Addiction, Stigma & Person-First Language

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Objectives

- 1. Describe the basic neurobiology of addiction.
- 2. Apply this understanding of neurobiology to check personal biases toward individuals with addiction.
- 3. Identify addiction stigma and person-first language.
- 4. Recognize your role in reducing the harmful impact of addiction stigma on patient care.

Outline

- Introduction to Addiction
- Addiction as a Brain Disease
- What is Stigma?
- Stigma as a Barrier to Care
- Stigmatizing Language
- Person-First Language
- Stigma in Addiction Care
- Conclusion

Introduction to Addiction

What is Addiction?

- Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

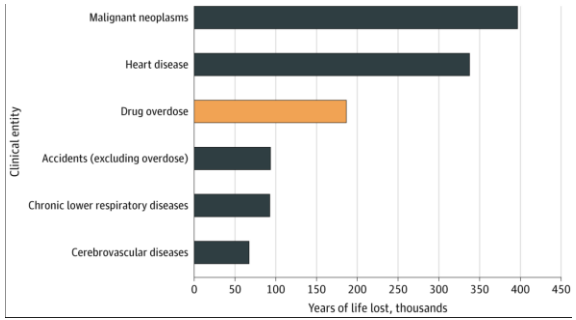
What is Addiction Video

- https://www.addictionpolicy.org/post/what-is-addiction

Addiction = Substance Use Disorder

- **Chronic relapsing condition (treatable!)**
- Complex behavioral syndrome with physiological dependence
- Extreme tolerance and dependence
- Cycle of “spiraling dysregulation” of brain reward systems leading to compulsive behavior and loss of control over drug use: the **hijacker**
- **Loss of coping skills**

Years of Life Lost



https://jamanetwork.com/journals/jamanetworkopen/article-abstract/2764068

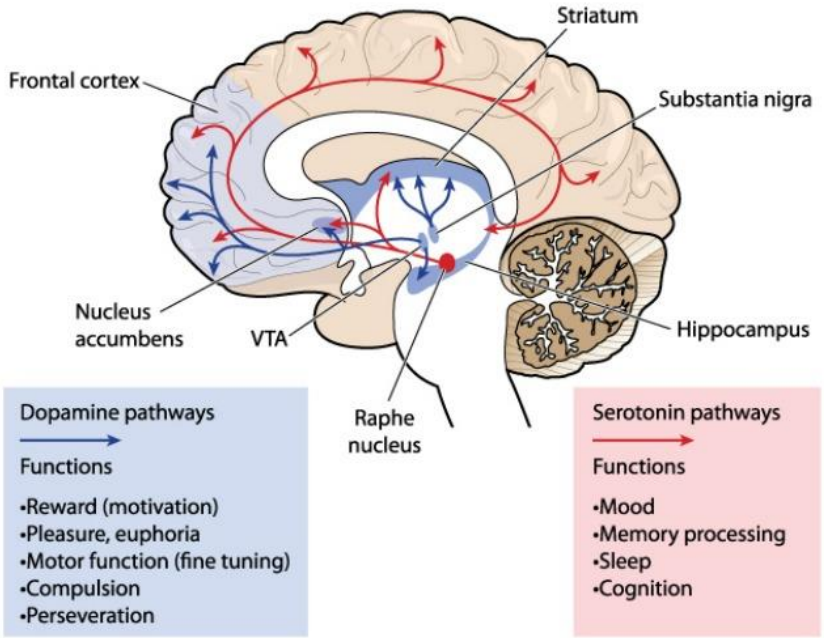
- "Assessment of Excess Mortality Associated With Drug Overdose in Ohio From 2009 to 2018" published this year in *JAMA Network Open* found that drug overdose has become the third-leading cause of excess mortality in our state, just behind cancer and heart disease
- Over 1,000,000 Years of Life Lost to overdose 2009-2018 in Ohio
- The peak year for overdose deaths was 2017, during which Ohio experienced 187 006 overdose-related YLL, accounting 9.9% of all-cause excess mortality in Ohio and lowering the mean life span by 1.27 years

Addiction as a Brain Disease

How does addiction start?

