

# Words Matter

Language in Perinatal Substance Use and Mental Health

# Language and Mental Health



## 3 Types of Stigma

### **PUBLIC**

**Discrimination  
and Devaluation  
by Others**

### **SYSTEMIC**

**Reduced Access  
to Care and  
Resources Due  
to Policies**

### **SELF**

**Internalization  
of Negative  
Stereotypes**

# Why does it matter?

- Stigmatizing language significantly contributes to **negative health outcomes** and **increases barriers to seeking care**
- Provider stigma can lead to internalized self-stigma and shame which increases obstacles to care and can impede healing
  - **Shame increases risk of suicide and increases avoidant coping**

ND Volkow, JA Gordon, and GF Koob. [Choosing Appropriate Language to Reduce the Stigma Around Mental Illness and Substance Use Disorders](#).

Yanos PT, DeLuca JS, Roe D, Lysaker PH. The impact of illness identity on recovery from severe mental illness: a review of the evidence.



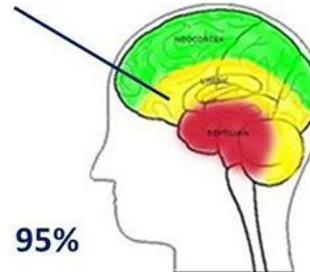
# Why do words really matter?

We react and respond to words without even realizing it.

- System 1: Feeling brain (limbic system)
  - Associative Action
- System 2: Thinking brain (neocortex)

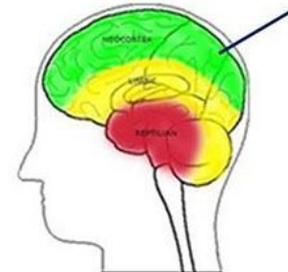
## FIRST REACTIONS

**System 1:** fast, automatic, impulsive, associative, emotional and unconscious processing



## THINKING

**System 2:** slower, conscious, reflective, deliberative, analytical, rational, logical processing



# Why do words really matter?

- Litigation
  - Most lawsuits filed when breakdown in physician-patient communication
  - Trusting and mutual-respectful relationship
- Reduce moral injury and compassion fatigue



Fendel JC, Bürkle JJ, Göritz AS. Mindfulness-based interventions to reduce burnout and stress in physicians: a study protocol for a systematic review and meta-analysis. *BMJ Open*. 2019;9(11):e032295. Published 2019 Nov 21. doi:10.1136/bmjopen-2019-032295

Huntington B, Kuhn N. Communication gaffes: a root cause of malpractice claims. *Proc (Bayl Univ Med Cent)*. 2003;16(2):157-161. doi:10.1080/08998280.2003.11927898



