



**ADDICTION  
POLICY FORUM**

**UNIVERSITY OF  
DELAWARE**



## **Case Study: Community Stigma Survey**

*Preliminary Findings on Attitudes, Levels of Stigma, and Support of Key Policies to Address Addiction*

Prepared for Monroe County Safe Community Coalition

### **Background**

As part of the Addiction Policy Forum's Anti-Stigma Initiative, Monroe County Safe Community Coalition deployed a pilot survey to measure levels of stigma across stereotypes, prejudice, and discrimination intent toward people with substance use disorder (SUD)/addiction or those in recovery. Addiction knowledge was also measured, which is the degree to which people can understand, find, and use information and services to make an informed health decision related to SUDs, as well as levels of support for public health responses to addiction and willingness to locate treatment and recovery services locally. The study aims to provide a better understanding of the social process of stigma and can be used to establish a baseline indicator to ultimately determine targeted interventions to address and reduce stigma.

### **What is Stigma?**

Addiction is one of the most stigmatized health conditions on earth and is viewed as a more critically severe mental illness.<sup>1</sup> Individuals with SUD are subject to very harsh moral judgments and frequent discrimination, which prevents people who are struggling from reaching out for help and isolates families affected by the disease who fear being judged by their communities.<sup>2,3</sup> These negative attitudes and behaviors toward individuals with a specific characteristic, like SUD or addiction, are also known as stigma.

Stigma also leads to discrimination in a variety of settings, including health care, criminal justice, employment, child custody, and housing, and creates barriers to accessing evidence-informed treatment and harm reduction services.<sup>4</sup> The public and many professionals continue to view SUDs as a moral failing, which reinforces discriminatory policies and practices and further isolates and deters those struggling from seeking help. Individuals who experience stigma due to a SUD are more likely to continue engaging in substance use, and manifest greater delayed treatment access and higher rates of dropout.<sup>5,6</sup>

The three major domains of stigma include:<sup>4</sup>

- Stereotypes: often inaccurate beliefs or thoughts about a particular group of people;
- Prejudice: negative feelings or emotions towards a particular group of people; and
- Discrimination: negative or unjust treatment of a particular group of people.

Decreasing stigma involves increasing addiction literacy levels to counteract education gaps and

misconceptions about SUDs. Beliefs about SUDs as a personal choice and not a health condition are an indicator of stigma. Understanding addiction as a health condition underscores its treatability and encourages early intervention, access to the healthcare system, and better management of chronic health conditions.

## Methods

A total of 63 individuals participated in the cross-sectional survey between January, 27, 2025 and April 4, 2025 with 43 (68%) fully completing the survey. The survey was designed by the Addiction Policy Forum and the University of Delaware and administered by Monroe County Safe Community Coalition.

Stigma and policy support measures, including measures of prejudice, stereotypes, and discrimination, were adapted from previously validated scales.<sup>7-11</sup> Addiction knowledge items were created for the current study based on the team’s previous work and expertise and were reviewed by a panel of subject matter experts.

All research protocols, instruments, and communication materials were approved by the University of Delaware’s Institutional Review Board. Individuals had to be 18 or older to participate. Informed consent was obtained from all participants before the start of the survey, and no identifiable information was collected. No incentives were offered. The survey took participants approximately 15-20 minutes to complete.

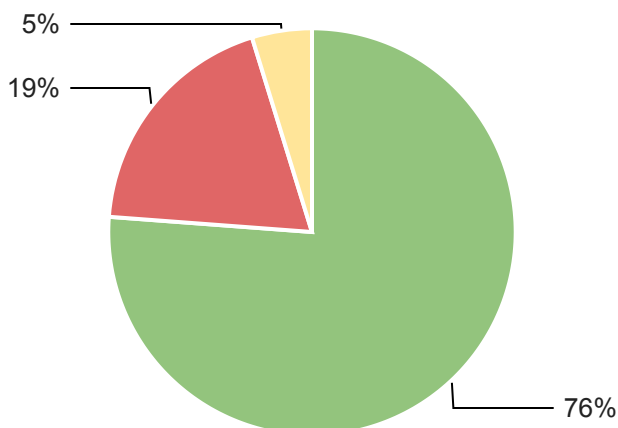
## Results

### Understanding Addiction as a Health Condition

Seventy-six percent (76%) of participants believe addiction is a disease, 19% believe addiction is a choice, and 5% didn’t know.

