

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 502
(A-19)

Introduced by: Young Physicians Section

Subject: Destigmatizing the Language of Addiction

Referred to: Reference Committee E
(Leslie H. Secrest, MD, Chair)

Whereas, Addiction is a chronic brain disease¹ and is the most severe form of substance use disorder, a chronic medical illness with potential for both relapse and recovery²; and

Whereas, Substance use disorder has been recognized by our AMA as a treatable disease³; and

Whereas, 20.1 million Americans have a substance use disorder and only 6.9% receive treatment⁴ and 1 in 7 people in the United States will develop a substance use disorder over the course of their lifetime²; and

Whereas, Substance use disorder has historically been viewed as a moral failing and social problem rather than a chronic medical illness; and

Whereas, Treatment of substance use disorders has been siloed from mainstream healthcare and patients with substance use disorders have been subjected to discrimination and stigma by the healthcare system and healthcare providers; and

Whereas, Language related to substance use disorders shapes attitudes among healthcare professionals towards patients with addiction and commonly used terms like substance abuse and drug abuser explicitly and implicitly convey that patients are at fault for their disease⁵ and influence perceptions and judgments even among highly trained, experienced healthcare professionals⁶; and

Whereas, Negative attitudes among healthcare professionals regarding patients with substance use disorders are linked with reduced empathy and engagement with patients, reduced delivery of evidence-based treatment services and poorer patient outcomes⁷; and

Whereas, Existing AMA policy calls for our AMA to take a positive stance as the leader in matters concerning substance use disorders, including addiction⁸ and to assist in reducing the stigma associated with substance use^{3,9}; and

¹ Volkow ND, Koob GF, McLellan AT. Neurobiologic Advances from the Brain Disease Model of Addiction. N Engl J Med 2016; 374:363-371.

² U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016.

³ AMA Policy, Substance Use and Substance Use Disorders D-95.922

⁴ Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>.

⁵ Botticelli MP, Koh HK. Changing the Language of Addiction. JAMA 2016;316(13):1361-1362.

⁶ Wakeman SE, Pham-Kanter G, Donelan K. Attitudes, practices, and preparedness to care for patients with substance use disorder: Results from a survey of general internists. Substance Abuse 2016;37(4):635-641.

⁷ van Boekel LC, Brouwers EPM, van Weeghel J, Garretsen HFL. Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: Systematic review. Drug and Alcohol Dependence 2013;131:23– 35.

⁸ AMA Policy, Substance Use Disorders as a Public Health Hazard H-95.975

⁹ AMA Policy, Improving Medical Practice and Patient/Family Education to Reverse the Epidemic of Nonmedical Prescription Drug Use and Addiction D-95.981

Whereas, According to the U.S. Surgeon General², clinically accurate, preferred terms include “substance use,” “substance misuse,” “substance use disorder,” “recovery,”³ while non-preferred, stigmatizing terms include “substance abuse,” “drug abuser,” “addict,” “alcoholic,” and “clean” or “dirty”; and

Whereas, AMA PolicyFinder includes a topic heading called “drug abuse” and contains over 70 active policy statements that use non-clinically accurate, stigmatizing terminology, because it has not been recognized by our AMA that such terminology can negatively impact physician attitudes and compromise patient care^{6,7}; therefore be it

RESOLVED, That our American Medical Association use clinically accurate, non-stigmatizing terminology (substance use disorder, substance misuse, recovery, negative/positive urine screen) in all future resolutions, reports, and educational materials regarding substance use and addiction and discourage the use of stigmatizing terms including substance abuse, alcoholism, clean and dirty (New HOD Policy); and be it further

RESOLVED, That our AMA and relevant stakeholders create educational materials on the importance of appropriate use of clinically accurate, non-stigmatizing terminology and encourage use among all physicians and U.S. healthcare facilities. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 04/04/19

RELEVANT AMA POLICY

Substance Use and Substance Use Disorders H-95.922

Our AMA:

- (1) will continue to seek and participate in partnerships designed to foster awareness and to promote screening, diagnosis, and appropriate treatment of substance misuse and substance use disorders;
- (2) will renew efforts to: (a) have substance use disorders addressed across the continuum of medical education; (b) provide tools to assist physicians in screening, diagnosing, intervening, and/or referring patients with substance use disorders so that they have access to treatment; (c) develop partnerships with other organizations to promote national policies to prevent and treat these illnesses, particularly in adolescents and young adults; and (d) assist physicians in becoming valuable resources for the general public, in order to reduce the stigma and enhance knowledge about substance use disorders and to communicate the fact that substance use disorder is a treatable disease; and
- (3) will support appropriate federal and state legislation that would enhance the prevention, diagnosis, and treatment of substance use disorders.

Citation: CSAPH Rep. 01, A-18

Improving Medical Practice and Patient/Family Education to Reverse the Epidemic of Nonmedical Prescription Drug Use and Addiction D-95.981

1. Our AMA:

- a. will collaborate with relevant medical specialty societies to develop continuing medical education curricula aimed at reducing the epidemic of misuse of and addiction to prescription controlled substances, especially by youth;
- b. encourages medical specialty societies to develop practice guidelines and performance measures that would increase the likelihood of safe and effective clinical use of prescription controlled substances, especially psychostimulants, benzodiazepines and benzodiazepines receptor agonists, and opioid analgesics;
- c. encourages physicians to become aware of resources on the nonmedical use of prescription controlled substances that can assist in actively engaging patients, and especially parents, on the benefits and risks of such treatment, and the need to safeguard and monitor prescriptions for controlled substances, with the intent of reducing access and diversion by family members and friends;

d. will consult with relevant agencies on potential strategies to actively involve physicians in being a part of the solution to the epidemic of unauthorized/nonmedical use of prescription controlled substances; and
e. supports research on: (i) firmly identifying sources of diverted prescription controlled substances so that solutions can be advanced; and (ii) issues relevant to the long-term use of prescription controlled substances.

2. Our AMA, in conjunction with other Federation members, key public and private stakeholders, and pharmaceutical manufacturers, will pursue and intensify collaborative efforts involving a public health approach in order to:

a. reduce harm from the inappropriate use, misuse and diversion of controlled substances, including opioid analgesics and other potentially addictive medications;

b. increase awareness that substance use disorders are chronic diseases and must be treated accordingly; and

c. reduce the stigma associated with patients suffering from persistent pain and/or substance use disorders, including addiction.

Citation: (CSAPH Rep. 2, I-08; Appended: Res. 517, A-15; Reaffirmed: BOT Rep. 5, I-15

Substance Use Disorders as a Public Health Hazard H-95.975

Our AMA: (1) recognizes that substance use disorders are a major public health problem in the United States today and that its solution requires a multifaceted approach;

(2) declares substance use disorders are a public health priority;

(3) supports taking a positive stance as the leader in matters concerning substance use disorders, including addiction;

(4) supports studying innovative approaches to the elimination of substance use disorders and their resultant street crime, including approaches which have been used in other nations; and

(5) opposes the manufacture, distribution, and sale of substances created by chemical alteration of illicit substances, herbal remedies, and over-the-counter drugs with the intent of circumventing laws prohibiting possession or use of such substances.

Citation: (Res. 7, I-89; Appended: Sub. Res. 401, Reaffirmed: Sunset Rep., I-99; Reaffirmed: CSAPH Rep. 1, A-09; Modified and Reaffirmed: CSAPH Rep. 1, A-09