[Research & Initiatives](#) ▾

[For Patients](#) ▾

[For Healthcare Professionals](#) ▾

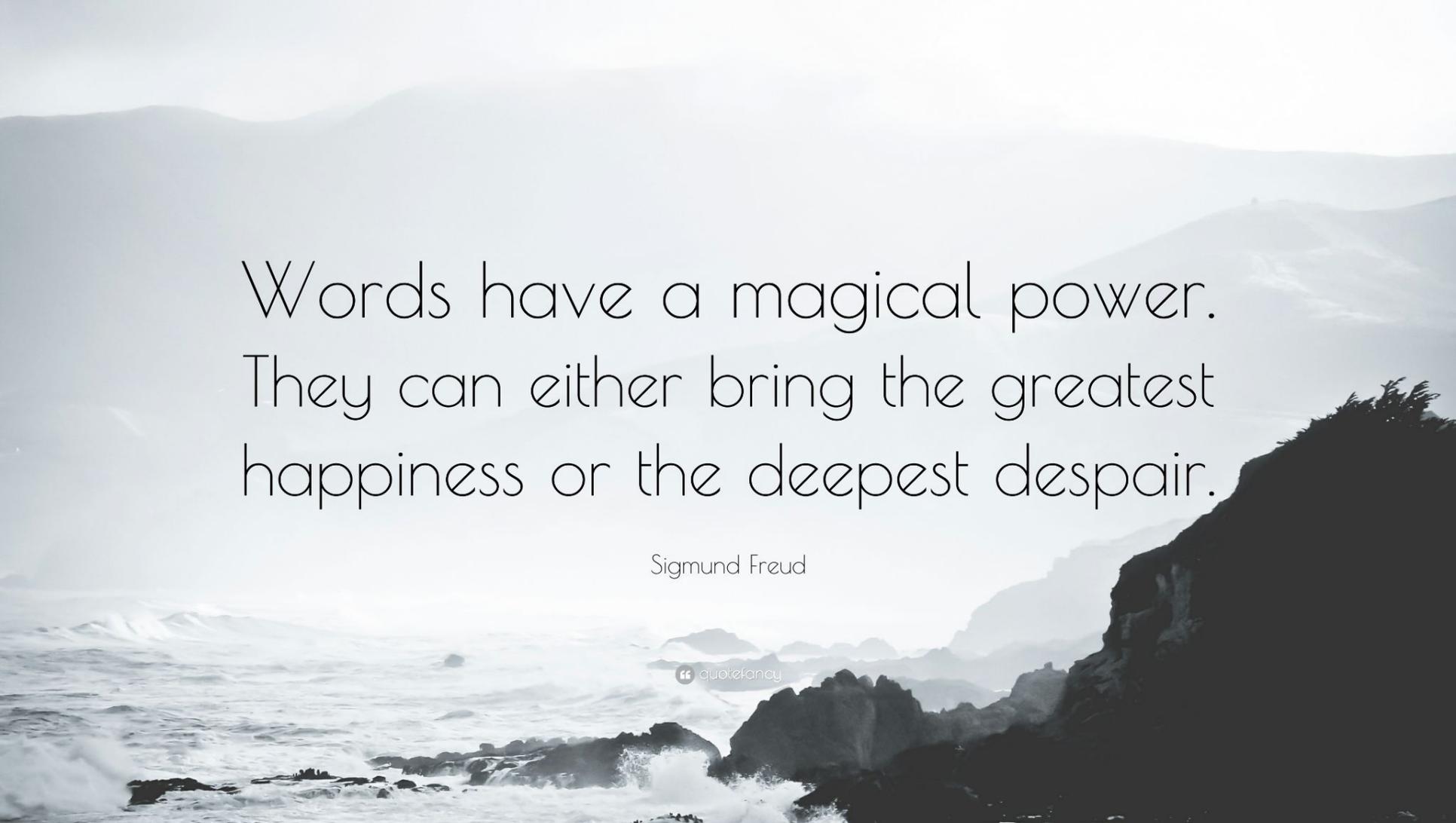
[News](#) ▾

[About](#) ▾



## Everyone on the Same Page

New U.S. federal law gives everyone the right to read clinicians' notes in their electronic medical records. OpenNotes is the international movement that advocates for **transparent communication in healthcare** and studies the effects of shared notes in patients' records. We call these **open notes**.



Words have a magical power.  
They can either bring the greatest  
happiness or the deepest despair.

