Communication Strategies to Address Stigma toward People Who Use Drugs

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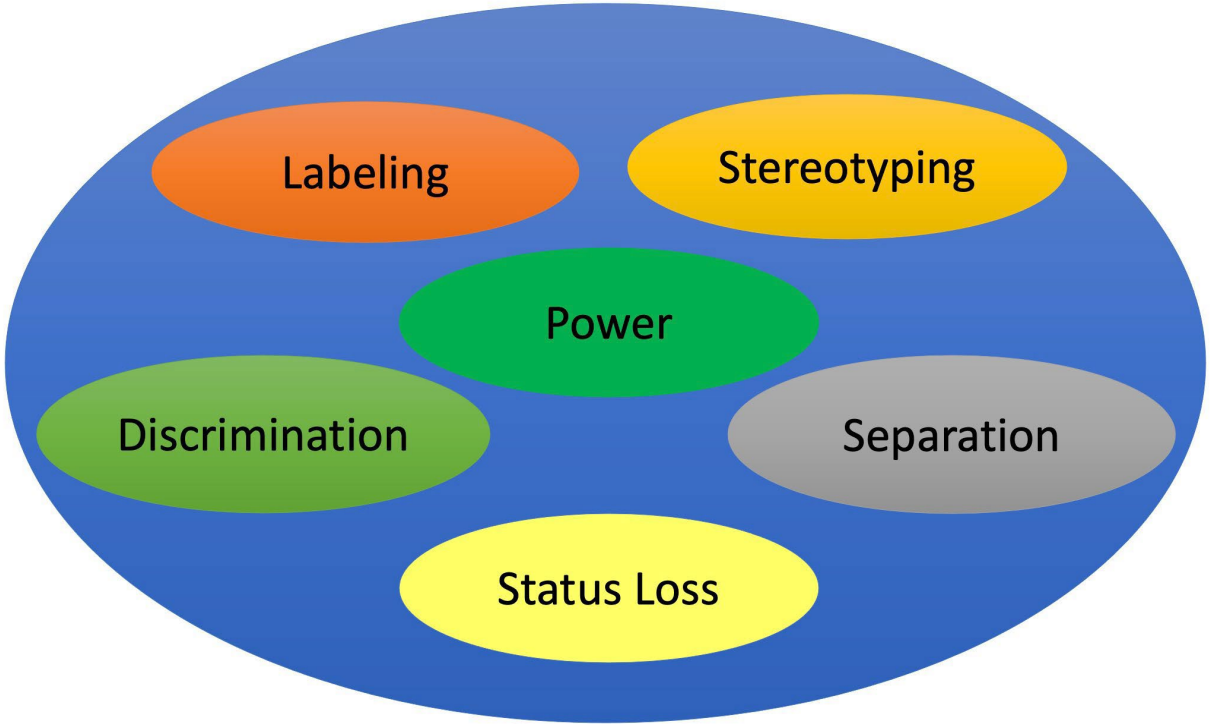
Roadmap for Today

1. Defining stigma and stigma specifically in the context of drug use
2. Communication concepts related to stigma and stigma reduction efforts
3. Language and stigma
4. Stigma in health care settings
5. Communication strategies for ameliorating stigma

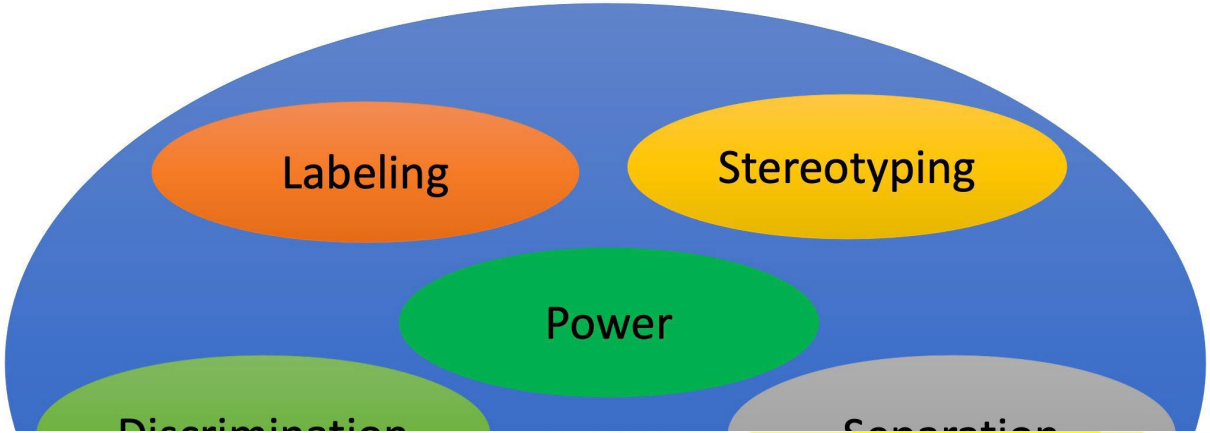
What is stigma?

Sociological Conceptualization of Stigma



Source: Link, B., Phelan, J. (2001). Conceptualizing stigma. *Ann Review Sociology, 27*(1):363-385.

Sociological Conceptualization of Stigma continued



tion that lead to unequal outcomes. Finally, stigmatization is entirely contingent on access to social, economic, and political power that allows the identification of differentness, the construction of stereotypes, the separation of labeled persons into distinct categories, and the full execution of disapproval, rejection, exclusion, and discrimination. Thus, we apply the term stigma when elements of labeling,

Source: Link, B., Phelan, J. (2001). Conceptualizing stigma. *Ann Review Sociology, 27*(1):363-385.

Stigma Toward People Who Use Drugs

- Public views on drug use often informed by:
  - Moral framework
  - Beliefs about individual control and responsibility
  - Perceptions of permanence and possibility of recovery
  - Stereotypes about the sociodemographic characteristics of who uses drugs
  - Type of drug(s) involved
- Has changed over time
- May be shaped by personal experience, but in nuanced ways

Why does stigma matter?