63 Responses

■ Addiction is a disease   ■ Addiction is a choice   ■ I don’t know

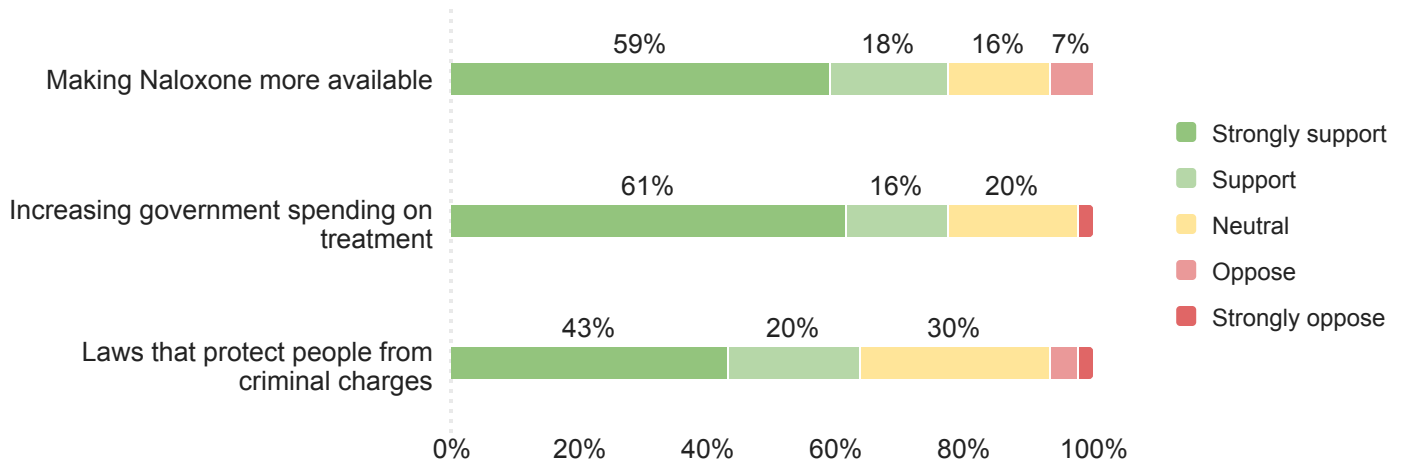


## Endorsement of Public Health Responses to Addiction over Punitive Policies

Overall, respondents supported public health responses over punitive policies. Seventy-seven percent (77%) supported or strongly supported making naloxone available to friends and family members of people with addiction, 77% supported increasing government spending on addiction treatment, and 63% supported laws that protect people with addiction from criminal charges for drug crimes if they seek medical help.

