

## Use of Nonstigmatizing Language is Associated with Improved Outcomes in Hospitalized People who Inject Drugs

Less than 20% of US residents living with opioid use disorder (OUD) are actively involved in treatment. One of the barriers to evidence-based treatment initiation and retention is the stigma surrounding OUD. Current best practices call for the use of person-centered language, for example, using the term “person with opioid use disorder” rather than “opioid addict.” A gap in literature is that the use of potentially stigmatizing language in OUD clinical care focuses on cross-sectional surveys and theoretical scenarios rather than real-world data. The purpose of this study, which is part of the larger Continuum of Care in Hospitalized Patients with Opioid Use Disorder and Infectious Complications of Drug Use (CHOICE) collaboration, was to address this knowledge gap by evaluating clinical data from a group of patients admitted to the hospital for infectious complications of OUD and injection drug use (IDU), and to determine how inpatient physicians describe hospitalized persons with OUD, and to understand associations of this language with outcomes along the OUD continuum of care.

### **Citation:**

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### **Correspondence:**

**Joseph E. Carpenter, MD**  
jcarpe@emory.edu

### **Methods:**

#### **Data Collection:**

- Included patients from four U.S. academic health systems were hospitalized from January 1, 2018, to December 31, 2018, and had international classification of diseases, 10th revision (ICD-10) diagnosis codes consistent with OUD and acute bacterial/fungal infection.
- Trained, nonblinded research assistants abstracted data regarding demographics, inpatient interventions, and transitions of care.
- Data abstractors could choose one or multiple options from a list including the following terms: abuse, addiction, dependence, misuse, use disorder, intravenous drug use (IVDU), and other. Abuse and misuse were considered potentially stigmatizing, while use disorder was considered best practice. Other terms (addiction, dependence, IVDU, other) were considered neutral. For the purposes of analysis, discharge summaries containing any mention of “use disorder” were categorized as containing best-practice language, even if potentially stigmatizing language was also found in the same document.
- Outcomes reviewed included hospital-based provision of medication for OUD (MOUD), planned versus premature discharge, MOUD prescribing upon discharge, provision of naloxone, documentation of an OUD treatment plan, documentation of addiction-specific referral, and admission duration.

#### **Analysis:**

- Binary outcomes including medication for OUD, planned discharge, naloxone provision, and an OUD treatment plan were evaluated using logistic regressions and admission duration was evaluated using Gamma regression.

#### **Findings:**

- 328 electronic medical records were included.
- Potentially stigmatizing language (abuse or misuse) was noted in 223 (68%) medical record discharge summaries with “abuse” the most common term (219, 67%). The best practice term “use disorder” was recorded in 75 (23%) medical records. In 151 (46%) cases, a combination of best practice, potentially stigmatizing, and/or neutral terms were used in the same record.
- There were no significant associations between use of best practice language and inpatient MOUD (i.e., buprenorphine, methadone) initiation or prescription of MOUD upon hospital discharge.
- Individuals who have non-stigmatizing terminology in the discharge summary have 5 times higher odds of a documented plan for ongoing OUD treatment and 2.5 times higher odds of having a documented plan for addiction-specific follow-up care after adjusting for age, race, gender, ethnicity, diagnoses, insurance status, and baseline MOUD.

#### **Discussion**

In this retrospective study, the use of potentially stigmatizing language was commonly used in hospital discharge summaries, in over two-thirds of the cases. Conversely, the application of best practice language was uncommon, although when used, it was associated with increased odds of referral to addiction specialty follow-up care. These initial findings suggest that educational campaigns emphasizing evidence-based care, including non-stigmatizing language are required to better understand associations between providers' language and clinical outcomes.