# Drugs, Stigma, and Policy: How Language Drives Change

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# Welcome!

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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 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).

Link BG, Phelan J. Social conditions as fundamental causes of disease. J Health Soc Behav. 1995;35:80-94

# 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

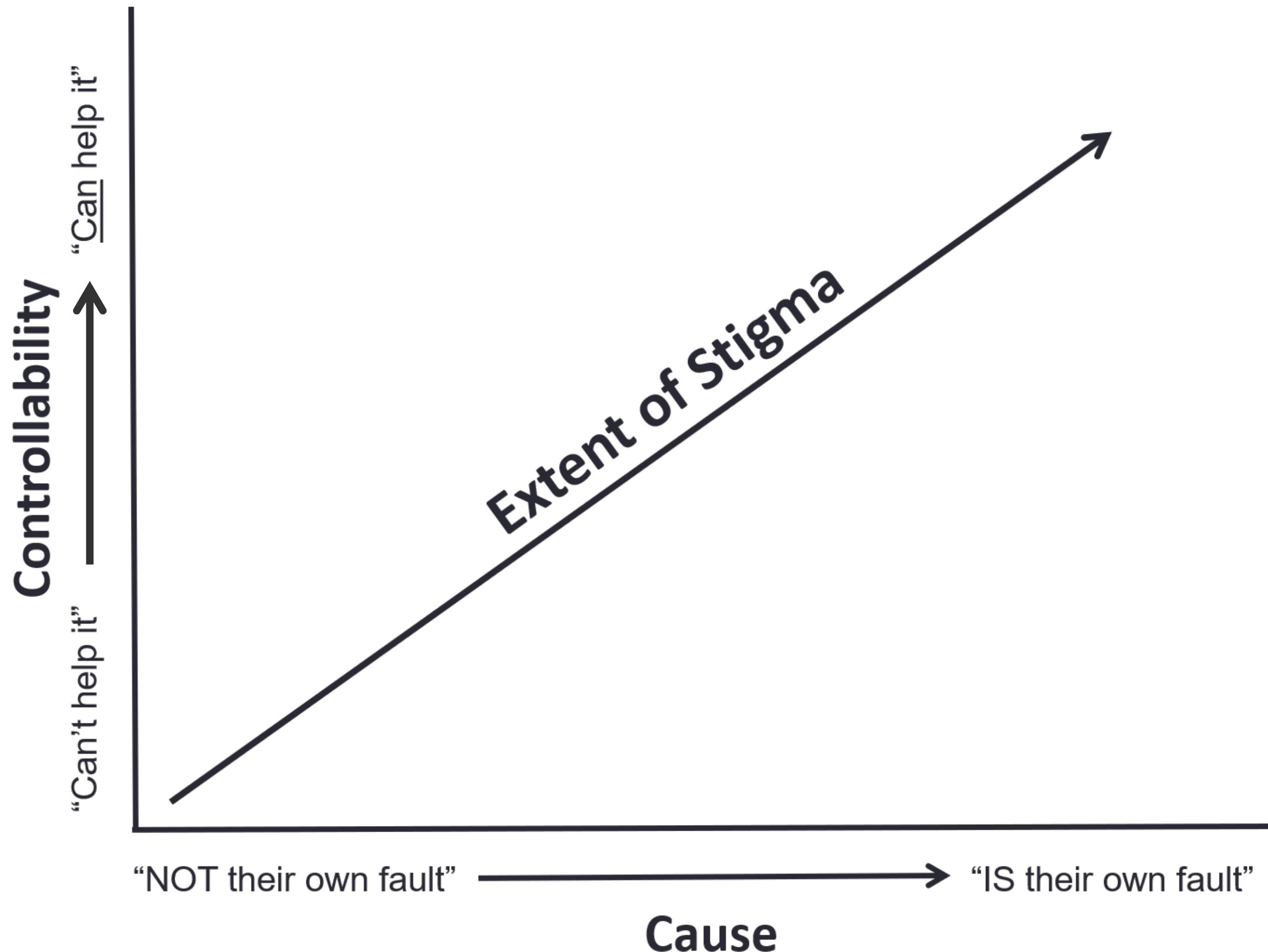
Physicians/clinicians shown to hold stigmatizing biases against those with SUD; view SUD patients as unmotivated, manipulative, dishonest; SUD-specific education/training helps

