The role of journals in reducing stigma & the role of people with lived experiences in addiction research & publishing

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JOHNS HOPKINS MEDICINE

Potential Value of the Insights and Lived Experiences of Addiction Researchers With Addiction

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Neuropsychopharmacology

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RESEARCH HIGHLIGHT

Comment on Heilig et al.: The centrality of the brain and the fuzzy line of addiction

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Contents lists available at ScienceDirect

Journal of Substance Abuse Treatment

journal homepage: www.elsevier.com/locate/jsat

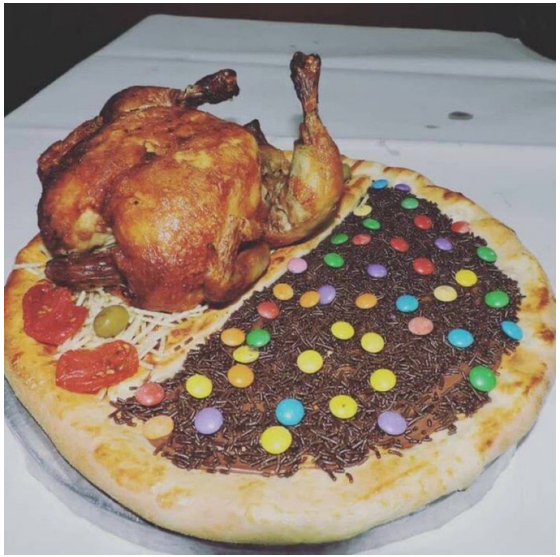
ELSEVIER

Disease and decision☆

Kirsten E. Smith *

Know your limit(ations)

- There is only so much journals can practically do.
- By the time a manuscript reaches you, the study design & data collection are baked; and it may have been reviewed/edited.
- Thus, ways for journals to reduce stigma & improve the perspective of the piece are inherently limited.



But...what are some ways journal may address stigma?

Smaller considerations:

Recognize **heterogeneity** within populations:

- “We” may not all use or like the same terms. Don’t assume you can please all.
- Clear writing vs. person-first language. Not always simple, and there should be room for flexibility if authors’ have rationale.
- Pseudo-humanization: **Person-first language turned into an acronym (PWUD, PWID) may no longer be person-first.**

-Increase word count in light of non-stigmatizing parlance. If it’s not relevant to a paper, then forego.

-Establish “off limit” pejorative terms.

These are likely easier to identify than pejorative, stigmatizing, or **useless** *statements* in the discussion or conclusions. (Reviewers may need be reminded of this).

More ambitious:

Indirect way to humanize: Require **impact** or **clinical relevance** statement (and don't settle for generic).

Accurate but "canned" framings of the public health significance that typically comes in the intro isn't wrong, but the epidemiological estimates can dampen empathic response.

-*These are human issues*. Can authors articulate the concern in the intro without relying on junk phrasing that readers skip?

-More complicated: public health burden but ***no*** suffering.

Increasingly there is a place for recognizing & affirming that drug use doesn't equal addiction or public health crisis (though it can).

-If **abstinence** is an outcome, require authors to include **rationale**.

More ambitious:

During submission

Ask authors to confirm/disaffirm if they consulted with any person or advisory committee with lived experience(s) related to the study (and include an N/A option).

Similar to reporting: COI, CT, Pre-registration, etc.

If “no” ask them to explain briefly “*why not?*”

What is the actual point of this?

Thinking bigger...

Including people with lived experiences in some editorial processes?

Consider apprenticeships and the inclusion of people with lived experiences on EBs with specialized roles in cases where the person does not have scientific expertise (this may not always be practical).

What kinds of articles is your journal prioritizing?

This is **NOT** a call for relaxing scientific rigor or publishing papers that will hurt the journals, IF, branding, or contribution to science.

-Instead, adopt a broader perspective: consider submissions with study designs or findings that bring the human element (qualitative or self-report when appropriate).

Special issues, calls for papers, commentaries or invited letters, etc.