Endorsement of Public Health Policies

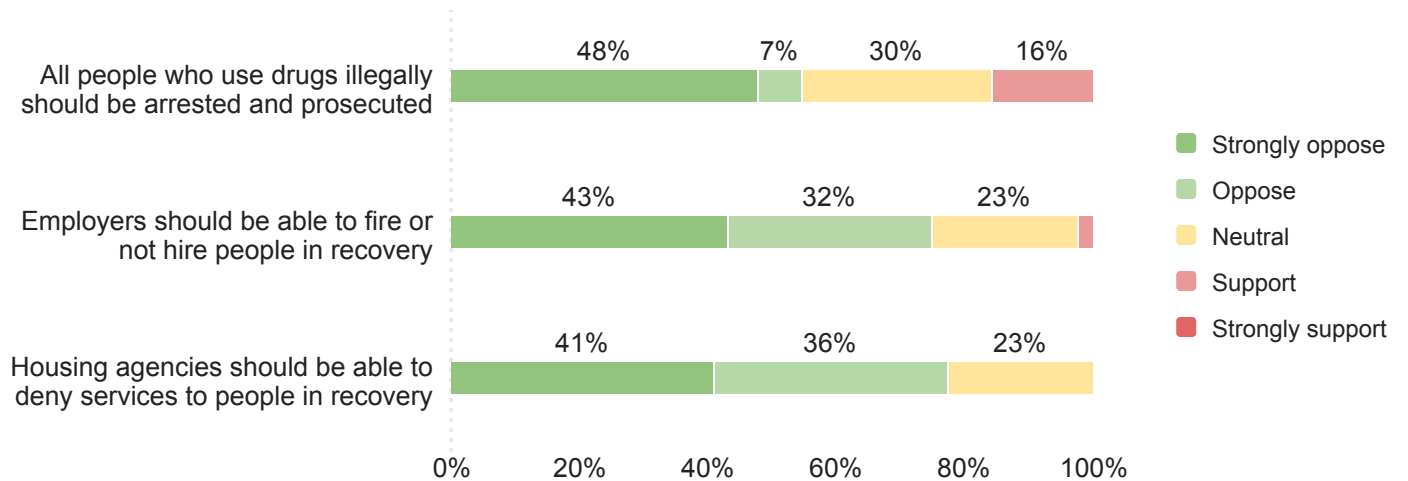
44 Responses



Fifty-five percent (55%) opposed or strongly opposed that all people who use drugs illegally should be arrested and prosecuted, 75% opposed that employers should be able to fire or not hire people in recovery, and 77% opposed that housing agencies should be able to deny services to people in recovery.

Endorsement of Punitive Policies

44 Responses

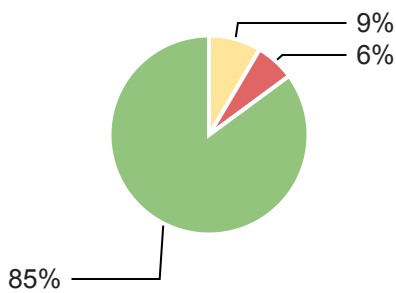


## Knowledge of Medications for Addiction Treatment (MAT)

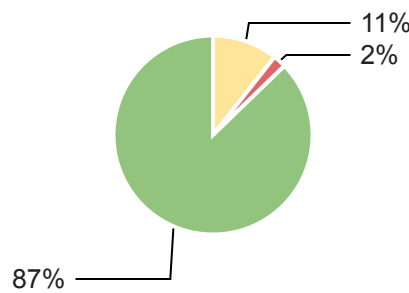
Many policies include the availability and knowledge surrounding MAT, which are effective in reducing substance use and improving recovery outcomes. The Food and Drug Administration (FDA)-approved medications include methadone, buprenorphine, and naltrexone for opioid use disorder (OUD), and naltrexone, acamprosate, and disulfiram for alcohol use disorder (AUD).<sup>12</sup>

Eighty-five percent (85%) of respondents agreed that MAT can be an effective treatment for people with SUD, 87% agreed that there are medications available to treat OUD, 68% agreed that there are medications available to treat AUD, 70% agreed that medications are not just a substitute for another drug, 66% agreed that people who take MAT can be in recovery, and 51% agreed that it's not harmful to take MAT long-term.

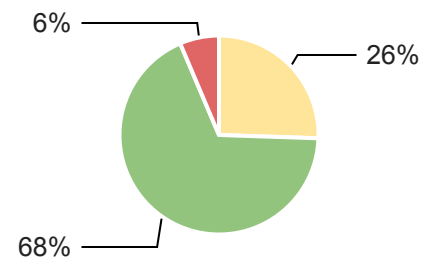
■ Agree
 ■ Disagree
 ■ Unsure



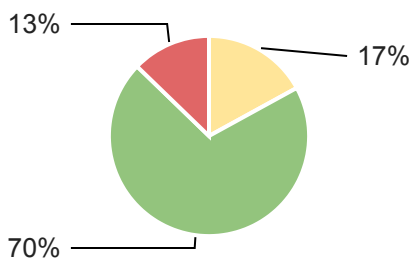
**85% agreed that MAT can be effective treatment for addiction**



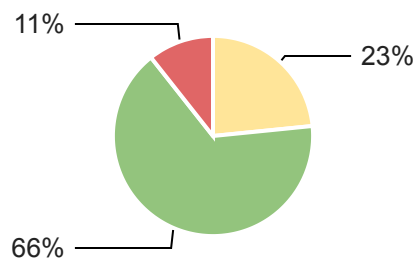
**87% agreed that there are medications to treat OUD**



