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DISCLOSURES

COMPLETING THIS ACTIVITY

Upon successful completion of this activity 1 contact hour will be awarded

Successful completion of this continuing education activity includes the following:

- Attending the entire CE activity;
- Completing the online evaluation;
- Submitting an online CE request.

Your certificate will be sent via email

If you have any questions about this CE activity, contact Michelle Daugherty at mdaugherty@cardeaservices.org or (206) 447-9538



CONFLICT OF INTEREST

Dr. Jorge Mera is director of a program partially funded by Gilead.

Lisa Townshend-Bulson is a principal co-investigator on a grant that is partially funded by Gilead.

None of the other planners or presenters of this CE activity have any relevant financial relationships with any commercial entities pertaining to this activity.



Acknowledgement

This presentation is funded in part by:

The Indian Health Service HIV Program
and

The Secretary's Minority AIDS Initiative Fund



The Language of Addiction

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2/28/18



Disclosures

- No conflicts to disclose

Learning Objectives

- Recognize the importance of using non-stigmatizing language for substance use.
- Recognize the terminology related to substance use recommended by the ONDCP



Office of National Drug Control Policy: Changing the Language of Addiction



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

A handwritten signature in black ink, appearing to read "Michael P. Botticelli".

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

Summary: How the words we use can support people on the path to recovery

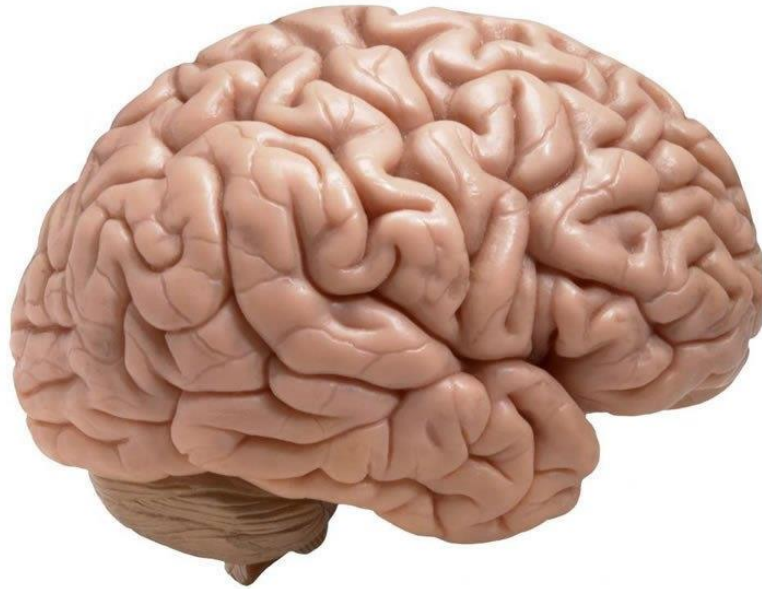
- Substance use disorder is a chronic brain disorder from which people can and do recover
- Persistent stigma still creates barriers to treatment and recovery
- The White House ONDCP prepared a document which draws attention to terminology related to substance use that may cause confusion or perpetuate stigma
- Executive Branch agencies are encouraged to consider the importance of language in their communications related to substance use

Background – Substance Use

- Substance use imposes a devastating health and emotional burden on individuals, families, and communities
- 20.8 million Americans 12 or older have alcohol or other drug use disorders
- 27.1 million people aged 12 or older report past-month illicit drug use
- More Americans die every year from drug overdoses than in motor vehicle crashes
- 89 % of individuals in need of treatment for a substance use disorder do not receive treatment

Background – the Brain

- Substance use disorder is a chronic brain disorder from which people can and do recover
- Addictive substances can lead to dramatic changes in brain function and reduce a person's ability to control his or her substance use



Background – Stigma

- People with substance use disorders are viewed more negatively than people with physical or psychiatric disabilities
- The terminology often used can suggest that substance use disorders are the result of a personal failing/choice
- The term “abuse” is highly associated with negative judgments and punishment
- Even trained clinicians are likely to assign blame when someone is called a “substance abuser” rather than a “person with a substance use disorder”
- Negative attitudes among health professionals have been found to adversely affect quality of care and subsequent treatment outcomes

Background- Language

- American Society of Addiction Medicine has recommended adoption of clinical, non-stigmatizing language for substance use
- “Person-first language” has been widely adopted by professional associations to replace negative terms that have been used to label people with other health conditions and disabilities
- “Person with a mental health condition” or “person with a disability” distinguish the person from his/her diagnosis

Substance Use Disorder

- The current Diagnostic and Statistical Manual of Mental Disorders 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

Person with a Substance Use Disorder

- Person-first language is the accepted standard for discussing people with disabilities and/or chronic medical conditions
- Use of the terms “abuse” and “abuser” negatively affects perceptions and judgments about people with substance use disorders
- Terms such as “addict” and “alcoholic” can have similar effects

Person in Recovery

- Various terms are used colloquially to label the substance using status of people including the terms “clean” and “dirty”
- Instead of “clean”
 - “negative” (for a toxicology screen)
 - “not currently using substances” (for a person)
- Instead of “dirty”
 - “positive” (for a toxicology screen)
 - “currently using substances” (for a person)
- The term “person in recovery” refers to an individual who is stopping or at least reducing substance use to a safer level, and reflects a process of change

Medication-Assisted Treatment

- Terms “replacement” and “substitution” have been used to imply that medications merely “substitute” one drug or “one addiction” for another - this is a misconception
- The dosage of medication used in treatment for opioid addiction does not result in a “high,” rather it helps to reduce opioid cravings and withdrawal
- “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

Summary

- Substance Use Disorder
- Person with a Substance Use Disorder
- Person in Recovery
- Medication-Assisted Treatment/Medication

Questions?

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