USING PERSON-FIRST LANGUAGE IN SUBSTANCE USE DISORDER TREATMENT

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UW Medicine
UW SCHOOL OF MEDICINE

Integrated Care Training Program
UW Psychiatry & Behavioral Sciences

project ECHO

OBJECTIVES

1. Identify Factors Influencing Stigmatization of Drug Use

2. Review Current Terminology Recommendations

3. Brainstorming Session: What can we do?

SPEAKER DISCLOSURES

I have no conflicts of interest to disclose.

This work is informed by my educational, professional, and personal experiences, all of which are subject to bias.

NATIVE PEOPLE AND LAND ACKNOWLEDGE

https://www.indianz.com/News/2019/09/13/the-duwamish-people-are-still-here-tribe.asp

Real Rent Duwamish
@RRentDuwamish · Follow

"Since you've asked, the **@Duwamish_Tribe** requests using this land acknowledgement:

I would like to acknowledge that we are on the traditional land of the first people of **#Seattle**, the Duwamish People past & present & honor w/ gratitude the land itself and Duwamish Tribe"

3:52 PM · Jun 24, 2019

https://www.duwamishtribe.org/

THE MESSAGE

- Words are not enough
  - Respectful language is necessary, not sufficient

- Silence is not the answer

- Communication is difficult
  - Intent and impact may differ
    - Listen to the people impacted
  - Language is constantly evolving
    - It can be hard to keep up, AND it's important

- What we say and how we say it matters
  - Person-first language

INTENT AND IMPACT

What you said may not be what they heard

Intent VS IMPACT
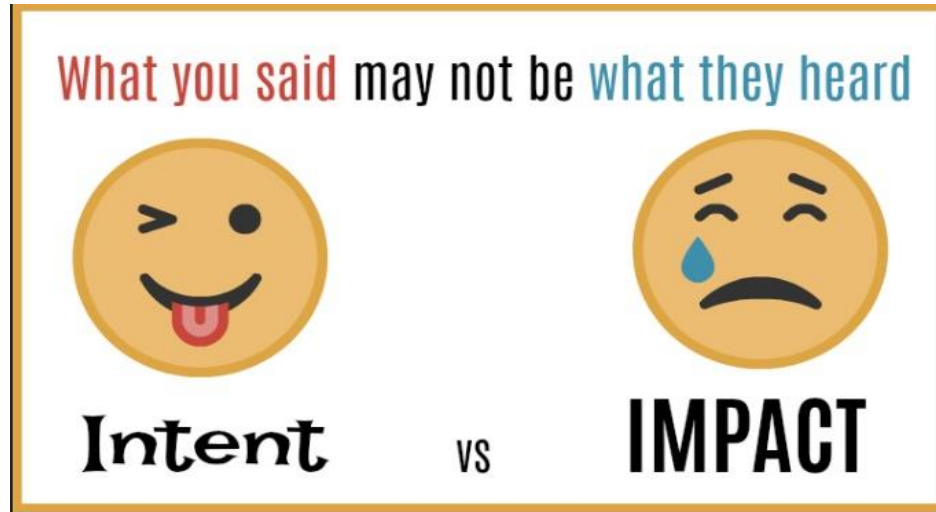
Intent – what you mean

Impact – how it's received

Recent personal example: "minoritized"

– Even with the best of intentions, sometimes our language has a negative impact

INTENT AND IMPACT

What might influence intent and impact?

