

Your Words Matter

Language Showing Compassion and Care for Women, Infants, Families, and Communities Impacted by Substance Use Disorder

This resource offers background information and tips for providers on how to use person-first language* and on which terms to avoid using to reduce stigma and negative bias when discussing addiction or substance use disorder with pregnant women and mothers. Although some language that may be considered stigmatizing is commonly used within social communities of people with substance use disorder, clinicians and others can use language that helps to destigmatize it. This document was compiled with input from 35 staff members and 42 women with lived experience in the [UNC Horizons](#) substance use disorder treatment program.

*Person-first language maintains the integrity of individuals as whole human beings by removing language that equates people to their condition or has negative connotations.¹ For example, “person with a substance use disorder” has a neutral tone and distinguishes the person from his or her diagnosis.²

Stigma and Addiction: Pregnant Women and Mothers

What is stigma?

Stigma is discrimination against an identifiable group of people, place, or nation. For people with substance use disorder, stigma might include inaccurate or unfounded thoughts (e.g., people with substance use disorder are dangerous, incapable of managing treatment, or at fault for their condition). Stigma against pregnant women and mothers with substance use disorder appears in many forms, such as the use of erroneous language and terminology, delivery and belief of misinformation about substance use, punishment of substance use, and belittling of a mother’s relationship with her child.³

Where does stigma come from?

Stigma against people with substance use disorder may stem from antiquated and incorrect beliefs that addiction is a moral failing, instead of what we know it to be: a chronic, treatable brain disease from which patients can recover and continue to lead healthy lives. Women may experience stigma more often than men, as substance use is often seen to violate their gender expectations.⁴ Similarly, people may publicly blame and condemn pregnant women with opioid

use disorder (OUD) because of a misbelief that having a substance use disorder is a choice versus a medical condition—and that they are, therefore, *choosing* to harm their unborn baby.⁵ Women themselves often internalize this stigma and feel deep shame as a result.

How does stigma affect people with substance use disorder?

- Feeling stigmatized can reduce the willingness of individuals with substance use disorder to seek care for substance use problems, prenatal needs, basic primary health, or mental health.^{6–12} They fear the potential social, legal, and employment effects if they disclose their substance use.¹³
- Stigmatizing views of people with substance use disorder are common; this stereotyping can lead others to feel pity, fear, anger, and a desire for social distance from people with a substance use disorder.⁷
- Stigmatizing language can negatively influence health care provider or professional (HCP) perceptions of people with substance use disorder, which can impact the care they provide.¹⁴

How does stigma uniquely affect pregnant women and mothers with substance use disorder?

The effects of stigma on pregnant women and mothers are wide ranging and can include poor self-image and self-esteem; defensiveness leading to damaged relationships; and feelings of shame, fear, depression, and anxiety.³ Damaged relationships may also include those with health care and social services providers. Because of stigma, pregnant and postpartum women with substance use disorder are less likely to:

- Seek treatment for substance use disorder¹⁵
- Get prenatal care⁸
- Breastfeed their babies¹⁶

Why are they less likely to seek medical care or to breastfeed?

Many women are afraid their babies could be taken away, or they could go to jail. Based on the history and known, ongoing punitive practices in many communities, pregnant women fear criminalization and/or child protective services (CPS) involvement if substance use disorder is discovered. Such fear often leads to their avoiding or skipping prenatal care visits; withholding self-report of substance use when they do obtain medical care; and reducing their willingness to access substance use disorder treatment, including medication treatment for OUD (MOUD, also known as medication-assisted treatment).^{3,8,17}

Interviewer: And did worrying about being involved with CPS or getting her taken away, did it keep you from doing anything you might otherwise do?

Alice: My third child, I had no prenatal care.

Interviewer: For what reason?

Alice: Because I was taking drugs, well, not drugs-drugs; I was down there smoking on marijuana and drinking liquor. And they told me if they see THC or something like that in my system, then protective services would get involved. So I didn't go to no care for her, none.¹⁹

Further, many pregnant women are concerned about receiving substance use disorder treatment because some state policies consider any substance use (including MOUD) during pregnancy as child abuse.^{3,18} The testimony shown in the textbox above is from an interview conducted with a woman who was using substances during pregnancy.

