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# Stigma Free Addictions Terminology for Montanans

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Addiction is an umbrella term for both substance use (e.g., alcohol and other drugs) and behavioral addictions (e.g., gambling or sex addiction). This MontGuide provides an overview of substance use in Montana and identifies how language can cause stigmas toward people with substance use issues. This MontGuide includes a glossary of terms so that readers can better understand the vocabulary surrounding this subject, and what language is appropriate to use.

## Addictions in Montana

Substance use is a growing concern in the state of Montana. An estimated 80,000 Montanans ages 12 and over—approximately 7.5% of the total population—had a substance use disorder in 2018<sup>1</sup>, up from 64,000 in 2014.<sup>2</sup> Drug overdoses are the third leading cause of injury-related death in Montana, accounting for 1,334 deaths between 2003 and 2014.<sup>3</sup> Alcohol was a contributing factor in more than one-third of traffic fatalities in 2015.<sup>3</sup> Despite the negative impacts of substance use on Montanans and their communities, many people with substance use issues do not seek treatment.

Substance use disorder (SUD) is the term for substance use that causes problems (family, employment, legal, etc.) for the person using the substance. Medical professionals, therapists and counselors use the term SUDs to refer to diagnosable, treatable substance use problems that meet specific criteria. Montanans with SUDs have various treatment options including medications, talk therapy, peer support, family education, and family counseling.<sup>4</sup> Although treatments for SUDs have improved over the last 20 years, people with SUDs often do not seek treatment because they feel ashamed, embarrassed, or afraid. Without treatment, these people often experience family problems, unemployment, legal issues, health issues, and premature death.<sup>5,6</sup>

People seeking treatment for SUDs face more barriers to treatment than people seeking treatment for other medical or disability-related issues.<sup>6</sup> Barriers to treatment for SUDs often include insurance benefit restrictions, lack of childcare, limited access to services, and overburdened treatment agencies with long waiting lists.<sup>5,6</sup> Further, people seeking treatment

## Did You Know?

Gambling disorder, alcohol use disorder, and illicit substance use disorders are some of the most common addictions among Montanans.

- In 2016, an estimated **2.5%** of adult Montanans had **gambling disorder**<sup>1</sup>.
- In 2018, approximately 66,000 Montanans ages 12 and over had **alcohol use disorder**<sup>2</sup>, comprising **6.2%** of the total population.
- In the same year, approximately 29,000 Montanans ages 12 and over had an **illicit substance use disorder**<sup>2</sup>, comprising **2.7%** of the total population.
- The sum of 6.2% (alcohol use disorder) and 2.7% (illicit substance use disorders)—two categories that do not even include all types of SUDs—is **8.9%**, which is greater than the total ratio of Montanans with SUDs, **7.5%**.

## How is this possible?

The answer can be found at the end of this Montguide.

References<sup>13, 1</sup>

for SUDs often experience stigma-related barriers that do not exist, or are not present to the same degree, with other health problems. Historical myths and misconceptions about addiction have resulted in societal emphasis on blame and punishment.<sup>8</sup> Consequently, people with SUDs may be apprehensive to admit they have a problem, or reluctant to seek help for a substance use problem, due to feelings of guilt, shame, and fear. More information on stigma is provided below.

## Stigma

Stigma is defined as a behavior or condition that is socially devaluing.<sup>7</sup> Stigmas toward people with SUDs are common because, historically, SUDs have been perceived as controllable

Table 1. Common stigmatizing addictions language and stigma-free replacements.

Language that reinforces stigma. Instead of saying...	Language that can reduce stigma. Say...
Addict, junky, tweaker	Person with an addictive disorder
Alcoholic, drunk, lush	Person with an alcohol use disorder
Substance abuser	Person with a substance use disorder
Substance abuse/Misuse	Non-medical use or substance use
Relapse	Return of symptoms, resumption of use, flare-up
Dirty Drug Screen	Drug screen that tested positive for a specified substance
Clean	Person who is in recovery or person who is abstinent from substances or other addictive behaviors
Dependence, chemical dependency	Person who has a substance use disorder
Substance abuse treatment, chemical dependency treatment, rehab	Substance use treatment, addictions treatment

(e.g., it is his or her fault) and associated with moral issues. However, substance use issues are caused by complex genetic, physiological, and environmental factors. Further, chronic substance use causes brain changes that impair impulse control, judgement, and attempts to control use.<sup>5,7</sup> Additionally, individuals with substance use disorders often have other disorders—including anxiety and depression—that contribute to starting, continuing, and resuming substance use.<sup>8</sup> Despite these facts, stigmas toward people with SUDs persist and often become a barrier to them seeking treatment.

To lessen the stigma toward people with SUDs, a national drug policy reform summit was held at the White House in 2013. This summit addressed various issues including the importance of language relating to drugs and substance use. The language toward drugs and substance use has historically included blaming language such as *addict*, *junkie*, *alcoholic*, *substance abuser* and *substance misuse*, which all have contributed to negative stigmas toward people with SUDs. The purpose of this Montguide is to introduce stigma-free addictions terminology. The following glossary provides terms that can safely be used when discussing the issue of substance use with an individual who is experiencing it and/or a healthcare provider. Additionally, **Table 1** provides examples of outdated stigmatizing addictions language with examples of stigma-free replacements.