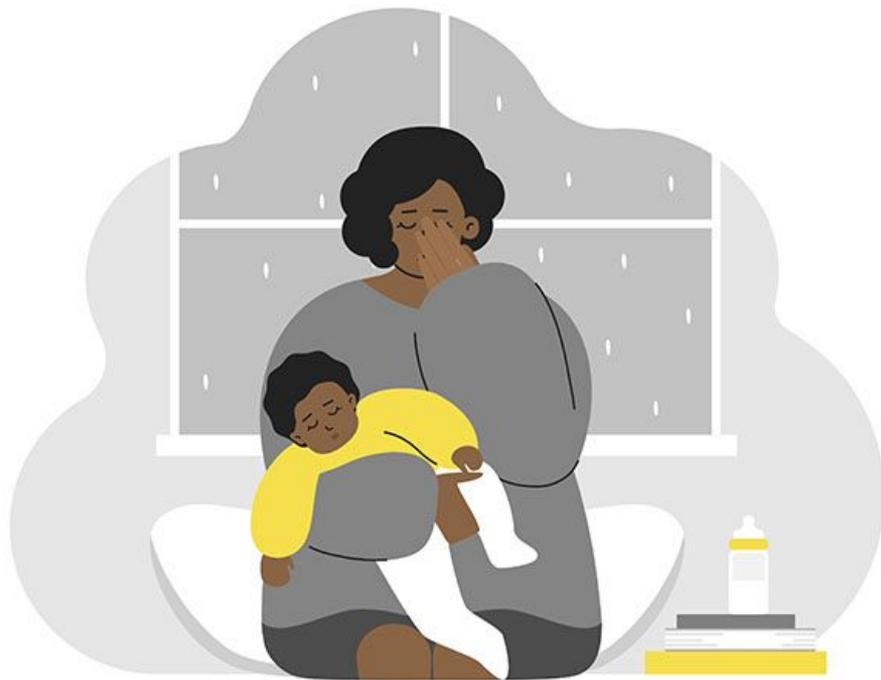
Sigmund Freud

“ quotezancy

# Further Considerations

- Your community
  - As there are not always shared consistencies in person-first language among groups, it is important to engage with the community you serve to understand preferences
- Our own Implicit bias and intersection with racism
- Cultural & individual Family lived experiences and expectations of mental health treatment

# Stigma and Perinatal Mental Health



## Stigma associated with postnatal depression: A literature review

Jennifer McLoughlin

Published Online: 18 Nov 2013 | <https://doi.org/10.12968/bjom.2013.21.11.784>

- Perinatal mental illness = “Bad parent”
- Providers can reinforce unachievable and unrealistic expectations of parenthood
- Reduced self-stigma with non-judgemental treatment environment
  - Reduced perinatal depression/reduced severity
  - Increased parental confidence
  - Increase in help-seeking and leaning into supports

# Postpartum Psychosis

## St. Cloud Woman Charged With Murdering Baby, Throwing Body In Dumpster

By [WCCO-TV Staff](#) November 30, 2021 at 3:14 pm Filed Under: [Local TV](#), [Murders](#), [St. Cloud News](#)

Los Angeles Times

Claudell,  
Tax Expert 23yrs



## Mom Accused of Tossing Sons Into River Charged

## Her sentence complete, Naomi Gaines-Young wants to talk about mental illness

“I want people to know my story,” she said. “It’s important to do that. I want people to know about serious mental illness and what can happen if it isn’t treated.”

By [Andy Steiner](#) | Contributing Writer



<b>Language with Negative Connotation</b>	<b>Person-Centered</b>
Committed suicide	Died by suicide
Successful or Failed suicide attempt	Survived or did not survive suicide
Self-mutilation	Nonsuicidal self-injury
Manipulation	Patient sought to meet their needs of...
Refused medications or _____	Declined or chose not to accept _____
Trigger	Prompt
Demanding	Made repeated requests
Non-compliant	Did not adhere to treatment plan
Hysterical, dysfunctional	Dysregulated
Needy	Sought reassurance
Failed trial (of meds or other tx)	Treatment not associated with improvement or non-beneficial trial
Patient Complaint/Chief Complaint	Patient/Presenting Concern
Schizophrenic, Psychotic	Patient with schizophrenia, psychosis, etc.
Unfit Parent	Experiencing barriers to successful parenting

# Language and substance use disorders



# The Real Stigma of Substance Use Disorders



In a study by the Recovery Research Institute, participants were asked how they felt about two people  
*"actively using drugs and alcohol."*

One person was referred to as a  
**"substance abuser"**



The other person as  
**"having a substance use disorder"**



No further information was given about these hypothetical individuals.

## THE STUDY DISCOVERED THAT PARTICIPANTS FELT THE **"SUBSTANCE ABUSER" WAS:**

- less likely to benefit from treatment
- more likely to benefit from punishment
- more likely to be socially threatening
- more likely to be blamed for their substance related difficulties and less likely that their problem was the result of an innate dysfunction over which they had no control
- they were more able to control their substance use without help

# Review of the effects of self-stigma and perceived social stigma on the treatment-seeking decisions of individuals with drug- and alcohol-use disorders

Hammarlund et al, 2018

- Need for secrecy in treatment due to stigma of identity as “addict”
- May disengage with treatment if identify conflicts arise
- Seeking help from primary care provider to avoid stigma of “addiction treatment”
- Stigma one of top 3 reasons provided for not accessing care
- Stigma consciousness as predictor of treatment utilization for women

