

WORDS MATTER

Words are powerful. They can be positive as in the Japanese proverb, “One kind word can warm three winter months.” Or words can be negative as in Lord Byron’s quote, “A word's enough to raise mankind to kill.”

Arguably some of the greatest self-inflicted damage done to the addictions field is caused by the wrong choice of words used by clinicians and researchers. But we do get a lot of help from the media and others in improper word usage.

Recent news reports on smoking and even articles on heroin addiction have used the word “habit” in referring to nicotine and heroin dependence. A habit is biting your fingernails when nervous or always putting your right shoe on first. Substance dependence is an addiction, a substance use disorder—not a habit.

Who cares? In challenging economic times, policy makers and the general public view only “real” health conditions as being worthy of treatment. They may be willing to allocate funds to treat those “real” health conditions, but they are unwilling to pay for treating a “habit.” Someone with a bad habit should just “stop it” far as far as the public and lawmakers are concerned.

Misusing words in ways that trivializes substance dependence is pervasive. A vague euphemism, such as “problem drinker,” is a classic example. It has no clear definition. A participant at one of my trainings provided this definition, “A problem drinker is one who spills more than he swallows.” A similar term is “heavy drinker.” While this may be more definitively defined by the quantity consumed, my favorite definition of a heavy drinker is someone who weighs at least 250 pounds and drinks. These may be funny definitions, but such definitions do not represent any condition worthy of treatment funding.

Researchers using the term “problem drinker” is tantamount to research malpractice. There is no universally accepted definition of the term. If some of the subjects in such research are alcohol dependent, using the term “problem drinker” tends to make alcohol dependence sound like willful misconduct; a term once used to argue that treatment for alcohol dependence should not be funded. The sad reality is that you can find a study in virtually any scientific journal in which the researchers studied an intervention for “problem drinkers.” A literature review of randomized outcome studies published in the more prestigious addiction journals found that more than 20% of randomized clinical studies did not even mention a diagnosis in accordance with any accepted diagnostic criteria.¹

Equally disturbing are the research reports on treatment outcomes for samples composed of a mixture of abuse and dependent cases. A variety of research studies have shown consistently that dependence is distinct from abuse.^{2,3} One would be horrified to find an oncologist reporting on the prognoses of patients with “lumps” without differentiating cysts or benign growths from malignancies. We should be equally horrified to find addiction researchers who fail to differentiate dependence from abuse. Failure to distinguish abuse and dependent cases is not just sloppy word usage; it is sloppy science.

Another way dependence is trivialized is by using abuse as the generic term to include both substance dependence and substance abuse. Abuse used as the generic term makes policy makers, elected officials, and members of the general public think of all substance use disorders as willful behavior, minor conditions, or “habits” – not serious conditions requiring treatment

services. Abuse implies that the person is in control and willfully abusing the substance. Perception becomes reality in the minds of the uninformed. The worst consequence would be to support the contention that public policies just need to make “those people” want to stop by criminalizing that behavior. As for prevention, all we have to do is promote “Just say no.” Remember how that slogan did nothing cut drug use among the youth of our nation? “Just say no” did for the substance dependent youth what “Have a nice day” did for the clinically depressed.

If addictions and the treatment of substance use disorders are to be taken seriously, we need to call substance use disorders by their formal and technical names – all the time. Addiction to alcohol is alcohol dependence; not alcohol abuse; not problem drinking. Heroin dependence is heroin dependence; not a habit.

Discussions concerning substance use disorders require using the appropriate terms for the conditions in question. Those words need to be used when making the case for why adequate funding of treatment is important.

If professionals in the field do not take addictions seriously enough to use the correct and appropriate terms for substance use disorders, how can they expect the public to take addictions seriously enough to support funding for treatment and prevention?

1. Floyd, A. S., Hoffmann, N. G., & Karno, M. P. (2001). Diagnosis, self-help, maintenance care as key constructs in treatment research for alcohol use disorders. *Journal of Substance Use and Misuse*, 36 (4), 399-419.
2. Hasin D, Van Rossem R, McCloud S, Endicott J: Alcohol dependence and abuse diagnoses: Validity in community sample heavy drinkers. *Alcoholism: Clinical and Experimental Research* 1997, 21(2), 213-219.
3. Hoffmann, N. G. & Hoffmann, T. D. (2003). Construct validity for alcohol dependence as indicated by the SUDDS-IV. *Journal of Substance Use and Misuse*, 38 (2), 293-306.

Brief Bio: Norman G. Hoffmann, Ph.D. is a clinical psychologist who has designed clinical assessment instruments and evaluated behavioral health programs over the past 30 years. He is a nationally and internationally known presenter and trainer. He is an adjunct professor of psychology at Western Carolina University. He can be contacted at evinassessment@aol.com via his website at www.evinassessment.com