YOUR

 – Experience

 – Beliefs
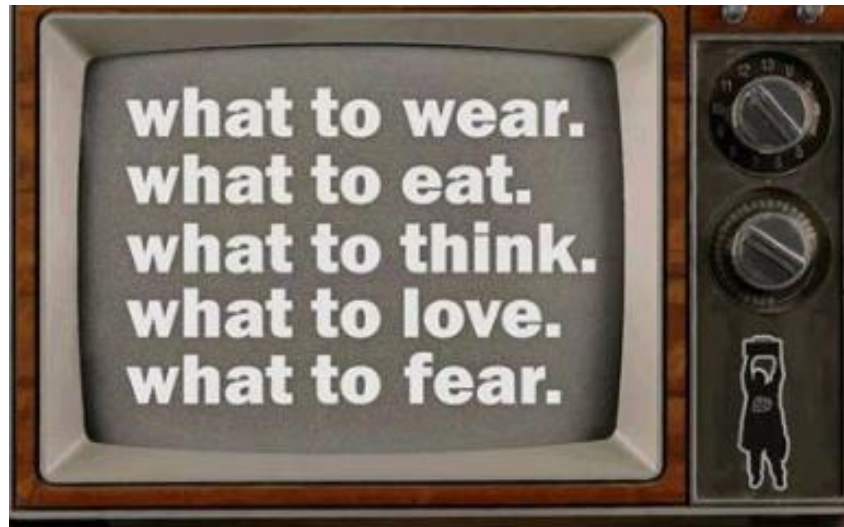
 – Attitudes

 – Knowledge

THEIR

 – Experience

 – Beliefs

 – Attitudes

 – Knowledge
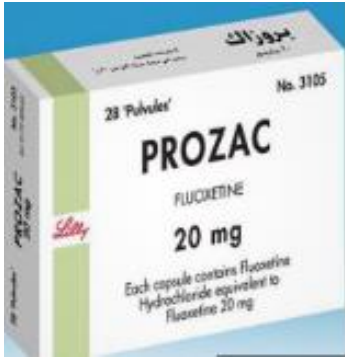
OUR

SOCIAL CONDITIONING

SOCIAL CONDITIONING

- Influence of society on our thoughts, words, and behaviors

what to wear.
what to eat.
what to think.
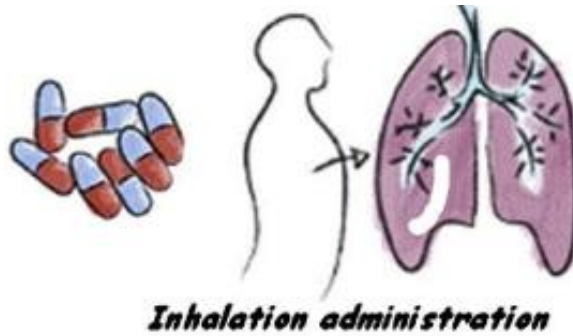what to love.
what to fear.

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WHAT MESSAGES DO WE RECEIVE ABOUT DRUG USE?

It depends.

TYPE OF DRUG

ROUTE OF ADMINISTRATION

Oral route

Inhalation administration

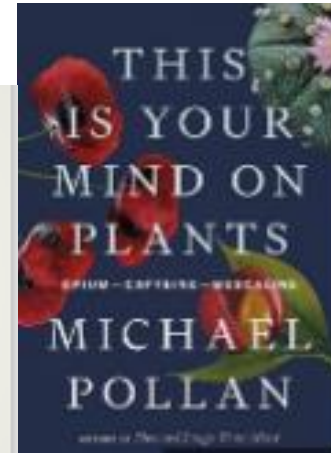Nasal administration
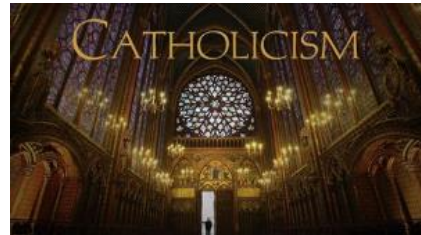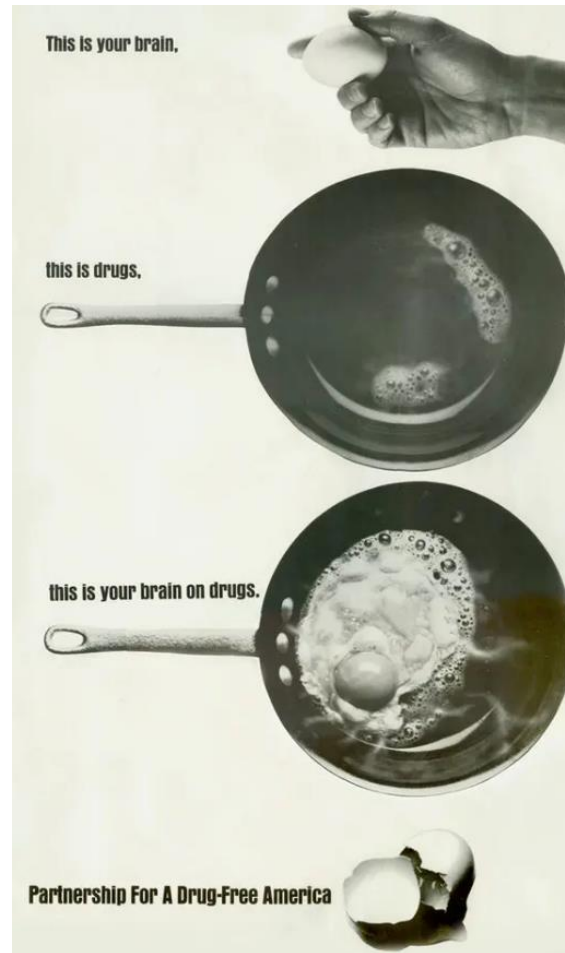
Intravenous route

