

Language and concepts in alcohol use disorder (AUD): how framing affects stigma and recovery

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Conflicts/funding/fyi

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- I have 'lived experience' of AUD...

Overview

- How we 'frame' alcohol problems (alcohol use disorder) has implications for stigma, problem recognition and 'recovery'
- 3 experimental framing studies reported
- Implications... language matters! (but so does context!)

Framing: how language shapes beliefs and behaviour

- ‘Framing’ is how we represent or portray a certain issue
- Alcohol problems/addiction may be framed as:
 - A ‘disease’ (in various senses, including metaphorically)
 - A ‘weakness of will’ (moral model)
 - A consequence of trauma (e.g. Gabor Mate)
 - A ‘disorder’ of choice (e.g. Nick Heather)
 - A biopsychosocial issue/multi-factorial (‘pluralism’)
 - A continuum of use and harms... (e.g., IoM/Morris et al.)
- Each ‘frame’ has implications for how we *understand* and *respond* to addictions/AUD... including stigma



Alcohol stigma as a barrier to problem recognition/help-seeking

"I actually wouldn't acknowledge I was [seeking alcohol help], or what is it you say, you know, airing your dirty washing in public."

(online help-seeker, Khadjesari et al. 2015)

"there is the shame and stigma related to [alcohol] in a different way that makes it a lot harder to ask about"

(GP, Nygaard & Aasland 2010)

"I wanted to be able to come out there and say 'see I'm not an alcoholic 'cause I'm not like these people' [] I just wanted somebody to prove to me that I wasn't an alcoholic..."

(AA participant, Hill & Leeming, 2014, p. 765)

Can framing affect AUD problem recognition amongst harmful drinkers?

- In the UK, 'harmful drinking' (AUDIT 16+, 35+ units F/50+ units M) is associated with low problem recognition: (Garnett et. al 2015, Morris et al., 2021)
 - Do not see themselves as 'alcoholics'
 - Do not want to quit drinking – positive drinking identity
 - Do not 'need' treatment or 'recovery' but are experiencing harms
- Alcohol problems are commonly understood as 'alcoholism' i.e., 'alcoholics' vs 'non problem drinkers'
- This binary disease model (as largely understood) contrasts to a continuum model of alcohol use and harms
- Can AUD framing effect problem recognition?



Study 1

- Online experimental study randomized people to 3 groups:
 - Control (30 seconds, n=205)
 - Continuum model of AUD (60s, n=199)
 - Binary disease model (i.e., ‘alcoholism’) (60s, n=193)
- Recruitment via social media
- Framing via first person audio-visual:



“Hi, I’m Dan. Alcohol can cause some people problems so I wanted to talk to you about mine briefly...”

[Continuum extract:]

My drinking had become a problem but I’m not so different from most people. There is no clear line between my experience and those who don’t have alcohol issues - anyone could develop a problem with alcohol if they drink heavily...”

Study 1: results

- People with harmful drinking and no self-identified addiction experience had higher problem recognition in the continuum condition versus control ($p=.007$) and binary ($p<.001$) conditions
- No significant difference between BDM and control



Continuum beliefs are associated with higher problem recognition than binary beliefs among harmful drinkers without addiction experience

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Problem recognition amongst harmful and non-harmful drinkers without addiction experience

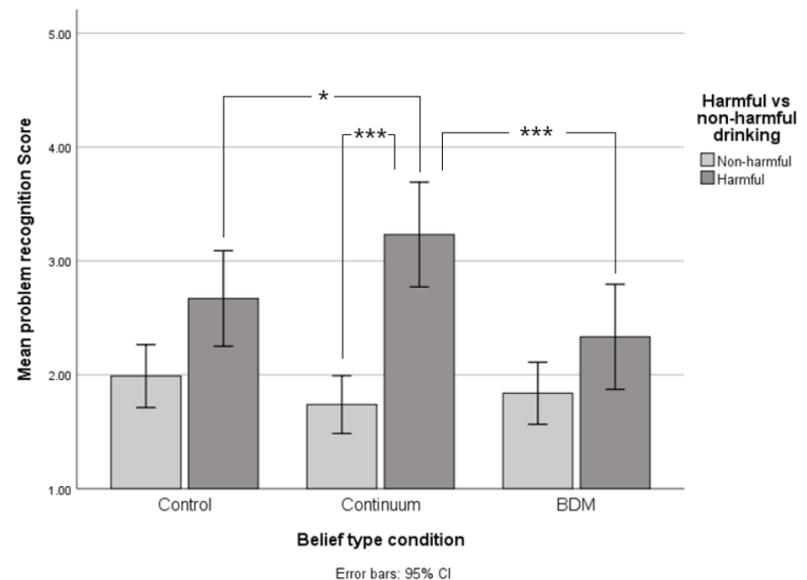
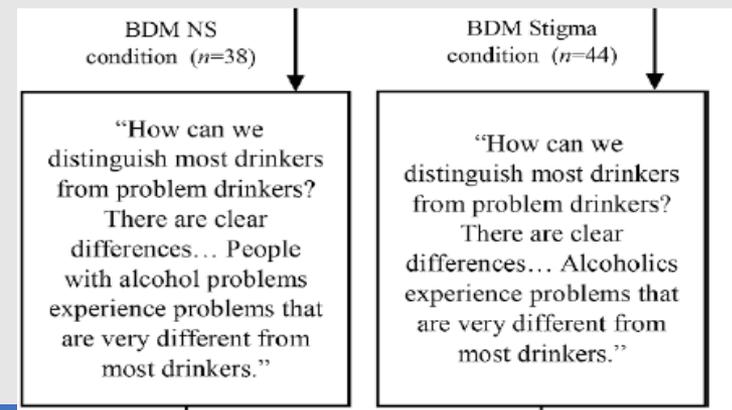