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

# What Factors Influence Stigma?

| 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 |

# Relation between Cause and Controllability in producing Stigma



# In terms of cause… Biogenetics

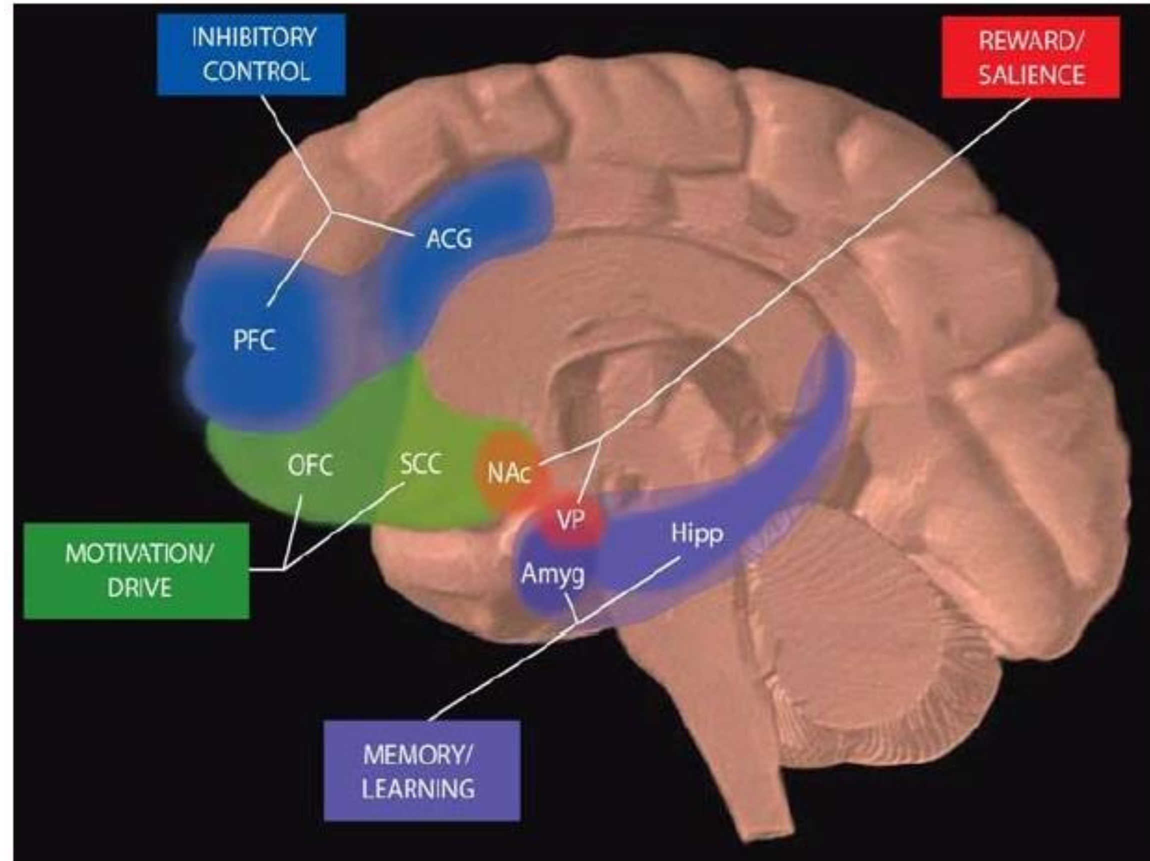
## If Drugs Are so Pleasurable, Why Aren't We All Addicted?

Genetically mediated response, metabolism, reward sensitivity…

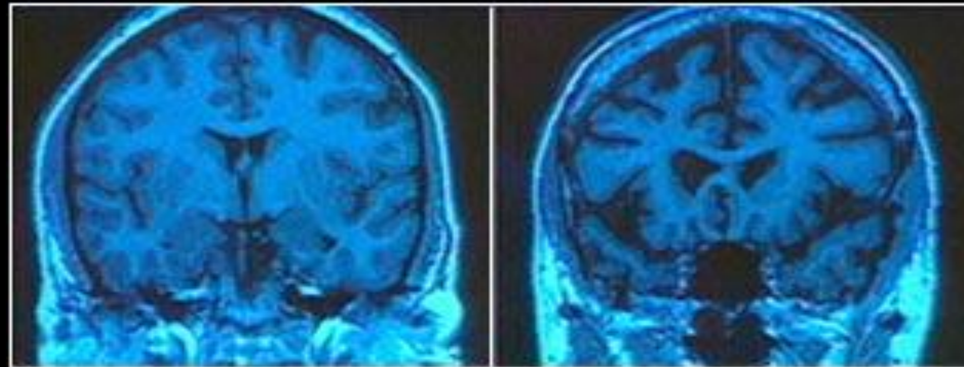
- Genetics substantially influence addiction risk
- Genetic differences affect subjective preference and degree of reward from different substances/activities