Stigma can manifest:

- **On the individual level**, in riskier use (e.g., using alone), social isolation, and less willingness to seek help and support
- **At the interpersonal level**, in othering and social distancing, isolating the stigmatized person
- **At the health and social service systems level**, in lower quality of care, distrust of health professionals and service providers, underinvestment in training and service infrastructure
- **On the societal level**, in discrimination in jobs, housing, insurance coverage; neighborhood resistance to local siting of service providers; lower public support for policies to benefit people with substance use-related service needs; greater public support for punitive policy responses

Source: Tsai, A.C., Kiang, M.V. et al. (2019). Stigma as a fundamental hindrance to the United States opioid overdose crisis response, *PLoS Med.*

Types of Stigma

- **Internalized** stigma: when people "accept their devalued status as valid"
- **Anticipated** stigma: expectations of rejection based on the stigmatized attribute
- **Enacted** stigma: "behavioral manifestations of public or social stigma, including discrimination," othering, and social distancing
- **Public or social** stigma: negative public attitudes and stereotyping
- **Structural** stigma: ways in which societies constrain people with substance use through institutions, norms, policies, and resource allocation

Source: Tsai, A.C., Kiang, M.V. et al. (2019). Stigma as a fundamental hindrance to the United States opioid overdose crisis response, *PLoS Med.*

How do we study stigma?

Communication Research Related to Stigma

▶ Survey-based research	Captures how the public or key groups view people who use drugs, which has important service system and policy implications
▶ Analysis of content of news media	Offers insight into public discourse on this issue and what messages about drug use the public is exposed to via news media
▶ Randomized survey experiments testing effects of message frames	Empirically tests which messages about drug use reduce or activate stigma, guiding communication efforts around stigma reduction

How Do We Measure Stigma in Survey-Based Research?

- Standard questions our team uses to measure different dimensions of stigma, such as:
  - Desire for social distance (term pre-dates COVID)
    Example: level of willingness to have person with substance use disorder (SUD) as a neighbor
  - Acceptance of discrimination
    Example: agreement that landlords should be allowed to deny housing to person with SUD
  - Perceived dangerousness
    Example: agreement that people with SUD more dangerous than general population
  - Blame and responsibility attributions
    Example: agreement that [individual with SUD / insufficient housing / pharmaceutical industry] is to blame / is responsible for addressing the issue
  - Feeling thermometer
    Example: scale rating of degree of warmth felt toward people with SUD
  - Semantic differentials
    Example: scale rating of irresponsible to responsible, weak to strong

Data from Surveys Measuring Opioid-Related Stigma

78%

of a nationally representative sample of US adults view **individuals with OUD as to blame**

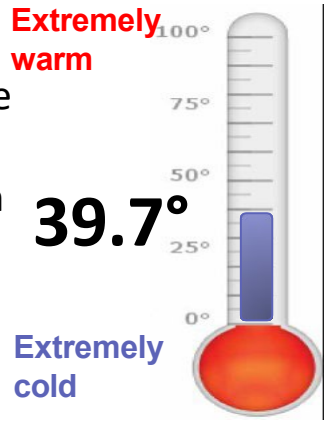
72%

of a nationally representative sample of US adults view **individuals with OUD as lacking self-discipline**

48%

of a nationally representative sample of US adults view **individuals who use opioids as weak** (versus strong or neither weak nor strong)

US public's rating of people who use opioids on a feeling thermometer from extremely cold (0 °) to extremely warm (100 °)



Citations: McGinty EE, et al. Public support for safe consumption sites and syringe services programs to combat the opioid epidemic. Prev Med 2018., and Kennedy-Hendricks A, et al. Social stigma toward people with prescription opioid use disorder: Associations with public support for punitive and public health-oriented policies. Psychiatric Services 2017.

Has Stigma Changed Over Time in the U.S.?

- Limited data sources use same measures over time, allowing for comparison across years
- One exception: the US National Stigma Studies have analyzed public opinion data over three decades (1996-2018) to assess population-level changes in attitudes toward people with substance use disorder and mental illness
- Data: General Social Survey
  - Biannual nationally representative survey of US adults living in noninstitutionalized settings
  - The US National Stigma Studies consist of experiment embedded within the General Social Survey:
    - Survey respondents randomized to vignettes describing, without labeling, persons with experiences consistent with DSM-IV diagnostic criteria for specific diagnoses
    - Following the vignette, respondents answered questions related to stigma

Pescosolido BA, Halpern-Manners A, Luo L, Perry B. Trends in public stigma of mental illness in the US, 1996-2018. JAMA Network Open, 2021.

Has Stigma Changed Over Time in the U.S.? continued

Changes from 1996 to 2006

- Increased endorsement among the public of biomedical causal explanations
- Increased support for medical treatment
- But…no change in desire for social distance/interaction or perceived dangerousness
  - Do biomedical causal explanations contribute to perceptions of permanence and hopelessness?

Changes from 2006 to 2018

- Significant reductions in desire for social distance from individuals with certain mental illnesses, like depression, but not for substance use
- Increase in endorsement of "bad character" causal explanation
- Generational differences, with lower levels of stigma among younger generations
  - We see this again in our work measuring stigma among primary care physicians – more to come

Pescosolido BA, Martin JK, et al. "A disease like any other?" A decade of change in public reactions to schizophrenia, depression, and alcohol dependence. Am J Psychiatry, 2010. // Pescosolido BA, Halpern-Manners A, et al. Trends in public stigma of mental illness in the US, 1996-2018. JAMA Network Open, 2021.

Bottom Line

- Stigma impedes our ability to address the overdose crisis and other substance use-related health issues
- Attitudes toward people with SUD have shifted toward more biomedical causal explanations and solutions over time but key measures of stigma (e.g., unwillingness to associate with or be close to people with SUD) remain high
  - Suggests emphasizing SUD as a health issue (as opposed to a moral issue) may not be sufficient to reduce stigma
- Research can help inform communication-based efforts to reduce stigma

Communication Research to Inform Stigma

Language and Stigma

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How does the language we use reflect or reinforce stigma?

- Terms used to refer to people who use drugs and people who have SUD vary across settings and contexts:
  - In public discourse (e.g., in news media reporting on these issues)
  - In health care settings
  - In government
  - In peer support groups

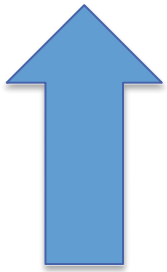
- Efforts by the Associated Press (2017 entry on addiction) and a 2016 Office of National Drug Control Policy memo (from former Director Michael Botticelli) have attempted to reduce use of stigmatizing language

Photo by Brett Jordan on Unsplash

Person-First Language

Perceived characteristics of a…

Substance Abuser vs. Person with a Substance Use Disorder



- Individually culpable/to blame for condition
- Should be able to self-regulate substance use (i.e., individual responsibility)
- Should be subject to a more punitive vs. therapeutic response

Citations: Kelly JF and Westerhoof CM. Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. *International Journal of Drug Policy* 2010;21:202-207.
Ashford RD, Brown AM, Curtis B. Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. *Drug and Alcohol Dependence* 2018;189:131-138.

