EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

January 9, 2017

MEMORANDUM TO HEADS OF EXECUTIVE DEPARTMENTS AND AGENCIES

FROM: Michael P. Botticelli
Director

SUBJECT: Changing Federal Terminology Regarding Substance Use and Substance Use Disorders

Attached you will find *Changing the Language of Addiction*, a document addressing terminology related to substance use and substance use disorders. The document was developed through consultation with external research, policy, provider and consumer stakeholders, as well as in collaboration with Federal agencies through the OMB clearance process.

We encourage Executive Branch agencies to consider using this guidance in your internal and public facing communications to comport with current medical terminology of the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., American Psychiatric Association, 2013). The document is not a Federal regulation and does not change the statutory or regulatory definitions of terms or change any substantive or procedural rights under Federal law, to include the names of Federal Agencies.

We appreciate your support in this important endeavor and ask that you inform the Office of National Drug Control Policy (ONDCP) of planned or undertaken activities to adjust internal and public facing communications.

If you have any questions, please contact Sarah Wattenberg at ONDCP (202-395-6700; swattenberg@ondcp.eop.gov).

ATTACHMENTS
Changing the Language of Addiction

cc: The National Prevention Council

Office of National Drug Control Policy

Changing the Language of Addiction

Background

Substance use, misuse,* and substance use disorders impose a devastating health and emotional burden on individuals, families, communities, States, Tribes, and our Nation as a whole, causing injury, illness, and death and endangering public safety. In 2015, an estimated 20.8 million Americans aged 12 or older had alcohol or other drug use disorders, while approximately 27.1 million people aged 12 or older reported past-month illicit drug use.[1] More Americans now die every year from drug overdoses than in motor vehicle crashes.[2] Yet 89 percent of individuals estimated to be in need of treatment for a substance use disorder do not receive treatment services.[1]

Substance use disorder (the most severe form of which is referred to as "addiction") is a chronic brain disorder from which people can and do recover. Nonetheless, sometimes the terminology used in the discussion of substance use can suggest that problematic use of substances and substance use disorders are the result of a personal failing; that people choose the disorder, or they lack the willpower or character to control their substance use. However, research shows addictive substances can lead to dramatic changes in brain function and reduce a person's ability to control his or her substance use, and that repeated use of these substances powerfully alters brain chemistry and the function of brain circuitry to create a neurobiological disorder.

Research also has shown that people with substance use disorders are viewed more negatively than people with physical or psychiatric disabilities.[3,4] Researchers found that even highly trained substance use disorder and mental health clinicians were significantly more likely to assign blame and believe that an individual should be subjected to more punitive (e.g., jail sentence) rather than therapeutic measures, when the subject of a case vignette was referred to as a "substance abuser" rather than as a "person with a substance use disorder."[5] In a public perception study the term "abuse" was found to have a high association with negative judgments and punishment.[6] Negative attitudes among health professionals have been found to adversely affect quality of care and subsequent treatment outcomes.[7,8] Shame and concerns about social, economic, and legal consequences of disclosing a substance use disorder may deter help-seeking among those with substance use disorders and their families.

The American Medical Association[9] has called on physicians to help reduce stigma and support treatment for substance use disorders. The American Society of Addiction Medicine,[10] the

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* Throughout this document, the expression "substance misuse" refers to the use of any substance in a manner, situation, amount or frequency that can cause harm to the substance user or to those around them. For some substances or individuals, any use would constitute misuse (e.g., under-age drinking, any use of illegal drugs). Prescription drug misuse refers to the use of a drug in any way a doctor did not direct an individual to use it. (Taken from *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health.* (2016)). Glossary p.3-4. U.S. Department of Health and Human Services.

International Society of Addiction Journal Editors,[11] and others[12,13] have recommended the adoption of clinical, non-stigmatizing language for substance use.

In addition, "person-first language" has been widely adopted by professional associations and scientific journals to replace negative terms that have been used to label people who have other types of health conditions and disabilities. For instance, expressions such as "person with a mental health condition" or "person with a disability" carry neutral rather than pejorative connotations, and distinguish the person from his/her diagnosis or perceived membership in a group.[14] Language related to substance use, misuse, and substance use disorders can do the same.

This document draws attention to terminology that may cause confusion or perpetuate stigma around substance use disorders. It is not intended to serve as a glossary of clinical terminology, nor does it offer a comprehensive list of all the potentially stigmatizing words used in association with substance use disorders. In addition, while this document aims to promote non-stigmatizing language in the Federal Government, individuals who have substance use disorders or those in recovery may choose to identify themselves with different terminology.

Executive Branch agencies are encouraged to consider the importance of language and the terminology discussed below in their communications related to substance use or substance use disorders. (Examples of communications developed by agencies include grants, contracts, fact sheets, reports and publications, press releases, presentations, newsletters, web-based [including social media], and other materials)[†].

