Drugs, Stigma, and Policy: How Language Drives Change

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Director, Recovery Research Institute
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Welcome!

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Housekeeping

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Disclosures

Dr. John Kelly has no disclosures.

The content of this activity may include discussion of off label or investigative drug uses. The faculty is aware that it is their responsibility to disclose this information.
Target Audience

• The overarching goal of PCSS is to train healthcare professionals in evidence-based practices for the prevention and treatment of opioid use disorders, particularly in prescribing medications, as well for the prevention and treatment of substance use disorders.
Educational Objectives

• At the conclusion of this activity participants should be able to:
  ▪ Discuss the importance of language in treating substance use disorders (SUD)
  ▪ Review the history and context of changing language around SUD
  ▪ Examine the evidence demonstrating the impact of stigmatizing language on the provision, quality and allocation of resources for SUD care
  ▪ Identify strategies for addressing stigma in policy and practice settings
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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
Stigma may involve several elements:

1. Labeling (e.g., “drug abuser,” “junkie”);

2. Negative stereotypes (e.g., “addicts are dangerous”);

3. Othering (e.g., “addicts are not normal people”);

4. Unequal health and social outcomes (e.g., high rates of HIV, incarceration, unemployed);

5. Poor access to economic or political power (e.g., frequently denied employment based on their history).
Commonly Studied Dimensions of Stigma

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

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

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

- **Dangerousness** – are they unpredictably volatile, a threat to my/others’ safety?
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
Studies have shown that...

- Compared to other psychiatric disorders, SUD is more stigmatized.
- 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.
SO, WHY IS ADDICTION SO STIGMATIZED COMPARED TO OTHER SOCIAL PROBLEMS AND HEALTH CONDITIONS, AND OTHER MENTAL ILLNESSES?
What Factors Influence Stigma?

<table>
<thead>
<tr>
<th>Cause</th>
<th>Controllability</th>
<th>Stigma</th>
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<tbody>
<tr>
<td>“It’s not their fault”</td>
<td>“They can’t help it”</td>
<td>Decreases</td>
</tr>
<tr>
<td>“It is their fault”</td>
<td>“They really can help it”</td>
<td>Increases</td>
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</tbody>
</table>
Relation between Cause and Controllability in producing Stigma
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
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
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
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?

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MIGHT GREATER BIOMEDICAL EMPHASIS AND EXPLANATIONS (E.G., BIOGENETIC AND/OR NEUROBIOLOGICAL) HELP REDUCE STIGMA?
The ‘side effects’ of medicalization: A meta-analytic review of how biogenetic explanations affect stigma

Erlend P. Kvaale a,*, Nick Haslam a, William H. Gotttdiener 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.

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 (N = 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 = 0.196), 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.

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Neurobiological explanations as ways to reduce stigma...

Neurobiological explanation studies found they increased:

- Social distance
- Dangerousness
- Prognostic pessimism
- Had no effect on reducing blame
Such findings may explain mixed public attitudes across different dimensions of stigma…

Representative study of Scottish public

Strong sympathy for those with addiction history, but…

50% of respondents said they would not want someone with a drug addiction history as a neighbor

46% said residents were correct to be worried about having an addiction treatment program in their neighborhood

38% disagreed that people with addiction history could be trusted as a babysitter

Source: Scottish Government (2016) 2016 Public Attitudes Toward People with Drug Dependence and People in Recovery
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
**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).”
Stigma (Blame Attribution)

<table>
<thead>
<tr>
<th>Term</th>
<th>Scale Score</th>
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<tr>
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<td>Brain disease</td>
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<td>Disease</td>
<td>4.44</td>
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<td>Illness</td>
<td>4.38</td>
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<td>Disorder</td>
<td>4.37</td>
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<td>Problem</td>
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Prognostic Optimism (Likelihood of Recovery)

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</tr>
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<td>Disorder</td>
<td>3.69</td>
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<tr>
<td>Problem</td>
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Ch: Chronically relapsing brain disease
Br: Brain disease
Di: Disease
Il: Illness
Do: Disorder
Pr: Problem

- Female  - Male

PCSS Providers Clinical Support System

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Paradoxical findings on biological explanations of stigmatized disorders

Reviews of the research suggest that biogenetic and neurobiologic explanations, while reducing attributions of blame - increase perceived dangerousness, social distance, and prognostic pessimism.

Meta-analytic review with 28 experimental studies found that biogenetic explanations reduce blame (Hedges g=-0.324) but induce pessimism (Hedges g=0.263). Also found biogenetic explanations increase endorsement of the stereotype that people with psychological problems are dangerous (Hedges g=0.198)

Biogenetic explanations do not typically affect social distance.