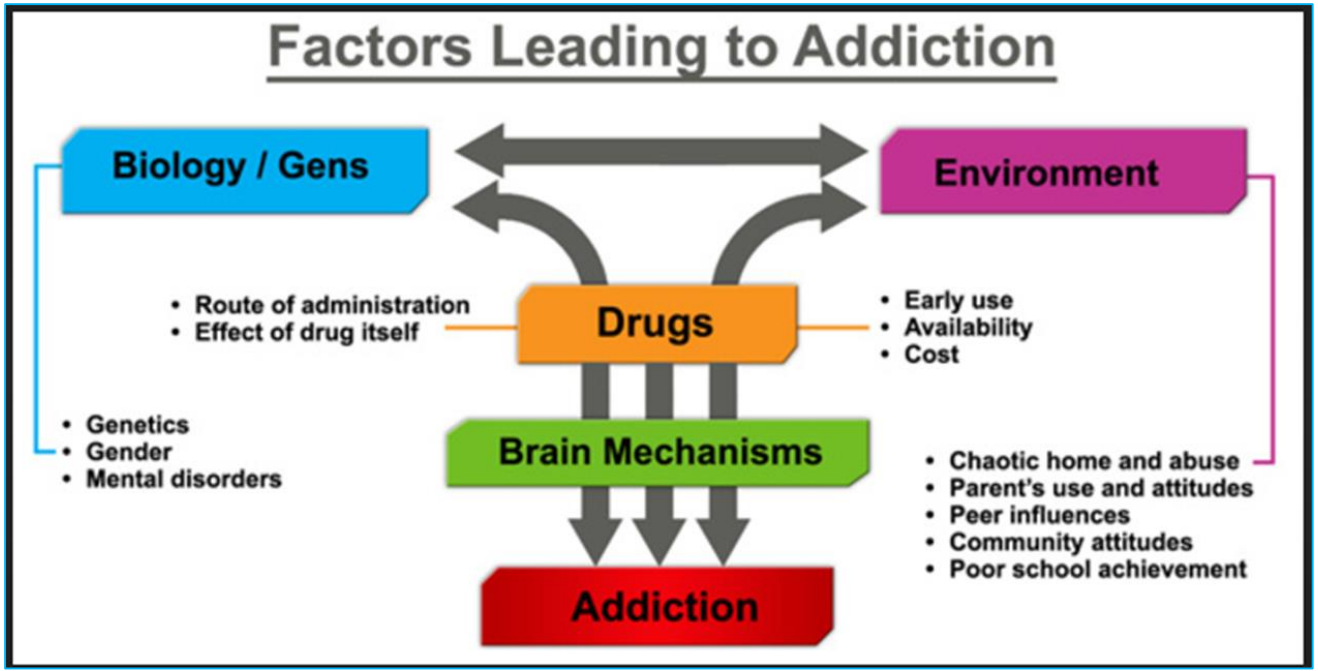
- Drugs of abuse can release 5 to 10 times the amount of dopamine as natural rewards: **Euphoria**
- Onset can be immediate, prolonged, and often more intense than natural rewards (pending route of administration)
- Repeat use rewires the brain's reward circuitry with maladaptive behavioral patterns
- The effect of such a powerful reward strongly motivates people to take drugs again and again **(craving)**
  - Downregulation of dopamine receptors
  - Use to feel “normal”