# 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**

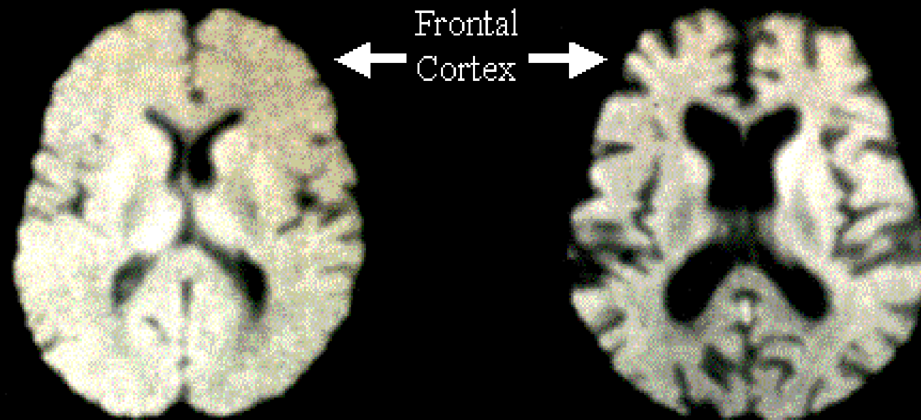


Normal
43-year-old

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

UNC SCHOOL OF MEDICINE
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# 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?

**<u>Education</u>** about essential nature of these conditions

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

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

# Biogenetic explanations as ways to reduce stigma…

Meta-analysis of 28 experimental studies found biogenetic explanations:

- Reduced blame, but increased…
- Social distance
- Dangerousness
- Prognostic Pessimism

Clinical Psychology Review 33 (2013) 782–794

Contents lists available at SciVerse ScienceDirect

Clinical Psychology Review

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

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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.

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ABSTRACT

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

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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

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

Cognitive Research: Principles and Implications

ORIGINAL ARTICLE Open Access

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

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

**Abstract**

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

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

**Significance**

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

**Background**

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

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Such findings may explain mixed public attitudes across different dimensions of stigma…

Representative study of Scottish public

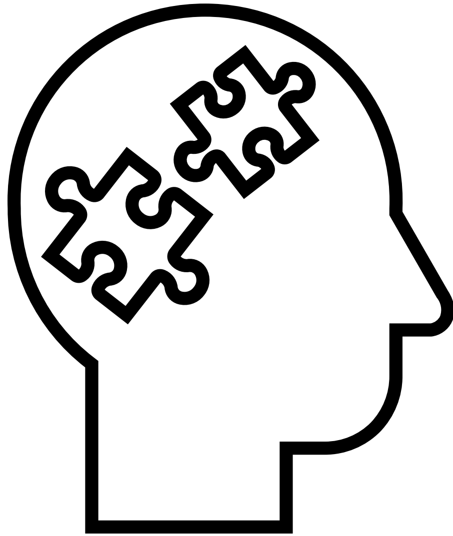
Strong sympathy for those with addiction history, but…

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



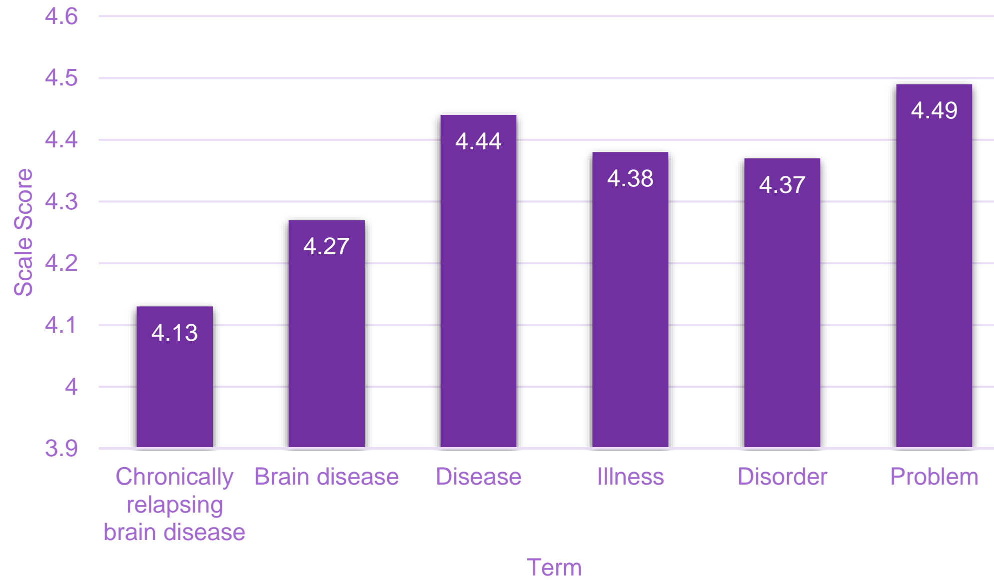
# What about ways of describing drug-related impairment, specifically?

