

Mini review

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The Science and Metaphysics of Addiction and Recovery

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Minireview

Stigma surrounding substance use disorders (SUDs) not only leads to the perpetuation of the myth that those suffering from addiction are doing so by choice, but it also has an impact on healthcare delivery and outcomes. Healthcare professionals are in charge of recognizing and consequently providing necessary treatment to individuals with SUDs. In turn, the attitudes and perceptions of healthcare professionals can have lasting consequences on the nature of the delivery of care their patients receive. While significant progress has been made to develop effective treatments to help individuals manage and recover from addiction, little has been done to remove the stigma that surrounds it. To better understand and eliminate negative societal perceptions would not only create a safer avenue for individuals seeking treatment, but also allow for more reliable and effective healthcare delivery. The manner in which health professionals and laypeople refer to those suffering from addiction has profound effects not only on the treatment of those with addiction but also on

the perception of those individuals within society. One stigmatizing term, with universal agreement not to use, is the word “abuse.” In the past, “abuse” was a diagnostic term but this is no longer the case – the term is also imprecise as it is not clear what the difference would be between use and abuse, such as in the case of cocaine. Stigmatizing language also includes the use of terms with negative connotations such as “addict,” “abuser/abuse,” “problem,” “dirty,” “user,” “junkie,” “drunk,” “crackhead” and “alcoholic” [1]. Instead of these derogatory terms, the use of person-first language rather than disease-first terminology—i.e., “person with a substance use disorder” versus “substance abuser,” (SA) should be employed [2,3]. The use of person-first language when referring to those with SUDs can have profound effects on improving care for these patients and promoting the correct perception of these individuals as patients in need of medical treatment.

Alcohol and drug addiction are a major public health issue worldwide—they are accountable for approximately 4% of deaths

globally and 18% of the Disability-Adjusted Life Years (DALYs) related to mental health disorders [4]. Despite SUDs being well classified by clinicians as a disease, a recent systematic review of 1562 citations found that healthcare providers predominantly hold negative perceptions towards those with SUDs. This review also found that such perceptions not only diminished patient's sense of empowerment but also impacted the overall treatment outcome of patients struggling with addiction [5]. These findings reveal that as a result of stigmatizing perceptions and attitudes, patients may be more reluctant to admit and disclose important information regarding their SUDs. This is reflected in surveys finding that only 24% of individuals with lifetime alcohol dependence ever sought treatment and only 15% of people with substance dependence pursued professional help in the last year [6,7]. Additionally, it is important to note that within the healthcare setting, a combination of patient vulnerability and clinician prejudice can create challenges in communicating issues and coordinating treatments. Preconceived notions or stigma on behalf of healthcare providers can result in shorter visits and lower quality of care provided [5,8]. Hesitancy to engage in a proper and thorough patient examination can leave patients with a lowered sense of esteem, diminishing their likelihood of returning in the future [9]. Together these findings reveal, that in order to properly treat patients with addiction it is essential to change physician's negative perceptions towards patients with SUDs to one with less stigma.

The influence of substance use terminology has broad implications on impacting the perception of those with addiction and may serve as a powerful tool in reducing stigma. A study conducted on 314 participants from urban settings found that simply using the term "substance abuser" versus "having a substance use disorder," led participants to believe that those with addiction were engaging in willful misconduct, posed a greater threat to society, and were more deserving of punishment [10]. This study concluded that incorrect addiction terminology perpetuates stigma and can lead to significant barriers to care for these vulnerable populations. A similar study conducted on 184 graduate students in the social sciences (psychology, social work, or criminology) also found that being exposed to stigmatizing addiction language creates negative attitudes towards patients with SUDs [11]. This latter study shows that negative biases towards those with addiction can form at a young age and have lasting impacts as these individuals enter professions either directly or tangentially related to treating those with addiction. The harmful effects of stigmatizing language related to addiction is not only evident for the general public but is also seen in physicians. A study of 516 physicians who attended a mental health conference found that those who were exposed to the term SA instead of SUD were significantly more likely to recommend punitive measures for patients suffering from addiction [12]. This study highlights that even medical doctors and mental health

experts are at risk of perceiving those with SUDs negatively once exposed to stigmatizing language.

Since news coverage is central in informing public opinion on an array of topics, it is imperative that news outlets properly refer to those with addiction in person-first language. Recognizing this need The Associated Press (AP) Stylebook, which serves as a writing guide for journalists, recommended against the use of stigmatizing language when describing individuals with SUDs [1]. Despite these recommendations, our research found that 56% to 94% of articles published by major news outlets included pejorative language in addiction related articles, even after the stylebook was published [13]. In the past, advocacy groups have been successful in altering the use of stigmatizing language in the press, such as the reduction in reporting of crimes committed by individuals with schizophrenia as well as demonstrating the necessity of describing eating disorders in proper complex terms [14,15]. These instances suggest that with enough activism and education it is possible to significantly reduce the use of harmful terms when referring to those with SUDs. The effect of reduced stigma can directly lead to better health outcomes, policy implementation, and social solidarity for those who are struggling with addiction. It is therefore the responsibility of health experts, journalists, and the general public to avoid the term "abuse" and use proper first-person terms in relation to those suffering from SUDs.

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Conflict of Interest

Authors declare no conflict of interest.

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