Ocular drug delivery

Transdermal diffusion

*Rectal administration (boofing)

THE PROGRAMMING (PERSONAL EXAMPLES)
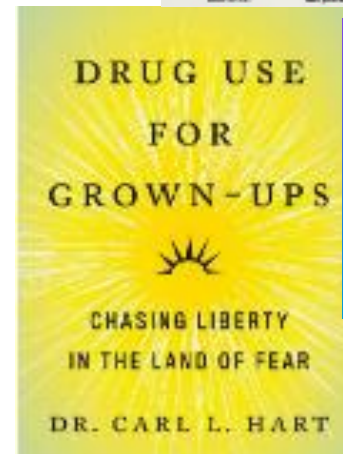
WHO'S USING THE DRUG

- Based on intersections of identities, including
  - Race
  - Ethnicity
  - Gender
  - Age
  - Socioeconomic status
    - Celebrity status
  - Political affiliation
  - Immigration status
  - Country of residence
  - Others….

WHAT IS STIGMA?

stigma *noun*

Definition of *stigma*

1   **a**   : a mark of shame or discredit : STAIN

// bore the *stigma* of cowardice

     b   *plural usually* **stigmata** : an identifying mark or characteristic

specifically : a specific diagnostic sign of a disease

2   **a**   *plural usually* **stigmas** : the usually apical part of the pistil of a flower which receives the pollen grains and on which they germinate

— see FLOWER ILLUSTRATION

     b   : a small spot, scar, or opening on a plant or animal

3   **a**   **stigmata** *plural* : bodily marks or pains resembling the wounds of the crucified Jesus and sometimes accompanying religious ecstasy

     b   : PETECHIA

4   *archaic* : a scar left by a hot iron : BRAND

STIGMA ACCORDING TO NIDA

Stigma and Addiction

What is stigma?

Stigma is a discrimination against an identifiable group of people, a place, or a nation. Stigma about people with SUD might include inaccurate or unfounded thoughts like they are dangerous, incapable of managing treatment, or at fault for their condition.

Where does stigma come from?

For people with an SUD, stigma may stem from antiquated and inaccurate beliefs that addiction is a moral failing, instead of what we know it to be—a chronic, treatable disease from which patients can recover and continue to lead healthy lives.

How does stigma affect people with SUD?

- Feeling stigmatized can reduce the willingness of individuals with SUD to seek treatment.[1,2]

- Stigmatizing views of people with SUD are common; this stereotyping can lead others to feel pity, fear, anger, and a desire for social distance from people with an SUD.[2]

- Stigmatizing language can negatively influence health care provider perceptions of people with SUD, which can impact the care they provide.[3]

WHERE DOES STIGMA ORIGINATE?

- Moral theory of addiction

- Racism

- Laws and policies

- Media/Propaganda

MORAL THEORY OF ADDICTION

A MORAL AND PHYSICAL THERMOMETER.
A scale of the progress of Temperance and Intemperance.—Liquors with effects in their usual order.

TEMPERANCE.
Health and Wealth.

70	Water,	
60	Milk and Water,	Serenity of Mind, Reputation, Long Life, and Happiness.
50	Small Beer,	
40	Cider and Perry,	
30	Wine,	Cheerfulness, Strength, and Nourishment, when taken only in small quantities, and at meals.
20	Porter,	
10	Strong Beer,	
0		

INTEMPERANCE.

		VICES.	DISEASES.	PUNISHMENTS.
0				
10	Punch,	Idleness,	Sickness,	Debt.
20	Toddy and Egg Rum,	Gaming, Peevishness, Quarrelling,	Tremors of the hands in the morning, puking, bloatedness	Jail.
30	Grog—Brandy and Water,	Fighting, Horse Racing,	Inflamed eyes, red nose and face,	Black Eyes, and Rags.
40	Flip and Shrub,	Lying and Swearing,	Sore and swelled legs, jaundice,	Hospital or Poor House.
50	Bitters infused in Spirits and Cordials.	Stealing and Swindling,	Pains in the hands, burning in the hands, and feet,	Bridewell.
60	Drams of Gin, Brandy, and Rum, in the morning,	Perjury,	Dropsy, Epilepsy,	State Prison.
70	The same morning and evening, The same during day and night,	Burglary, Murder,	Melancholy, palsy, appoplexy, Madness, Depair,	do. for Life. GALLOWS.