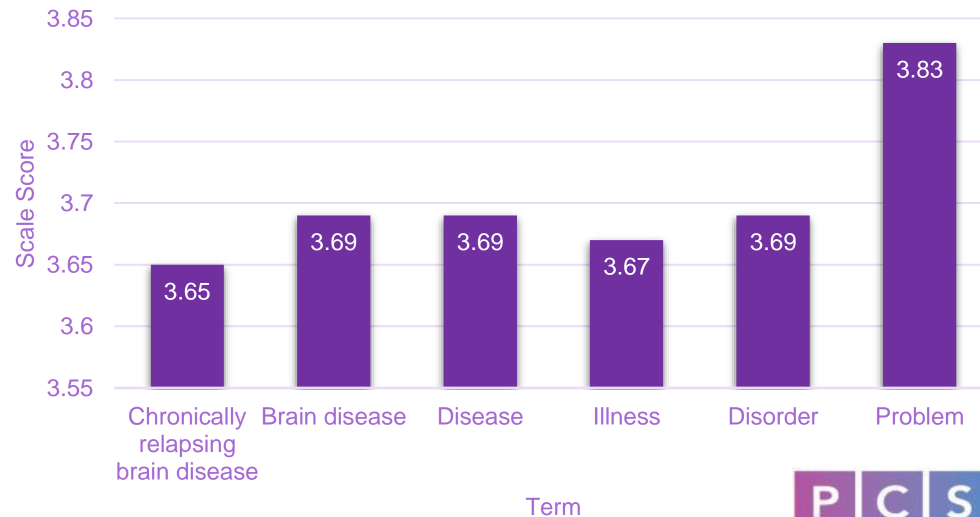
A Randomized Study on Different Addiction Terminology in a Nationally Representative sample of the U.S. Adult Population

# 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)."

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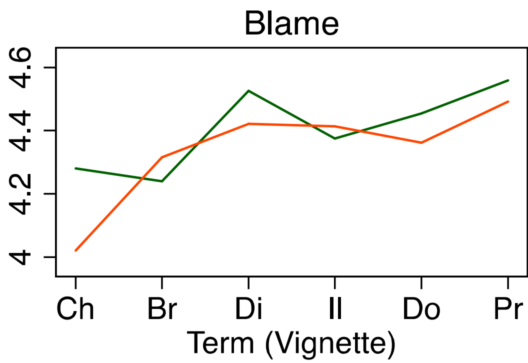