Women may be misinformed about their substance use disorder treatment options.

Pregnant women reported not seeking substance use disorder treatment because they lack information on, or have misconceptions about, available treatment options.³

Women may not be knowledgeable about breastfeeding. Women in one study all reported that social stigma strongly influenced their decision whether to breastfeed while they were prescribed methadone.¹⁹ They also reported that information from HCPs was based on methadone-related stigma, rather than on evidence. Further, skipped prenatal and other medical visits limit opportunities for mothers to learn about the safety and benefits of breastfeeding. The quotation in the textbox below is from an interview conducted to determine what influences infant-feeding decisions if the mother is receiving MOUD.

"I wish that they [health care providers] would know that it's not bad to breastfeed—that just because we're on the medicine, it's not bad for our child to get breast milk, you know. There's facts. It's not just your opinion—like, read about it. Be informed about it."¹⁹

Women fear being judged. The media's depiction of people with substance use disorder is often stigmatizing, further contributing to fears of being judged by neighbors, peers, or HCPs. The woman may also judge herself most harshly of all, even before she has the chance to be judged by someone else.

"I found out that I was pregnant in the middle of a relapse, and I thought I could not keep the baby. I did not feel motivated to keep the baby. I also felt shame and mortified in trying to get prenatal or drug treatment help—I knew they would judge me. They would also judge me if I lost the pregnancy. There was no way out. The thought of walking into a hospital and saying I am using was terrifying. To tell somebody what you have been doing is scary and the hardest thing to do because you don't know how they are going to react." (from interview conducted by H. Jones, February 25, 2021)

How can we change stigmatizing behavior?

- When talking to people with substance use disorder, their loved ones, and your colleagues, use non-stigmatizing language that reflects an accurate, science-based understanding of substance use disorder and is consistent

with your professional role. This can make mothers more comfortable so you can clarify misinformation, reduce confusion and feelings of unfair treatment, and help diminish treatment barriers.⁸

One woman was pregnant, using heroin, and incarcerated in her third trimester. A nurse in the jail said to the woman that she was a junkie and does not deserve to be a mother due to the damage she was doing to the unborn child. The woman said to the nurse, "Lady, there is nothing you can't say to me worse than what I have already said to myself. Are you going to judge me or help me get help?" (from interview conducted by H. Jones, February 25, 2021)

- Because clinicians are typically the first points of contact for a person with substance use disorder, HCPs should "take all steps necessary to reduce the potential for stigma and negative bias."¹⁴ Learning the terms both to avoid and to use (which follows) can help.
- Use person-first language, and let individuals choose how they are described.²⁰
- Participate in stigma-reduction activities. You can start by [making a pledge like this one from Brigham Health](#) or lead efforts in your practice by reviewing this [anti-stigma toolkit](#).

"I overheard the nurses call my baby the NAS [neonatal abstinence syndrome] baby. They never used her name, and it was a stab in the heart, and I felt so embarrassed. It was very demeaning." (from interview conducted by H. Jones, February 25, 2021)

What else should I keep in mind?

It is recommended that "substance use" be used to describe all substances, including alcohol and other substances, and clinicians refer to severity specifiers (e.g., mild, moderate, or severe, [as defined by the DSM-5](#)) to indicate the severity of the substance use disorder. This language also supports documentation of accurate clinical assessment and development of effective treatment plans.²¹ When discussing treatment plans with people with substance use disorder and their loved ones, be sure to use evidence-based language and focus on the behaviors and outcomes associated with recovery, not just treatment adherence. Avoid being judgmental if people return to substance use, which may be a sign of their substance use disorder.

Terms to avoid, terms to use, and why

Consider using these recommended terms to reduce stigma and negative bias when speaking about addiction. Please note that the words "substance" and "drug" mean the same thing and are both used in this table. Use of one term over another depends on its context.