Promoting biogenetic or neurobiologic explanations to alleviate blame may induce pessimism and set the stage for self-fulfilling prophecies that could hamper recovery. Highlights need to emphasize most people recover, lead normal productive lives, but it can take time...
Paradoxical findings on biological explanations of stigmatized disorders

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Emphasizing that SUD is highly treatable and most people will recover although it can take time… (?)

Promoting biogenetic or neurobiologic explanations to alleviate blame may induce pessimism and set the stage for self-fulfilling prophecies that could hamper recovery. Highlights need to emphasize most people recover, lead normal productive lives, but it can take time…
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
Confusing array of terms Describing the Construct and Spectrum of Substance-Related Problems

- Addiction
- Dependence
- Abuse
- Hazardous use
- Harmful Use
- Problem Use
- Substance Use Disorder
- Misuse
- Alcoholism
- Substance Use
Array of Terms Describing the Person using or suffering from compulsive substance use

- Addict
- Substance Abuser
- Drunk
- Problem User
- Smackhead
- Alkie
- Junkie
- Substance Misuser
- Alcoholic
- Crackhead
Does it matter?

- Much ado about nothing?
- “Political correctness”?
- Mere “semantics”?
Yes… in two main ways

- Precision and Accuracy in Communication
  - Clinicians and others use the same different terms to mean different things; sometimes used in the technical sense, other times in a general sense (e.g., “addiction”, “abuse”, “abuser,” “addict”)
- Certain terms may induce explicit and/or implicit biases
Why It Matters How We Conceptualize It, What We Call It, People with It

Conceptualizations and related terminology implicitly reflect and affect how we think about and approach SUD.

When we think about what language is... it is a standardized collection of sounds and symbols that trigger networks of cognitive scripts, activating chains of thoughts; influences appraisal, attitudes, actions.

Language changes over time; from “lunatic asylums” “drunkards/dipsomaniacs” to “psych hospital” “AUD patients”

Policy approaches to “drug problem” possess own rhetoric - shift from “War on drugs” (punishment) to public health (prevention/treatment)...
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”?
Relation between Cause and Controllability in producing Stigma

Diagram showing a positive correlation between controllability and the extent of stigma. The x-axis represents the cause, ranging from "NOT their own fault" to "IS their own fault." The y-axis represents controllability, ranging from "Can't help it" to "Can help it." The extent of stigma increases as both cause and controllability increase.
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
“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.
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.”
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
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 consequences, strong causal role for gene control, stigma is alive and well. The definition remains.

Use of the more medically accurate “substance use disorder” terminology in health care is one example that can make a big difference. The clinician’s language is a powerful tool in the health care setting and deserves closer attention for quality improvement and public health.

Avoid “dirty,” “clean,” “abuser” language

Negative urine test for drugs

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

Recommended language examples…

Don’t say…
• “drug abuser”
• “alcoholic”
• “dirty urine”
• “heroin addict”

Instead, say…
• “Person/individual/patient with a substance use disorder”
• “Person/individual/patient with an alcohol use disorder”
• “the urine was positive for…”
• “Person/individual/patient with an opioid use disorder”
Implications for Practice

Enhanced practitioner understanding that SUD is a biomedical disorder maybe helpful in reducing patients/others blame but this may also need to be accompanied by acknowledgement that **SUD is treatable, and most people recover**

Practitioners might reduce degree of internalized stigma often held by patients by communicating these facts to patients and family members they treat.

Avoiding the use of certain terms and phrases in clinical practice (e.g., “abuse” “abuser” “addict” “dirty urine”) and using neutral language that is consistent with a medical and public health approach may help diminish stigma; more respectful.

In sum, clear communication of the medical nature of SUD coupled with the likelihood of treatment benefits and recovery using appropriate terminology may increase treatment engagement and clinical response.
Thank you for your attention!

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Thank You!

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Email: JKelly11@mgh.Harvard.edu
PCSS Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.

- PCSS Mentors are a national network of providers with expertise in addictions, pain, evidence-based treatment including medications for addiction treatment.

  - 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.

  - No cost.

For more information visit: https://pcssNOW.org/mentoring/
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Ask a Colleague

A simple and direct way to receive an answer related to medication-assisted treatment. Designed to provide a prompt response to simple practice-related questions.

Ask Now

http://pcss.invisionzone.com/register
PCSS is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

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<th>American Society of Addiction Medicine</th>
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<td>Association for Multidisciplinary Education and Research in Substance use and Addiction</td>
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