2024 NATIONAL SHATTERPROOF ADDICTION STIGMA INDEX, DESCRIPTIVE ANALYSIS, MIDWEST REGION 12-VIGNETTE SAMPLE (N=1,709)

2024 Shatterproof Addiction Stigma Index (SASI) Methodology

Shatterproof developed the Shatterproof Addiction Stigma Index (SASI) survey instrument, alongside Dr. Brea Perry and Dr. Anne Krendl from Indiana University, by incorporating validated and unique stigma questions into one comprehensive survey. Data derived from the questionnaire provide information on the landscape of addiction stigma within the U.S. which can be used to inform establishment of addiction-related policies and priorities, as well as assess strategies to reduce addiction stigma.

Questionnaire
The 2024 SASI leverages a 6x2 vignette strategy targeting five substances: prescription opioid, heroin, methamphetamine, alcohol, and marijuana, and describes an individual (referred to as "John") as being in active use, or in active recovery. Respondents are randomly assigned one of the twelve vignettes, then proceed to the 95-item questionnaire containing Likert response options ranging from 1 (lowest level of stigma) to 4 (highest level of stigma).

Sampling Design & Survey Administration
The SASI is conducted periodically by Ipsos Public Affairs on behalf of Shatterproof. It's a cross-sectional online panel survey comprised of non-institutionalized adults (18 and older) residing in the United States. Ipsos utilizes KnowledgePanel® (KP) for recruitment, which is the largest online panel relying on probability-based sampling techniques. KP's recruitment process is based on an Address-Based Sample (ABS) recruitment methodology via the U.S. Postal Service's Delivery Sequence File (DSF) to select address-based samples that are nationally representative of all households. Stratified random sampling is used to ensure the geodemographic composition of panel members accurately represents the U.S. adult population. Panel members receive an email containing a link to the SASI questionnaire, which can also be accessed through a personalized member portal. Individuals are allotted approximately two weeks to complete the survey. Frequent reminders are sent to all non-responding panel members. Ipsos operates an incentive program to encourage panel participation.

Data Collection & Weighting
Data is collected by Ipsos, who formats the dataset with appropriate variable and value labels and calculates post-stratification statistical weights to ensure the sample reflects geodemographic distributions by gender, age, race/ethnicity, education, census region, household income, home ownership, household size, metropolitan area, Hispanic origin, and language dominance. Ipsos delivers the fully formatted dataset to Shatterproof for analysis.

National Sample
The 2024 SASI was fielded in English and Spanish from March 27, 2024 to April 8, 2024 to a probability-based sample of U.S. adults aged 18 and over. A total of 15,706 U.S. residents were invited to complete the survey, with 10,064 responding to it (completion rate=67%) and 8,202 qualifying as completions (qualification rate=81%). The total sample was reduced by 112 (or 1.4%) due to complete missingness on all items in the public stigma scale, structural stigma scale, or MOUD stigma scale, leaving an analytic sample size of 8,090 respondents. A demographic breakdown can be found in Appendix I.

Survey Analysis
A cross-sectional analysis is conducted examining 2024 point-in-time U.S. addiction stigma. Survey results are presented as univariate descriptive statistics - weighted stigma mean scores and stigma item weighted proportions. For each stigma item, Likert responses, ranging from 1 (lowest level of stigma) to 4 (highest level of stigma), are dichotomized into "positive/yes" and "negative/no." Certain stigma items are reverse coded to ensure "1" indicates the lowest level of stigma and "4" indicates the highest level of stigma. Stigma scales and subscales are calculated as the mean for all non-missing values of the composite stigma items. Stigma scales include public stigma (14 items), structural stigma (5 items), and MOUD stigma (4 items) (See Appendix II). Public stigma can be deconstructed into three subscales: traditional prejudice (5 items), home life social distancing (5 items), and workplace social distancing (4 items). Mean scores are calculated by summing the responses for all scale items and dividing by the number of items comprising the scale. Respondents answering zero of the composite scale items are excluded from analysis, while respondents answering at least one of the items are included. Additional missing responses are dropped on a model-by-model basis.

