

DID YOU KNOW...

WORDS HAVE IMPACT? WORDS CAN DAMAGE?

We can reduce stigma by using destigmatizing, person-first language.

Stigmatizing language assigns negative labels, stereotypes, and judgment to certain groups of people. Such language has been shown to contribute to negative outcomes such as social isolation, reduced self-esteem, and lower likelihood to seek medical help.

When someone is described as an “addict” or a “drug abuser”, the general public, even clinicians, are more likely to believe that they should receive punishment over treatment.¹

What is person-first language?

Person-first language maintains the integrity of individuals as whole human beings by removing language that equates a person to their condition or has negative connotations. This type of language can shift the way people that use substances or with substance use disorders are viewed.²



SAY THIS



NOT THIS



HERE'S WHY

Person with a substance use disorder (SUD)	Abuser, Addict, Alcoholic, Drunk Druggie, User, Junkie (Some individuals with SUD or in recovery may identify with words deemed stigmatizing, it's important to give them space to determine their own comfort with such terms.) ³	Neutral, non-judgmental, person-first language. Shows that a person “has” a problem, rather than “is” the problem.
Person in recovery or a person in long-term recovery	Ex-addict, reformed or former addict	Person-first language shows that SUD is an illness
Testing positive	Dirty, failed test	Avoids negative association and punitive attitudes.
Abstinent, testing negative	Clean	
Return to use	Relapse	
Medication for Opioid Use Disorder	Replacement therapy, substitution therapy	It is a misconception that medications merely “substitute” one drug or “one addiction” for another.²



Opioid Response Network



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PREGNANT AND POSTPARTUM PEOPLE WITH SUBSTANCE USE DISORDER*



Stigma uniquely affect pregnant people with substance use disorder (SUD). The effects of stigma on pregnant people and postpartum people who have a substance use disorder 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. Damaged relationships may also include those with health care and social services providers. Because of stigma, pregnant and postpartum people with substance use disorder are less likely to seek treatment.⁵

According to the White House Office of National Drug Control Policy (ONDCP), many pregnant people with SUD are reluctant to engage in SUD treatment for fear of mandatory referrals to child welfare, resulting in their child or children being removed from the home and placed in foster care. Once engaged in SUD treatment, pregnant people may find that needed services are fragmented and difficult to access. Addressing this crisis requires a holistic approach focused on the unique needs of the caregiver-infant pair, addressing social determinants of health, physical and mental health needs, and fostering collaboration across agencies and service providers at federal, state, local, and Tribal levels.⁶

* The National Institutes of Health (NIH) suggest using neutral terms like pregnant patients, pregnant people, or other wording as applicable present an inclusive alternative.⁴

FIVE KEY VALUES

- 1 Having SUD in pregnancy is not, by itself, child abuse or neglect.
- 2 Criminalizing SUD in pregnancy is ineffective and harmful as it prevents pregnant people with SUD from seeking and receiving the help that they need.
- 3 Everyone has the right to effective, evidence-based SUD treatment, and denying such care on the basis of sex or disability is a violation of civil rights.²
- 4 Pregnant people using substances or having SUD, should be encouraged to access support and care systems, and barriers to access should be addressed, mitigated, and eliminated where possible.
- 5 Improving coordination of public health, criminal legal systems, SUD treatment, and early childhood systems can optimize outcomes and reduce disparities.⁶

SAY THIS	NOT THIS	HERE'S WHY
Baby born to a parent who used drugs while pregnant	Addicted baby	Babies cannot be born with addiction because addiction is a behavioral disorder.
Baby with signs of withdrawal from prenatal drug exposure	Born addicted	Using person-first language can reduce stigma.
Newborn exposed to substances	Drug-endangered ¹	Avoids negative association and punitive attitudes.

¹ Rachel H. Alinsky, Scott E. Hadland, Joanna Quigley, Stephen W. Patrick, Committee on Substance Use and Prevention; Recommended Terminology for Substance Use Disorders in the Care of Children, Adolescents, Young Adults, and Families. *Pediatrics* June 2022; 149 (6): e2022057529. 10.1542/peds.2022-057529

² U.S. Department of Health and Human Services (2021, June 23). Words Matter: Preferred Language for Talking About Addiction. National Institutes of Health. Retrieved August 14, 2023, from <https://nida.nih.gov/research-topics/addiction-science/words-matter-preferred-language-talking-about-addiction#references>

³ Pivovarov, E., & Stein, M. D. (2019). In their own words: language preferences of individuals who use heroin. *Addiction* (Abingdon, England), 114(10), 1785-1790. <https://doi.org/10.1111/add.14699>

⁴ U.S. Department of Health and Human Services (2023, May 18). NIH Style Guide. The National Institutes of Health (NIH) suggests using neutral terms like pregnant patients, pregnant people, or other wording as applicable to present an inclusive alternative. National Institutes of Health. Retrieved August 14, 2023, from <https://www.nih.gov/nih-style-guide/inclusive-gender-neutral-language>

⁵ Weber, A., Miskle, B., Lynch, A., Arndt, S., & Acion, L. (2021). Substance Use in Pregnancy: Identifying Stigma and Improving Care. *Substance abuse and rehabilitation*, 12, 105-121. <https://doi.org/10.2147/SAR.S319180>

⁶ Office of National Drug Control Policy (2022, October 21). Substance Use Disorder in Pregnancy: Improving Outcomes for Families. [whitehouse.gov](https://www.whitehouse.gov/wp-content/uploads/2021/10/ONDCP_Report-Substance-Use-Disorder-and-Pregnancy.pdf). Retrieved August 14, 2023, from https://www.whitehouse.gov/wp-content/uploads/2021/10/ONDCP_Report-Substance-Use-Disorder-and-Pregnancy.pdf