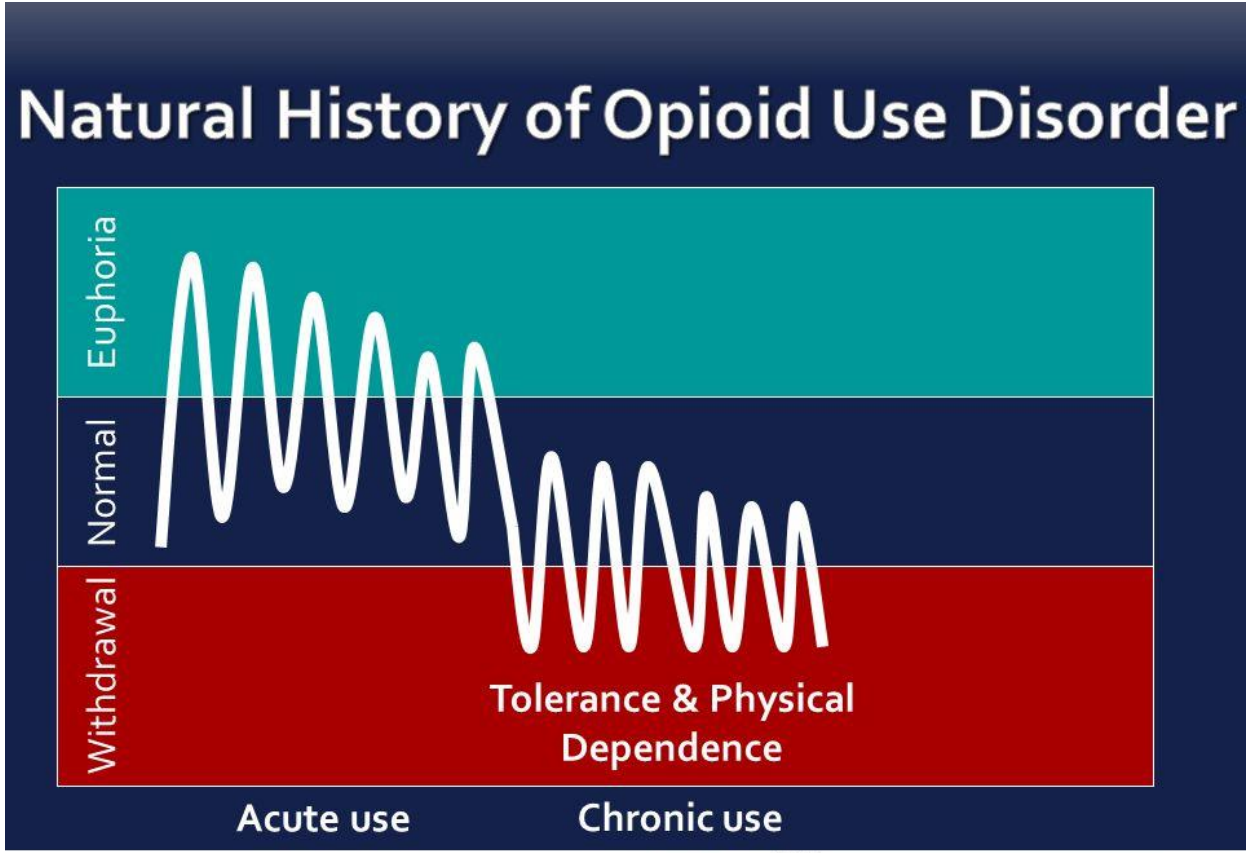
Opioids and Brain Circuitry



Ventral Tegmental Area: area of opioid concentration
-rewarding behaviors: euphoria and analgesia
-initially increases dopamine release, then downregulates: **Allostasis**