# The association between perceived stigma and substance use disorder treatment outcomes: a review

Crapanzano et al 2018

- Stigmatizing aspects of treatment, negative emotions associated with stigma - interfere with engagement in treatment
- Social exclusion and marginalization interfere with treatment
- Negative views of “replacement therapy” -decreased retention in treatment
- Lack of judgement and stigma by staff - increased retention in treatment
- Understanding behavior from staff - stronger effect than social and self-stigma
- Examples cited lack of perceived stigma in OTPs (“methadone clinics”)

# Stigma and perinatal substance use

Pregnant and postpartum people with substance use disorders are less likely to:

- ❑ Seek treatment for substance use disorders
- ❑ Access prenatal care
- ❑ Breastfeed their babies



## Assessing Stigma Towards Substance Use in Pregnancy: A Randomized Study Testing the Impact of Stigmatizing Language and Type of Opioid Use on Attitudes Toward Mothers With Opioid Use Disorder

*David M. Schiff, MD, MSc, Jonathan J.K. Stoltman, PhD, Timothy C. Nielsen, MPH, Sara Myers, BA,  
Moirá Nolan, BA, Mishka Terplan, MD, MPH, Stephen W. Patrick, MD, MPH, MS,  
Timothy E. Wilens, MD, and John Kelly, PhD*

- Online survey platform, 1227 respondents
- Clinical scenario described using more or less stigma-associated language
  - Majority supporting engagement in recovery and parenting support
  - **While also** agreeing with:
    - Punitive-blaming views - mandated treatment
    - Personal responsibility for disease of addiction

# Hundreds of babies born addicted to drugs and alcohol

Babies born with neonatal abstinence syndrome may suffer from uncontrollable trembling and hyperactivity, have blotchy skin and high-pitch crying

1 in 12 Maine babies is born drug addicted, report says

**Babies born addicted to opioids cost U.S. more than half a billion dollars a year**

'Heartbreaking': At least 852 babies born addicted in Scotland since 2017

"Understands that her baby has a chance of being born addicted that cannot be avoided if she is on medication-assisted treatment."

*"Patient realizes that she needs to get sober  
for this baby"*

*"Patient refuses to initiate buprenorphine treatment and  
therefore has been placed on a 72 hour hold."*

***"Wants to stop using.....recognizes that her baby doesn't  
have a choice in this and she needs to do better"***

# What is your emotional response?

You are consulted on a baby born addicted to opioids. Her mother has a history of injection heroin use. Medication was recommended to help her stop using heroin during the pregnancy, but the patient refused to start treatment until halfway through her pregnancy, and when she finally did, she couldn't stay clean for more than a month. Child welfare services are now deciding if she can keep custody of this addicted baby when she is discharged from the hospital.

# What is your emotional response?

You are consulted to see McKenna J, a three day old baby with prenatal opioid exposure. Her mother has a history of opioid use disorder. Medication for opioid use disorder was started during the pregnancy. The patient initiated methadone during her pregnancy but had to relocate to a new place to stay with friends and was unable to get her to treatment, and therefore consistent treatment was challenging for her. Child welfare services are now deciding if they provide her with sufficient support to care for a newborn with substance exposure when she is discharged from the hospital.

# A comparison case

- 32 year old sugar abuser (“diabetes”) calls your clinic to establish care
- Very high glucose levels at appointment, so medication started
- 3 month follow-up - improved blood sugars, continue same regimen
- 5 month follow-up - blood sugars very elevated again, level in clinic 397
  - Discharged from clinic - non-compliant with recommended medication
- 5 months later, the patient come to the ED with chest pain, found to have a myocardial infarction
  - Told it’s the patient’s fault - asked if they took their medications and followed the right diet
  - Advised to call a list of cardiologists and cath labs on their own - list handed to them at discharge
  - Warned if develops chest pain again, they may be discharged from the clinic again for failing treatment

“*Protest any labels that turn people into things. Words are important. If you want to care for something, you call it a ‘flower;’ if you want to kill something, you call it a ‘weed.’”*

# We must lead the change in language



- Clinic and hospital staff
- Patients and their families
- Learners - students, residents, fellows
- Our communities
- Our elected officials