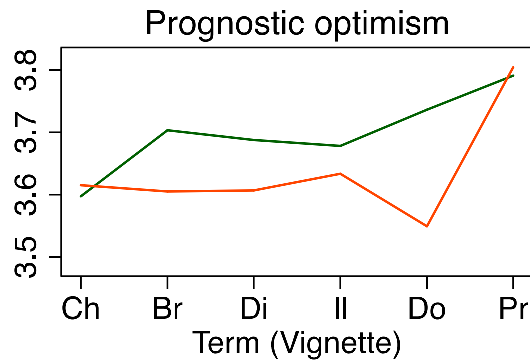


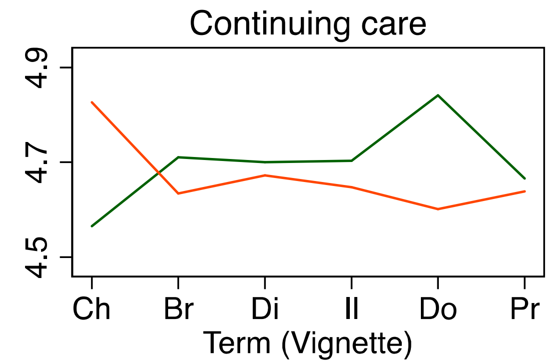


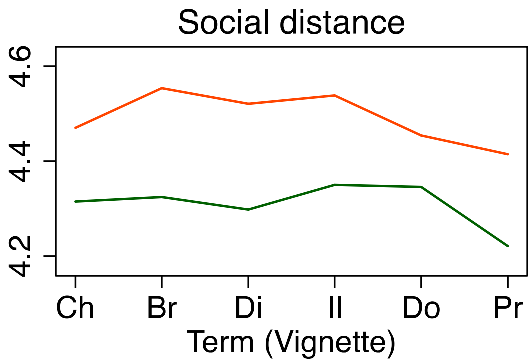


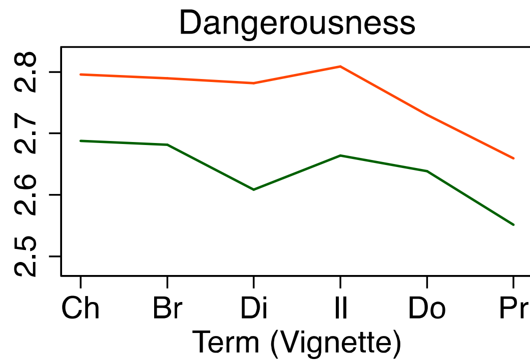


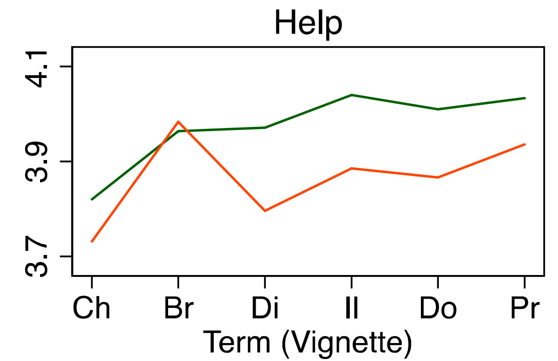


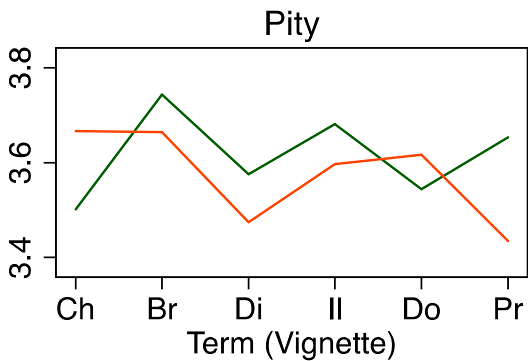


Ch: Chronically relapsing brain disease
Br: Brain disease
Di: Disease
Il: Illness
Do: Disorder
Pr: Problem

- Female - Male

# 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…

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biogenetic explanations do not typic

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?

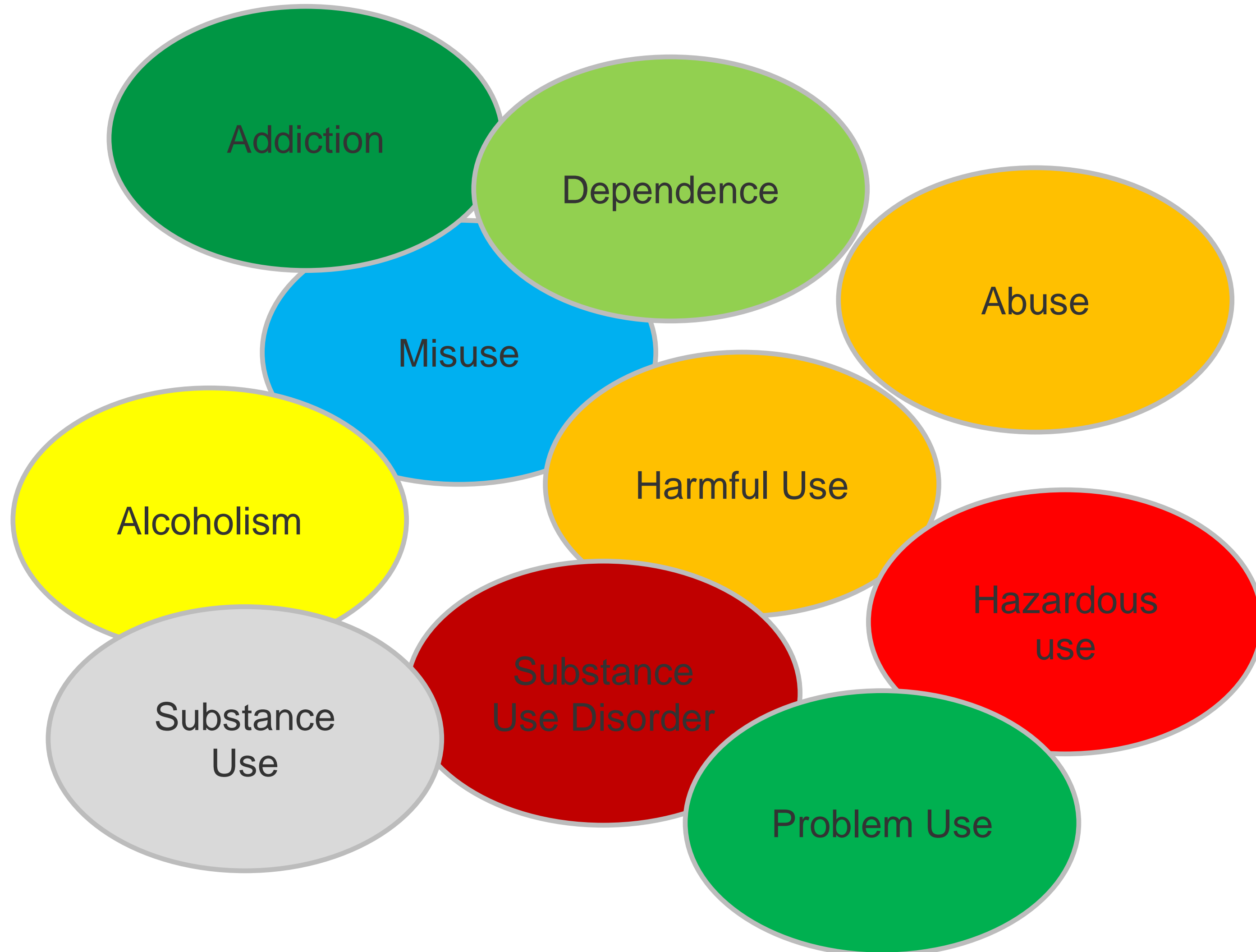
**Education** about essential nature of these conditions

