

Addiction Epidemiology, Language and Stigma

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Disclosures

I have the following relevant financial relationship with a commercial interest to disclose:

Guest lecture honoraria Reckitt Benckiser



Objectives

- Review Epidemiology of Addiction
- Terminology in addiction
- Language
- Stigma

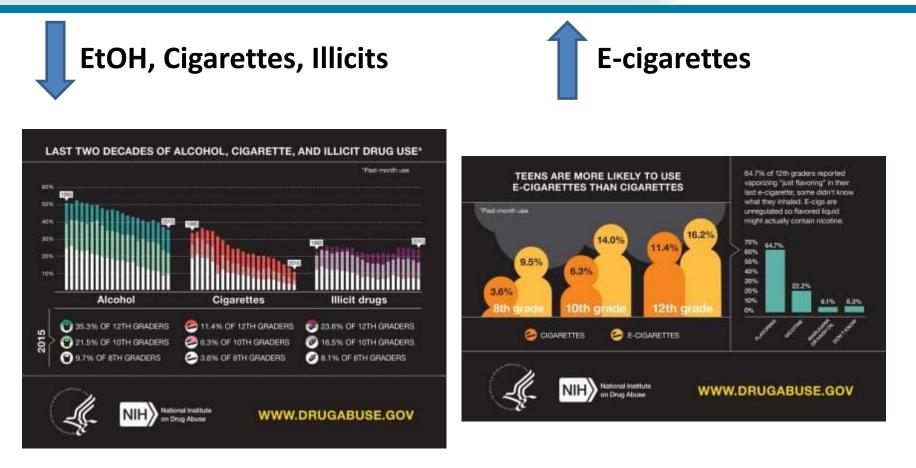


- 24.6 million adults age 12+ live with a Substance Use disorder
- only 10% or 1/10 individuals sought or received treatment for their addiction
- Opioid overdose is now the #1 cause of preventable death
 - higher than car accidents
 - higher than gun violence.
- We are 3 times more likely to die of an opioid overdose than a car accident and most car accidents are substance related.