# Person-first language

\*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.<sup>1</sup> For example, “person with a substance use disorder” has a neutral tone and distinguishes the person from his or her diagnosis.<sup>2</sup>

**TABLE 1.** Recommendations for Nonstigmatizing, More Clinically Accurate Language

<b>Avoid</b>	<b>Prefer</b>
Abuse <sup>1–5</sup>	Use (or specify low-risk or unhealthy use; the latter includes at-risk/hazardous use, harmful use, substance use disorder, and addiction)
Addicted baby	Baby experiencing substance withdrawal
Addict, user, abuser, alcoholic, crack head, pot head, dope fiend, junkie	Person with (the disease of) addiction, a substance use disorder, or gambling disorder
Dirty vs clean urine <sup>24</sup>	Positive or negative, detected or not detected
Drunk, smashed, bombed, messed up, strung out	Intoxicated
Meth	Methamphetamine, methadone, methylphenidate
Medical marijuana	Consider using instead “cannabis as medicine”*
Misuse, problem <sup>†</sup>	More accurate terms include at-risk or risky use, hazardous use, unhealthy use to describe the spectrum from risky/at-risk/hazardous use through disorder
Inappropriate use	More accurate terms should specify what is meant
Fix	Dose, use
Binge <sup>‡</sup>	Heavy drinking episode
Relapse <sup>§,30</sup>	Use, return to use, recurrence (of symptoms) or disorder vs remission specifiers (early or sustained) as defined by DSM-5
Substitution, replacement, medication assisted treatment	Opioid agonist treatment, medication treatment, psychosocially assisted pharmacologic treatment, treatment
Smoking cessation <sup>  </sup>	Tobacco use disorder treatment, reduction or cessation of tobacco use <sup>32</sup>
Moderate drinking (or drug use)	Low- or lower-risk use
Detoxification	Withdrawal management, withdrawal

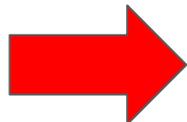
\*Currently marijuana (the plant leaf, stems, and seeds) is not typically sold as medicinal grade or conclusively researched as having more benefits than risks, nor is it FDA approved. Moreover, cannabis is the term more internationally used and is more descriptive relating to compounds being researched to explore medical value—such as cannabidiol.

†Could be used if clearly defined and most useful for prescription drug (misuse) when the nature or severity of the condition is unknown. Avoid calling the person a problem or their use a problem.

‡Can be useful for public health messaging but needs to be clearly defined as it is sometimes used to mean a heavy drinking episode but also used to mean several days of long episode of heavy drinking or other drug use (eg, cocaine).

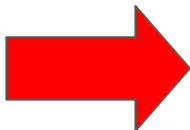
§This term will likely continue to be used, but it should not imply a binary process (abstinent vs relapse) that does not reflect real typical clinical course (that can include lapses or in-between states).

||A similar term is not typically used for other drugs with addiction liability. This term seems to place tobacco in a category different than other drugs, which may not be helpful considering its high addiction risk and high morbidity and mortality. More favored terms for “smoking” include “tobacco” (or “nicotine”). Further, “cessation” (or abstinence) while highly desired should not be the only goal. Smoking reduction may have limited health benefits related to smoking and may also reduce relapse rates with other substances used by the patient. However, the evidence for smoking reduction having health benefits related to smoking is low, and these results are small compared to complete abstinence.