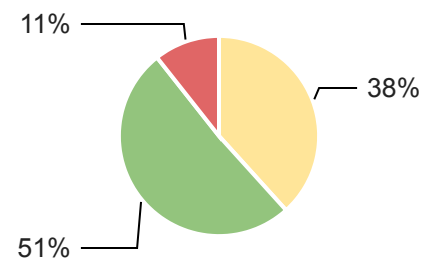
**68% agreed that there are medications to treat AUD**



**70% agreed that MAT is not substituting one drug for another**



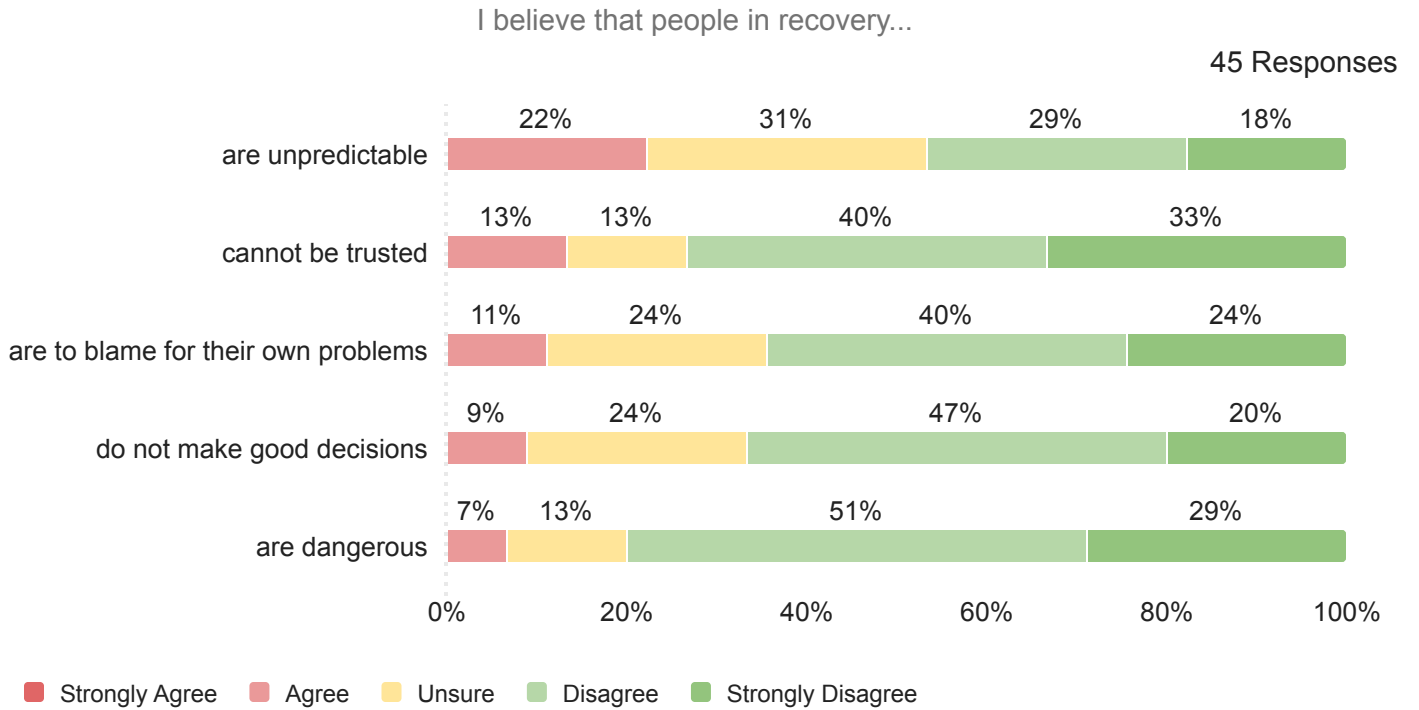
**66% agreed that people who take MAT can be in recovery**