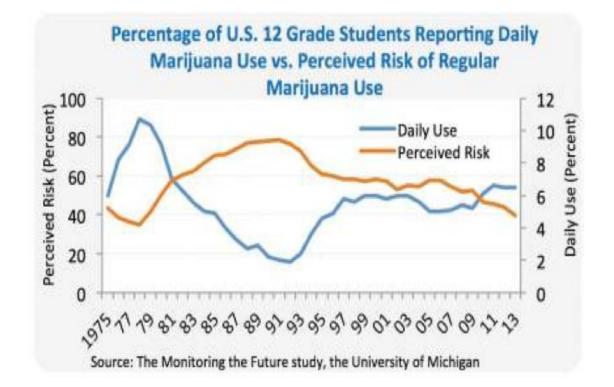
Health (NSDUH), 2013



Epidemiology of SUDs – Monitoring the Future 2015

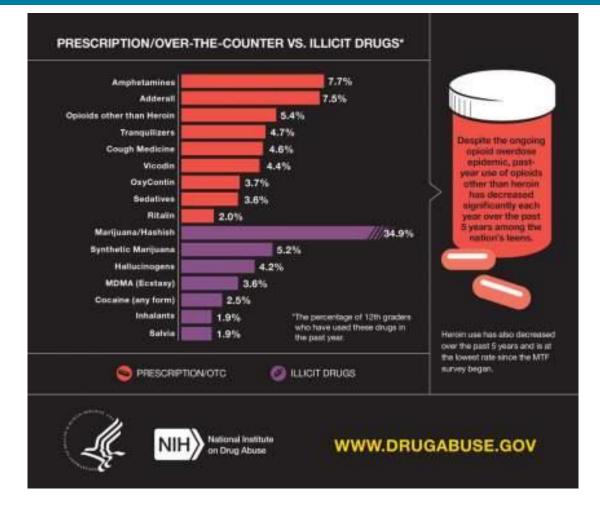


Perceived Harm and Drug Use



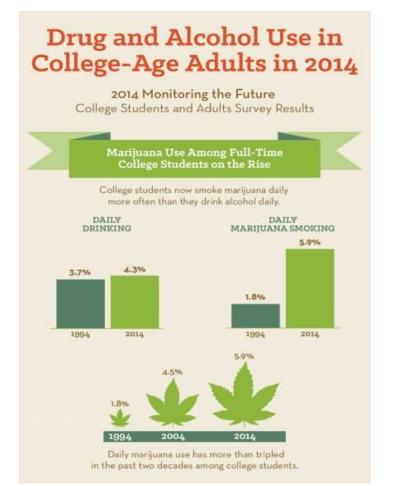


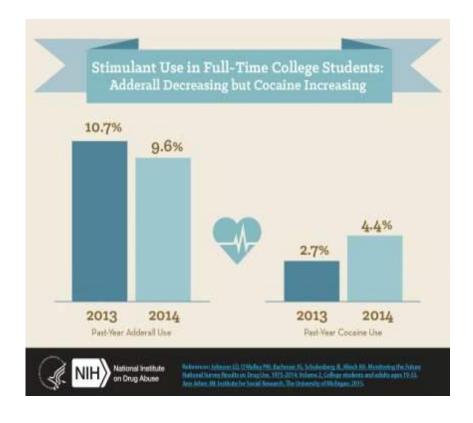
Prescription/OTC vs. Illicits





Monitoring the Future 2014 College and Adult





Source: National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services.

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The Changing Face of Heroin Addiction



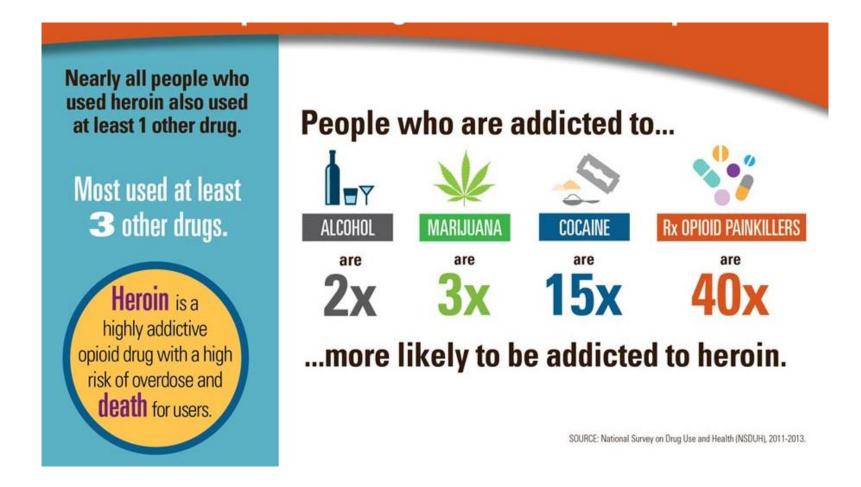


Your medicine cabinet could be a gateway to heroin.



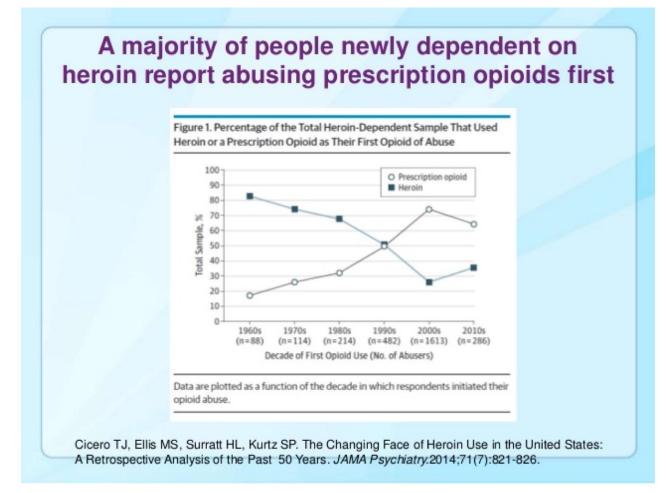
CDC Vital Signs: Demographic and Substance Use Trends Among Heroin Users — United States, 2002, 2013 me.org

