

## FROM THE SOCIETY: PART II

## What's in a Name? Changing the Name of our Interest Group to Keep Up with Changing Times

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**A** substance use disorder is a chronic brain disease characterized by intense, often uncontrollable craving and compulsive use that continues despite negative consequences. Alcohol, tobacco, and other drug use disorders collectively affect 40 million Americans, or 15.9% of the population, and cost society \$559 billion each year.<sup>1,2</sup> Treatment for substance use disorders can be as effective as treatment for other chronic diseases such as diabetes, hypertension, and asthma.<sup>3</sup> Yet despite the existence of effective treatment, an estimated nine out of 10 people with a substance use disorder do not receive specialty treatment, creating a specific role for general internists to help in the identification and treatment of alcohol, tobacco, and other drug use.<sup>3</sup> Stigma remains one of the greatest barriers to addiction treatment.

Many societies criminalize substance use disorders and treat them as moral failings best addressed by punishment. However, substance use disorders are, by definition, a neurobiological hijacking of the human brain's reward pathways. The result of this punitive view of substance use disorders is under-resourced treatments that are removed from the mainstream health care system.

Recent health care reform efforts have recognized substance use disorders as chronic medical conditions that respond to treatment. Our laws now require parity between substance use disorder treatment and other medical care. Much of the language we use to talk about substance use disorders is tied to previously stigmatized and marginalizing perspectives. Now is an important time to reconsider the language we use. One of the most pernicious terms is "substance abuse," which

implies that the patient is the perpetrator of his/her disease and suggests causality and controllability, further heightening stigma. The term "abuse" would be out of place if applied to another medical condition; for example, patients with diabetes are never referred to as "sugar abusers." Still, "abuse" is routinely linked to substance use disorders.

This is not simply a matter of appropriate wording. The language we use related to substance use has very real implications for clinical care. Among highly trained mental health clinicians, a research study found that those who read a clinical vignette of a patient described as a "substance abuser" were significantly more likely to judge the person as deserving of blame and punishment than the same patient described as "having a substance use disorder."<sup>4</sup> Additionally, the terminology of "substance abuse" is now outdated, as the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* has replaced the diagnoses of "substance abuse" and "substance dependence" with the term "substance use disorder," which combines criteria used to describe abuse and dependence into a single construct that is further characterized as mild, moderate, or severe.<sup>5</sup>

As an interest group of general internists dedicated to delivering the highest-quality clinical care, education, and research on substance use disorders, we made a collective decision to shed the term "abuse" as part of the "Substance Abuse Interest Group" and instead adopt more appropriate and current terminology. Our interest group will now be called the *Alcohol, Tobacco, and Other Drug Use Disorder Interest Group*.

As an interest group we are committed to serving as a liaison between

the general internal medicine and addiction medicine communities. Our goal is to bring a generalist perspective to research, education, and policy in identification, prevention, and treatment of alcohol, tobacco, and other drug use as well as deliver state-of-the-art content from the field of addiction medicine back to our general internal medicine colleagues. As such, we focus on networking with other professional agencies to foster bidirectional collaboration. We always welcome new SGIM members to join us.

### References

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5. O'Brien C. Addiction and dependence in DSM-V. *Addiction* 2011; 106(5):866-7.