**51% agreed that it's not harmful to take MAT long-term**

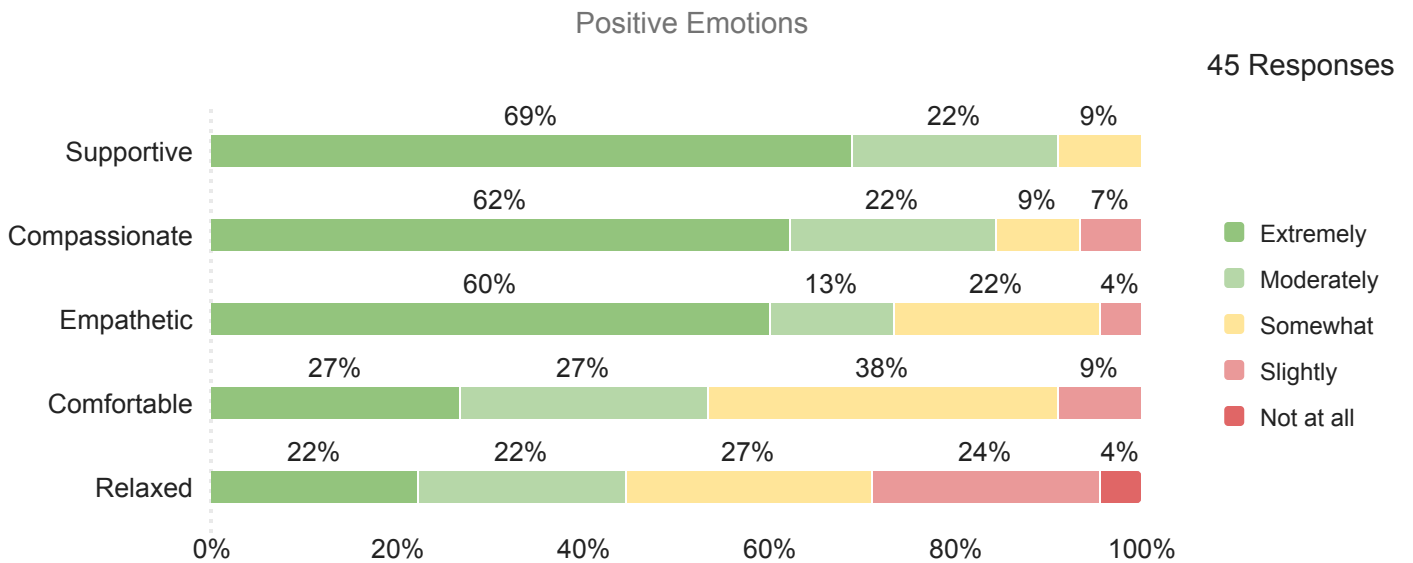
## Levels of Stereotypes Towards Individuals with SUD and in Recovery

Stereotypes refer to inaccurate beliefs or thoughts about people in recovery as a group. Twenty-two percent (22%) of respondents agreed or strongly agreed that people in recovery are unpredictable, 13% that they cannot be trusted, 11% that they are to blame for their own problems, 9% that they do not make good decisions, and 7% believe that they are dangerous.

