

## POSITION STATEMENT:

# End the Fatal Paradox: Change the Names of our Federal Institutes on Addiction

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## SUMMARY STATEMENT

The Society of Behavioral Medicine supports the removal of the term “abuse” from the National Institutes of Health and related federal administrations pertaining to addiction and replacement with more neutral and non-stigmatizing terminology.

## THE PROBLEM

The tragic and growing loss of life resulting from the opioid overdose crisis has hastened efforts to address the barriers of stigma and discrimination that stymie treatment seeking among those affected by substance use disorders.<sup>1,2</sup> One of these efforts has focused on how opioid and other drug related disorders, and individuals suffering from them are referred to. The gravity of this focus on language goes far beyond “political correctness.”<sup>3</sup>

- Exposure to the terms substance “abuse” and substance “abuser” have been shown to increase stigmatizing and discriminatory attitudes toward individuals suffering from drug and alcohol problems both in the general population and among clinicians.<sup>3,4</sup>
- These terms appear to convey a meaning synonymous with addicted persons *choosing* to “abuse” drugs, thereby seemingly engaging in “willful misconduct,” increasing attributions of personal blame and increased need for punishment versus treatment.<sup>3,4</sup>
- Such stigmatizing and discriminatory attitudes are associated with suboptimal clinical care delivery among clinicians and lower clinician empathy resulting in patient disempowerment and poorer treatment outcomes.<sup>2</sup>

The White House Office of National Drug Control Policy,<sup>5</sup> numerous medical and public health societies (e.g., the American Society of Addiction Medicine), the International Society of Addiction Journal Editors, and the Associated Press, have all advocated against the use of the term “abuse” and “abuser.”

Paradoxically, this stigmatizing terminology remains embedded in the very titles of our major federal institutions and administrations (i.e., National Institute of Alcohol Abuse and Alcoholism [NIAAA]; National Institute of Drug Abuse [NIDA]; Substance Abuse and Mental Health Services Administration [SAMHSA] and Center for Substance Abuse Treatment [CSAT]); institutions whose explicit and central clinical and public health mission is to alleviate these endemic problems.

## CURRENT POLICY

A federal act of congress is required to change names of National Institutes of Health and related federal institutions (e.g., SAMHSA). The current names have been in place since 1970 (NIAAA), 1974 (NIDA), and 1992 (SAMHSA/CSAT). Different legislation was passed to name these institutes at the time of their formation.

- In the case of NIAAA, for example (1970), the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act (aka the Hughes act) marked its naming and founding.
- In 1974, NIDA was established as part of the “Alcohol, Drug Abuse, and Mental Health Administration” (ADAMHA) and later in 1992 became part of the NIH.
- SAMHSA was established in 1992 by Congress as part of a reorganization of the Federal administration of mental health services. A new law renamed the former ADAMHA to SAMHSA. One of the subsidiary centers of SAMHSA, is the Center for Substance Abuse Treatment (CSAT), intended to administer block grant funding for “substance abuse.”

At the time of the forming and naming of these institutes, there was little debate or opposition to these organizations’ names as they were deemed fitting for that specific era – now up to 50 years ago. They are viewed now as outdated. The American Psychiatric Association for example, dropped the term “abuse,” from its diagnostic terminology, in part, due to stigma research. If these federal entities were founded and named today, we would not include stigmatizing words such as “abuse” in their titles.

- Given the specific term, “abuse,” provides no particular advantage in terms of clinical precision or public health communication, and has been found to implicitly induce more stigmatizing attitudes, its nonuse would convey a net clinical and public health gain.



## RECOMMENDATIONS

- Congress must act to change the names of the National Institutes of Health on addiction (i.e., NIAAA; NIDA) and related federal institutions (SAMHSA; CSAT)
- Alternative names for the federal organizations that SBM supports are the “National Institute on Alcohol Use Disorder,” the “National Institute on Drug Use Disorders,” the “Substance Use Disorder and Mental Health Services Administration,” and the “Center for Substance Use Disorder Treatment.”

## REFERENCES

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## ENDORSEMENTS

