



Welcome

A message from the Conference Chairs about the words we use.

Thank you so much for joining us at NPA's conference on Perinatal Substance Use. The conference will include in the audience, on the stage, and in the organizing committee, people who currently use or have used substances. Many of the terms that we have used in the past to talk about substance use have been found to stigmatize people who use certain drugs and their children.

We believe that it is our duty to our neighbors, clients, and colleagues to do our best to avoid stigmatizing language.

In the spirit of providing a safe and welcoming experience for all, we offer the following language suggestions. If any of this language is new to you, that's ok, it's a learning experience for all of us. It's ok to make mistakes, it's ok to feel uncomfortable, and we hope that you will give us suggestions and comments about our language as well. By no means do we intend to censor you; we only ask that you take a moment to evaluate the language you plan to use in your presentation.

We believe people who use drugs should always be allowed to self-identify with whatever language feels right to them. However, as providers we have a responsibility to model better language in our practice.

The words we use to describe people who use drugs, their children, and the concepts of harm reduction and substance use, not only shape our own ideas, but they signal whether or not we respect and value the preferences of service users. This adjustment to use "person with" language instead of words such as "addict" can be awkward at first, but the effort is well worth it to avoid micro-aggressions against people who have experienced stigma and shame.

We are embracing the term Neonatal Opioid Withdrawal (NOW).

While we will talk about Neonatal Abstinence Syndrome (NAS), we will invite people to start using what we believe is a more medically-accurate term for the withdrawal symptoms associated with opioid dependence, Newborn Opioid Withdrawal (NOW) for the clinical presentation of infants affected by prenatal opiate exposure. While we know that polysubstance exposure is the norm, when an infant is exposed to opioids or opioid agonists we will use the term NOW.

We are not using the word Addiction when talking about babies.

When discussing infants with NOW or other substance exposure, it is important to avoid the word addiction. Addiction refers to a set of behaviors which infants are incapable of performing, such as drug seeking and neglecting responsibilities. Infants are not addicted; they have [prenatal substance exposure](#) and [physiological dependence](#).

We are adopting the term Opioid Agonist Treatment (OAT) when referring to the gold standard treatment for opioid use disorder (OUD), which is methadone or buprenorphine.

Historically, these treatments have been called medication replacement therapy (MRT) or medication assisted treatment (MAT). MRT suggests that patients are not resolving their substance use disorder, but merely substituting one substance for another. MAT stigmatizes treatment by placing OUD in a separate category from other health conditions. For example, one would not say that they were being treated with insulin assisted therapy, or antihypertensive assisted therapy. Placing substance use disorders in a special category reinforces existing negative stereotypes. OAT is value-neutral and precise in that it excludes naltrexone, which is poorly supported by data and not recommended in pregnancy.

Thank you for taking the time to understand and consider the terms we will be using. And again, thank you so much for sharing your expertise with us!

NPA 2018 Conference Chairs and Committee



DON'T USE...	INSTEAD USE...	BECAUSE...
"Addict" or "Clean" or "Dirty"	"Person with a cocaine use disorder" or "Person in sobriety" or "Person who uses heroin"	Using "person-first" language honors the value of every person, instead of defining people by their drug use.
"Addicted newborn" or "Born addicted"	"Baby with prenatal cannabis exposure" or "Newborn Opiate Withdrawal (NOW)"	Infants are not addicted; they have prenatal substance exposure and/or physiological dependence.
Medication Replacement Therapy (MRT) or Medication Assisted Therapy (MAT).	Opioid Agonist Treatment (OAT)	OAT is value-neutral and precise.