Language and Stigma continued

- Randomized study testing impact of “chronic relapsing brain disease,” “brain disease,” “disease,” “illness,” “disorder,” or “problem” to refer to opioid use-related issues on stigma domains
  - “Chronic relapsing brain disease” = less perceived individual blame but also less optimism about possibility of recovery
  - “Problem” = more perceived individual blame but more optimism about recovery and lower levels of perceived dangerousness
- Suggests trade-offs in the language, with implications for stigma

Kelly et al. A US national randomized study to guide how best to reduce stigma when describing drug-related impairment in practice and policy. *Addiction* 2020.

Stigmatizing Language in Clinical Settings

- Some health systems have encouraged their employees to take a "Words Matter Pledge"
  - Began at Grayken Center for Addiction
  - Health systems like Johns Hopkins have adopted
- **"Person-first language is a means to an end, not an end itself. The important thing is to speak about people with substance use disorder with *accuracy* and humanity." – Harold Pollack**
- Accuracy arguably of particular importance in clinical settings

Image source: https://www.hopkinsmedicine.org/stigma-of-addiction/substance-use-stigma.pdf

Pollack H. Person-first language and addiction: A means to an end, not an end in itself. Preventive Medicine, 2019

Stigma in Health Care Settings

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Importance of Stigma in Health Care Settings

- Health professionals play key role as connector or barrier to services for people with substance use-related care needs
- Stigma can affect not only access to and engagement in substance use-related services but experiences with other types of medical care
- Treatment itself and specific treatments (e.g., medications for opioid use disorder) or services (e.g., syringe services) may be stigmatized, referred to as intervention stigma

Madden EF. Intervention stigma: How medication-assisted treatment marginalizes patients and provider. *Social Science & Medicine*, 2019.

Stigma Among Health Professionals

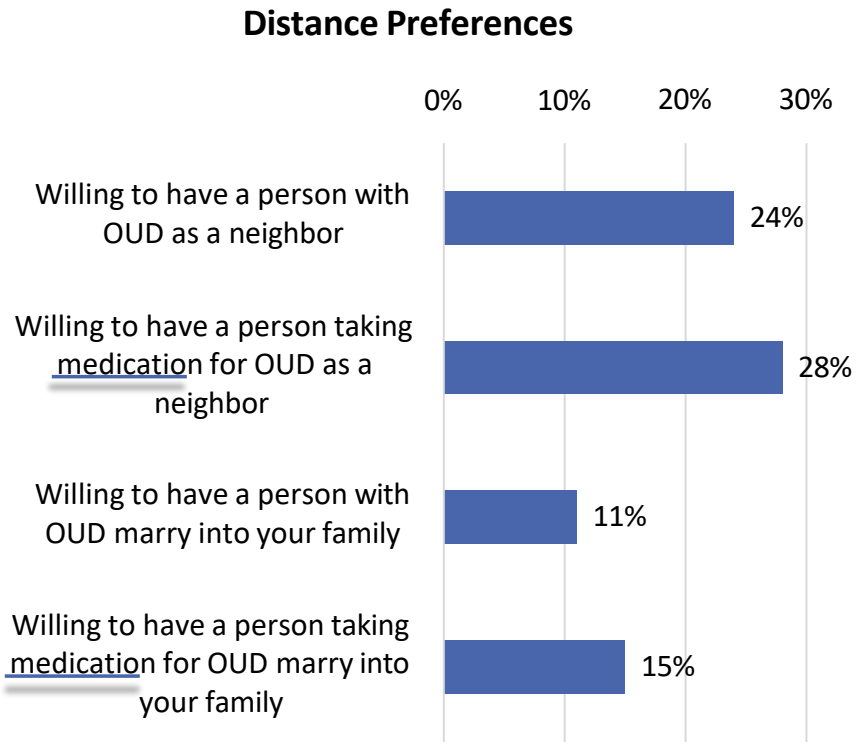
Nationally Representative Survey of Primary Care Physicians Regarding Medications for Opioid Use Disorder (2019)

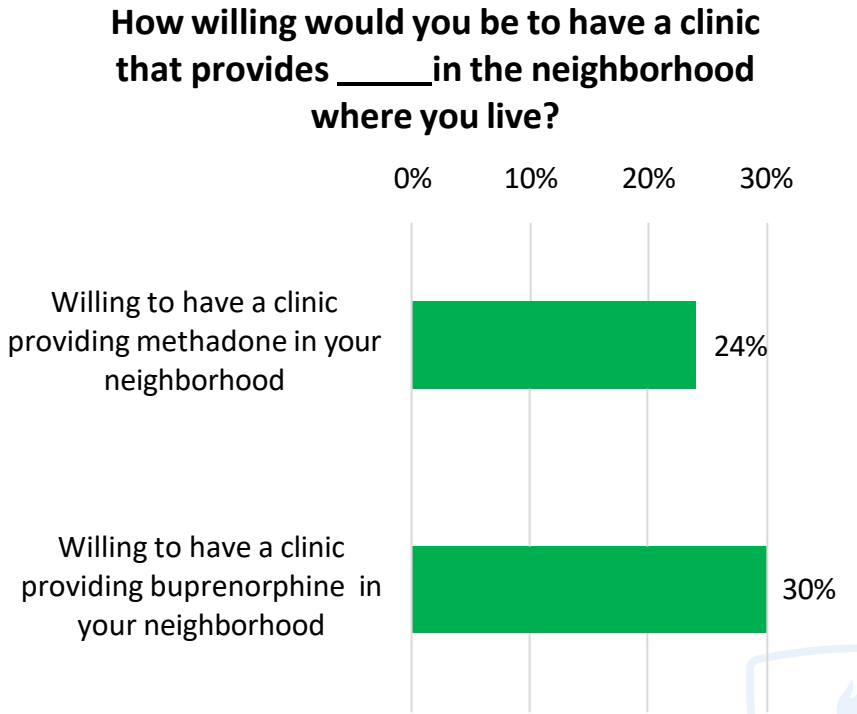
- Included standard social stigma battery of questions
- Also included questions about clinical practice (e.g., interest in treating people with opioid use disorder, prescribing medication) and policy preferences
- Examined differences in attitudes between attending and trainee physicians
- Examined relationship between stigma and clinical practices & policy preferences

