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Disclaimer: Dr Saitz, a *JAMA* associate editor, was not involved in the review of or decision to publish this letter.

1. Botticelli MP, Koh HK. Changing the language of addiction. *JAMA*. 2016;316(13):1361-1362.
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To the Editor Mr Botticelli and Dr Koh¹ focused on the need to change the language of addiction to help frame the illness accurately and avoid judgments. Unfortunately, the authors used a term that has negative implications, a propensity to be misinterpreted, is poorly defined, does not reflect the current science, and does not promote evidence-based medicine. That term is *addiction*. If it is inappropriate to refer to a person as a substance abuser, rather than as a person with a substance use disorder, they should not be referred to as addicts either.

Most recent editions of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* have avoided using the term *addiction* for the reasons suggested. The fifth edition of the *DSM (DSM-5)*² uses the term, without defining it, to introduce the concept of behavioral addictions. The only behavioral addiction included in *DSM-5* is gambling disorder (not gambling addiction). There are proposals to add other behavioral addictions as psychiatric diagnoses. Sexual addiction is an example of a poorly defined diagnosis candidate that has been proposed; "out-of-control sexual behavior" appears to be a more accurate and a less-pejorative descriptor. Abandoning the terms *addict* and *addiction* could help frame substance use and behavioral disorders appropriately and promote nonjudgmental care.

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1. Botticelli MP, Koh HK. Changing the language of addiction. *JAMA*. 2016;316(13):1361-1362.
2. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Arlington, VA: American Psychiatric Association; 2013.

To the Editor A Viewpoint¹ drew attention to the potential stigmatizing effects of language used by health professionals to describe individuals with substance use disorders. The authors argued that scientific evidence demonstrates that drug addiction is a "chronic brain disorder with potential for recurrence" and cited the White House Office of National Drug Control Policy document entitled "Changing the Language of Addiction," which encourages clinicians to replace commonly stigmatizing terms (eg, *substance abuser*) with "alternative language more aligned with science." They argued that this change will reduce stigma, lead to less isolation, and encourage treatment seeking.

We agree that it is important to consider the effects of language on stigma and discrimination of addicted individuals, but we are skeptical that framing addiction as a "chronic brain disorder" will achieve this aim.

Mr Botticelli and Dr Koh¹ cited evidence in which clinicians were more likely to assign blame and to concur with the requirement for punitive actions when an individual was described as a "substance abuser" rather than as a "person with a substance use disorder."²

However, other evidence suggests that biogenetic explanations of addiction (within which a "brain disorder" falls) have mixed effects on stigma. For example, Kvaale and colleagues³ found in 2 systematic reviews that acceptance of biogenetic explanations of mental disorders were weakly related to stigma; and experimental manipulation of beliefs in biogenetic explanations for psychological difficulties (including substance abuse) reduced blame but also induced pessimism, increased perceptions of dangerousness, and did not reduce social distance.⁴

Pescosolido and colleagues⁵ examined the effect of biological framing of conditions, including alcohol dependence, on public attitudes over a 10-year period. Individuals who accepted a neurobiological conception of these disorders were more likely to support treatment but no less likely to express stigma.

We believe that it is premature to claim that describing drug addiction in terms of a *substance use disorder* or a *chronic brain disorder* will reduce stigma. The evidence suggests that such a framing of addiction may actually increase stigma in some people.

Further empirical research is needed on how neurobiological models of addiction affect stigma and discrimination. Without such inquiry, the effects of documents like "Changing the Language of Addiction" remain uncertain.

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