Heroin Use is Part of a Larger Substance Use Problem



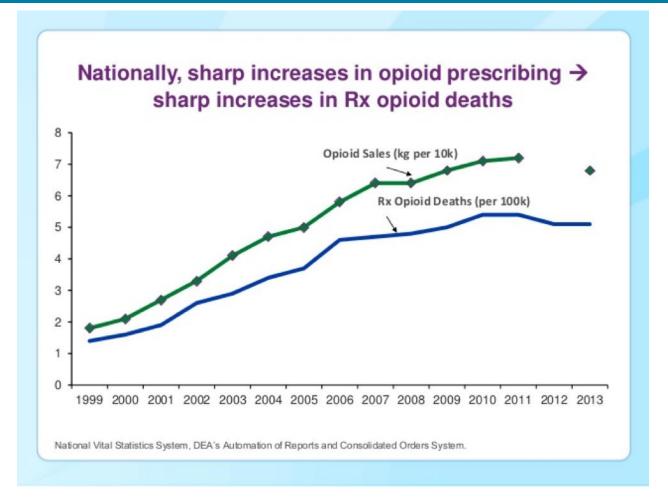


Rx Opioids as Gateway to Heroin



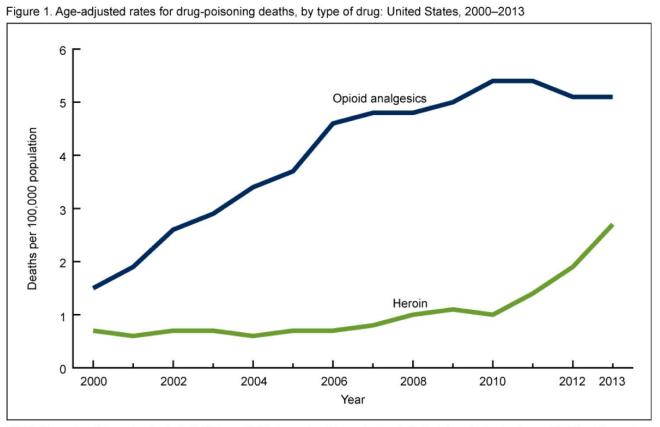


Prescribing Patterns and Deaths





US Opioid Related Deaths

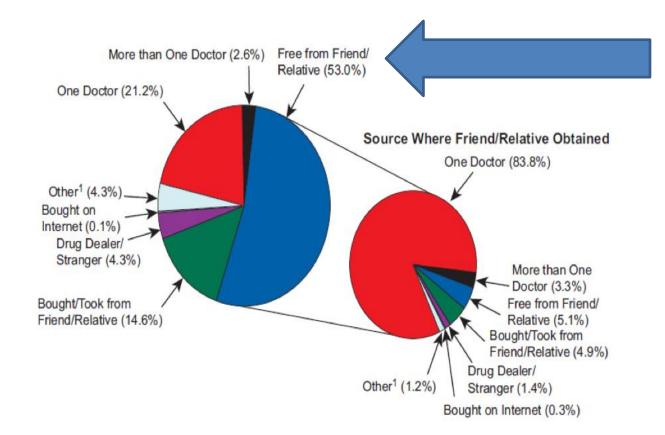


NOTES: The number of drug-poisoning deaths in 2013 was 43,982, the number of drug-poisoning deaths involving opioid analgesics was 16,235, and the number of drug-poisoning deaths involving heroin was 8,257. A small subset of 1,342 deaths involved both opioid analgesics and heroin. Deaths involving both opioid analgesics and heroin are included in both the rate of deaths involving opioid analgesics and the rate of deaths involving heroin. Access data table for Figure 1 at: http://www.cdc.gov/nchs/data/databriefs/db190_table.pdf#1.