Randomized Experiment Testing Communication Strategies on Stigma

- Message frames related to use of clinically appropriate and value of medications for OUD
- Tested visual alone versus visual + narrative
- Narrative messenger: person with OUD, another clinician, health system administrator/leader

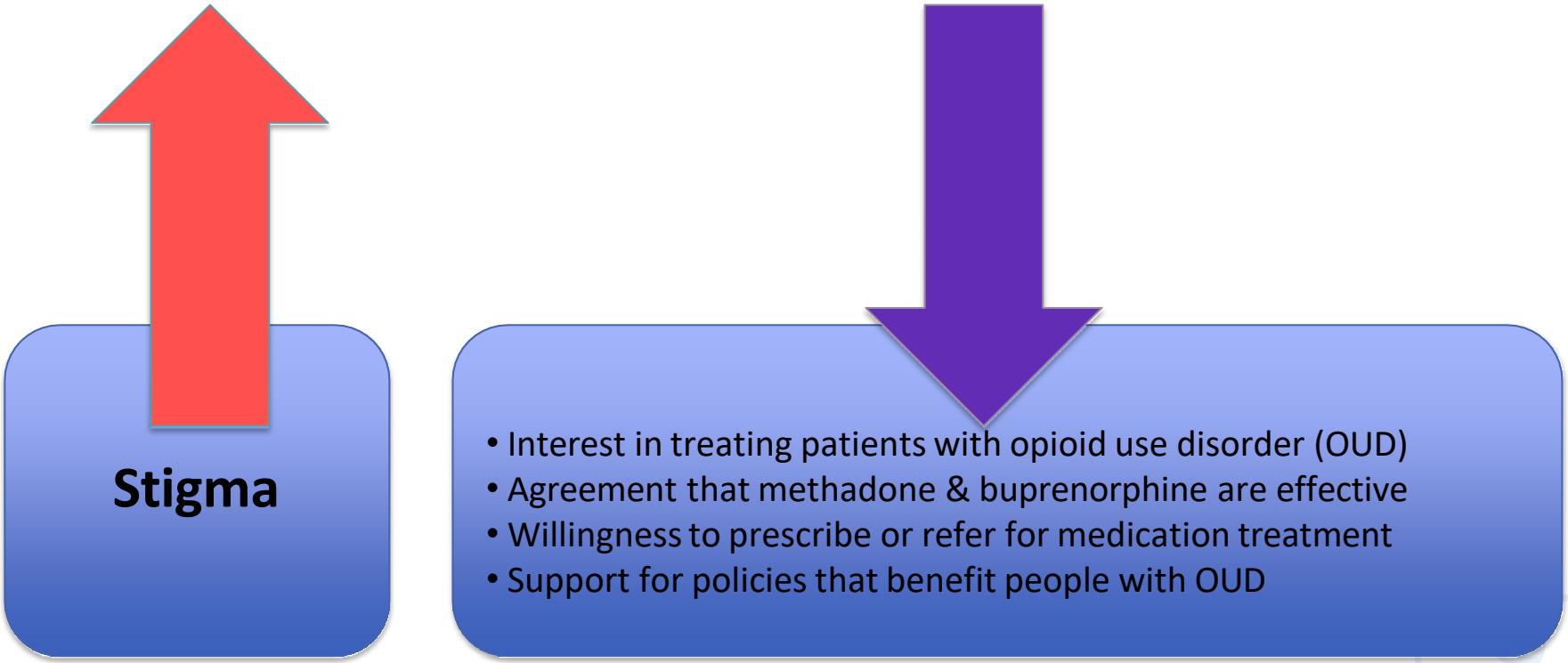
Preferences for Distance among Primary Care Physicians





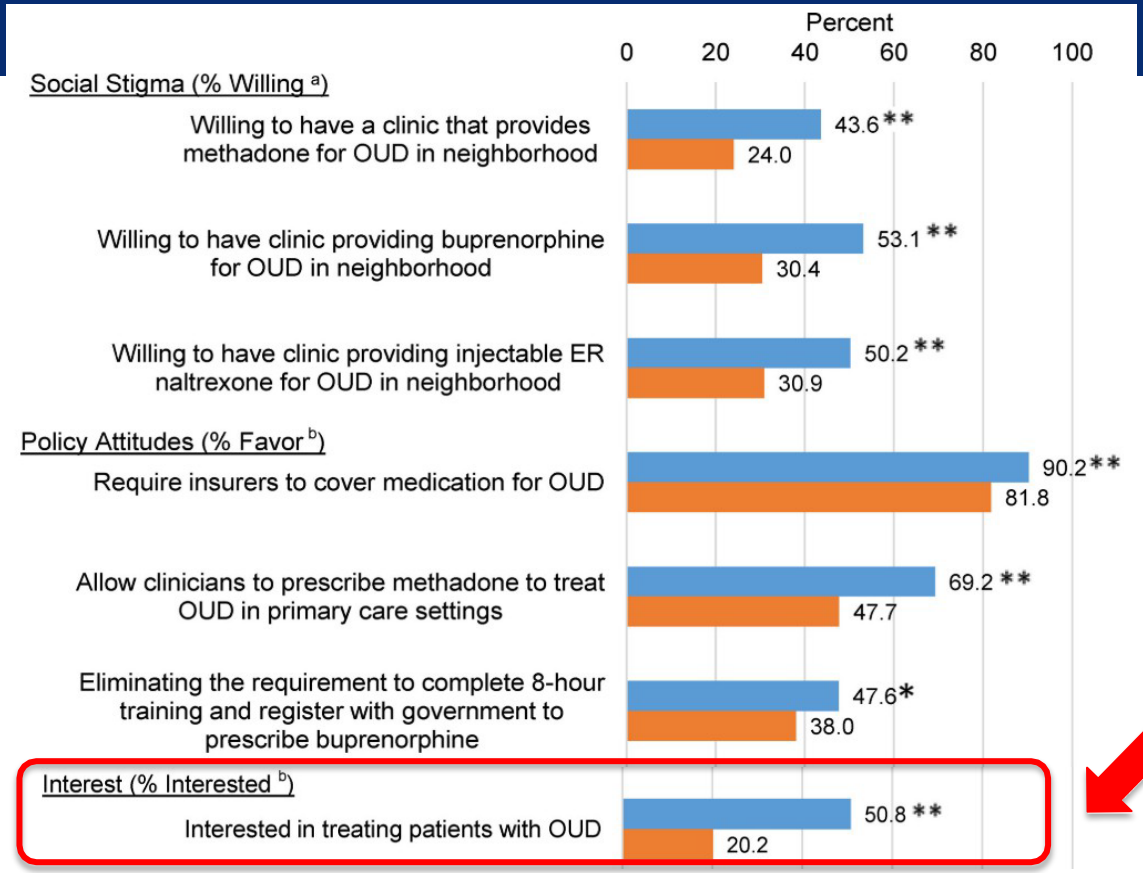
Stone E, Kennedy-Hendricks A, Barry CL, Bachhuber MA, McGinty EE. The role of stigma in US primary care physicians' treatment of opioid use disorder. Drug and Alcohol Dependence, 2021