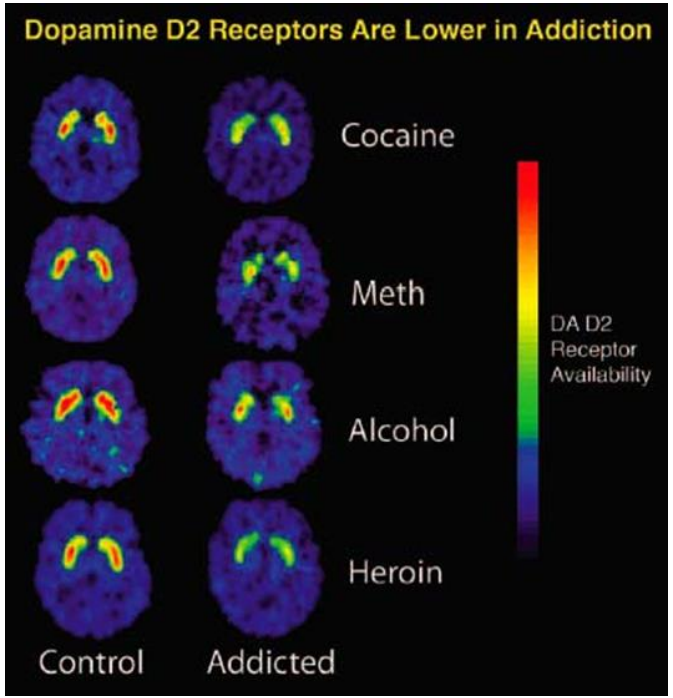
Why doesn’t everyone get addicted?





ASAM THE BUPRENORPHINE COURSE
FOR OFFICE-BASED TREATMENT OF OPIOID USE DISORDERS

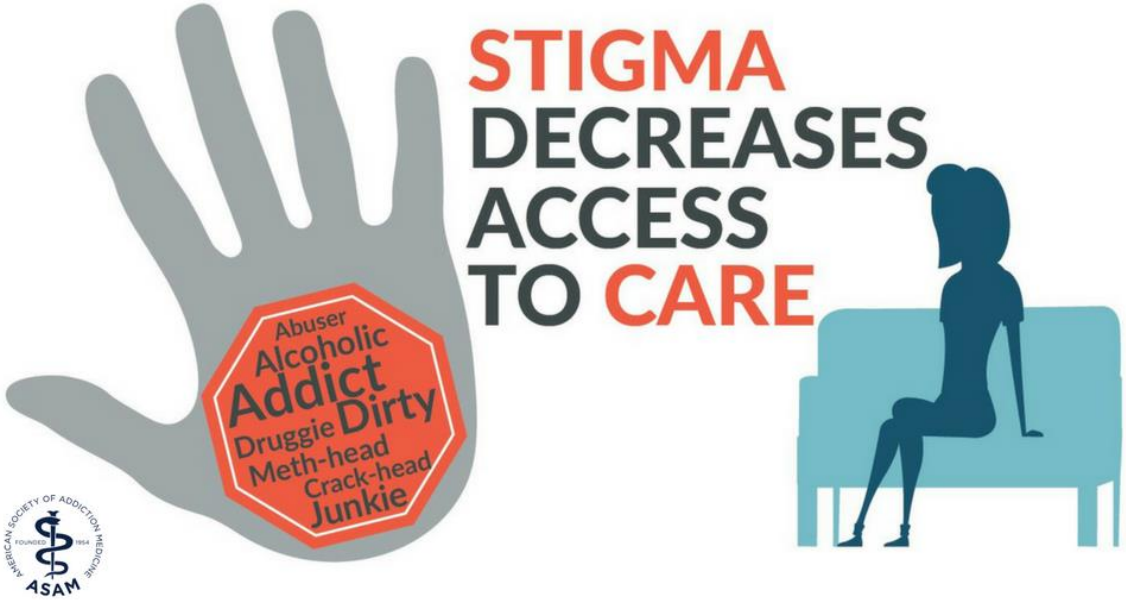
Effects of Chronic Drug Use



- **Chronic use leads to dopamine downregulation in the brain cortex & reduced dopamine signaling**
  - Decreased euphoria
  - Normal satisfactions get a very weak signal to the decision areas
  - **Loss of enjoyment and satisfaction**
- **Priorities are rearranged**
  - Drug gives enough signal to remain salient
  - Must take the drug to feel normal or at least less abnormal
  - Normal reinforcers give less signal and are less important

What is Stigma

Substance Use Stigma



What is Stigma?

Label →

What is Stigma?

Label → Associated Stereotype →

What is Stigma?

Label → Associated Stereotype → Negative Response

Stigmatized Diseases?

