

Medical terms for opioid addiction don't always reduce stigma, study finds

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Opioid addiction is persistently stigmatized, delaying and preventing treatment for many—an urgent problem with overdose deaths continuing to rise. To help alleviate this, various medical ways of describing opioid-related impairment, such as "a chronically relapsing brain disease," "illness," or "disorder," have been promoted in diagnostic systems and among national health agencies.

"While intensely debated, there were no rigorous scientific studies out there to inform practice and policy about which terms may be most helpful in reducing stigma," says John F. Kelly, Ph.D., lead investigator of a study published in *Addiction* on this topic, and director of the Recovery Research Institute at Massachusetts General Hospital (MGH). "We wanted to test to what extent, if any, exposure to a variety of commonly used medical and nonmedical terms describing opioid-related impairment actually makes a difference in people's attitudes toward those with [opioid addiction](#)," he explains.

Some have argued that over-medicalization of opioid-related impairment may decrease the

public's perception that people can recover, as well as reduce the sufferer's own confidence in their ability to change. It has been argued, too, that use of such [terminology](#) may inadvertently increase the public's perception that people suffering from opioid-related impairment are dangerous and should be socially excluded.

Kelly's team conducted a nationally representative study with more than 3,500 participants. Six common terms describing someone treated for opioid-related impairment were tested. These six terms were: "chronically relapsing [brain disease](#)," "brain disease," "disease," "illness," "disorder," and "problem." Study participants were assigned one of these terms at random, which was embedded within a short paragraph vignette describing someone treated for opioid-related impairment; all vignettes were identical except for the specific term used to describe opioid-related impairment. Participants then rated the extent to which they agreed or disagreed with a number of stigma-related statements. These statements assessed several stigma dimensions, such as whether they thought the individual depicted in the vignette was personally to blame for their [opioid use](#), whether they thought they could recover from it, how dangerous they thought the person was, and whether they thought the person should be socially excluded—for example, whether they would hire the person as a babysitter or have them as a roommate.

The researchers found that there was not one single term that can reduce all potential stigma biases. "We found that while some terms were very good at reducing certain types of stigma, these same terms increased other types of stigma, and vice versa," explains Kelly. "Specifically, describing someone as having a 'chronically relapsing brain disease' significantly reduced ratings of personal blame, but simultaneously reduced the belief that the same person could recover. Also, use of this more medical 'chronically relapsing brain disease'

terminology increased perceptions that the person was dangerous and should be socially excluded," he says. "In contrast," he adds, "when using nonmedical terminology, such as when describing the individual as having an 'opioid problem,' perceptions of blame increased, but importantly so did beliefs that the person could actually recover and was not dangerous."

As a result of these findings, Kelly and colleagues recommend that language used with the intent of reducing stigma may need to be tailored to the specific purposes of the communication. "If you want to decrease stigmatizing blame, use of more medical terminology may be optimal; if you want to increase confidence that the person can recover and is not dangerous, use of non-medical terminology may be best," says Kelly.

Terminology in the addiction and recovery field is constantly evolving, but the researchers hope this study will provide preliminary evidence to guide communication approaches in clinical and policy arenas to inform choices about terminology and help decrease [stigma](#). "We need to be more thoughtful about our choice of language in order to help those suffering from opioid-related impairment feel less stigmatized and be seen as capable of recovery, as not dangerous, and to be welcomed into society as much as anyone else," says Kelly.

More information: John F. Kelly et al, A US national randomized study to guide how best to reduce stigma when describing drug-related impairment in practice and policy, *Addiction* (2020). [DOI: 10.1111/add.15333](https://doi.org/10.1111/add.15333)

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