Relationship between stigma and clinical practice among primary care physicians



Sources: Stone E, Kennedy-Hendricks A, Barry CL, Bachhuber MA, McGinty EE. The role of stigma in US primary care physicians' treatment of opioid use disorder. Drug and Alcohol Dependence, 2021. // McGinty EE, Barrry CL. Stigma reduction to combat the addiction crisis – developing an evidence base. *NEJM,* 2020.

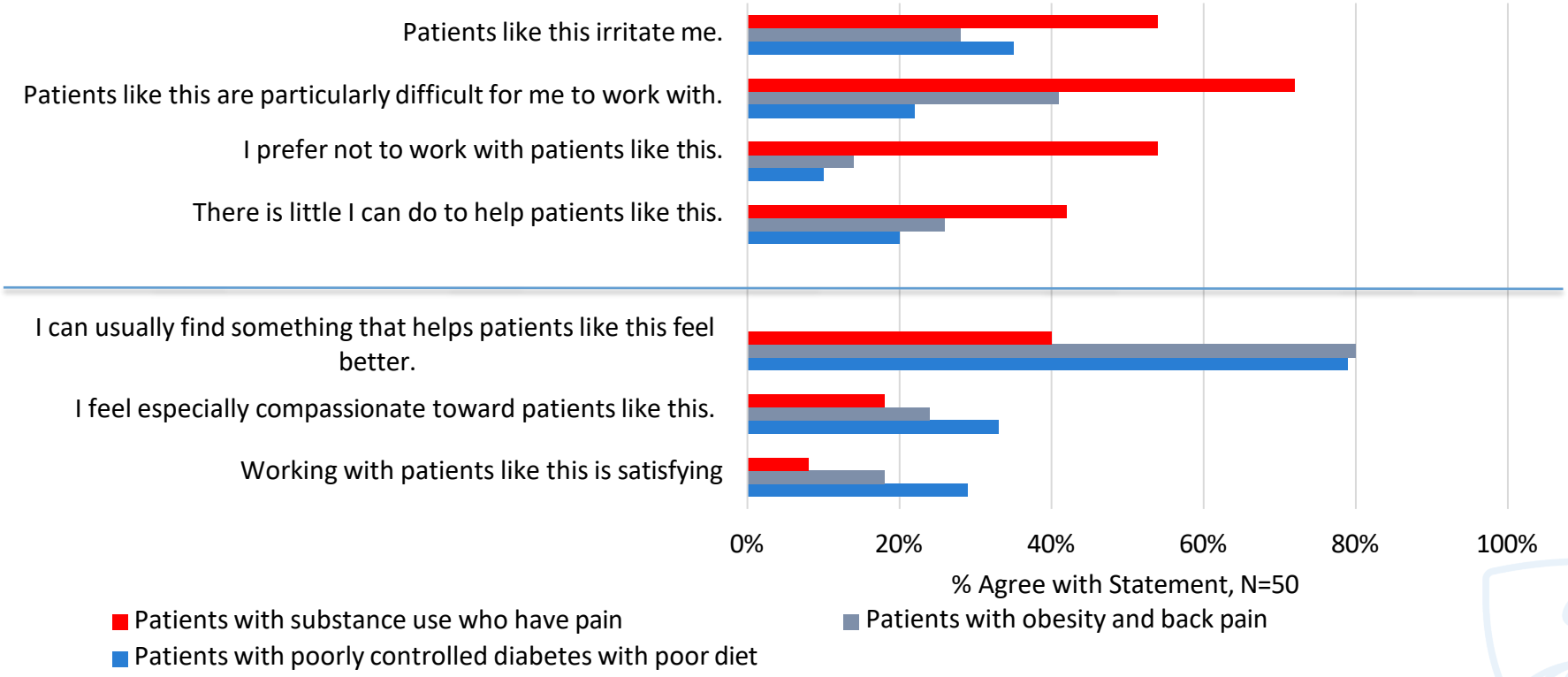
Lower Levels of Stigma Among Trainee Physicians, 2019



- Lower levels of social stigma among emerging generation of primary care physicians
- Stronger support for policy to increase access to medication treatment for opioid use disorder (OUD)
- Greater enthusiasm for working with patients with OUD

