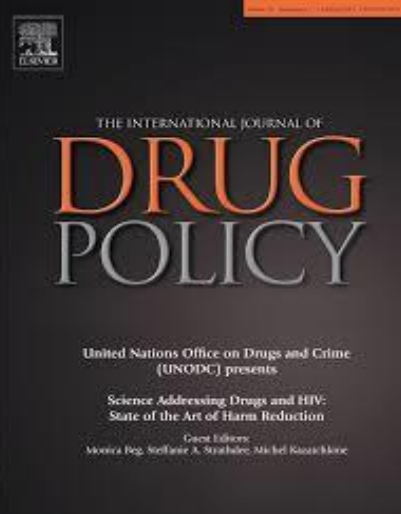
# How we talk and write about these conditions and individuals suffering them does matter



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Research paper

## Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms<sup>☆</sup>

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### 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 or diminish 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 read a vignette containing one of the two terms and to rate their agreement with a number of related statements. 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 with three subscales [“perpetrator-punishment” ( $\alpha=.80$ ); “social threat” ( $\alpha=.86$ ); “victim-treatment” ( $\alpha=.64$ )] 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:** No differences were detected between groups on the social threat or victim-treatment subscales. However, a difference was detected on the perpetrator-punishment scale. Compared to those in the “substance use disorder” condition, those in the “substance abuser” condition agreed more with the notion that the character was personally culpable and that punitive measures should be taken.

**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.

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### “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. He has been compliant with program requirements, 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 few years. He now awaits his appointment with the judge to determine his status.

### “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. He has been compliant with program requirements, 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 few years. He now awaits his appointment with the judge to determine his status.

Compared to those in the “substance use disorder condition”, those in the “substance abuse” condition agreed with the idea that the individual was personally culpable and more in need of punishment

# DOES OUR CHOICE OF SUBSTANCE-RELATED TERMS INFLUENCE PERCEPTIONS OF TREATMENT NEED? AN EMPIRICAL INVESTIGATION WITH TWO COMMONLY USED TERMS

JOHN F. KELLY, SARAH J. DOW, CARA WESTERHOFF

*Substance-related terminology is often a contentious topic because certain terms may convey meanings that have stigmatizing consequences and present a barrier to treatment. Chief among these are the labels, “abuse” and “abuser.” While intense rhetoric has persisted on this topic, little empirical information exists to inform this debate. We tested whether referring to an individual as “a substance abuser (SA)” versus “having a substance use disorder” (SUD) evokes different judgments about treatment need, punishment, social threat, problem etiology, and self-regulation. Participants (N = 314, 76% female, 81% White, M age 38) from an urban setting completed an online 35-item assessment comparing two individuals labeled with these terms. Dependent t-tests were used to examine subscale differences. Compared to the SUD individual, the SA was perceived as engaging in willful misconduct, a greater social threat, and more deserving of punishment. The “abuser” label may perpetuate stigmatizing attitudes and serve as a barrier to help-seeking.*