- Within your field, can you think of any stigmatized health conditions?
- What about other areas of medicine?
- Are you aware of any health conditions that have become less stigmatized over time?

Stigma as a Barrier to Care

Substance Use Stigma

- Alcohol and substance use disorders are highly stigmatized diseases
- Negative stereotypes about individuals with these health conditions are common among healthcare workers and the general public
- Stigma can be internalized by individuals who use alcohol and other substances presenting a barrier to treatment

Stigma as a Barrier to Care

Stigma as a Barrier to Care

- Numerous studies have found that fear of stigma is an important reason many people with substance use disorder avoid or delay seeking treatment
- Patients are commonly concerned that they may be mistreated, condescended or that they will be ‘thought less of’ when seeking help for alcohol or substance use
- Stigma also negatively impacts treatment retention and adherence among those who do seek help.
- Perceived stigma from treatment providers is harmful to the therapeutic alliance

Stigma Research

- Let’s review some important research about addiction stigma

Stigma Research

- Van Boekel et al., 2013 conducted a systematic review of SUD stigma among healthcare workers and its consequences for patients

Stigma Research

- Key Findings:

  - Health professionals generally had a negative attitude towards patients with substance use disorders.

Van Boekel et al., 2013

Stigma Research

- Key Findings:

  - Healthcare professionals perceived violence, manipulation, and poor motivation as impeding factors in the healthcare delivery for these patients.

Van Boekel et al., 2013

Stigma Research

- Key Findings:

  - Health professionals also lacked adequate education, training and support structures in working with this patient group.

Van Boekel et al., 2013

Stigma Research

- Key Findings:

  - Negative attitudes of health professionals diminished patients' feelings of empowerment and subsequent treatment outcomes.

Van Boekel et al., 2013

Stigma Research

- Kelly et al., 2010a tested whether referring to an individual as a **“substance abuser”** versus “having a **substance use disorder**” (SUD) impacted perceptions of:
  - **Treatment** need
  - **Punishment**
  - Social **Threat**
  - Problem **Etiology**
  - Self-Regulation

Stigma Research

"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"

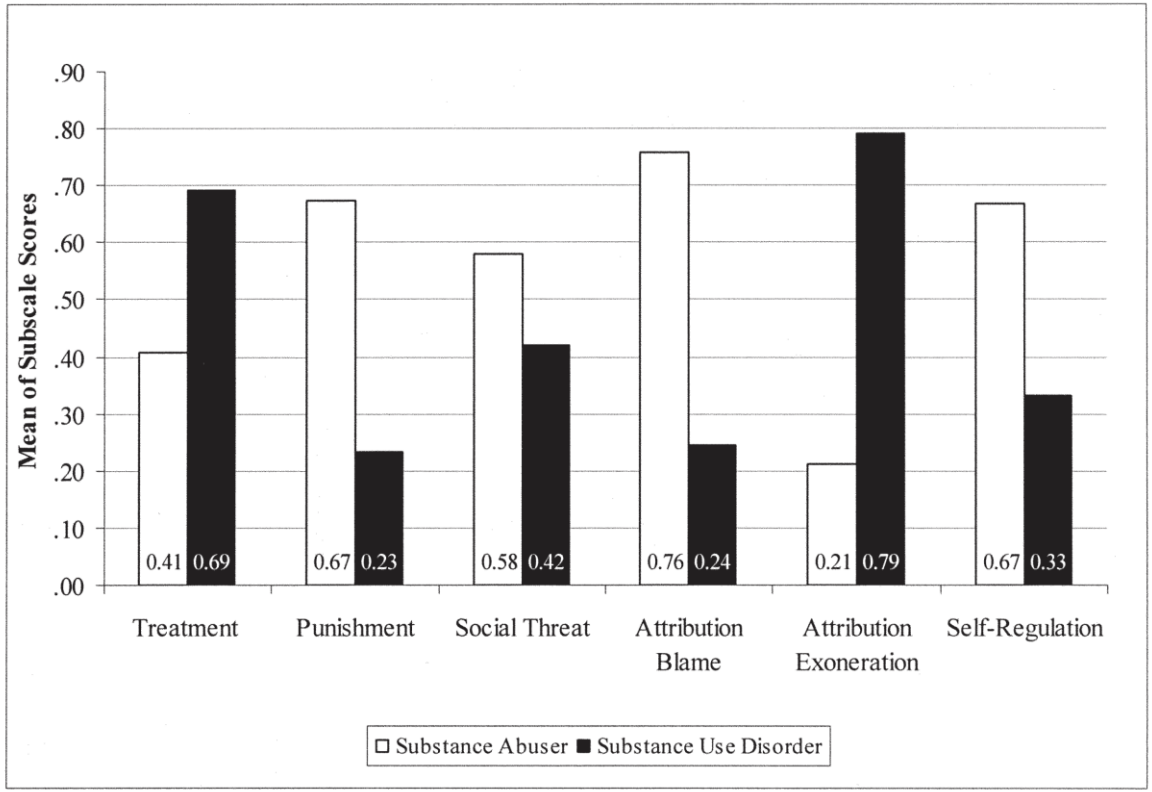
Mr. Williams has a substance use disorder and is attending a treatment program through the court. As part of the program Mr. Williams is required to remain abstinent from alcohol and other drugs. He has been compliant with program requirements, until one month ago, when he was found to have two positive 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.

