Preventive Medicine 124 (2019) 115–116

Contents lists available at ScienceDirect

Preventive Medicine

journal homepage: www.elsevier.com/locate/ypmed

Commentary

Person-first language and addiction: A means to an end, not an end in itself

Harold A. Pollack

University of Chicago, School of Social Service Administration, 969 East 60th St., Chicago, IL 60637, United States of America

In an excellent computational analysis, McGinty and colleagues summarize 6,399 news stories about the opioid epidemic published in prominent print and television news outlets between June 2008 and June 2018 (McGinty et al., this issue). The findings from these impressive efforts are rather depressing. Forty-nine percent of the stories employed stigmatizing terms ranging from "substance abuser," "addict," and "junkie." Only two percent of the stories mentioned less-stigmatized alternatives. Trend data indicated very slight improvement over the past decade.

This is an important finding given the political and cultural impact of addiction stigma. Popular media are important levers for change, particularly within a society that displays such tenuous commitment to the well-being of people who use drugs. The terms we use to describe our fellow citizens have real impact, in more ways than we are consciously aware. Although the American public and policymakers have responded more humanely to the opioid epidemic than to the crack and heroin epidemics that came before, stigma surrounding substance use disorder remains deep and widespread (McGinty et al., 2017).

The authors' powerful tools and huge available corpus of news stories allow then to perform the most comprehensive analysis I have seen. Of course, the authors themselves acknowledge clear study limitations. An article suggesting "The town experienced a devastating crime wave associated with persons living with opioid disorders" would pass muster, coded as not increasing stigma. Conversely, this *New York Times* profile of opera star Andrea Gruber would score poorly (Wakin, 2005):

> Andrea Gruber's tales of addiction pour out like the rich, deep tones of her soprano voice, which again will be heard in the title role of "Turandot" at the Met starting tonight.
> "Try being a functioning junkie at the Metropolitan Opera," Ms. Gruber, 39, said in an interview at the opera house. "I felt like such a fraud." Often, she would time a large dose for right before a major aria or duet toward the end of a performance, trying to achieve maximum numbness when the applause came.
> "I felt unworthy," Ms. Gruber said.

The authors might also provide more granular distinctions between terms. While the terms "substance abuser" and "addict" should generally be avoided, terms such as "junkie" are more deeply pejorative, and hopefully in less widespread use. More sophisticated techniques such as sentiment analysis might allow more sophisticated investigation beyond searches for individual terms.

From a mechanical perspective, one might distinguish nomenclature employed within quotation marks by different stakeholders from those employed by journalists themselves. It would be fascinating to explore trends in how people who have experienced addiction describe *themselves*. Perhaps influenced by 12-step and related interventions, many people employ moralized language to describe their own drug use and recovery similar to Andrea Gruber's above.

Fortunately for humans, the tools of the social and literary critic remain indispensable. At this writing, anyway, there is no substitute for ourselves to provide close textual analysis, informed by expertise regarding addictive substances and people who live with substance use disorders. The authors themselves have made distinguished contributions to the study of addiction stigma that underlay such work.

Reading this paper, I was also led to ponder the strengths and weaknesses of journalistic guidelines such as the Associated Press Stylebook (AP, 2018) in reducing stigma and promoting empathy for persons who experience SUDs.

These recommendations are certainly welcome (Siegel, 2017). It's always a good thing to avoid needlessly stigmatizing terms. The recommendations force journalists and others to confront the humanity of people who use drugs, and to avoid the psychological distance and totalizing identities associated with terms such as "addict." Social-psychological studies note that dehumanizing and distancing terms are associated with support for more punitive policies and clinical interventions (Kelly and Westerhoff, 2010; Kennedy-Hendricks et al., 2016).

Especially welcome was guidance to distinguish dependence and addiction (Szalavitz, 2017). Conflating these two very different concepts promotes conceptual confusion as well as social stigma. A long-term client in methadone maintenance therapy could be highly functional, and yet still described as dependent and thus addicted within a paradigm that regards such therapies as morally suspect efforts to exchange one addiction for another.

Totalizing terms also obscure the varied impacts of addiction on real people's lives. Eric Clapton and a homeless resident of Chicago's Pacific Garden Mission may both have experienced heroin use disorders. Uniting both under the term "addict" expresses one truth well. Of course it also obscures many differences in drug-related harms and personal circumstances.

E-mail address: haroldp@uchicago.edu.

https://doi.org/10.1016/j.ypmed.2019.04.015
Received 12 April 2019; Accepted 22 April 2019
Available online 02 May 2019

Person-first language avoids causing gratuitous offense. It conveys basic courtesy and respect to members of our own communities who live with substance use disorders. If we can use person-first language to describe people with physical, intellectual, and mental health disorders, we can certainly do the same in the domain of substance use.

