Words Medicine Residents Use to Describe Substance Use Disorders After Attending a Mutual Support Group Meeting

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INTRODUCTION

The medical community has increasingly recognized the benefits of non-stigmatizing and person-first language (i.e., putting the person before the diagnosis and describing what a person has, not who a person is) in the treatment of persons with substance use disorders (SUDs). Though guidelines on person-first language exist,^{1,2} it is unknown what actual words physicians use when describing SUDs and persons with SUDs in practice. Internal medicine residents are a key group of individuals to study, given their frequent interactions with patients with SUD in inpatient and outpatient settings during their training. The aim of this study was to identify what terms medical residents use to describe SUDs and people with SUDs in a written reflection immediately after attending a mutual support group (MSG) meeting.

METHODS

As part of a previously described educational intervention,³ 63 internal medicine residents from all 3 post-graduate years from the University of Pittsburgh Medical Center were required to attend a MSG meeting, either narcotics anonymous (NA) or alcoholics anonymous (AA), during the 2017–2018 academic year. After attending the MSG meeting, residents were asked to write a half-page reflection on their experience using the prompt: “Reflect on your experience at the meeting”. Residents received no formal training on person-first and/or non-stigmatizing language for SUDs at the time of this study.

A secondary analysis of the written reflections was performed using qualitative content analysis.⁴ We coded the frequency of words residents used in their written reflections to describe SUDs and characteristics of MSG attendees/persons with SUD. The SUD codes were further refined by the context of what the residents described, resulting in the following categories: (1) general words used to describe SUDs, (2) words used to describe opioid use disorder (OUD), and (3) words used to describe alcohol use disorder

(AUD). The primary investigator (A.K.) read all reflections and met with co-investigators (K.L. and G.F.) to develop a preliminary coding scheme. Two authors (K.L. and G.F.) coded all reflections independently and A.K. and A.C. met to compare their coding and adjudicate all differences. Coding was performed utilizing the ATLAS.ti software (version 6).

RESULTS

Of the 68 residents who received the previously described educational intervention, 63 (93%) completed a written reflection. Within the written reflections, the most frequently coded words to describe SUDs in general were addiction (coded 84 times), problem (31 times), and disease (27 times) (Table 1). Alcohol use disorder was described in 5 different ways including alcoholism (coded 32 times), alcohol abuse (9 times), and alcohol use disorder (6 times). Similarly, OUD was described in 6 different ways including narcotic abuse (coded 2 times), opiate abuse (2 times), and opioid use disorder (1 time). The most common adjectives that residents used to describe MSG attendees were sober (coded 33 times), alcoholic (25 times), addict(s) (17 times), and clean (17 times) (Table 2).

Table 1 Coded Words Residents Used to Describe Substance Use Disorders in the 63 Written Reflections

Coded word	Frequency, <i>N</i>
General substance use disorder	
Addiction(s)	84
Problem(s)	31
Disease(s)	27
Substance abuse	8
Substance use disorder	8
Drug use	6
Substance user(s)	4
Drug abuse	2
Substance abuse disorder	1
Substance issues	1
Substances of abuse	1
Drug addiction	1
Alcohol use disorder	
Alcoholism	32
Alcohol abuse	9
Alcohol use disorder	6
Alcohol dependence	5
Alcohol addiction	3
Opioid use disorder	
Narcotic abuse	2
Opiate abuse	2
Narcotic abuser(s)	1
Narcotic addiction	1
Opioid addiction	1
Opioid use disorder	1

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Table 2 Adjectives Used to Describe MSG Meeting Attendees in the 63 Resident Written Reflections

Coded word	Frequency, <i>N</i>
Sober	33
Alcoholic	25
Addict(s)	17
Clean	17
Powerful	11
Overcome(ing)	8
Fight(ing)	5
Powerless	5
Quitting	5
Abstinent	4
Recovering	4
Suffering	4
Drunk/a drunk	3
Excited	3
Abusing	2
Afflicted	2
Lonely	2
Recovering alcoholic	2
Solemn	2

CONCLUSIONS

Qualitative content analysis demonstrated residents' use of a variety of words to describe SUDs and MSG attendees after attending an MSG meeting. In general, residents used outdated language such as "addict" and "alcoholic" rather than non-stigmatizing, person-first language to describe MSG attendees in their written reflections. These results are consistent with prior research on medical students,⁵ suggesting that despite recommendations to use person-first language, outdated terminology for SUD continues to be a widespread problem.

We previously reported that after attending MSG meetings, residents had more positive attitudes towards people with SUD and had improved perspective taking.³ Thus, our findings may suggest that residents were reflecting the language they heard at a MSG meeting where the culture is often for participants refer to themselves as an "alcoholic" or "addict."

Our study was limited by a small sample size of one medical specialty at a single academic institution, and our results may not be generalizable to trainees in other specialties and institutions. We analyzed reflective essays and thus captured only written, not spoken language.

In conclusion, residents used a variety of words, many of which were not person-first terms, to describe SUDs and MSG attendees after attending an MSG meeting. These results suggest that while sending trainees to MSGs is beneficial,^{3,6} language used at these meetings is not clinical language; therefore, future educational interventions that involve MSGs should be complemented by explicit instruction in current SUD terminology.

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Conflict of Interest: The authors declare that they do not have a conflict of interest.

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