Instead of...	Use...	Because...
<ul style="list-style-type: none"> • Pregnant opiate addict • Addict • User • Substance or drug abuser • Junkie 	<ul style="list-style-type: none"> • Pregnant woman with an OUD • Person with substance use disorder¹ • Person with OUD or person with opioid addiction (when substance in use is opioids) • Patient • Person in active use; use the person's name, and then say "is in active use." 	<ul style="list-style-type: none"> • Person-first language helps to focus on the person and not their disorder. While they may have history of substance use, it is not their only identity.¹⁸ • The change shows that a person "has" a problem, rather than "is" the problem.²¹ • The terms avoid eliciting negative associations, punitive attitudes, and individual blame.²¹
<ul style="list-style-type: none"> • Alcoholic • Drunk 	<ul style="list-style-type: none"> • Person with alcohol use disorder • Person who misuses alcohol or engages in unhealthy/hazardous alcohol use 	Same as above.
<ul style="list-style-type: none"> • Bad influence 	<ul style="list-style-type: none"> • Person who has had many life challenges 	Same as above.
<ul style="list-style-type: none"> • Former addict • Reformed addict 	<ul style="list-style-type: none"> • Person in recovery or long-term recovery • Person who previously used drugs 	Same as above.

continued

Instead of...	Use...	Because...
<ul style="list-style-type: none"> • Slip • Lapse • Relapse 	<ul style="list-style-type: none"> • A return to use 	<p>Same as above.</p>
<ul style="list-style-type: none"> • Addicted baby • Neonatal abstinence syndrome (NAS) baby • Crack baby 	<ul style="list-style-type: none"> • Baby born to mother who used drugs while pregnant • Baby with signs of withdrawal from prenatal drug exposure • Baby with neonatal opioid withdrawal/NAS • Newborn exposed to substances 	<ul style="list-style-type: none"> • Babies cannot be born with addiction because addiction is a behavioral disorder; they are simply born manifesting a withdrawal syndrome. • Clinically accurate, non-stigmatizing terminology should be the same as would be used for other medical conditions.²² • Using person-first language can reduce stigma.¹⁸
<ul style="list-style-type: none"> • Habit 	<ul style="list-style-type: none"> • Substance use disorder • Drug addiction 	<ul style="list-style-type: none"> • “Habit” inaccurately implies that a person is choosing to use substances or can choose to stop.² • “Habit” also dismisses and undermines the seriousness of the disease.
<ul style="list-style-type: none"> • Abuse 	<p>For prescription medications:</p> <ul style="list-style-type: none"> • Misuse • Used other than as prescribed • Diverted • Self-medicating <p>For illicit drugs and other substances:</p> <ul style="list-style-type: none"> • Use 	<ul style="list-style-type: none"> • The term “abuse” was found to have a high association with negative judgments and punishment.²³ • “Legitimate use” of prescription medications is how the medications are prescribed to be used. Any consumption outside these parameters is “misuse.”
<ul style="list-style-type: none"> • Opioid substitution or replacement therapy 	<ul style="list-style-type: none"> • Opioid agonist therapy • MOUD • Pharmacotherapy • Addiction medication 	<ul style="list-style-type: none"> • MOUD is medication for an illness that does not produce euphoria when used as directed. • It is a misconception that medications merely “substitute” one drug or “one addiction” for another.²
<ul style="list-style-type: none"> • Clean 	<p>For toxicology screen results:</p> <ul style="list-style-type: none"> • Testing negative • Drug free <p>For non-toxicology purposes:</p> <ul style="list-style-type: none"> • Being in remission or recovery • Abstinent from drugs • Not drinking or taking drugs • Not currently or actively using drugs 	<ul style="list-style-type: none"> • Clinically accurate, non-stigmatizing terminology should be the same as would be used for other medical conditions.²² • It is important to set an example with your own language when treating patients who might use stigmatizing slang. • Use of such terms may evoke negative and punitive implicit cognitions.²¹
<ul style="list-style-type: none"> • Dirty 	<p>For toxicology screen results:</p> <ul style="list-style-type: none"> • Testing positive <p>For non-toxicology purposes:</p> <ul style="list-style-type: none"> • Person actively using substances 	<ul style="list-style-type: none"> • Clinically accurate, non-stigmatizing terminology should be the same as would be used for other medical conditions.²³ • Such terminology may decrease patients’ sense of hope and self-efficacy for change.²¹

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