Fig. 2 Means of problem recognition score by condition (control, continuum, BDM) amongst harmful and non-harmful drinkers without self-identified addiction experience. Significant simple effects are denoted by * ($p < .050$) and *** ($p < .001$)

Study 2:

- Aimed to test whether stigmatizing terminology interacted with belief type (disease model vs continuum)
- People with harmful drinking scores and no addiction experience were randomized to one of six conditions describing nature of AUD with/without stigmatizing terminology:
 - Control (n=39)
 - Control + stigma terminology (n=42)
 - Continuum (n=43)
 - Continuum + stigmatizing terminology (n=38)
 - Binary Disease Model (=38)
 - Binary Disease Model + stigmatizing terminology (n=44)
- Recruitment via social media
- Framing via *text based script*



Study 2: Results

- Participants had lower problem recognition in the BDM + stigma group ('alcoholic')
- The 'alcoholic' label resulted in 'identity threat' - as seen with mental health problems rejecting a 'mental illness' label (Thoits, 2016)



The "alcoholic other": Harmful drinkers resist problem recognition to manage identity threat

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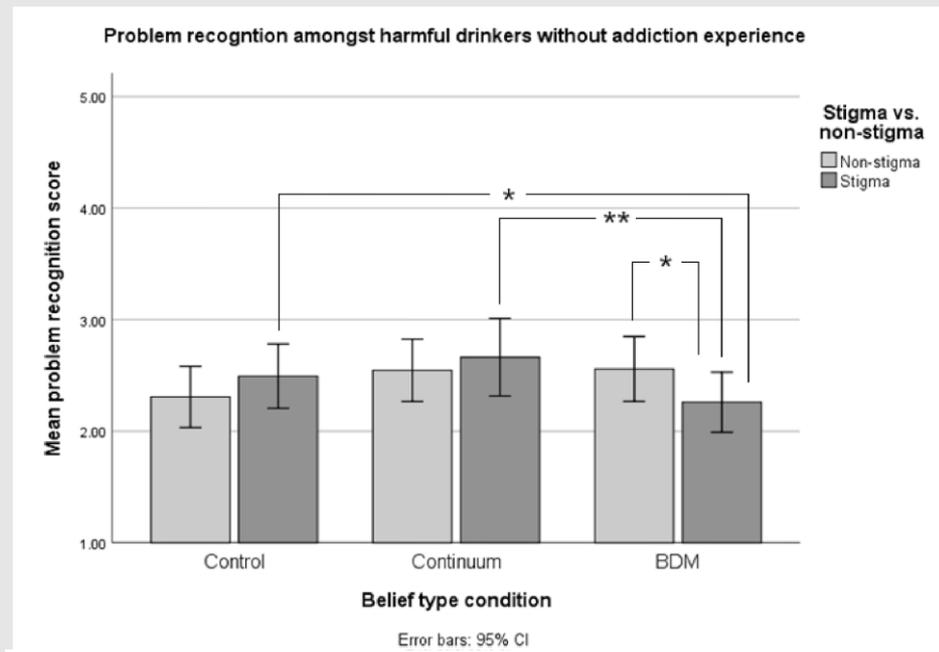


Fig. 2. Means of problem recognition score by condition (control, continuum, BDM) and stigma (stigma, non-stigma) amongst harmful and non-harmful drinkers without self-identified addiction experience. Significant simple effects are denoted by * ($p < .050$) and ** ($p < .010$).