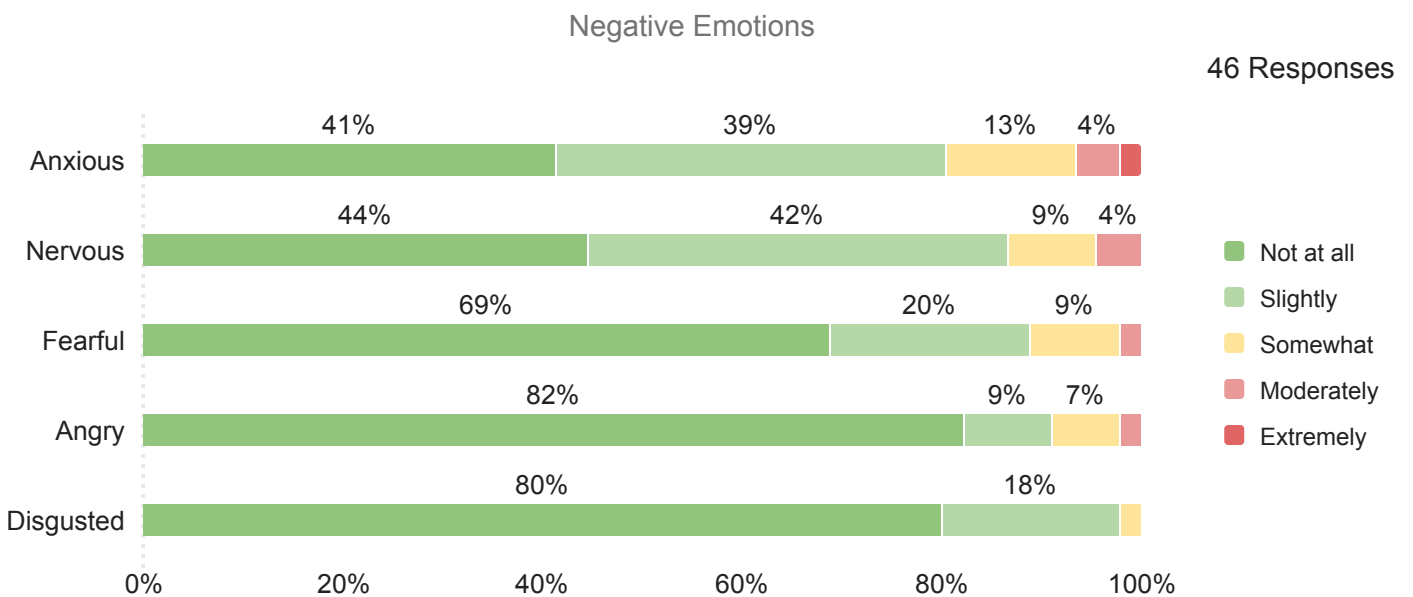


## Levels of Prejudice Towards Individuals with SUD and in Recovery

Prejudice refers to the feelings or emotions experienced in response to interacting with someone in recovery. Ninety-one percent (91%) of respondents felt extremely or moderately supportive, 84% felt compassionate, 73% felt empathetic, 54% felt comfortable, and 44% felt relaxed if they were to interact with someone in recovery.