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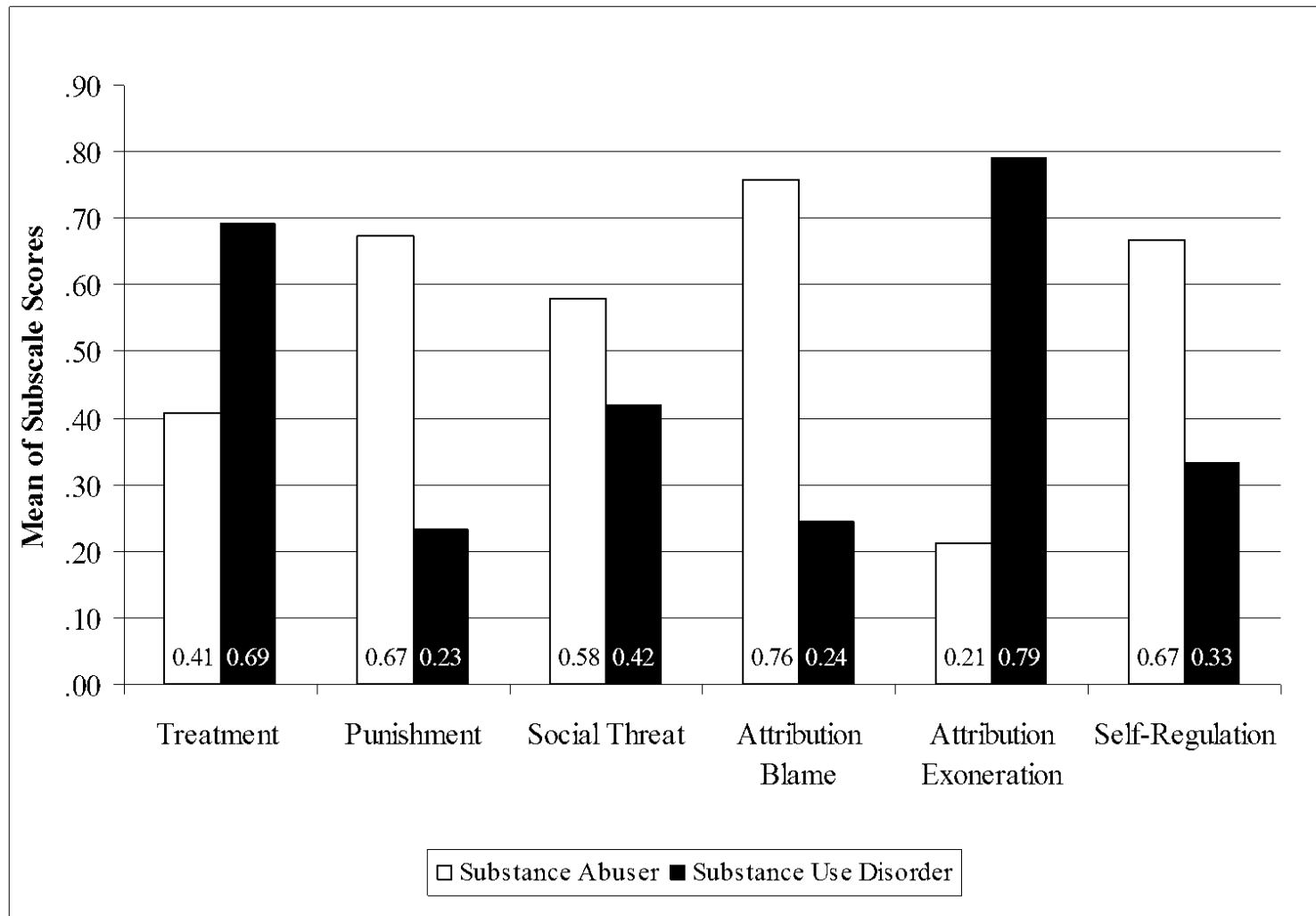
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Figure 1. Subscales comparing the “substance abuser” and “substance use disorder” descriptive labels



Kelly, JF, Dow, SJ, Westerhoff, C. Does our choice of substance-related terms influence perceptions of treatment need? An empirical investigation with two commonly used terms (2010) *Journal of Drug Issues*

# Implications

- Even well-trained doctoral clinicians judged *same individual* differently and *more punitively* depending on to *which term* they were exposed
- **Use of the “abuser” term may activate an implicit cognitive bias** that perpetuates stigmatizing attitudes – these could have broad stroke societal ramifications for treatment/funding
- Let’s learn from our colleagues treating allied disorders: Individuals with “eating-related conditions” are uniformly described as “having an eating disorder” NEVER as “food abusers”
- Referring to individuals as suffering from “substance use disorders” is likely to diminish stigma and may enhance treatment and recovery

Kelly JF, Westerhoff C. Does it matter how we refer to individuals with substance-related problems? A randomized study with two commonly used terms. *Int J Drug Policy*, 21 (2010), pp. 202–207

Kelly JF, Dow SJ, Westerhoff C. Does our choice of substance-related terms influence perceptions of treatment need? An empirical investigation with two commonly used terms *J Drug Issues*, 40 (2010), pp. 805–818

# Stop talking dirty

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

## EDITORIAL

THE AMERICAN  
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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.