But we can expect too much from such recommendations, too. McGinty and colleagues underscore one basic problem: Journalists are not getting with the program (See Panel B, Figure 1 of their paper). As with any behavior change intervention, we in the public health community should deploy greater humility and self-reflection as we try to understand why those whom we repeatedly counsel do not follow our advice. If we expect journalists to behave differently, we should pay the same attention to their perspectives, practical needs and goals as we would to anyone else whose behaviors we hope to change.

For one thing, we might pay greater attention to the compositional realities of practical journalism and the English language. Some person-first language is graceless and awkward. It can also be off-putting to the audiences journalists wish to reach. Whatever problematic elements may be found in Margaret Talbot's remarkable *New Yorker* essay “The addicts next door” (Talbot, 2017), these would not be remedied by retitling it: “The people with opioid use disorders next door.”

Person-first language is a means to an end, not an end itself. The important thing is to depict people with substance use disorders with accuracy and humanity. If a journalist is doing that, she deserves a bit of a break on the nomenclature.

Journalists deserve less of a break in other ways central to their craft. The worst problem in addiction journalism is more basic than stigmatizing language. Many journalists who write about addiction display little familiarity with its tactile human realities, are unfamiliar with basic tenets of the field, are ill-equipped to address the complex insights and uncertainties of clinical and policy research.

I wonder how many of the 6,399 analyzed articles explored the perspectives and circumstances of people who use drugs, including some aspects that are hard to discuss without euphemism or fear that one will reinforce stigmatizing narratives. I wonder how many of these stories realistically described the evidence base (or non-evidence-base) behind particular treatments, how many of these stories accurately described what we know and don't know about links between Medicaid expansion and treatment access (Andrews et al., 2019; Saloner et al., 2018), the typical impacts and shortcomings of substance use treatment, the evidence base behind medication-assisted treatment, the complex tradeoffs involved in policies such as Medicaid's IMD exclusion (Hepburn and Gordon, 2019), the role of poly-substance use in opioid overdose, the dangers in overstating the dangers fentanyl poses to first responders, and other granular but critical concerns (McCarty et al., 2017).

As McGinty and colleagues plan their impressive follow-up work, I want to learn more about stigma in addiction coverage. I also want to learn more about how many stories are actually good journalism, how many teach readers and viewers something useful we need to know.

The sins of journalistic commission are significant in furthering addiction stigma. The sins of omission are equally widespread, and no less important.

References

Andrews, C., Abraham, A., Grogan, C., Weslake, M., Pollack, H., Friedmann, P., 2019. Impact of Medicaid restrictions on availability of buprenorphine in addiction treatment programs. Am. J. Public Health 109, 434–436.

AP, 2018. The Associated Press Stylebook 2018. Associated Press.

Hepburn, B., Gordon, S., 2019. Repeal of Medicaid's IMD exclusion. Psychiatr. Serv. 70, 255–256.

Kelly, J., Westerhoff, C., 2010. Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. Int. J. Drug Policy 21, 202–207.

Kennedy-Hendricks, A., McGinty, E., Barry, C., 2016. Effects of competing narratives on public perceptions of opioid pain reliever addiction during pregnancy. J. Health Polit. Policy Law 41, 873–916.

McCarty, D., Priest, K., Korthuis, P., 2017. Treatment and prevention of opioid use disorder: challenges and opportunities. Annu. Rev. Public Health 39, 525–541.

McGinty, E., Pescosolido, B., Kennedy-Hendricks, A., Barry, C., 2017. Communication strategies to counter stigma and improve mental illness and substance use disorder policy. Psychiatr. Serv. 69, 136–146.

McGinty, E., Stone, E., Kennedy-Hendricks, A., Barry, C., 2019. Stigmatizing language in news media coverage of the opioid epidemic: implications for public health. Prev. Med (this issue).

Saloner, B., Levin, J., Chang, H., Jones, C., Alexander, G., 2018. Changes in buprenorphine-naloxone and opioid pain reliever prescriptions after the affordable care act Medicaid expansion. JAMA Netw. Open 1, e181588.

Siegel, Z., 2017. Journalists, Stop Using Words Like Addict and Drug Abuser. Not only does the Associated Press say so, but it will also help you do better work., Slate.com. Slate.

Szalavitz, M., 2017. Why We Should Say Someone Is A 'Person With An Addiction, Not An Addict.

Talbot, M., 2017. The Addicts Next Door. The New Yorker, New York, NY.

Wakin, D.J., 2005. The Spotlight at the End of the Tunnel, New York Times. In: New York Times Company. NY, New York.