This report specifically details cross-sectional analyses examining addiction stigma among Midwest region residents. It omits results for items related to self-reported substance use, treatment, and self-stigma (47 of the 95 items).

2024 NATIONAL SHATTERPROOF ADDICTION STIGMA INDEX, DESCRIPTIVE ANALYSIS, MIDWEST REGION 12-VIGNETTE SAMPLE (N=1,709)

Table 1. Demographic Characteristics, Midwest Region 12-Vignette Sample (N=1,709)

	(N=1,709)
Gender	
Male	771 (44.0%)
Female	938 (56.0%)
Age	
18-29	203 (18.8%)
30-44	445 (28.0%)
45-59	435 (23.5%)
60+	626 (29.6%)
Race/Ethnicity	
White, non-Hispanic	1,410 (76.9%)
Black, non-Hispanic	140 (9.8%)
Hispanic	82 (6.7%)
Other/2+ Race, non-Hispanic	77 (6.6%)
Marital Status	
Married	1,011 (53.9%)
Widowed/Divorced/Separated	289 (15.6%)
Never Married	409 (30.5%)
Education	
No high school diploma or GED	82 (8.4%)
High school graduate (high school diploma or the equivalent GED)	425 (27.0%)
Some college or Associate's degree	499 (31.4%)
Bachelor's degree or higher	703 (33.2%)
Employment Status	
Unemployed	642 (37.6%)
Employed	1,066 (62.4%)
Household Income	
Less than $50,000	415 (25.3%)
$50,000 to $99,999	496 (29.3%)
$100,000 or more	798 (45.4%)

Data Source: National SASI Survey, March 2024
Note: Unweighted frequency (weighted %)
Midwest region states: Indiana, Illinois, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin

Table 2. Causal Attributions: Item Response Rates, Midwest Region 12-Vignette Sample (N=1,709)

	(N=1,709)
How likely is it that John's situation might be caused by his own bad character?	
No	856 (49.3%)
Yes	851 (50.7%)
How likely is it that John's situation might be caused by a chemical imbalance in the brain?	
No	495 (28.1%)
Yes	1,207 (71.9%)
How likely is it that John's situation might be caused by the way he was raised?	
No	1,033 (58.2%)
Yes	673 (41.8%)
How likely is it that John's situation might be caused by a genetic or inherited problem?	
No	818 (48.3%)
Yes	887 (51.7%)
How likely is it that a lack of moral strength is the cause of John's situation?	
No	943 (54.2%)
Yes	764 (45.8%)

Data Source: National SASI Survey, March 2024
Note: Unweighted frequency (weighted %)
Midwest region states: Indiana, Illinois, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin

Table 3. Diagnostic Labeling: Item Response Rates, Midwest Region 12-Vignette Sample (N=1,709)

	(N=1,709)
How likely is it that John is experiencing part of the normal ups and downs of life?	
No	843 (48.3%)
Yes	864 (51.7%)
How likely is it that John is experiencing a mental illness?	
No	735 (41.0%)
Yes	968 (59.0%)
How likely is it that John is experiencing a physical illness?	
No	787 (45.9%)
Yes	916 (54.1%)
How likely is it that John is experiencing a chronic medical illness like diabetes, arthritis or heart disease?	
No	1,264 (74.0%)
Yes	440 (26.0%)

Data Source: National SASI Survey, March 2024
Note: Unweighted frequency (weighted %)
Midwest region states: Indiana, Illinois, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin

Table 4. Prognosis/Treatment Effectiveness: Item Response Rates, Midwest 12-Vignette Region Sample (N=1,709)