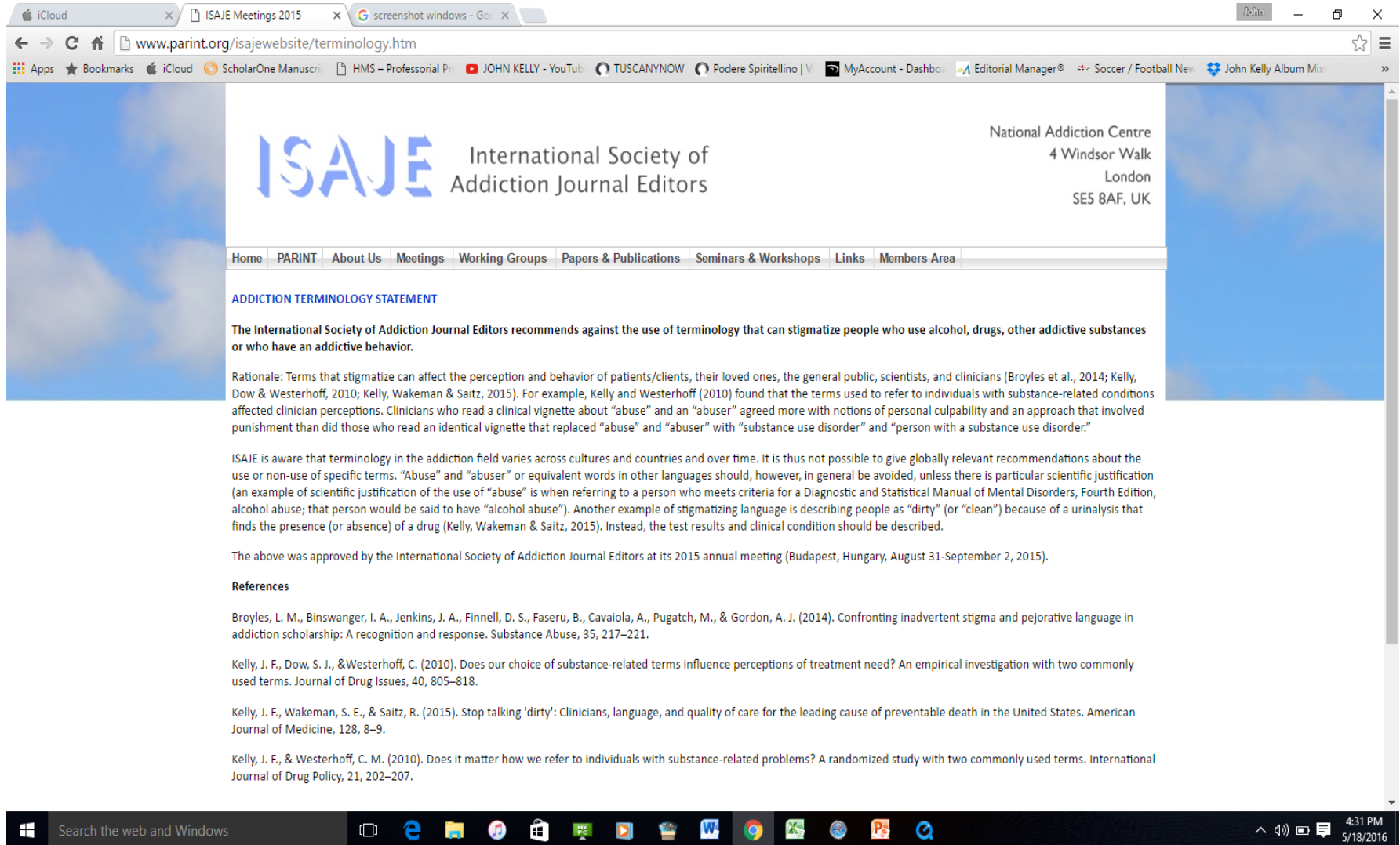
Stigma is defined as an attribute, behavior, or condition that is socially discrediting. It is important because of the 23 million Americans who meet criteria for a substance use disorder each year, only 10% access treatment, and stigma is a major barrier to seeking help.<sup>1</sup> A World Health Organization 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.<sup>2</sup>

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

# International Society of Addiction Journal Editors Budapest Consensus Statement adopted Sept 2015...



The screenshot shows a web browser window with the URL [www.parint.org/isajewebsite/terminology.htm](http://www.parint.org/isajewebsite/terminology.htm). The page features the ISAJE logo and the text "International Society of Addiction Journal Editors". The address bar shows several tabs, including "iCloud", "ISAJE Meetings 2015", and "screenshot windows - Go...". The browser's address bar also displays various search engines and services like "Apps", "Bookmarks", "iCloud", "ScholarOne Manuscript", "HMS - Professional Pr...", "JOHN KELLY - YouTube", "TUSCANYNOW", "Podere Spiritellino | V...", "MyAccount - Dashbo...", "Editorial Manager®", "Soccer / Football New...", and "John Kelly Album Mix...".

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## 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).

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

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# Name change could be game change

Despite increases in public understanding as addiction as a biomedical/genetic phenomenon from 1996 to 2006, attitudes that it is a character weakness has similarly increased and stigmatizing attitudes have not changed

One potential contributing factor is that our language is at odds with our new understanding of addiction as a disease that affects the structure and function of the brain

Removing from our lexicon terms like “abuse” and “abuser” could potentially reduce the likelihood of inducing implicit cognitive biases; also, given the lack of precision of the term “abuse” its non-use is unlikely to result in any loss of scientific precision in communication

Updating and changing our lexicon at the federal level NIH (National Institute of Drug Abuse and National Institute of Alcohol Abuse and Alcoholism) as well as SAMHSA, could go a long way to setting an example that would shift our national dialogue and related approaches to addressing endemic alcohol/drug problems



# Key points

Burden related addiction/substance-related conditions is prodigious and growing

Research on stigma reveals addiction/substance-related conditions highly stigmatized

Stigma and discrimination are major barriers to acknowledging the presence of a problem, in accessing help, and staying in recovery

Definitions and conceptualizations of addiction matter- affect stigma and our societal approach and accuracy in scientific communication

Stigma is influenced by perceptions about cause and controllability

Language/terminology of addiction influence these perceptions and may affect policy and clinical care

What to do about stigma: education, personal witness, shift language/terminology



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