Landscape of Addiction Stigma - Distric of Columbia, Maryland, Virginia (DMV) Analysis

Addiction stigma is a socially and culturally constructed process that reproduces inequalities and is perpetuated by the exercise of social, economic, and political power.[1] It represents an obstacle for individuals with active substance use and those in recovery, as it creates an environment where people with substance use disorder (SUD) feel devalued and dismissed. More broadly, when the general population adopts stigmatizing beliefs and behaviors (public stigma), it creates a world where stigmatized individuals may come to internalize the stereotypes held against them (self-stigma) and institutions can become inhabited with discriminatory practices (structural stigma).

Below, are findings from the 2024 Shatterproof Addiction Stigma Index (SASI) highlighting highlighting results for the DMV.

SUD Knowledge

Only 26% of DMV adults medicalize SUD, while many hold harmful beliefs surrounding the cause of SUD. Nearly half believe SUD is caused by bad character (47%), and/or a lack of moral strength (43%).

1 in 4

DMV adults believe SUD to be a chronic medical condition.

Public Stigma

DMV adults report a relatively **high level** of **public stigma** (Figure 1) – the negative attitudes, stereotypes, and beliefs that the general public holds toward individuals with SUD. Public stigma is broken down into two subscales – social distance and traditional prejudice. **Social distance** measures one's willingness to interact with someone with SUD (personal and/or workplace setting), whereas **traditional prejudice** measures stereotypical beliefs and discriminatory attitudes toward someone with SUD.

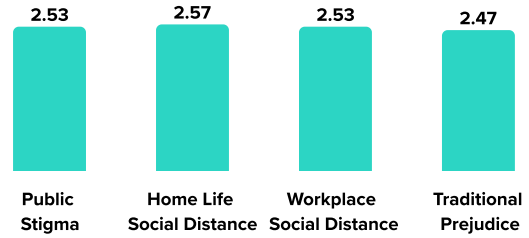

Figure 1. Public Stigma Scales, DMV Residents, n=481
Data Source: National Shatterproof Addiction Stigma Index, 2024

Stigma is measured on a scale of 1 (lowest stigma) to 4 (highest stigma). Among the public stigma subscales, stigma is most entrenched in the home-life setting (Figure 1). Meaning, DMV adults are **more wary** of having close, interpersonal relationships within their home-life setting as they are interacting with someone with SUD within their workplace setting. Detailed social distance findings are outlined in Figure 2 below.

Figure 2. Social Distance Items: Percent Willingness to Interact on an Interpersonal Level, DMV Residents, n=481
Data Source: National Shatterproof Addiction Stigma Index, 2024

[1] Stutterheim, S. E., & Ratcliffe, S. E. (2021). Understanding and addressing stigma through qualitative research: Four reasons why we need qualitative studies. Stigma and Health, 6(1), 8-19. https://doi.org/10.1037/sah0000283.

Structural Stigma

Structural stigma refers to negative attitudes, beliefs, and discrimination embedded within societal systems and institutional policies. In general, DMV adults show **strong support** for SUD-friendly policies and practices with **most** adults agreeing that treatment opportunities should be more accessible, affordable, and equitable for those with SUD.

89% of adults feel that employers should provide treatment opportunities to those in need.

90% of adults feel that health insurance should cover treatment.

93% of adults feel that health care providers should offer equal care to those with SUD as they would to anyone with a chronic medical condition.

Medications for Opioid Use Disorder (MOUD) Stigma

Stigma associated with **MOUD** refers to the misconception that FDA-approved medications designed to treat opioid use disorder (OUD) are simply "trading one addiction for another." Although one-third (34%) of DMV adults agree with the harmful belief that MOUD substitutes one drug addiction for another, **most** believe MOUD to be an effective treatment that should be more accessible (Figure 3).

Figure 3. MOUD Stigma Items: Percent Agreement and Willingness, DMV Residents, n=481
Data Source: National Shatterproof Addiction Stigma Index, 2024

Harm Reduction Stigma

Harm reduction refers to public health programs that reduce the harms related to drug use, without requiring people to stop using substances. This might include carrying naloxone to reverse an opioid overdose, using fentanyl test strips to check drugs for safety, and going to syringe service programs to lower the risk of getting HIV or Hepatitis C. In general, DMV adults appear to be **supportive and knowledgeable** of harm reduction strategies.

While less than half (46%) feel that there should be safe injection sites within their community, 75% believe fentanyl testing strips should be more accessible. Additionally, 71% of DMV adults are willing to purchase or obtain naloxone (Figure 4).

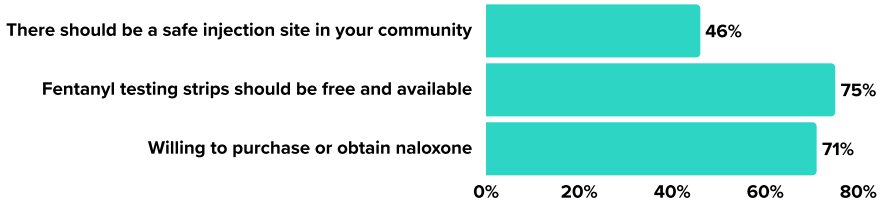

Figure 4. Harm Reduction and Treatment Items: Percent Agreement, DMV Residents, n=481
Data Source: National Shatterproof Addiction Stigma Index, 2024