	(N=1,709)
How likely is it that John's situation will improve with treatment?	
No	92 (5.9%)
Yes	1,615 (94.1%)
How likely is it that most people with John's problem will, with treatment, get well and return to a healthy life?	
No	216 (13.1%)
Yes	1,489 (86.9%)
How likely is it that John will be able to effectively perform his job after treatment?	
No	84 (5.3%)
Yes	1,619 (94.7%)
How able is John to make his own decisions about the treatment he should receive?	
No	497 (29.7%)
Yes	1,209 (70.3%)

Data Source: National SASI Survey, March 2024
Note: Unweighted frequency (weighted %)
Midwest region states: Indiana, Illinois, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin

Table 5. Public Stigma: Mean Scores and Item Response Rates, Midwest 12-Vignette Region Sample (N=1,709)

	(N=1,709)
Public Stigma Scale	**2.49 (0.02)**
Home Life Social Distance Subscale	***2.50 (0.02)***
How willing would you be to move next door to John?	
No	705 (41.4%)
Yes	996 (58.6%)
How willing would you be to spend an evening socializing with John?	
No	700 (40.7%)
Yes	1,003 (59.3%)
How willing would you be to have a group home for people like John opened in your neighborhood?	
No	809 (47.1%)
Yes	896 (52.9%)
How willing would you be to have John marry into your family?	
No	1,051 (61.8%)
Yes	640 (38.2%)
How willing would you be to have John as a close personal friend?	
No	755 (44.5%)
Yes	938 (55.5%)
Workplace Social Distance Subscale	***2.49 (0.02)***
How willing would you be to have John start working closely with you on a job?	
No	786 (46.4%)
Yes	915 (53.6%)
How willing would you be to hire John to do work for you?	
No	894 (52.9%)
Yes	804 (47.1%)
How willing would you be to have John as your supervisor at work?	
No	1,110 (65.1%)
Yes	589 (34.9%)
How willing would you be to welcome John back into the workplace after he finished treatment?*	
No	102 (6.9%)
Yes	1,604 (93.1%)
How willing would you be to have John discuss his recovery in the workplace?*	
No	255 (16.2%)
Yes	1,446 (83.8%)
How willing would you be to have John as your co-worker?	
No	319 (19.0%)
Yes	1,382 (81.0%)
Traditional Prejudice Subscale	***2.48 (0.01)***
How able is John to make his own decisions about managing his own money?	
No	653 (38.5%)
Yes	1,054 (61.5%)
People like John are unpredictable.	
No	522 (31.1%)
Yes	1,178 (68.9%)

How likely is it John would do something violent toward other people?	
No	998 (58.2%)
Yes	683 (41.8%)
How likely is it John would do something violent toward himself?*	
No	659 (38.1%)
Yes	1,035 (61.9%)
How likely is John to be trustworthy?	
No	923 (53.8%)
Yes	776 (46.2%)
How likely is John to be competent?	
No	641 (38.1%)
Yes	1,059 (61.9%)

Data Source: National SASI Survey, March 2024
Note: Weighted mean (standard error) and unweighted frequency (weighted %)
Midwest region states: Indiana, Illinois, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin
*Item excluded from stigma scale/s

Table 6. Perceived Stigma: Item Response Rates, Midwest Region 12-Vignette Sample (N=1,709)

	(N=1,709)
Most employers will hire someone like John if he is qualified for the job.	
No	586 (34.0%)
Yes	1,118 (66.0%)
Most healthcare providers would treat someone like John just as they would treat anyone else.	
No	502 (30.0%)
Yes	1,202 (70.0%)
Most instructors would not want to have someone like John as a student in their college class.	
No	1,047 (60.0%)
Yes	648 (40.0%)
Most landlords would not want to rent to people like John.	
No	465 (27.3%)
Yes	1,233 (72.7%)

Data Source: National SASI Survey, March 2024
Note: Unweighted frequency (weighted %)
Midwest region states: Indiana, Illinois, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin

