

What's in a Name? Destigmatizing Language Regarding People Who Use Alcohol or Drugs in Publications and Journal Title

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Substance Use: Research and Treatment
Volume 18: 1–2
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DOI: 10.1177/11782218231222908



RECEIVED: November 27, 2023. ACCEPTED: December 8, 2023.

TYPE: Editorial

FUNDING: The author(s) received no financial support for the research, authorship, and/or publication of this article.

DECLARATION OF CONFLICTING INTERESTS: The author(s) declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: Gregory Stuart serves as the Editor in Chief and Susan Ramsey serves as the Deputy Editor in Chief for the journal.

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For the past 15 years, we have published articles under the name *Substance Abuse: Research and Treatment*. We are pleased to announce that beginning January 1, 2024, the journal name will change to *Substance Use: Research and Treatment*. Scholars have compellingly argued that use of certain terminology, such as “substance abuse,” carries a variety of negative connotations. Renaming the journal is motivated largely by our desire to move away from stigmatizing language and the harms it causes.

Stigmatizing language is highly pervasive in the addictions field.^{1–3} This is problematic because stigmatization can lead to reduced self-efficacy, diminished social support, reduced self-disclosure, excessive guilt and shame, marginalization, reduced initiation of treatment,^{3,4} and worse prognosis and substance use outcomes.³ In addition, people may be treated differently (more punitively) by clinicians if they are labeled as being a substance abuser relative to being described as having a substance use disorder.⁵

Part of the reason that many people with substance use disorders and substance-related impairments do not seek formal treatment⁶ is fear of being viewed negatively and stigmatized.⁷ Referring to people as substance abusers defines them by their problem and increases stigma, increases blame and culpability, and decreases help-seeking behavior.^{4,7,8} Numerous researchers, clinicians, and even professional organizations have convincingly argued the critical importance of using person-first language and referring to people with addictions as people with a substance use disorder or people who have hazardous or risky or harmful alcohol or drug use.^{1,4,7,9,10}

Over the years, we have often given authors who submit their work to our journal feedback suggesting that they use person-first language and remove stigmatizing language from their submissions (eg, remove terms like addict, alcoholic, substance abuser, etc.). We recognized the hypocrisy in making this request given our journal name. Thus, we are so pleased to have this name change starting with our next volume.

Note that we had another important reason to change the journal title. We are interested in research with a focus that is broader than problematic substance use. Specifically, we are interested in research on substance use, not solely disordered use. Indeed, articles that focus on any dimension related to the onset, classification, assessment, etiology, course, maintenance, prevention, and treatment of substance use and/or disordered/hazardous/risky/harmful use are encouraged. Of course, we maintain a particularly strong interest in research on problematic substance use and research carrying important implications for treatment.

In another relatively recent and welcome development, we are pleased to remind our authors and readers that we now have an impact factor from Clarivate Analytics. Our current impact factor is 2.1, and our 5-year impact factor is 2.9. We are delighted about the attention and exposure that the innovative and important articles that we publish are receiving.

As our 17th and final volume under the name *Substance Abuse: Research and Treatment* comes to a close, we have many people to thank, as without them none of this enterprise would be possible. We have enormous gratitude for Sage, Katy Shanahan – our brilliant managing editor, the editorial board, our committed peer reviewers, our extremely hard-working editorial office, our production team, and all of the authors who have submitted manuscripts for consideration. We are excited to see what the future holds as we enter 2024 under our new name, *Substance Use: Research and Treatment*. We look forward to starting the journal's next chapter with a name that is more consistent with the values that we seek to uphold.

REFERENCES

1. Hartwell M, Lin V, Hester M, et al. Stigmatizing Terminology for Outcomes and Processes (STOP) in alcohol research: a meta-epidemiologic assessment of language used in clinical trial publications. *J Addict Med.* 2022;16:527–533.



2. Kelly JF. Toward an addictionary. *Alcohol Treat Q.* 2004;22:79-87.
3. Morris J, Schomerus G. Why stigma matters in addressing alcohol harm. *Drug Alcohol Rev.* 2023;42:1264-1268.
4. Kelly JF, Saitz R, Wakeman S. Language, substance use disorders, and policy: the need to reach consensus on an “addiction-ary”. *Alcohol Treat Q.* 2016;34:116-123.
5. Kelly JF, Westerhoff CM. Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. *Int J Drug Policy.* 2010;21:202-207.
6. Lipari RN, Park-Lee E, Van Horn S. *America's Need for and Receipt of Substance Use Treatment in 2015.* The CBHSQ Report: September 29, 2016. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 2016.
7. Kelly JF, Wakeman S, Saitz R. Stop talking ‘dirty’: clinicians, language, and quality of care for the leading cause of preventable death in the United States. *Am J Med.* 2015;128:8-9.
8. White WL, Kelly JF. Alcohol/drug/substance “abuse”: the history and (hopeful) demise of a pernicious label. *Alcohol Treat Q.* 2011;29:317-321.
9. National Institute on Drug Abuse. Words matter: preferred language for talking about addiction. 2021. Accessed November 25, 2023. <https://nida.nih.gov/research-topics/addiction-science/words-matter-preferred-language-talking-about-addiction>
10. Zgierska AE, Miller MM, Rabago DP, et al. Language matters: it is time we change how we talk about addiction and its treatment. *J Addict Med.* 2021; 15:10-12.