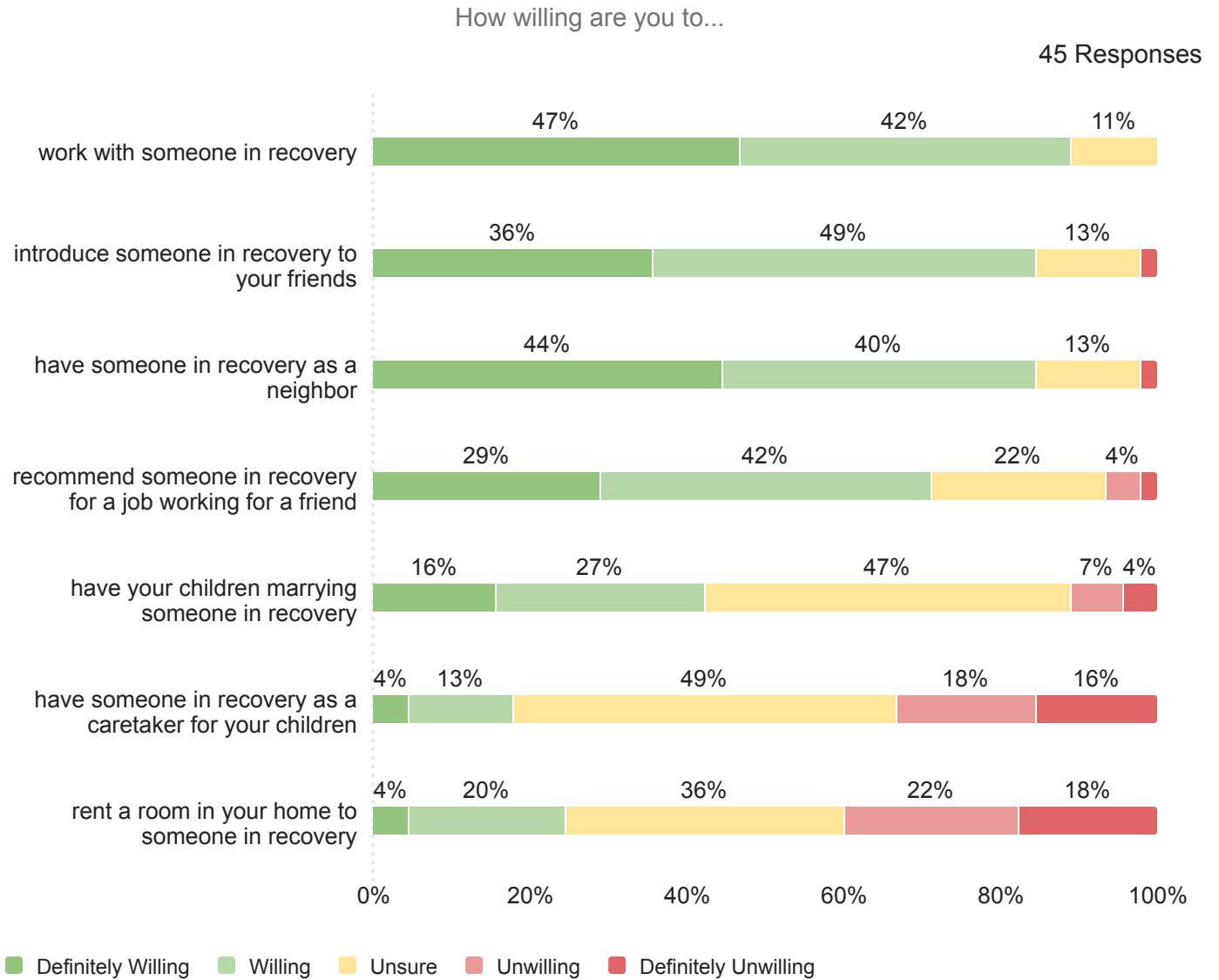


However, 59% of the respondents felt slightly to extremely anxious, 56% felt nervous, 31% felt fearful, 18% felt angry, and 20% felt disgusted about interacting with an individual in recovery.



## Levels of Discrimination Towards Individuals with SUD and in Recovery

Discrimination intent refers to the negative or unjust treatment of people in recovery as a group. Eighty-nine percent (89%) of respondents were willing or definitely willing to work with someone in recovery, 85% to introduce someone in recovery to their friends, 84% to have someone in recovery as a neighbor, 71% to recommend someone in recovery for a job working for a friend, 43% to have their children marry someone in recovery, 17% to have someone in recovery as a caretaker of their children, and 24% to rent a room in their home to someone in recovery.



## Addiction Knowledge Overall

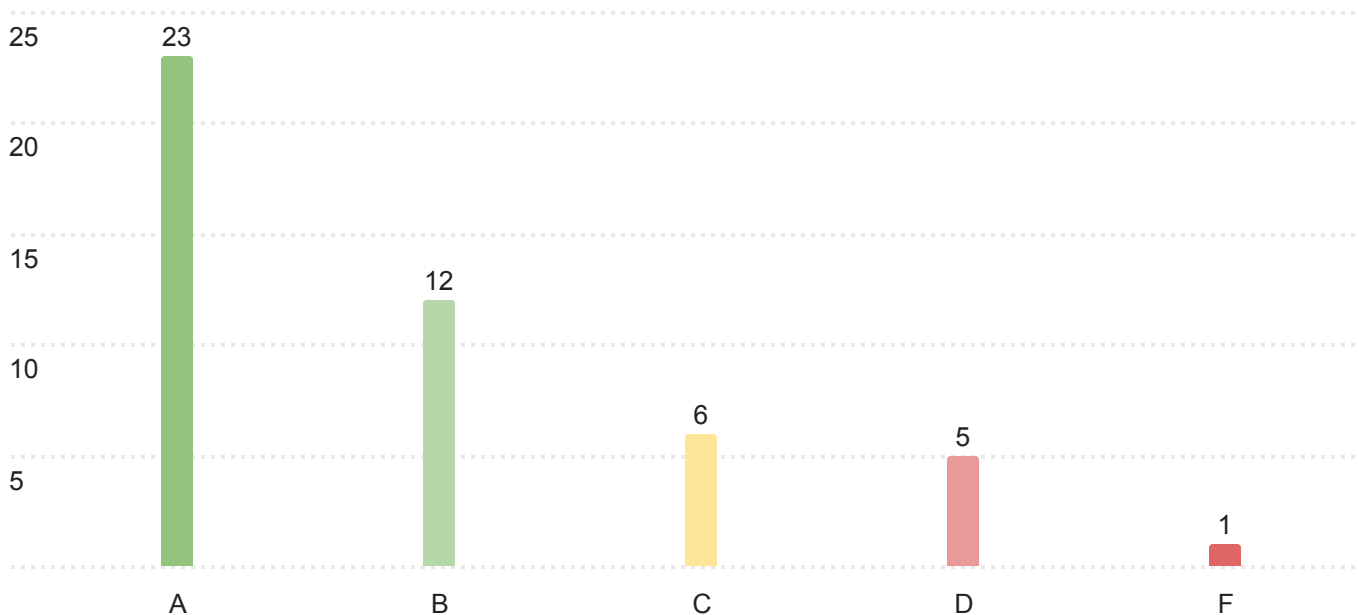
Addiction literacy is the degree to which people can understand, find, and use information and services to make an informed health decision related to SUDs. Research suggests that increasing knowledge about SUDs and treatment can deconstruct stereotypes and reduce prejudice and discrimination. Addiction literacy measured respondents' knowledge about SUD prevention and treatment and recovery support services. Respondents' endorsement of misinformation, such as "waiting for rock bottom" and "only needing 28 days of treatment to be cured", was also measured.