Table 7. Structural Stigma: Mean Scores and Item Response Rates, Midwest Region 12-Vignette Sample (N=1,709)

	(N=1,709)
Structural Stigma Scale	**1.80 (0.01)**
Employers should be allowed to deny employment to someone like John.*	
No	1,044 (61.9%)
Yes	647 (38.1%)
Employers should provide opportunities for John to seek treatment and stay employed.	
No	171 (10.4%)
Yes	1,530 (89.6%)
If John wanted to go to treatment, his health insurance should be required to cover it in the same way they would cover any other chronic illness.	
No	160 (9.2%)
Yes	1,541 (90.8%)
Healthcare providers should care for someone like John just as they would treat anyone else with a chronic illness.	
No	113 (7.2%)
Yes	1,593 (92.8%)

Schools should be allowed to expel someone like John if they found out about his problems.	
No	1,324 (77.0%)
Yes	370 (23.0%)
Landlords should be able to deny housing to people like John.*	
No	1,147 (66.8%)
Yes	547 (33.2%)
People who are addicted to drugs should receive treatment instead of being sentenced to prison for drug-related, non-violent crimes.	
No	362 (20.8%)
Yes	1,335 (79.2%)

Data Source: National SASI Survey, March 2024
Note: Weighted mean (standard error) and unweighted frequency (weighted %)
Midwest region states: Indiana, Illinois, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin
*Item excluded from stigma scale

Table 8. Harm Reduction: Item Response Rates, Midwest Region 12-Vignette Sample (N=1,709)

	(N=1,709)
Willing to purchase or obtain Naloxone, a medication that can quickly help a person experiencing a life-threatening drug overdose.	
No	527 (30.6%)
Yes	1,164 (69.4%)
There should be a safe injection site in your community.	
No	1,005 (58.6%)
Yes	685 (41.4%)
Fentanyl testing strips should be free and available to people who use drugs.	
No	502 (28.7%)
Yes	1,193 (71.3%)

Data Source: National SASI Survey, March 2024
Note: Unweighted frequency (weighted %)
Midwest region states: Indiana, Illinois, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin

Table 9. MOUD Stigma: Mean Scores and Item Response Rates, Midwest Region 12-Vignette Sample (N=1,709)

	(N=1,709)
MOUD Stigma Scale	**2.25 (0.02)**
MOUD just substitutes one drug addiction for another.	
No	1,029 (59.1%)
Yes	651 (40.9%)
More healthcare providers should offer MOUD so it is easily accessible to people who want it.	
No	357 (21.6%)
Yes	1,333 (78.4%)
Getting MOUD treatment helps people cope with addiction.*	
No	260 (15.5%)
Yes	1,411 (84.5%)
MOUD is an effective treatment for opioid use disorder.	
No	321 (19.3%)
Yes	1,340 (80.7%)

I would be willing to have a clinic that provided MOUD to people with opioid use disorder in my neighborhood.	
No	742 (42.5%)
Yes	947 (57.5%)

MOUD – Medication for Opioid Use Disorder; OUD – Opioid Use Disorder
Data Source: National SASI Survey, March 2024
Note: Weighted mean (standard error) and unweighted frequency (weighted %)
Midwest region states: Indiana, Illinois, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin
*Item excluded from stigma scale

Table 10. Personal Contact - Know Someone: Item Response Rates, Midwest Region 12-Vignette Sample (N=1,709)

	(N=1,709)
Leaving yourself aside, have you ever known anyone who had a problem like John's?	
No	713 (47.3%)
Yes	844 (52.7%)
Thinking about the person like John you've known best, how close were you on a scale from 1-10, with 1 being an acquaintance, and 10 being as close as you could be?	6.61 (0.11)

Data Source: National SASI Survey, March 2024
Note: Weighted mean (standard error) and unweighted frequency (weighted %)
Midwest region states: Indiana, Illinois, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin

APPENDIX I: Demographic Characteristics, 2024 Shatterproof Addiction Stigma Index, National Sample (N=8,090)