**Personal witness** (putting a face and voice on recovery)

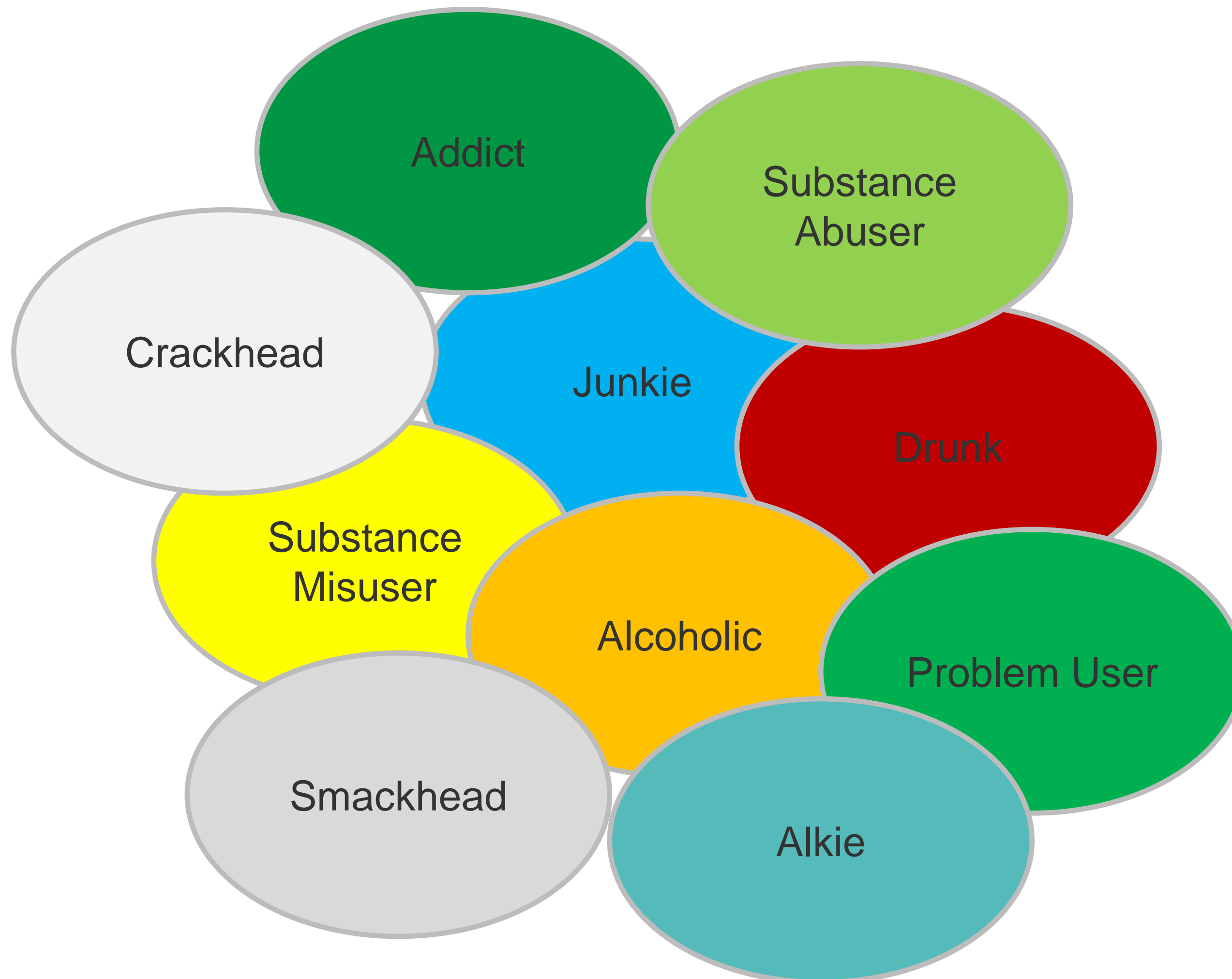
**Change our language/terminology** to be consistent with the nature of the condition and the policies we wish to implement to address it