Study 3

- Aimed to test effect of continuum beliefs and self-efficacy enhancement on problem recognition & help-seeking (including self-help resources)
- Participants randomised to
 - Control
 - Continuum (audio-visual as per study 1)
 - Self-efficacy (priming effective strategies)
 - Continuum + self-efficacy
- Recruitment via Prolific
- No effects on problem recognition, self-efficacy or help-seeking at wave 1.
- At 6 month follow-up, continuum had significantly higher Odds Ratio of help-seeking behaviour (OR=2.98, $p = .007$).



Key points/limitations

- Overall, continuum beliefs appear advantageous in promoting problem recognition/help-seeking, whilst 'alcoholic' terminology can be counter-productive
- Broadly consistent with other research/calls (e.g., Ashford et al., 2018, Kelly et al., 2009, Wienes & Walker 2015, Rundle et al., 2021, Hartwell et al., 2022 etc.)
- Framing method appears important (audio-visual vs script) e.g., contact hypothesis of stigma reduction
- Recruitment may be important factor (social media vs Prolific).
- Further research needed to explore problem recognition factors

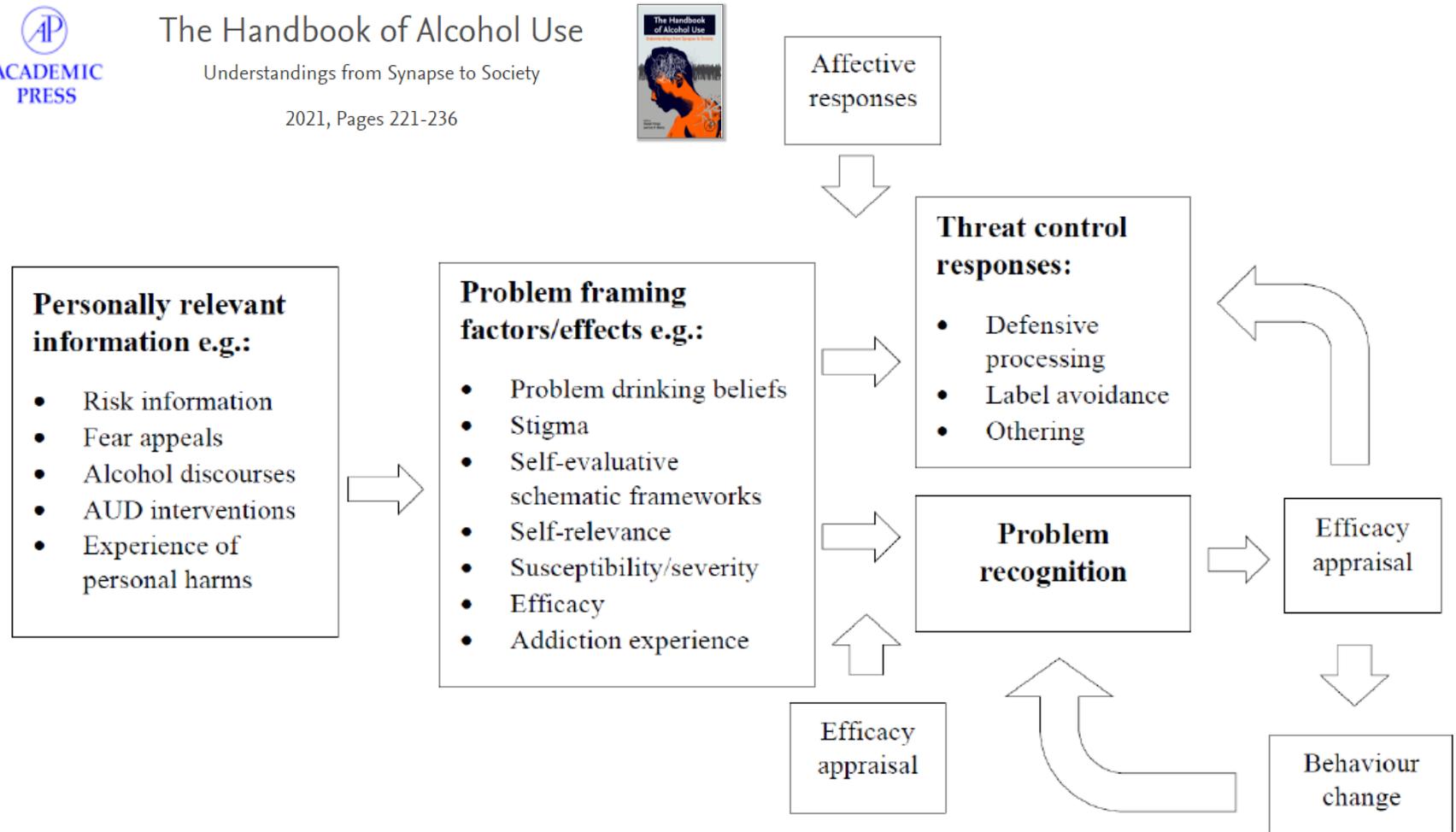
Promoting problem recognition amongst harmful drinkers: A conceptual model for problem framing factors (Morris et al., 2021)