	Summary (N=8,090)
Gender	
Male	3,858 (46.9%)
Female	4,232 (53.1%)
Age	
18-29	946 (18.4%)
30-44	1,907 (26.7%)
45-59	2,098 (24.7%)
60+	3,139 (30.3%)
Race/Ethnicity	
White, non-Hispanic	5,679 (60.9%)
Black, non-Hispanic	811 (11.3%)
Hispanic	958 (16.9%)
Other/2+ Race, non-Hispanic	642 (10.9%)
Marital Status	
Married	4,664 (53.6%)
Widowed/Divorced/Separated	1,487 (16.0%)
Never Married	1,939 (30.4%)
Education	
No high school diploma or GED	454 (9.6%)
High school graduate (high school diploma or the equivalent GED)	1,857 (25.1%)
Some college or Associate's degree	2,222 (29.4%)
Bachelor's degree or higher	3,557 (35.9%)
Employment Status	
Unemployed	3,293 (39.1%)
Employed	4,795 (60.9%)
Household Income	

Less than $50,000	1,972 (25.0%)
$50,000 to $99,999	2,306 (29.3%)
$100,000 or more	3,812 (45.7%)
Residents by Region	
Northeast	1,469 (17.4%)
Midwest	1,709 (19.8%)
South	2,941 (37.5%)
West	1,971 (25.3%)

Data Source: National SASI Survey, March 2024

Note: Unweighted frequency (weighted %); Analytic sample, N=8,090, 112 cases dropped from total sample (N=8,202) due to complete missingness.

Northeast region states: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont.

Midwest region states: Indiana, Illinois, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin.

South region states: Alabama, Arkansas, DC, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

West region states: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, New Mexico, Nevada, Oregon, Utah, Washington, and Wyoming.

APPENDIX II: Stigma Scales and Associated Items, 2024 Shatterproof Addiction Stigma Index

Scale	Description	Subscale/s	Item/s
Public Stigma	Measures stigmatizing attitudes and beliefs about people with substance use disorders, including indicators of traditional prejudice and preference for social exclusion.	Home Life Social Exclusion	How willing would you be to move next door to John?
			How willing would you be to spend an evening socializing with John?
			How willing would you be to have a group home for people like John opened in your neighborhood?
			How willing would you be to have John marry into your family?
			How willing would you be to have John as a close personal friend?
		Workplace Social Exclusion	How willing would you be to have John start working closely with you on a job?
			How willing would you be to hire John to do work for you?
			How willing would you be to have John as your supervisor at work?
			How willing would you be to have John as your co-worker?
		Traditional Prejudice	In your opinion, how able is John to make his own decisions about managing his own money?
			People like John are unpredictable.
			In your opinion, how likely is it John would do something violent toward other people?
			In your opinion, how likely is John to be trustworthy?
			In your opinion, how likely is John to be competent?

Scale	Description	Item/s
Structural Stigma	Measures support for discrimination against people with substance use disorders in major social institutions.	Employers should provide opportunities for John to seek treatment and stay employed.
		If John wanted to go to treatment, his health insurance should be required to cover it in the same way they would cover any other chronic illness.

Scale	Description	Item/s
		Healthcare providers should care for someone like John just as they would treat anyone else with a chronic illness.
		Schools should be allowed to expel someone like John if they found out about his problems.
		People who are addicted to drugs should receive treatment instead of being sentenced to prison for drug-related, non-violent crimes.
MOUD Stigma	Measures prejudicial attitudes toward medication-assisted treatment for OUD and people who use MOUD in their recovery	MOUD just substitutes one drug for another.
		More healthcare providers should offer MOUD so it is easily accessible to people who want it.
		MOUD is an effective treatment for OUD.
		I would be willing to have a clinic that provided MOUD to people with OUD in my neighborhood.

MOUD – Medications for Opioid Use Disorder