

# Talking About Drug and Alcohol Use During Pregnancy with Accuracy and Compassion

This checklist offers guidance that promotes health and well-being, is grounded in evidence, and tells stories of pregnant people who use drugs and alcohol with compassion, humility and accuracy. To view the full resource including why this matters, putting substance use in context, and what the evidence tells us, visit [tiny.ucsf.edu/CommsGuide](https://tiny.ucsf.edu/CommsGuide).

## Dos

- ✓ Use person-first language like “person with a substance use disorder,” “person in recovery,” “person who previously used drugs.”
- ✓ Use neutral language about testing, like “tested positive for [substance].”
- ✓ Use language that acknowledges addiction as a chronic medical condition such as “substance use disorder.”
- ✓ Use words like “use” for illegal drugs and “misuse” for prescription medications.
- ✓ Use terminology like “not drinking or taking drugs,” “testing negative,” and “in recovery.”
- ✓ Use person-first, accurate language for infants, including terms like “baby born to a parent who used drugs while pregnant,” and “newborn exposed to substances during pregnancy.”
- ✓ Highlight policies that create barriers for people seeking quality treatment and services.
- ✓ Recognize that there are many complex factors that go into people’s decisions around treatment. There is never a “one size fits all” solution to substance use disorders. Individuals are the experts in their disorders and deserve tailored treatment plans that meet their needs and goals. People can still be on recovery journeys as they episodically return to use, which is why people need consistent support over time.
- ✓ Recognize that treatment of the birthing person is treatment of the baby—the baby and birthing person are not in opposition. Birthing people need support, and babies do not need to be “protected” from their parents.
- ✓ Exercise caution when discussing new research. Recognize that correlation does not equal causation, and that statistical significance does not equal clinical significance. Consult experts to help interpret new findings.
- ✓ Consult experts in addiction and public health and people with lived experience.
- ✓ Let people decide how they would like to be described. If you’re not sure, ask.
- ✓ Recognize that working with impacted people requires trust and time.

## Don'ts

- ✗ Avoid stigmatizing terms that define people by their substance use, like “addict,” “user,” “drug abuser,” “junkie,” or “reformed addict.”
- ✗ Avoid stigmatizing terms for drug testing, like “dirty” or “clean” or “failed a drug test.”
- ✗ Avoid words like “habit” that imply that a person is choosing to use substances and downplay the seriousness of their condition.
- ✗ Avoid judgmental words like “abuse.”
- ✗ Avoid “clean,” which contributes to stigma about substance use.
- ✗ Avoid inaccurate and stigmatizing terms like “drug baby,” “addicted baby,” “babies suffering from withdrawal,” or harm to “innocent” babies. By definition, babies are not “born addicted.” Addiction is a behavioral disorder and babies do not exhibit these behaviors.
- ✗ Don’t equate a toxicology test with a parenting test.
- ✗ Don’t sensationalize dangers, e.g. “this can harm your baby,” or say that a birthing person is “choosing to harm their baby” or is “choosing their addiction over their baby.”
- ✗ Do not make assumptions about causality linking adverse pregnancy outcomes to substance use.
- ✗ Don’t frame substance use as a “crime” against a baby or a birthing person or as evidence of child abuse or neglect.
- ✗ Avoid stories that suggest that treatment for substance use disorder is easy, straightforward, and that substance use disorders are “cured” with 1 episode of engagement with treatment. That is not true for many people.
- ✗ Avoid relying solely on law enforcement and child protective services narratives. Recognize that there are real and known risks from foster care, and every family separation should acknowledge weighing the risks of being with the birthing parent against the real harms of foster care.
- ✗ Don’t use the most marginalized people or rare and exceptional outcomes to portray a policy as failed.
- ✗ Don’t overreact or inflate the significance of research findings.
- ✗ Avoid stigmatizing visuals.

If you have questions or would like to connect with an expert, contact Rebecca Griffin at [rebecca.griffin@ucsf.edu](mailto:rebecca.griffin@ucsf.edu).



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