The Addiction Policy Forum and the University of Delaware created the 56-item scale to measure knowledge of SUDs. Scores include how many items participants got correct of the 56 total. Higher scores indicate more knowledge. Respondent knowledge scores were analyzed and compared to the United States standard academic letter grades (A grade is 90-100% or 51-56 items correct; B grade is 80-89% or 45-50 correct; C grade is 70-79% or 40-44 items correct; D grade is 60-69% or 34-39 correct; and F grade is 0-59% or 33 and fewer items correct).

Of the 47 respondents that answered each knowledge scale question, 49% scored an A grade (n=23), 25% scored a B grade (n=12), 13% scored a C grade (n=6), 11% scored a D grade (n=5), and 2% scored an F grade (n=1). Overall, respondents scored an average of 48 out of 56 (86% or a B) items correctly.

Addiction Knowledge (range: 0-56)			
Field	Max	Mean	Responses
Score	56	48	47

Addiction Knowledge by Letter Grade



## Respondent Demographics and Characteristics

Age	%	n	
18-29	14%	6	Fourteen percent (14%) of respondents were aged 18-29, 55% were 30-44, 16% were 45-59, and 16% were 60 or older.
30-44	55%	24	
45-59	16%	7	
60+	16%	7	
Race/Ethnicity			Eighty-four percent (84%) identified as female and 14% as male.
White	100%	44	
Gender Identity			Fourteen percent (14%) reported having a high school diploma or GED, 55% a college degree, and 14% a graduate degree or higher.
Man	14%	6	
Woman	84%	37	
Education Level			Twenty-one percent (82%) reported living in a rural or somewhat rural area, and 18% in a suburban or somewhat urban area.
Completed High School or GED	14%	6	
Some College (no degree) or Technical School	18%	8	
College Degree (AA, BA, MA, etc)	55%	24	
Some Graduate School or more	14%	6	
Geographic Area			
Rural	27%	12	
Somewhat rural	55%	24	
Suburban	11%	5	
Somewhat urban	7%	3	

## Professional and Occupation Characteristics

Occupations	%	n
Government	27%	12
Community/nonprofit and social services	20%	9
Business and financial operations	7%	3
Protective service / Criminal justice / Legal	5%	2
Healthcare practitioners, support, and technical	2%	1
Other	16%	7

The occupation breakdown among survey respondents included government (27%), community services (20%), business (7%), criminal justice (5%), and healthcare (2%). Sixteen percent of respondents (16%) made up the other occupations.

## Respondents with Lived Experience or Professional Expertise in Addiction Services

Sixteen percent (16%) of the respondents reported working in the addiction field, 23% self-reported as being in recovery, and 36% reported knowing a friend or family member struggling with addiction.

Expertise	%	n
A professional in the addiction field	16%	7
An individual in recovery from addiction	23%	10
A family member or friend of someone struggling with addiction	36%	16
N/A	25%	11

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