"Father of American Psychiatry"
-Believed people who are Black had a hereditary, curable skin disease

-His apprentice, Samuel Cartwright, known for "drapetomania"
-mental illness characterized by desire for freedom among enslaved people

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1800S ADVERTISEMENTS FOR "MEDICINE"

Main ingredients: opium and alcohol

RACISM & DRUG CRIMINALIZATION

- 1890s – ban on smoking opium in some states (CA)
  - Targeting people who immigrated from China
- Opium Exclusion Act of 1909 & 1914 Harrison Narcotic Act
  - Banned opium
    - But just smoking and importing for smoking
    - Opium for medicine and medicinal use OK
      - Foreshadowing current crisis?
- 18th Amendment (1919) – federal prohibition of alcohol
  - Abolished in 1933
  - Harry Anslinger is Commissioner of Federal Bureau of Narcotics
- Marihuana Tax Act of 1937
  - Targeted people who immigrated from Mexico
    - Required tax stamp to possess or sell cannabis
      - Marijuana is a Mexican slang term – first "official" use

ASSOCIATED PROPAGANDA
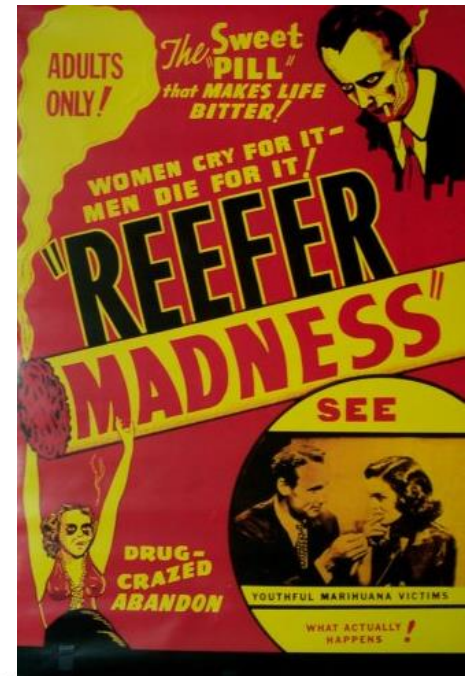
RACISM, POLITICAL ORIENTATION, & DRUG CRIMINALIZATION

Nixon's War on Drugs

- Comprehensive Drug Abuse Prevention and Control Act of 1970

> The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. You understand what I'm saying? We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did.

John Ehrlichman (Assistant to the President for Domestic Affairs)
in Harper's Magazine in 1994

https://en.wikipedia.org/wiki/War_on_drugs#cite_note-24

RACISM & DRUG CRIMINALIZATION

- Anti-Drug Abuse Act of 1986
  - Imposed new criminal sentences for crack cocaine
  - Inequities in penalties for power versus crack cocaine
    - 100:1 weight ratio
      - Penalties for crack cocaine equal to penalties of 100x powder cocaine
      - 5-year mandatory minimum for 1st time simple possession