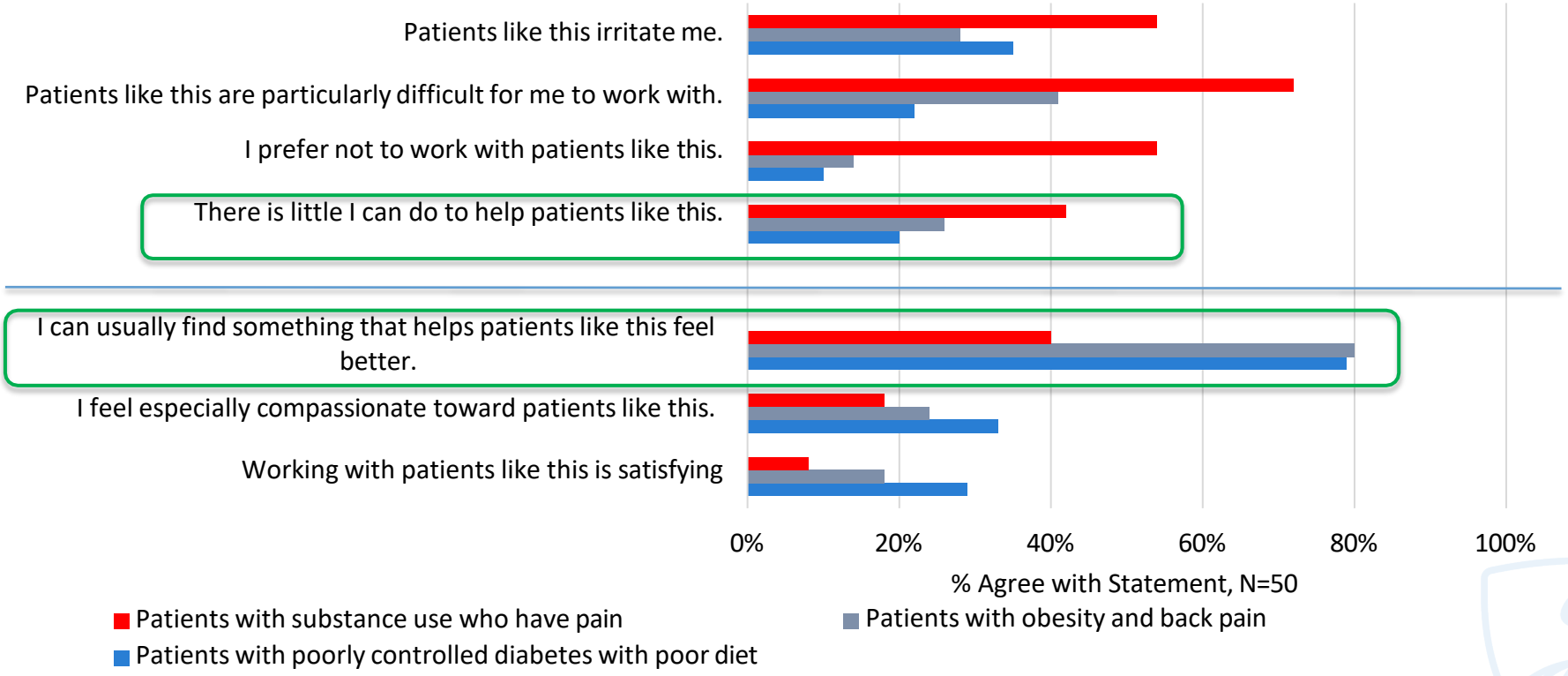
Kennedy-Hendricks, et al. Comparing perspectives on medication treatment for opioid use disorder between national samples of primary care trainee physicians and attending physicians. Drug and Alcohol Dependence, 2020.

Attitudes among Emergency Department Physicians



Citation: Mendiola, et al. An exploration of emergency physicians' attitudes toward patients with substance use disorder. *Journal of Addiction Medicine*, 2018.

Attitudes among Emergency Department Physicians continued



Citation: Mendiola, et al. An exploration of emergency physicians' attitudes toward patients with substance use disorder. *Journal of Addiction Medicine*, 2018.

Key Points Regarding Stigma Among Health Professionals

- Stigma toward patients with SUD reflected in:
  - Disinterest in treating these patients
  - Sense of "difficulty" in working with these patients
  - Greater skepticism of medications for OUD and less willingness to prescribe or refer for these medications
- Some indications from emergency department physicians that stigmatizing attitudes may be related in part to insufficient training and sense of self-efficacy in making a difference

- Health professionals, to extent they are aware that patient has substance use-related health needs, may be seeing patients at particularly vulnerable moments, such as post-overdose
- Not always exposed to positive moments of change or aware of the many people in recovery
- Integration of peers into health care settings may help to shift perceptions among health professionals

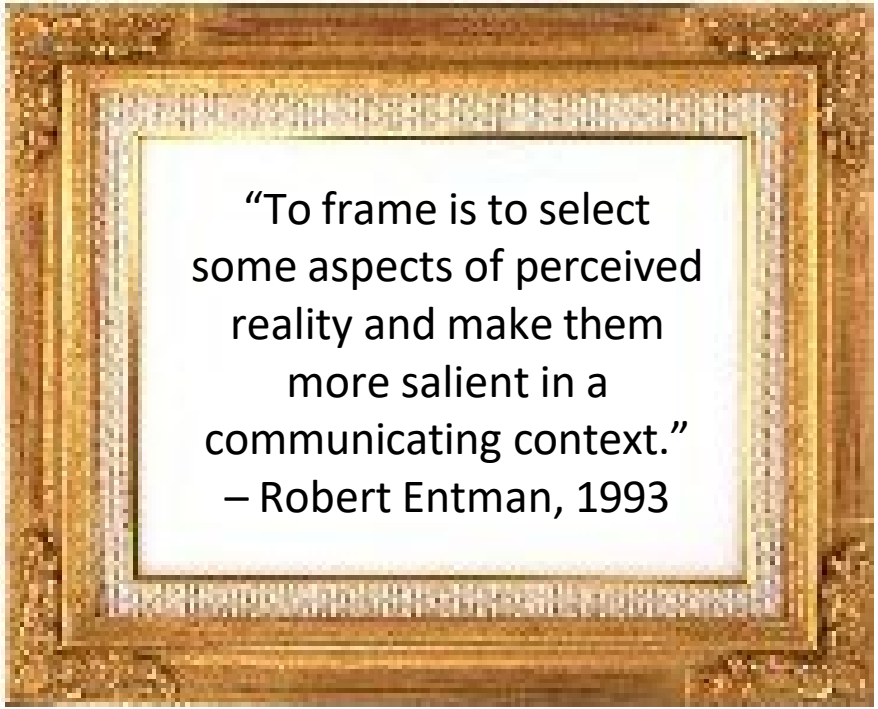
Stigma Reduction

What strategies may help to reduce stigma?

- **Structural stigma and policy feedback loops**
  - Examples: Mental Health Parity and Addiction Equity Act, Americans with Disabilities Act
    - Policy feedback loop
- **Interventions to reduce social stigma and interpersonal stigma**
  - Education
  - Contact-based strategies
  - Integration, including elevating role of peers and inclusion of people with lived experience
  - Communication-based approaches
    - Communication campaigns often based on intuition rather than research, but research can inform these efforts

National Academies of Sciences, Engineering, and Medicine. *Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change.* Washington, DC: The National Academies Press. 2016.

Testing Message Frames Used in Communication Campaigns



- Framing involves:
  - Defining problem and its causes
  - Moral evaluation
  - Promoting a particular solution
- Message framing research:
  - Randomized experiments
  - Exposure = message frame
  - Outcomes = stigma measures, policy attitudes, etc.