Substance Abuser versus Substance Use Disorder

- Kelly et al. found that simply substituting these phrases led to significant differences in how participants saw patients with SUD.

Source	Treatment
III	Recommend treatment to decrease substance use
III	Need for substance related inpatient treatment
I	Benefit from prescription medication
I	Need a referral to a psychiatrist
I	Benefit from referral to a self-help group
I	Referred to a primary care physician
	Punishment
III	Recommend punishment to decrease substance use
III	Benefit from disciplinary procedures
III	Benefit from a "wake-up-call" (e.g., jail time)
III	Benefit from probationary monitoring
III	Benefit from compulsory attendance at a substance awareness program
III	Deserve fines for his use
	Social Threat
I	Willing to have as a neighbor
I	Prefer to have as an employee
III	Do something violent
I	Happier to have as one of your close friends
I	Do something violent to others
I	Happier to have as a co-worker
	Attribution Blame
III	Substance problem caused by a reckless lifestyle
II	Responsible for the consequences of his use
I	Problem caused by stressful life circumstances
III	Problem caused by his own choices
III	Problem is related to his current environment
III	Problem that is due to his personality
III	Feel sympathy towards
	Attribution Exoneration
I	Problem that is more likely inherited
I	Problem that is genetic in origin
I	Problem caused by a chemical imbalance in the brain
III	Problem related to a neuropsychological problem
	Self- Regulation
I	Able to make competent decisions in his life
III	Able to stop using alcohol and drugs if he wanted
II	Overcome his problem without professional help
III	Able to control substance use if he put his mind to it
I	Have the more severe substance problem

Figure 1. Subscales Comparing the "Substance Abuser" and "Substance Use Disorder" Descriptive Labels



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.

Stigma Research

- Kelly et al., 2010b replicated their previous finding in a sample of clinicians at two mental health conferences (N=516)

- Even among highly trained mental health professionals, exposure to these two commonly used terms evoked systematically different judgments. The commonly used “substance abuser” term may perpetuate stigmatizing attitudes.