SOURCE: CDC/NCHS, National Vital Statistics System, Mortality.



Sources of Pain Meds





Access to Treatment – Gap

- 2.5 million Americans 12 and over have opioid use disorders
- 120 people a day die of substance related overdoses
- Fewer than 1 million received treatment
- We let people "hit rock bottom"

WHY?



STIGMA

- set of negative and often unfair beliefs that a society or group of people have about something
- a mark of disgrace or dishonor

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Your Parents Were Right

At least about one thing...



- Beliefs
- Perception
- Respect
- Empathy
- Stigma



Change in Terminology

- DSM IV vs V change in terminology 2013
- Substance Abuse and Dependence now
 Substance Use Disorders
 - Mild, moderate, severe
- NIDA uses Addiction



Words to Avoid

- Addict, Abuser, Junkie
- Abuse
- Clean or dirty
- Habit
- Replacement or Substitution therapy
- (MAT)



Words to Use

Person first language focuses on the person, not the disorder

- Addiction
- Misuse
- Substance Use Disorder
- Medication Treatment (caution "MAT")
- Person with
- Patient



Semantics? Political Correctness?



"This 'reclaiming' of pejorative terms has gone too far."



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



Contents lists available at ScienceDirect

International Journal of Drug Policy



Research paper

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

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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" (α = .80); "social threat" (α = .86); "victim-treatment" (α = .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 vs. Substance Use Disorder

"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.

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

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

STIGMA

- Treatment need and access gap
 - Less than 50% of addiction tx programs offer Medication
 - Of those programs that offer Medication, <38% of patients receive it
 - Only 5% of physicians are waivered to Rx Suboxone
- Lack of training of providers
- Negative attitudes toward MAT (public, treaters, supports)
- Arbitrary limitations on duration and doses, who can prescribe
- Fear of diversion



Editorial Leadership

"We ask authors, reviewers, and readers to carefully and intentionally consider the language used to describe alcohol and other drug use and disorders, the individuals affected by these conditions, and their related behaviors, comorbidities, treatment, and recovery in our publication. Specifically, we make an appeal for the use of language that (1) respects the worth and dignity of all persons ("people-first language"); (2) focuses on the medical nature of substance use disorders and treatment; (3) promotes the recovery process; and (4) avoids perpetuating negative stereotypes and biases through the use of slang and idioms. "

Confronting inadvertent stigma and pejorative language in addiction scholarship: a recognition and response. Broyles LM, Binswanger IA, Gordon AJ et al. *Subst Abus.* 2014 ;35(3):217-21.



The Scarlet A or Expressive art?



PSYCHIATRY ACADEMY

Imagine Sobriety...

- After multiple detoxes, long term programs, losses, overdoses....
- You achieve sobriety
- You are engaged in counselling
- You are engaged in a treatment community
- You are exercising and eating healthfully
- You are in college or have a job
- You have your family back
- You feel "normal"



BUT....

- You are on agonist therapy/medication
 - You are told by your support network that you are not sober
 - You are "trading one addiction for another," using a "crutch"
 - You are told you cannot engage in peer support groups that bolster your sobriety
 - You are badgered by your insurance company for repeated authorizations as to why you need it
 - You are asked by your family and doctors when you are going to get off the of the medication



Language in Obituaries

- "died suddenly," "died at home," "died unexpectedly"
- O5 May 1988 30 January 2015 Ryan Douglas Bossie, 27, died January 30, 2015, in Portland after losing a hard-fought battle with addiction. He enjoyed skateboarding, snowboarding, hiking, gardening, fishing, participating in moose hunts, and "chillin" with his family and friends

Bangor Daily News, March 9, 2015



Key Leaders of Change



October 2015: Charleston, West Virginia



"We can't fight this epidemic without removing stigma." President Obama, 10/21/2015



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