# TERMINOLOGY

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



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

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# 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)…

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# 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”?**

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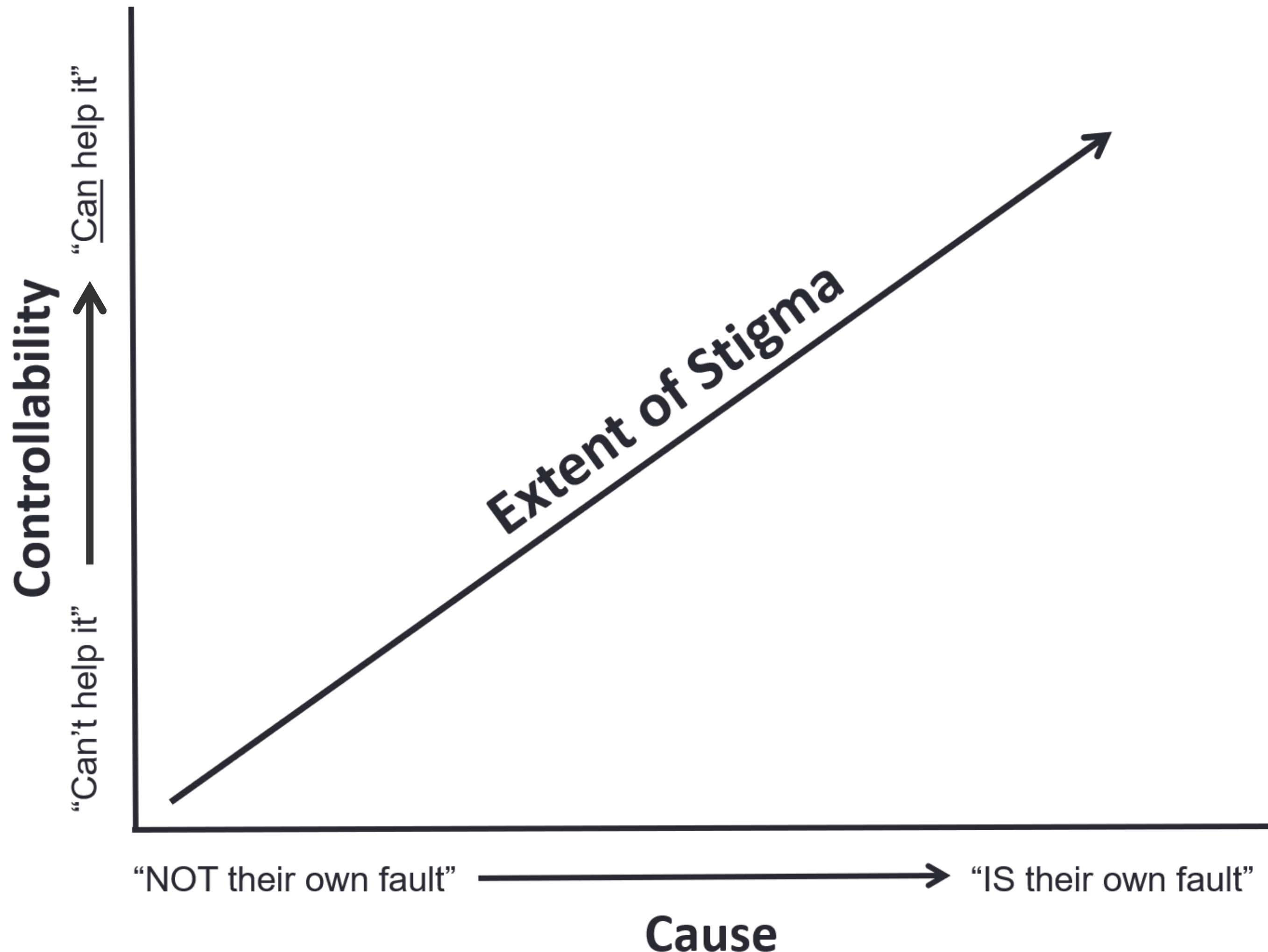
# Relation between Cause and Controllability in producing Stigma