Stigmatizing language	Proposed terminology	Comments
Abuser; addict; street addict; former or reformed addict; alcoholic, boozier; crackhead, cokehead; pothead, weed user; dope addict; narco; junkie; druggie; tweaker; dope fiend; alkie; lush	Person with [substance] use or [substance use or behavior] disorder or addiction involving [substance use or behavior]. Person in remission from a [substance use or behavior] disorder. Person with [substance use or behavior] disorder who is homeless.	Some of these terms can refer to a person with or without an substance use or behavior disorder. A disorder is diagnosed if the DSM-5 criteria for use or behavior disorder are met. See Editorial for guidance on the diagnosis-related terminology. <sup>1</sup>
Having a drug habit or bad habit; having a drug of choice, drug of abuse	Having a [substance use or behavior] disorder or addiction involving [substance use or behavior].	Addiction is a chronic disease, not a habit; the term ‘habit’ or ‘choice’ implies that it is merely a problematic behavior and something that a person can ‘fix’ by simply desiring a change. “Cigarette habit” and “heroin habit” are examples of such problematic terms.
Smoker	Person with cannabis and/or tobacco or nicotine use disorder, or addiction involving cannabis / tobacco / nicotine use.	With the increasing use of vaping and e-cigarettes, it is suggested to use the term ‘nicotine’ rather than ‘tobacco’ as it encompasses both tobacco chewing and smoking, and the use of non-combustible nicotine delivery systems.
Addicted baby; crack baby; meth baby	Neonate (or newborn, child) with [substance] withdrawal; or with neonatal withdrawal syndrome; or with <i>in utero</i> exposure to [named substance]	Children can be exposed <i>in utero</i> to substances. They can develop a physical or physiological dependence with prolonged <i>in utero</i> exposure to certain substances that can lead to a withdrawal syndrome post-birth. They are not born with addiction -- they do not meet the diagnostic criteria for SUD.
Being clean or sober	Being substance-free. Being abstinent. Being in remission. Toxicology test testing “negative” for a [substance].	Remission occurs when the symptoms of a disease subside. Recovery extends beyond the remission phase. See Editorial for guidance on the remission related terminology. <sup>1</sup>
Being dirty	Using [substances]. Toxicology test testing “positive” for a [substance].	“Dirty urine” implies that the person is a “dirty” person.
Getting/being high; stoned; wasted	Being intoxicated; being under the influence of [substance]	
Shooting up, jacking up, slamming, banging, pinning	intravenous drug use; injection drug use	Intravenous drug use refers to substance use and does not automatically mean that the individual has addiction.

Kicking the habit	Initiate abstinence; receive/ start treatment; enter remission, etc.	The commonly used phrase ‘kick the habit’ implies that it is a habit not a disease, and that the ‘treatment’ occurs simply based on sufficient ‘willpower’ to stop the behaviors.
Being in detox	Undergoing a detoxification treatment; withdrawal management/treatment; tapering off medications	
Being in rehab	Undergoing intensive addiction treatment or management; intensive pain rehabilitation or restoration program	
Replacement or substitution treatment for OUD; Medication-Assisted Treatment (MAT)	Medication treatment; pharmacotherapy	Misconceptions about agonist medications, buprenorphine and methadone (such as “they replace one addiction for another”), imply that this evidence-based treatment for OUD is a continuation of drug use; statements that people treated with agonist medications are not in remission because they are not “drug free” convey a similar message. Using the term Medication-Assisted Treatment can imply that medication <i>per se</i> is not a treatment. <sup>1</sup> Because the acronym MAT has now deep cultural roots, the change to “Medications for Addiction Treatment” could preserve the commonly-used acronym while changing its full name to a non-stigmatizing one.
Having dirty / clean urine	Toxicology test testing positive / negative for a [substance]. Results are unexpected / expected; inconsistent / consistent with the prescribing record.	
Recidivism	Remission	See Editorial for guidance on the remission-related terminology. <sup>1</sup>





- SUD (DSM) vs. addiction vs. dependence (ICD-10)
- MAT - meds do not assist treatment, they *are* treatment
  - Use medication for addiction treatment OR medication for opioid use disorder (MOUD)
- Patients do not “use” buprenorphine, they “take” buprenorphine
- Substance testing - positive vs. negative OR detected vs. not detected

We do not make recommendations on what terms patients/clients should use.

But changing the narrative in clinical and scientific speaking is the beginning of an important process!

nida.nih.gov

## Words Matter - Terms to Use and Avoid When Talking About Addiction

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

<https://www.ccsa.ca/sites/default/files/2019-09/CCSA-Language-and-Stigma-in-Substance-Use-Addiction-Guide-2019-en.pdf>