- The New Jim Crow
  - Mass incarceration
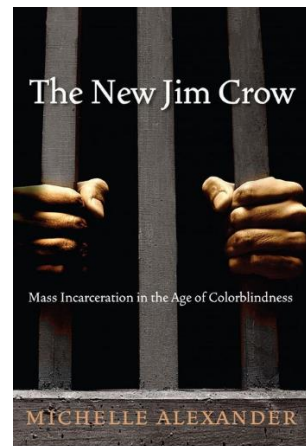
ASSOCIATED PROPAGANDA
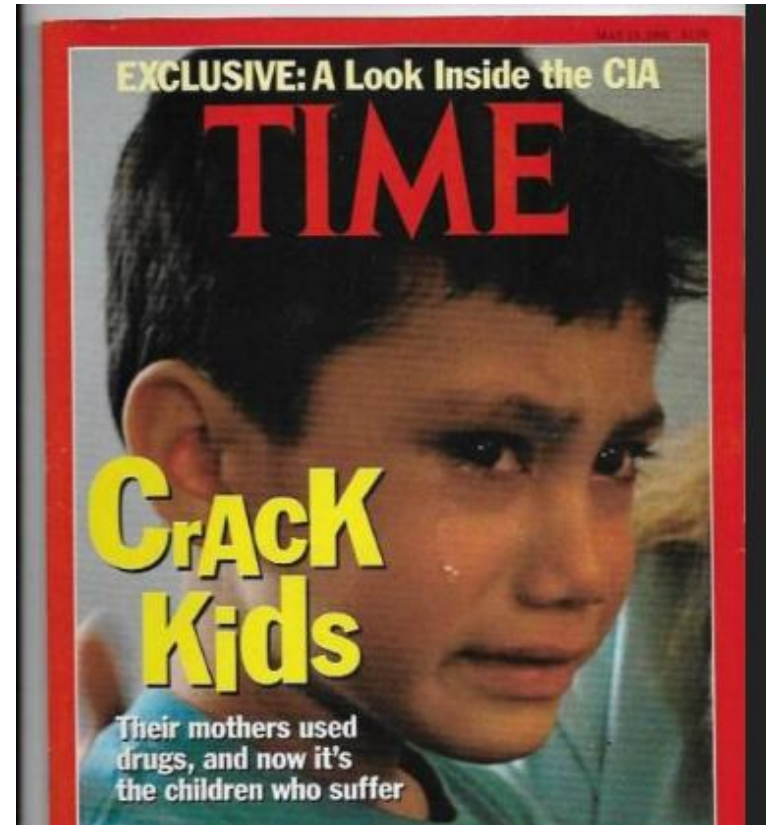
21ST CENTURY

– Fair Sentencing Act (2010)

- Eliminated mandatory minimum for simple possession
- Reduced the cocaine penalty disparity
  - to 18:1
    » "Fairer" Sentencing Act might be more accurate
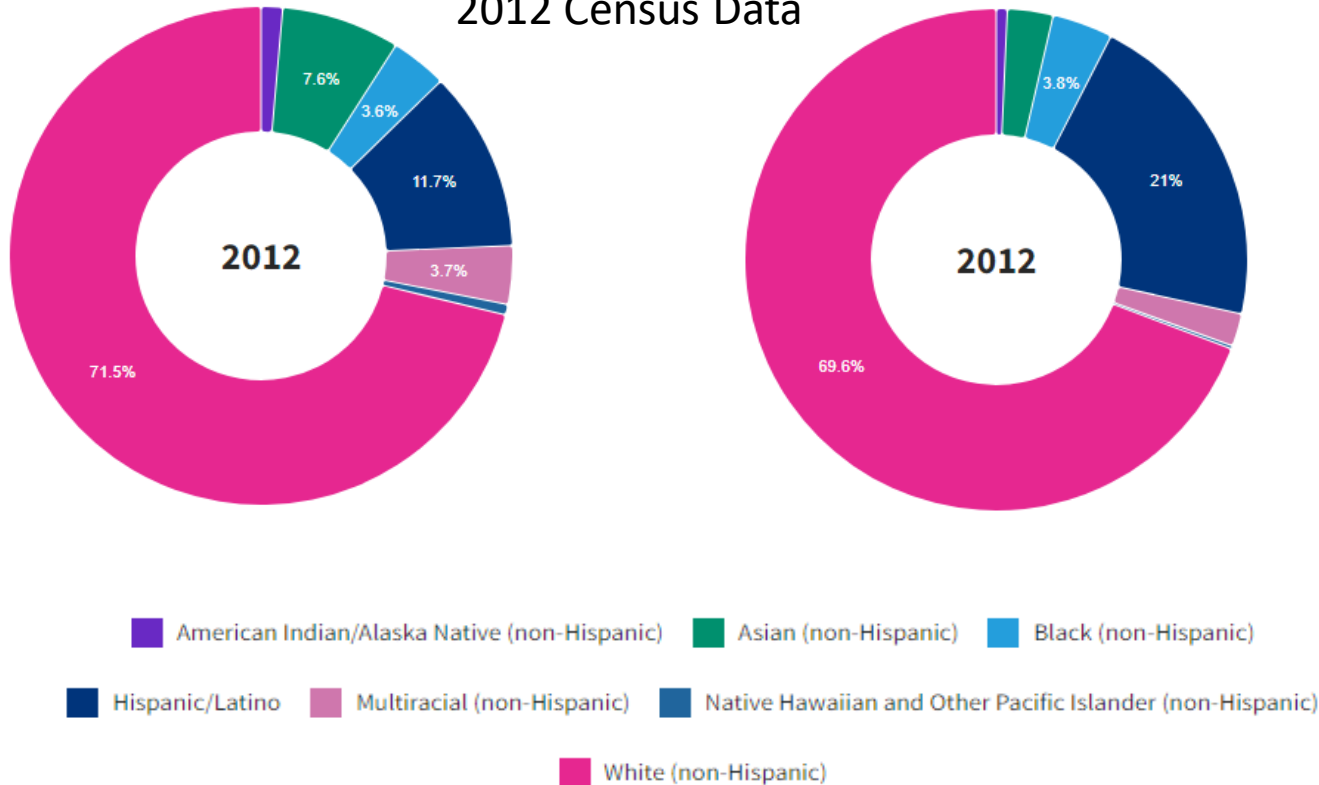