# 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.**

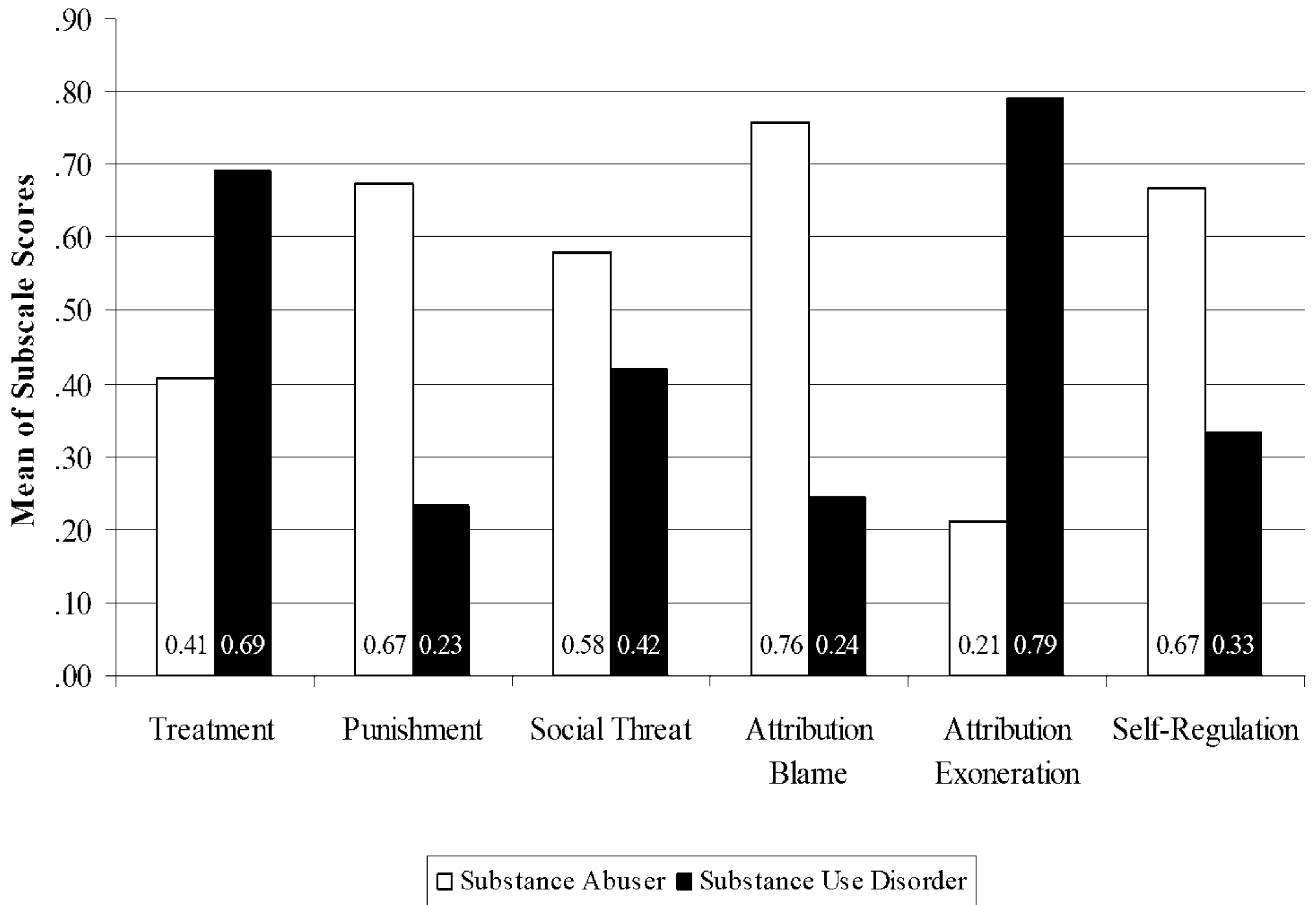
© 2010 by the Journal of Drug Issues

**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*

JDI
JOURNAL OF DRUG ISSUES

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.”




Providers Clinical Support System

# 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

THE AMERICAN JOURNAL of MEDICINE.
AJM

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 conseque
strong causal role for gene
control, stigma is alive anc
that one contributory fact
may be the type of langua
Use of the more medi
"substance use disorder" t
health approach that ca

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

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

Kelly JF, Wakeman SE, Saitz R. Stop talking 'dirty': clinicians, language, and quality of care for the leading cause of preventable death in the United States. Am J Med. 2015 Jan;128(1):8-9. doi: 10.1016/j.amjmed.2014.07.043. Epub 2014 Sep 3.

# Recommended language examples…

| Don't say… | Instead, say… |
| --- | --- |
| "drug abuser" | "Person/individual/patient with a substance use disorder" |
| "alcoholic" | "Person/individual/patient with an alcohol use disorder" |
| "dirty urine" | "the urine was positive for…" |
| "heroin addict" | "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

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# Thank You!

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RECOVERY RESEARCH INSTITUTE

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