Stigmatizing Language

Stigmatizing Language

- Our understanding of what language is stigmatizing continues to evolve

- However, organizations such as the American Society of Addiction Medicine, the International Society of Addiction Journal Editors and the U.S. Office of National Drug Control Policy have provided useful guidance

Stigmatizing Language

TABLE 2.1 Recommendations for Nonstigmatizing, More Clinically Accurate Language

Avoid	Prefer
Abuse (1–5)	Use (or specify low-risk or unhealthy use; the latter includes at-risk/hazardous use, harmful use, substance use disorder, and addiction)
Addicted baby	Baby experiencing substance withdrawal
Addict, user, abuser, alcoholic, crack head, pot head, dope fiend, junkie	Person with (the disease of) addiction, a substance use disorder, or gambling disorder
Dirty vs. clean urine (23)	Positive or negative, detected or not detected
Drunk, smashed, bombed, messed up, strung out	Intoxicated
Meth	Methamphetamine, methadone, methylphenidate
Medical marijuana	Consider using instead "cannabis as medicine"*a*
Misuse, problem*b*	More accurate terms include at-risk or risky use, hazardous use, unhealthy use to describe the spectrum from risky/at-risk/hazardous use through disorder
Inappropriate use	More accurate terms should specify what is meant
Fix	Dose, use
Binge*c*	Heavy drinking episode
Relapse*d* (30)	Use, return to use, recurrence (of symptoms) or disorder vs. remission specifiers (early or sustained) as defined by DSM-5
Substitution, replacement, medicationassisted treatment	Opioid agonist treatment, medication treatment, psychosociallyassisted pharmacological treatment, treatment
Smoking cessation*e*	Tobacco use disorder treatment, reduction or cessation of tobacco use (31)
Moderate drinking (or drug use)	Low- or lower-risk use
Detoxification	Withdrawal management, withdrawal

Person-First Language

Person-First Language

- The clinically accurate alternative to stigmatizing language
- Recommended for use in referring to anyone with a chronic health condition or disability.

Person-First Language

- Examples:
  - Person with diabetes
  - Person with tetraplegia

Examples

Instead of:	Try:
Drug Abuser, Addict	Person with a Substance Use Disorder
Addiction	Substance Use Disorder
Clean	Abstinent
You tested clean.	The screen is negative.
You tested dirty.	The screen is positive.
That person has a drug habit.	Person with a Substance Use Disorder

Person-First Language

- Now that we've reviewed this research, why do you think it might be important to use person-first language?

Person-First Language

- Can you think of some scenarios in your practice where the choice of words might impact care?

When to Use Person-First Language

- Handoffs
- Sign outs
- Private conversations with other healthcare workers
- Documentation
- Interactions with patients and their families
- Interactions with the public

Stigma in Addiction Care

Suboxone Myths

- **Replacement of one addiction for another**
  - Addiction=compulsively taking a substance, despite harm
  - MOUD is taking a prescribed medication to manage a chronic disease, not unlike diabetes
  - While buprenorphine has analgesic properties, very minimal euphoria
- **Too time consuming to initiate and the medication is “dangerous”**
  - Simple screening, determine if in withdrawal, dosing is not complicated and much easier to start than insulin; very few side effects; opioids and oral anticoagulants are much more dangerous
- **Detoxification is “effective”**
  - NO! 90% relapse rate with detox alone; also increased rate of overdose
- **Decrease opioid prescribing will “fix” the problem**
  - Since 2012, opioid prescribing patterns have declined, but death rate has increased (fentanyl)

Conclusion

Summary

- Addiction is a treatable brain disease
- Alcohol and substance use disorders are highly stigmatized chronic health conditions
- Stigma impacts healthcare access, retention, adherence and outcomes
- Clinically accurate person-first language is the solution to these problems
- Each of us has a role to play in fighting stigma

