

THE ILLNESS OF ADDICTION

Some stories that don't appear at the outset to involve mental illness really do. Medicine considers addiction – to drugs, alcohol, nicotine or the like – to be a substance use disorder. This often clashes with popular perception.

Journalists whose stories tend to echo the view that addiction is a sign of personal weakness or choice are ignoring facts known to the medical profession for more than half a century. Addictions, including those involving self-medication, are illnesses like any others. Since journalists ourselves have a higher-than-average alcohol addiction rate, some at least should have personal insight into the problem.

Addiction changes the brain, altering the order in which it ranks priorities, regardless of consequences. Dependence is not addiction, but can be a step on the road to it. When substances are used for self-medication, dependence can bring on increasingly compulsive use and greater tolerance, becoming addiction, now clinically known as a substance use disorder. Such compulsive behaviour is also found in other mental disorders.

But reporters should be aware that dependence under medical prescription is not the same. Some patients depend on prescription drugs, for example, to deal with chronic pain. Their use is monitored and controlled. Failing to distinguish between these different circumstances, or using the word dependence loosely, can increase public prejudice.

The opioid crisis has drawn attention to the stigmatization of people with addictions. Careful and precise use of language is

important to convey an accurate picture, and to minimize stigma in this and in all cases of addiction. Be aware that stigmatizing people with addictions causes real harm and can adversely affect their prognosis.

As with any disease or disorder, putting the person ahead of the ailment should be routine. People are much more than their disease, and language that suggests otherwise can be very harmful. We don't call someone "cancerous"; we should not describe them as "schizophrenic"; and we should not label them alcoholics or addicts either. It assigns a crude and harmful caricature. Dehumanizing people has no valid place in ethical journalism. Nor does setting some apart by the language we use. It's more accurate as well as less stigmatizing to say that a person who has recovered is 'healthy', rather than 'clean'.

A person with a substance dependency or use disorder may use more colloquial terms to describe themselves, such as "junkie". That is their right, and journalists should not censor the term the person applies to themselves. But their saying it does not give us licence to do the same, or permit others to do so in our stories. Nor should it be used in headlines. When we show that we understand that addictions are much more complicated than life choices, we are on the way to better, more factual, more enquiring journalism.

Reporters should also know that the old assertion that the only way out of addiction is through a 12-step program is not supported by current research. There are, in fact, many ways out, just as there are many ways in, according to studies of those in recovery conducted in Canada and elsewhere. Many treatments emphasize dealing with upstream causes – the reasons why someone started self-medicating in the first place.

Bear in mind that in 2017 alcohol put 13 times as many Canadians in hospital as opioids did. There is also a growing body of evidence that drinking alcohol can not only exacerbate

social problems linked to mental illness, but also significantly increase susceptibility to physical illnesses, including cancer. Research published in June 2020 shows this can occur well below Canada's current maximum daily drinking guidelines. See the Mindset website for details and developments.

While psychiatry treats addiction as a mental disorder in its own right, it frequently co-exists with others. Up to 80% of people diagnosed with schizophrenia, bipolar disorder or antisocial personality also have an addiction problem. Across non-addiction mental disorders as a whole, the 'comorbidity' rate is around 20%. Journalists doing in-depth work about addictions will find useful resources and contacts on the Mindset website, including cautions about some questionable story lines they may encounter.

➤ ADDICTION CHECKLIST

- ✓ **Addiction results from physical changes in the brain, and is considered a mental disorder.**
- ✓ **Addiction may co-exist with other mental disorders.**
- ✓ **Addiction can also be associated with hereditary and social factors.**
- ✓ **People with addictions are ill: Respect the person, understand the behaviour, use person-first language.**
- ✓ **Stigmatizing people with addictions causes real harm and can adversely affect their prognosis.**