- Meanwhile....

CANNABIS BECOMES LEGAL

- Washington and Colorado (2012)

2012 Census Data

2012

71.5%
11.7%
7.6%
3.6%
3.7%

2012

69.6%
21%
3.8%

Legend:
- ■ American Indian/Alaska Native (non-Hispanic)
- ■ Asian (non-Hispanic)
- ■ Black (non-Hispanic)
- ■ Hispanic/Latino
- ■ Multiracial (non-Hispanic)
- ■ Native Hawaiian and Other Pacific Islander (non-Hispanic)
- ■ White (non-Hispanic)

https://usafacts.org/

DESPITE THIS….

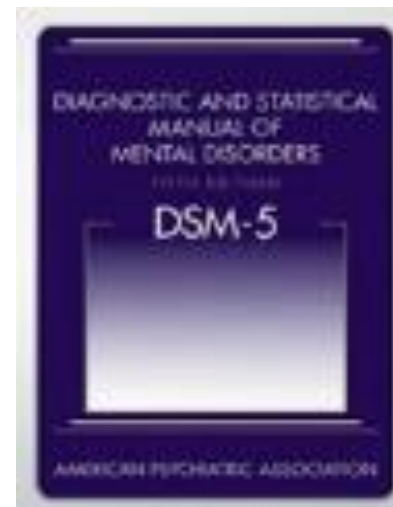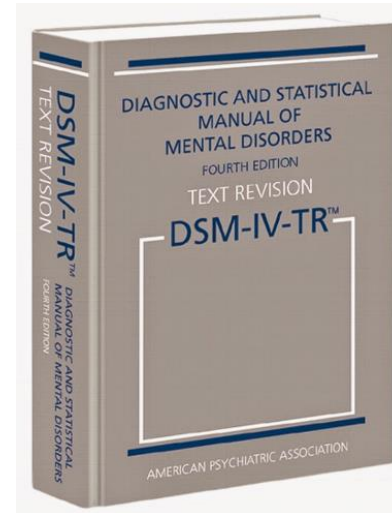## Drug Enforcement Agency Drug Schedule (2022)

Schedule I

Schedule I drugs, substances, or chemicals are defined as drugs with no currently accepted medical use and a high potential for abuse. Some examples of Schedule I drugs are: heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), 3,4-methylenedioxymethamphetamine (ecstasy), methaqualone, and peyote.

Schedule II

Schedule II drugs, substances, or chemicals are defined as drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence. These drugs are also considered dangerous. Some examples of Schedule II drugs are: combination products with less than 15 milligrams of hydrocodone per dosage unit (Vicodin), cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, and Ritalin

TERMINOLOGY SHIFTS

- Out
  - Substance abuse
  - Substance dependence
  - Legal problems criterion

- In
  - Substance use disorder
  - Craving criterion
  - 2/11 criteria

CURRENT NIDA RECOMMENDATIONS

Instead of…	Use…	Because…
▪ Addict	▪ Person with substance use disorder[1]	▪ Person-first language. ▪ The change shows that a person "has" a problem, rather than "is" the problem.[7]
▪ User	▪ Person with OUD or person with opioid addiction (when substance in use is opioids)	▪ The terms avoid eliciting negative associations, punitive attitudes, and individual blame.[7]
▪ Substance or drug abuser	▪ Patient	

What about just "person"?
Could "the patient" be a form of distancing language?