Suggested Reading/References

1. Saitz R. Things that work, things that don't work, and things that matter: including words. J Addict Med. 2015;9:429-430.
2. Language and terminology guidance for Journal of Addiction Medicine manuscripts. https://urldefense.proofpoint.com/v2/url?u=http-3A__journals.lww.com_journaladdictionmedicine_Pages_Instructions-2Dand-2DGuidelines.aspx-23languageandterminologyguidance&d=DwIFaQ&c=k9MF1d71ITtkuJx-PdWme51dKbmfPEvxwt8SFEkBfs4&r=L990H1UJubsHcG-rjyhJuAKrGuCNpdQwgyxalkJ4Tv4&m=rEiha0M1Tx5WprBF130pZSfHJqNjd86-lQasBwcZYg4&s=wJYshT3Q_Lc1blYU9FA2XzPdhSRZQd7hT4_ZhpkoUws&e= . Accessed December 23, 2016.
3. Botticelli MP, Koh HK. Changing the language of addiction. JAMA. 2016;316(13):1361-1362.
4. Broyles LM, Binswanger IA, Jenkins JA, et al. Confronting inadvertent stigma and pejorative language in addiction scholarship: a recognition and response. Subst Abus. 2014;35:217-221.
5. Saitz R. International statement recommending against the use of terminology that can stigmatize people. J Addict Med. 2016;10(1):1-2.
6. Terminology related to the spectrum of unhealthy substance use. 2013. https://urldefense.proofpoint.com/v2/url?u=http-3A__www.asam.org_advocacy_find-2Da-2Dpolicy-2Dstatement_view-2Dpolicy-2Dstatement_public-2Dpolicy-2Dstatements_2014_08_01_terminology-2Drelated-2Dto-2Dthe-2Dspectrum-2Dof-2Dunhealthy-2Dsubstance-2Duse&d=DwIFaQ&c=k9MF1d71ITtkuJx-PdWme51dKbmfPEvxwt8SFEkBfs4&r=L990H1UJubsHcG-rjyhJuAKrGuCNpdQwgyxalkJ4Tv4&m=rEiha0M1Tx5WprBF130pZSfHJqNjd86-lQasBwcZYg4&s=8buKzpgxYx5x6gHf8stMlEduhQIuTiR7X3xPEkfUvyg&e= . Accessed November 18, 2016.
7. Public policy statement: definition of addiction. 2011. https://urldefense.proofpoint.com/v2/url?u=http-3A__www.asam.org_quality-2Dpractice_definition-2Dof-2Daddiction&d=DwIFaQ&c=k9MF1d71ITtkuJx-PdWme51dKbmfPEvxwt8SFEkBfs4&r=L990H1UJubsHcG-rjyhJuAKrGuCNpdQwgyxalkJ4Tv4&m=rEiha0M1Tx5WprBF130pZSfHJqNjd86-lQasBwcZYg4&s=PmPZE3tQjFg1tY9Gcy3ZOgwK7Kte1OZup53njg1lCTE&e= . Accessed November 18, 2016.
8. Office of National Drug Control Policy. Changing the language of addiction. https://urldefense.proofpoint.com/v2/url?u=https-3A__www.whitehouse.gov_ondcp_changing-2Dthe-2Dlanguage-2Ddraft&d=DwIFaQ&c=k9MF1d71ITtkuJx-PdWme51dKbmfPEvxwt8SFEkBfs4&r=L990H1UJubsHcG-rjyhJuAKrGuCNpdQwgyxalkJ4Tv4&m=rEiha0M1Tx5WprBF130pZSfHJqNjd86-lQasBwcZYg4&s=Z8YK8I11NWSGAIeEhssBS2aokkKSdAINl_6yiRR_Z3U&e= . Accessed October 6, 2016.
9. 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. 2010;40:805-818.
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. 2010;21:202-207.
10. Van Boekel LC, Brouwers EP, van Weeghal J, Garretsen HF. Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: a systematic review. Drug Alcohol Depend. 2013;131:23-35.
11. ASAM. Patients with Addiction Need Treatment - Not Stigma. https://www.asam.org/Quality-Science/publications/magazine/read/article/2015/12/15/patients-with-a-substance-use-disorder-need-treatment---not-stigma. Accessed 02/14/2020
12. Drugs, Brains, and Behavior: The Science of Addiction. National Institutes of Health. National Institute on Drug Abuse. July 2018
13. Wakeman S, Barnett M. Perspective. Primary Care and the Opioid-Overdose Crisis-Buprenorphine Myths and Realities. *N. Engl J. Med.* 2018; 379:1-4
DOI:10.1056/NEJMp1802741

Thank You

Discussion/Questions?

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