# Overcoming Stigma Through Language

**A Primer**

# References - stigma and mental illness

- ND Volkow, JA Gordon, and GF Koob. [Choosing Appropriate Language to Reduce the Stigma Around Mental Illness and Substance Use Disorders](#)(link is external). *Neuropsychopharmacology*. DOI: 10.1038/s41386-021-01069-4 (2021).
- Yanos PT, DeLuca JS, Roe D, Lysaker PH. The impact of illness identity on recovery from severe mental illness: a review of the evidence. *Psychiatr Res*. 2020;288:112950. <https://doi.org/10.1016/j.psychres.2020.112950>. ISSN 0165-1781.
- [Communication Strategies to Counter Stigma and Improve Mental Illness and Substance Use Disorder Policy](#). Emma McGinty, Bernice Pescosolido, Alene Kennedy-Hendricks, and Colleen L. Barry. *Psychiatric Services* 2018 69:2, 136-146
- [https://www.mededportal.org/doi/10.15766/mep\\_2374-8265.11115](https://www.mededportal.org/doi/10.15766/mep_2374-8265.11115)
- <https://practicetransformation.umn.edu/clinical-tools/person-centered-language/>
- <https://www.psychiatry.org/patients-families/stigma-and-discrimination>
- <https://www.tn.gov/behavioral-health/stigma.html>
- Huntington B, Kuhn N. Communication gaffes: a root cause of malpractice claims. *Proc (Bayl Univ Med Cent)*. 2003;16(2):157-161. doi:10.1080/08998280.2003.11927898
- Fendel JC, Bürkle JJ, Göritz AS. Mindfulness-based interventions to reduce burnout and stress in physicians: a study protocol for a systematic review and meta-analysis. *BMJ Open*. 2019;9(11):e032295. Published 2019 Nov 21. doi:10.1136/bmjopen-2019-032295

# References - stigma and SUD

- Schiff DM, Stoltman JJK, Nielsen TC, Myers S, Nolan M, Terplan M, Patrick SW, Wilens TE, Kelly J. Assessing Stigma Towards Substance Use in Pregnancy: A Randomized Study Testing the Impact of Stigmatizing Language and Type of Opioid Use on Attitudes Toward Mothers With Opioid Use Disorder. *J Addict Med*. 2022 Jan-Feb 01;16(1):77-83. doi: 10.1097/ADM.0000000000000832. PMID: 33758119; PMCID: PMC8443692.
- Zgierska AE, Miller MM, Rabago DP, Hilliard F, McCarthy P, Cowan P, Salsitz EA. Language Matters: It Is Time We Change How We Talk About Addiction and its Treatment. *J Addict Med*. 2021 Jan-Feb 01;15(1):10-12. doi: 10.1097/ADM.0000000000000674. PMID: 32482954; PMCID: PMC7704939.
- Saitz R, Miller SC, Fiellin DA, Rosenthal RN. Recommended Use of Terminology in Addiction Medicine. *J Addict Med*. 2021 Jan-Feb 01;15(1):3-7. doi: 10.1097/ADM.0000000000000673. PMID: 32482955.
- Hammarlund R, Crapanzano KA, Luce L, Mulligan L, Ward KM. Review of the effects of self-stigma and perceived social stigma on the treatment-seeking decisions of individuals with drug- and alcohol-use disorders. *Subst Abuse Rehabil*. 2018 Nov 23;9:115-136. doi: 10.2147/SAR.S183256. PMID: 30538599; PMCID: PMC6260179.
- Crapanzano KA, Hammarlund R, Ahmad B, Hunsinger N, Kullar R. The association between perceived stigma and substance use disorder treatment outcomes: a review. *Subst Abuse Rehabil*. 2018 Dec 27;10:1-12. doi: 10.2147/SAR.S183252. PMID: 30643480; PMCID: PMC6311321.
- National Institute on Drug Abuse. Words Matter - Terms to Use and Avoid When Talking About Addiction. National Institutes of Health National Institute on Drug Abuse, 1 2020 Retrieved on Feb 22, 2020 from: <https://www.drugabuse.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>
- <https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-language-showing-compassion-care-women-infants-families-communities-impacted-substance-use-disorder>. Accessed April 2022.

[jonesc@umn.edu](mailto:jonesc@umn.edu)

[katie.thorsness@hcmed.org](mailto:katie.thorsness@hcmed.org)

[katie.zaman@hcmed.org](mailto:katie.zaman@hcmed.org)

[brian.grahan@hcmed.org](mailto:brian.grahan@hcmed.org)