The Handbook of Alcohol Use

Understandings from Synapse to Society

2021, Pages 221-236

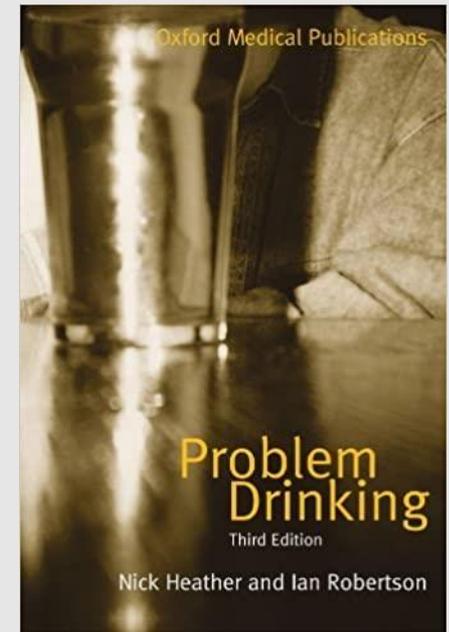


Implications

- 'Alcoholism' framings are familiar and embedded in the public mindset
- These are often central to people in recovery/AA and people have the right to self-label

However...

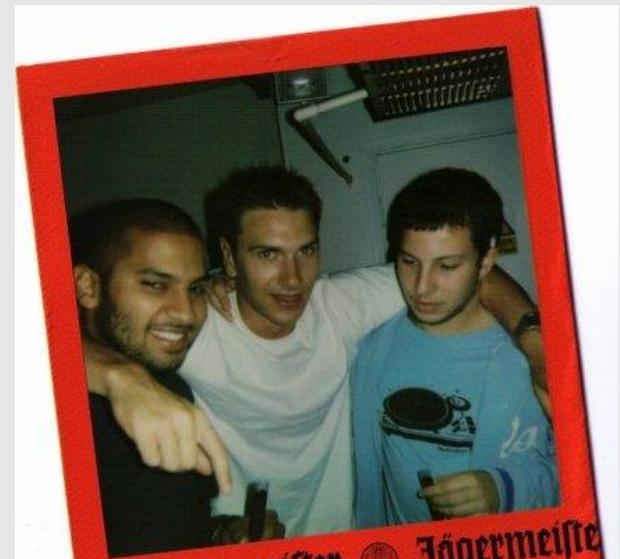
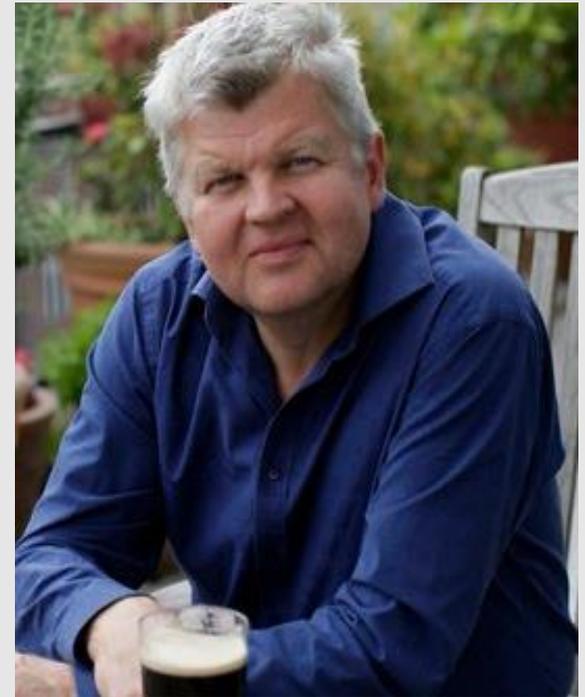
- Alcoholism framings 'spill over' into wider contexts where alternative framings have benefits for other AUD populations
- Public stigma has not reduced despite greater endorsement of AUD 'a disease like any other' (Pescosolido et al., 2010; Schomerus et al., 2011).



What can we do?

- Language matters: what are the embedded meanings in what we say?
- Promote a ***diverse range of lived experiences*** that frame alcohol problems in different ways – e.g., ‘the Adrian Chiles’ effect (Garnett et al., 2021, Morris et al., 2022)
- Promote prognostic optimism over negative stereotypes e.g.

“many people experience alcohol problems, most resolve these on their own, often via moderation”



Thank you

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