Thematic versus Episodic Framing

Communication theory and empirical research show that:

- **Thematic frames** – that contextualize an issue and situate it within broader trends can heighten recognition of system-level contributing factors, which can reduce individual blame
- **Episodic frames** – that focus on a single episode and do not provide broader context may individualize problems and heighten perceived individual blame
  - Audiences tend to generalize from single episodes
  - Sympathetic narratives may be able to integrate broader context and emotionally engage audience

Citations: Iyengar S. Framing responsibility for political issues: The case of poverty. *Political Behavior* 1990;12(1):19-40.
McGinty E, Pescosolido B, Kennedy-Hendricks A, Barry CL. Communication strategies to counter stigma and improve mental illness and substance use disorder policy. *Psychiatric Services* 2018;69:136-146

Evidence-Based Communication Strategies to Reduce Stigma

- Avoiding stigmatizing language – not just semantics, imbued with meaning
- Emphasizing solutions
  - Effective treatment & possibility of recovery
  - Using "consequence framing" (e.g., What results from harm reduction services?) rather than emphasizing process
- Sympathetic narratives
  - Humanize affected individuals
  - Emotional engagement may increase openness to alternative perspectives
  - The details are important and can reinforce or disrupt stereotypes
    - Consider inclusion of narratives about people from a range of backgrounds and social groups
- Emphasis on external causes rather than individual causes
- Messenger matters

Sources: McGinty EE and Barry CL. Stigma reduction to combat the addiction crisis – developing an evidence base. NEJM, 2020. /// McGinty E, Pescosolido B, Kennedy-Hendricks A, Barry CL. Communication strategies to counter stigma and improve mental illness and substance use disorder policy. Psychiatric Services, 2018.

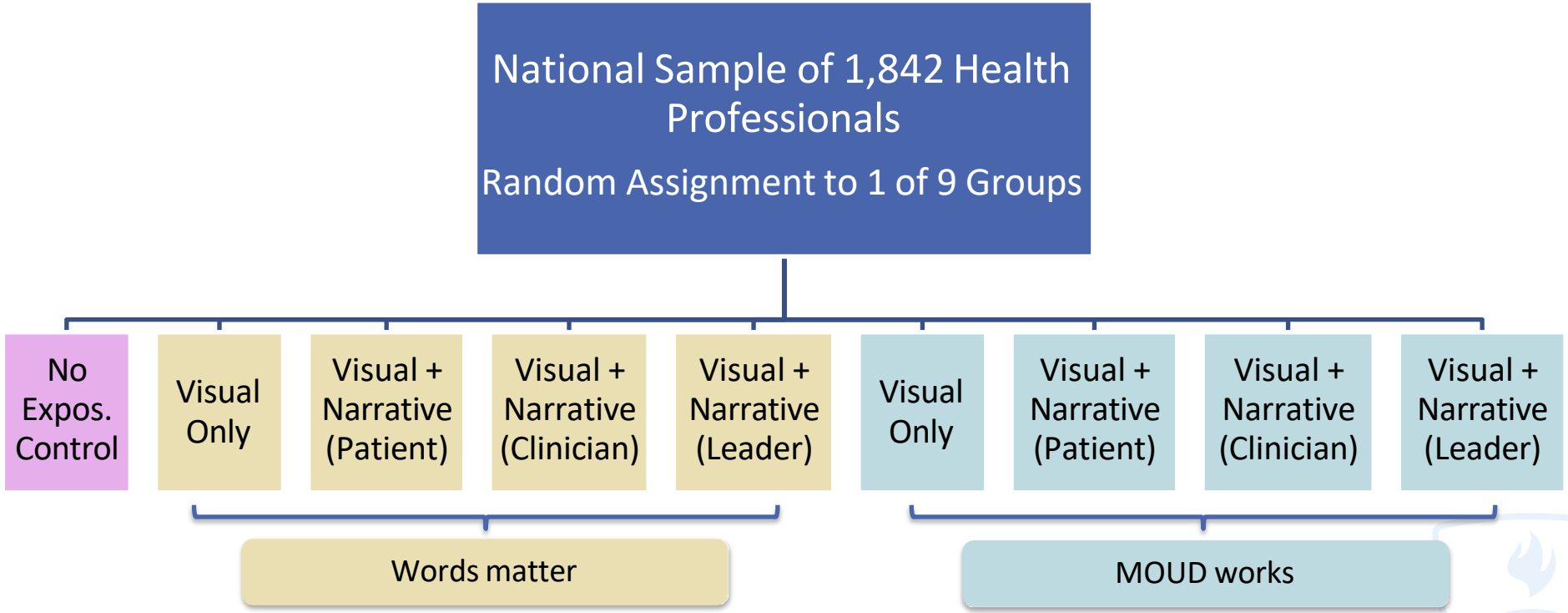
Example 1: Stigma Reduction Among Health Professionals

- Stigma reduction among clinicians of particular importance
- National sample of health professionals
- 9-arm randomized survey-embedded experiment
  - Random assignment to group
  - No-exposure control group
  - Experimental groups: exposure to Message 1 or Message 2 in visual or narrative format, with varying messenger

- Message development as part of Johns Hopkins Health System communication campaign:
  - Two-day workshop with clinicians and people with lived to develop messages
  - Focus on testing how varying the **format** of the message and the **messenger** relate to the persuasiveness of two types of messages:
    1. Importance of thoughtful non-stigmatizing language (and clinically accurate) in health care settings
    2. Value and effectiveness of medications for opioid use disorder

Kennedy-Hendricks A, McGinty EE, Summers A, Krenn S, Fingerhood MI, Barry CL. Effect of exposure to visual campaigns and narrative vignettes on addiction stigma among health care professionals: A randomized clinical trial. JAMA Network Open, 2022.

Example 1: Stigma Reduction Among Health Professionals cont'd



Kennedy-Hendricks A, McGinty EE, Summers A, Krenn S, Fingerhood MI, Barry CL. Effect of exposure to visual campaigns and narrative vignettes on addiction stigma among health care professionals: A randomized clinical trial. JAMA Network Open, 2022.

Example 1: Stigma Reduction Among Health Professionals

continued

Words Matter Narrative

- Similar structure across messengers:
  1. Past 5 year challenges
     - For individual patient, for patients of clinician, for patients in health system
  2. Stigmatizing language use in health care settings (e.g., “addict,” “drug abuser”)
  3. How this may make patients feel
  4. Shift in language use to be more respectful and accurate
  5. “may seem like a little thing” but important patients feel they belong and are welcomed
  6. Health care professionals can be role models; what they do makes a difference

MOUD Works Narrative

- Similar structure across messengers
  1. Past 5 year challenges
  2. Attempts to stop using opioids; difficulty managing cravings and withdrawal
  3. Counseling alone didn’t work
  4. Experiences left feeling discouraged
  5. Learned about MOUD
  6. Help with manage cravings, withdrawal, and path to recover
  7. More patients in recovery
  8. Health care professionals can be role models; what they do makes a difference

Kennedy-Hendricks A, McGinty EE, Summers A, Krenn S, Fingerhood MI, Barry CL. Effect of exposure to visual campaigns and narrative vignettes on addiction stigma among health care professionals: A randomized clinical trial. JAMA Network Open, 2022.