## Glossary of Stigma-Free Addictions Terminology

**Addiction/Addictive Disorders.** Addiction is an umbrella term for substance use disorders and behavioral disorders. Addictive disorders are chronic (persisting for a long time or recurring often) and influenced by various genetic and social factors.<sup>5</sup>

**Behavioral Addiction/Process Addiction.** Behavioral addictions, sometimes called process addictions, are compulsive, non-drug-related behaviors that result in a reward and cause harmful consequences. For example, gambling, shopping, and sex are common behavioral addictions.<sup>9</sup>

**Co-Occurring/Comorbid Disorders.** Co-occurring, also called comorbid, disorders are addictive disorders that occur at the same time as other mental health diagnoses.<sup>5</sup> For example, a person with both an opiate use disorder and post-traumatic stress disorder has co-occurring disorders.

**Cross Addiction.** Cross addiction is the substitution of one addiction for another addiction.<sup>5</sup> For example, a person in recovery from a substance use disorder may develop a gambling disorder.

**Detoxification.** Detoxification is often referred to as detox. This is a medically-monitored process where medical teams treat the physiological symptoms of withdrawal with various medications and psychosocial interventions.<sup>9</sup> Detoxification is often the first stage of substance use treatment.<sup>5</sup>

**Harm Reduction.** Strategies for preventing or minimizing substance-related harms among people who use substances.<sup>10, 9</sup> For example, some communities offer needle exchange programs to reduce transmission of HIV, hepatitis, and other bloodborne illnesses among people who inject substances intravenously.<sup>10, 9</sup>

**Inpatient/Residential Treatment.** Inpatient treatment is medically-monitored addictions treatment requiring clients to stay overnight for a minimum of one night. Similarly, residential treatment participants stay in a facility for various timeframes but do not require medical monitoring, although clients are often medically-monitored.<sup>9</sup> Inpatient and Residential Treatment are terms that are often used interchangeably.

**Licensed Addictions Counselor.** Licensed Addictions Counselors (LACs) are helping professionals who have completed addictions counseling education and training as mandated by the Montana Board of Behavioral Health. Because Montana's addiction counseling license does not require a master's degree, LACs often collaborate with Licensed Clinical Professional Counselors (LCPCs) and Licensed Clinical Social Workers (LCSWs) to treat people with both addictive disorders and mental health disorders.

**Medication-Assisted Treatment/Medication-Assisted Recovery.** Medication-assisted treatment, also termed medication-assisted recovery, is the combination of counseling and medication to treat addictive disorders.<sup>9</sup> For example, a person with an opiate use disorder may be prescribed medications to minimize cravings and withdrawals while they participate in counseling to develop recovery skills.

**Mutual Support Groups.** Mutual support groups are nonprofessional groups of people who share the same problem and support one another in their recovery processes.<sup>11</sup> Common mutual support groups for addictions are Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Gamblers Anonymous (GA).

**Outpatient Treatment.** Outpatient treatment is addictions treatment that does not require participants to stay overnight. Often, participants attend group and individual addictions treatment sessions during the day or evening but continue to live in their own homes. Most addictions treatment is outpatient because this treatment is cost-efficient and participants can maintain jobs and family obligations while receiving addictions services.<sup>5</sup> Additionally, people who complete residential treatment often transition to outpatient treatment.

**Recovery.** Recovery is the process of improved holistic well-being and health characterized by ongoing, stable remission from a previous addictive disorder.<sup>6, 9</sup>

**Relapse** (Use instead: resume, flare-up, the return of symptoms). Relapse is the return to substance use after a period of recovery. Despite the common use of this term, it also contributes to stigma. As such, researchers suggest substituting less-stigmatizing terms such as the return of symptoms, resumption of use, or flare-up.<sup>6, 12, 7</sup>

**Substance Use Disorder.** Substance use disorders (SUDs) are defined by repeated use of a substance resulting in intense cravings, loss of control over use, impaired judgment, tolerance, withdrawal, and social problems. SUDs are characterized by the substance(s) that the person uses.<sup>5</sup> For example, alcohol use disorder is the term for alcohol addiction. Formal diagnosis of SUDs can be completed only by qualified professionals such as physicians, LACs, LCPCs, and LCSWs.

## Doing Your Part

Even if you are not a trained healthcare professional, being intentional and thoughtful about the language you use when discussing substance use helps reduce stigma. By understanding and using language that can reduce stigma, you might also increase the likelihood that an individual with a substance use issue begins to open up to you, as it will become apparent that you are not judging or placing blame, simply showing that you care about them and their well-being. Specifically, in situations when you are attempting to assist someone in need of help, you should review, and plan to use, the aforementioned stigma-reducing terms and terminology.

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## Did You Know?

**Answer:** Some Montanans had two or more SUDs simultaneously (co-occurring SUDs).



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