CURRENT NIDA RECOMMENDATIONS

Instead of...	Use...	Because...
▪ Junkie	▪ Person in active use; use the person's name, and then say "is in active use."	▪ Person-first language. ▪ The change shows that a person "has" a problem, rather than "is" the problem.[7] ▪ The terms avoid eliciting negative associations, punitive attitudes, and individual blame.[7]
▪ Alcoholic	▪ Person with alcohol use disorder	
▪ Drunk	▪ Person who misuses alcohol/engages in unhealthy/hazardous alcohol use	
▪ Former addict	▪ Person in recovery or long-term recovery	
▪ Reformed addict	▪ Person who previously used drugs	

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CURRENT NIDA RECOMMENDATIONS

Use...	Instead of...	Because...
▪ **Substance use disorder** ▪ **Drug addiction**	▪ Habit	▪ "Habit" implies that a person is *choosing* to use substances or can *choose* to stop. This implication is inaccurate.[5] ▪ Describing SUD as a habit makes the illness seem less serious than it is.
▪ **Use** (for illicit drugs) ▪ **Misuse** (for prescription medications used other than prescribed)	▪ Abuse	▪ The term "abuse" was found to have a high association with negative judgments and punishment.[7] ▪ Use outside of the parameters of how medications were prescribed is misuse.

CURRENT NIDA RECOMMENDATIONS

Instead of...	Use...	Because...
■ Opioid substitution replacement therapy ■ Medication-assisted treatment (MAT)	■ Opioid agonist therapy ■ Pharmacotherapy ■ Addiction medication ■ Medication for a substance use disorder ■ Medication for opioid use disorder (MOUD)	■ It is a misconception that medications merely "substitute" one drug or "one addiction" for another.[6] ■ The term MAT implies that medication should have a supplemental or temporary role in treatment. Using "MOUD" aligns with the way other psychiatric medications are understood (e.g., antidepressants, antipsychotics), as critical tools that are central to a patient's treatment plan.

CURRENT NIDA RECOMMENDATIONS

Instead of...	Use...	Because...
- Clean	**For toxicology screen results:** - Testing negative **For non-toxicology purposes:** - Being in remission or recovery - Abstinent from drugs - Not drinking or taking drugs - Not currently or actively using drugs	- Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.[10] - Set an example with your own language when treating patients who might use stigmatizing slang. - Use of such terms may evoke negative and punitive implicit cognitions.[7]
- Dirty	**For toxicology screen results:** - Testing positive **For non-toxicology purposes:** - Person who uses drugs	- Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.[9] - May decrease patients' sense of hope and self-efficacy for change.[7] -

What about drug detected/undetected?

1. Saitz R, Miller SC, Fiellin DA, et al. Recommended use of terminology in addiction medicine. *J Addict Med.* 2021;15:3–7.

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CURRENT NIDA RECOMMENDATIONS

Use...	Instead of...	Because...
- Baby born to a parent who used drugs while pregnant - Baby with signs of withdrawal from prenatal drug exposure - Newborn exposed to substances - Baby with neonatal abstinence syndrome	Addicted baby	- Babies cannot be born with addiction because addiction is a behavioral disorder. - Using person-first language can reduce stigma. - Use of medical terminology (the same way you would for other illnesses) can help reduce stigma.[8]

ADDITIONAL RECOMMENDATIONS

Common term	Issue	Alternative
Treatment resistant	Implies patients are intentionally not following through/not interested in change	Describe patient decisions without judgmental language Ex: Patient who discontinued prescribed medications/ behavioral treatment sessions
Noncompliance	Assumes provider knows what's best	
Treatment nonadherence	Implies treatment engagement necessary for positive change	
Dropout	Patient at fault, could not handle treatment; assumes patient needed more treatment	
Treatment failure/ Relapse	Implies patient failure; often focuses on abstinence as necessary	Describe changes in substance use, consequences, and functioning / Focus on patient goals, rather than assume abstinence goals

Nonstigmatizing and Precise Terminology to Describe
Processes and Outcomes in Addiction Medicine

BRAINSTORMING TIME!

- How might we facilitate language changes in our systems?
  - Modeling
  - Training

- What might we do when we hear colleagues use outdated terminology?
  - Intent v. impact
  - Call in v. call out

- What else can we do to reduce stigma in clinical settings?
  - Trauma-informed care
    - Shift from "What's wrong with you?" to "What happened to you?"

- https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/

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