Substance Use Disorder

The current Diagnostic and Statistical Manual of Mental Disorders[15] replaced older categories of substance "abuse" and "dependence" with a single classification of "substance use disorder." Terms such as "drug habit" inaccurately imply that a person is choosing to use substances or can choose to stop. "Substance use disorder" is the clinically accurate term to describe the constellation of impairments caused by repeated misuse of a substance.

Person with a Substance Use Disorder

Person-first language is the accepted standard for discussing people with disabilities and/or chronic medical conditions. Research shows that use of the terms "abuse" and "abuser" negatively affects perceptions and judgments about people with substance use disorders, including whether they should receive punishment rather than medical care for their disease.[5,6] Terms such as "addict" and "alcoholic" can have similar effects. As a result, terms such as "person with a substance use disorder" or "person with an alcohol use disorder" are preferred.

[†] Note that some statutory provisions continue to use older language, including certain agency or organization names. The United States also continues to be a party to some international agreements that use older, non-medical terminology. In communications related to those agreements, use of up to date medical terminology is encouraged when feasible and practical. We would encourage the use of updated language as these provisions are periodically revised and in other legislation addressing these issues.

Person in Recovery

Various terms are used colloquially to label the substance using status of people with substance use disorders, including the terms "clean" and "dirty." Clinically accurate, non-stigmatizing terminology that is similar to how we describe other medical conditions is strongly preferred.[16,17] Instead of "clean," the terms "negative" (for a toxicology screen) or "not currently using substances" are preferred when describing a person. Instead of "dirty," the term "positive" (for a toxicology screen) or "a person who is currently using substances" may be used. The term "person in recovery" has a range of definitions but generally refers to an individual who is stopping or at least reducing substance use to a safer level, and reflects a process of change.‡ A person can be in recovery while taking medications and/or receiving psychosocial services."

Medication-Assisted Treatment/Medication

With respect to the use of medications in the treatment of substance use disorders, the terms "replacement" and "substitution" have been used to imply that medications merely "substitute" one drug or "one addiction" for another. This is a misconception. When someone is treated for an opioid addiction, the dosage of medication used does not result in a "high," rather it helps to reduce opioid cravings and withdrawal, restoring balance to the brain circuits affected by addiction and allowing the patient's brain to heal while they work towards recovery. The term "medication-assisted treatment" (MAT) is used to refer to the use of any medication approved to treat substance use disorders combined with psychosocial support services.[18,19,20,21] § "Medication" refers to a specific FDA-approved drug for addiction treatment such as buprenorphine, methadone, or injectable naltrexone (for opioid use disorder), and naltrexone, disulfriam and acamprosate (for alcohol use disorder).

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‡ For a more comprehensive discussion, see *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health.* (2016). U.S. Department of Health and Human Services.

§ Federal law requires patients who receive methadone treatment in an opioid treatment program (OTP) to receive medical, counseling, vocational, educational, and other assessment and treatment services, in addition to prescribed medication. While this is not true for buprenorphine and naltrexone, for discussions including all available medications, we suggest use of the term medication-assisted treatment. We also note that the term should not be construed to mean that medication merely 'assists' psychosocial services, but is itself a central element of the MAT evidence-based practice.

[1] Center for Behavioral Health Statistics and Quality. (2016). *2015 National Survey on Drug Use and Health: detailed tables—prevalence estimates, standard errors, p values, and sample sizes.* Substance Abuse and Mental Health Services Administration, Rockville, MD.

[2] Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death, 1999-2015 on CDC WONDER Online Database, released 2016. Extracted by ONDCP from http://wonder.cdc.gov/mcd-icd10.html on December 8, 2016.

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[10] American Society of Addiction Medicine. *Patients with addiction need treatment – not stigma*. Retrieved December 3, 2016 from http://www.asam.org/magazine/read/article/2015/12/15/patients-with-a-substance-use-disorder-need-treatment---not-stigma.

[11] International Society of Addiction Journal Editors. (2015). *Addiction terminology statement.* Retrieved November 4, 2016 from http://www.parint.org/isajewebsite/terminology.htm.

[12] Saitz, R. (2016). *International statement recommending against the use of terminology that can stigmatize people.* Journal of Addiction Medicine. 10(1): 1-2.Broyles, L.M., Binswanger, I.A., Jenkins, J.A., Finnell, D.S., Faseru, B., Cavaiola, A., Pugatch, M., Gordon, A.J. (2014). *Confronting inadvertent stigma and pejorative language in addiction scholarship: a recognition and response*. Substance Abuse. (35):217-21

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[14] American Psychological Association. *Guidelines for nonhandicapping language in APA journals* (n.d.). Retrieved December 15, 2015 from http://www.apastyle.org/manual/related/nonhandicapping-language.aspx.

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