Example 1: Stigma Reduction Among Health Professionals

cont'd

- Compared to no-exposure control group:
  - Both messages (avoiding stigmatizing language & MOUD works) reduced measures of stigma when including narrative vignette from perspective of patient or health system administrator
    - Larger reductions in measures of stigma when narrative told from patient perspective
  - Visual alone did not change attitudes

Selection of Outcomes	Control Group	Language (Patient)	MOUD (Patient)
Unwilling to have person with OUD as neighbor (%)	45%	-12 ppts (-22, -3)	-15 ppts (-25, -6)
Unwilling to have person with OUD marry into family (%)	71%	-17 ppts (-26, -7)	-14 ppts (-24, -5)
Agree OUD is a medical condition (%)	59%	6 ppts (-3, 16)	6 ppts (-4, 15)
Warmth toward people with OUD (mean (SD))	51 degrees	7.2° (3, 11)	6° (2, 10)

Kennedy-Hendricks A, McGinty EE, Summers A, Krenn S, Fingerhood MI, Barry CL. Effect of exposure to visual campaigns and narrative vignettes on addiction stigma among health care professionals: A randomized clinical trial. JAMA Network Open, 2022.

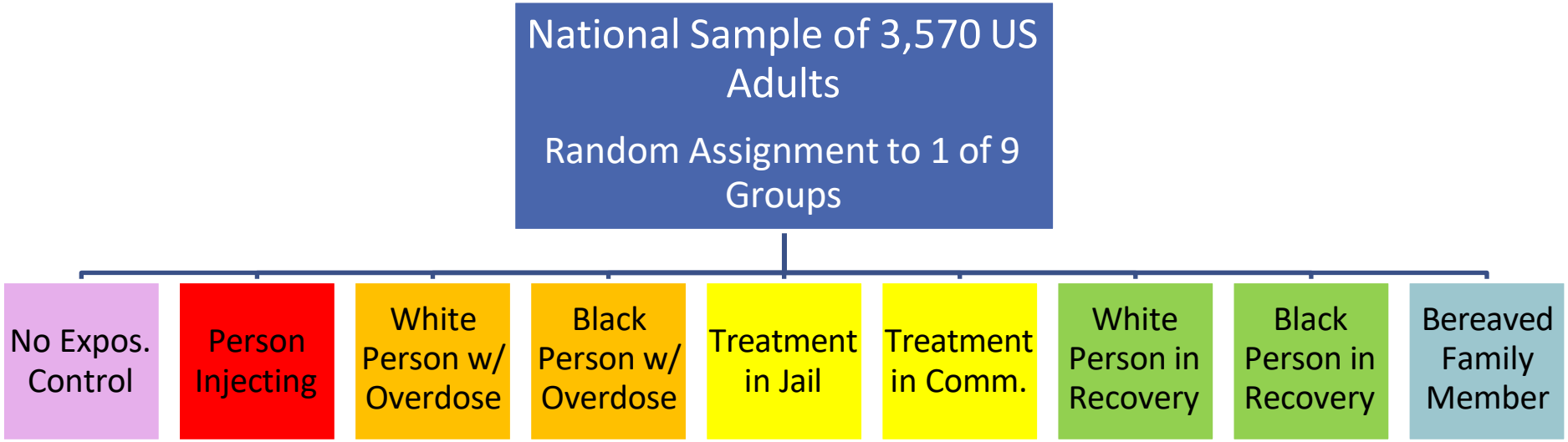
Example 2: Stigma and the Role of Images

- Most message framing research focused on evaluating communicating texts
- But images often an important way messages are communicated
- Further, images in news media often viewed with accompanying article not always read, communicating important information to the public

- Photos a way people come to understand drug-related issues
- Could reinforce or mitigate stigma
- Study evaluated how photos from news stories about drug use affect emotional responses and stigma
  - Variation in content of photos +
    - Variation in racial identity of individual in photo
    - Variation of treatment in community vs. carceral setting

Hom JK, Heley K, Bandara S, Kennedy-Hendricks A. The impact of news photographs on drug-related stigma: A randomized message testing experiment in a national sample of US adults. Preventive Medicine, 2025.

Example 2: Stigma and the Role of Images continued



Hom JK, Heley K, Bandara S, Kennedy-Hendricks A. The impact of news photographs on drug-related stigma: A randomized message testing experiment in a national sample of US adults. Preventive Medicine, 2025.

Example 2: Stigma and the Role of Images cont'd

- Significant impacts on emotional responses, such as disgust (e.g., increased for injection drug use, reduced for recovery) and anger (e.g., reduced for treatment in community)
- Participants exposed to photos of individuals in recovery reported lower levels of stigma toward people with substance use than participants in the no-exposure control group
  - No differences by racial identity of person featured in the photo (in contrast to some prior work)

Selection of Outcomes	Control Group	Injection Drug Use	Recovery (White Person)	Recovery (Black Person)
Sympathy	27%	4 ppts (-3, 10)	-11 ppts (-17, -5)	-6 ppts (-12, 0)
Disgust	22%	14 ppts (8, 21)	-16 ppts (-21, -11)	-17 ppts (-22, -12)
Willingness to work closely with	19%	3 ppts (-3, 9)	9 ppts (3, 15)	9 ppts (3, 15)
Willingness to have as close friend	28%	-5 ppts (-11, 1)	3 ppts (-3, 10)	8 ppts (1, 14)

Hom JK, Heley K, Bandara S, Kennedy-Hendricks A. The impact of news photographs on drug-related stigma: A randomized message testing experiment in a national sample of US adults. Preventive Medicine, 2025.

Key Takeaways

- Stigma toward people who use drugs is persistent but also heterogeneous and has changed somewhat over time
- Stigma remains an important barrier to responding effectively to drug use-related morbidity and mortality
- Communication research underscores importance of:
  - Grounding stigma reduction communication campaigns in evidence
    - Language has meaning; avoid stigmatizing language
    - Emphasizing external contributors to substance use to shift individual blame
    - Emphasizing solutions and hope
    - Sympathetic narratives incorporating voices of individuals with lived experience
    - Details of these narratives matter and can disrupt or reinforce stereotypes
    - The messenger is important

Thank you!