Shatterproof
Stronger than addiction

Shatterproof Addiction Stigma Index Report

A New Way Forward

2024

Executive Summary

Substance use disorder (SUD) impacts individuals and communities across the nation, with more than 48 million Americans aged 12 or older living with SUD.[1] The stigma around SUD is widespread and entrenched across society. It is a set of negative attitudes and beliefs that often lead to unjust treatment of people with SUD. The stigma associated with SUD contributes to social isolation and discourages people from seeking help, thus contributing to over 107,000 substance-related deaths in 2023.[2]

Shatterproof co-developed the **Shatterproof Addiction Stigma Index (SASI)** with researchers at Indiana University in 2021 to better understand the public's knowledge, attitudes, and beliefs regarding SUD. The SASI was fielded most recently in the spring of 2024 by Ipsos Public Affairs, a global marketing firm, using a representative sampling method. These results can be generalized to the American public.

The primary purpose of the SASI is to raise awareness about SUD stigma as a pressing issue impacting our nation. This deeper understanding can provide insights into how stigma manifests and impacts people living with SUD, their loved ones, and their communities. As the movement to end addiction stigma expands, the periodic fielding of the SASI will be used to inform priorities, measure progress, and hold our nation accountable to ending SUD stigma.

This report explores results from the 2024 SASI through the lens of one woman's story, Kaitlyn. It shares her journey through substance use and the impact of stigma on her, her family, and her community.

Changing hearts and minds requires a sustained and concerted commitment from all of us. We call on ourselves and our communities to take action by collectively creating a more understanding, compassionate, and supportive society for people with SUD. To accomplish this shared goal, we must all commit to treating people with empathy and compassion, educating ourselves and others, and sharing our stories.

Key Findings

Most Americans (54%) know someone with substance use disorder (SUD).

Misunderstanding of the Nature of SUD

- Three-fourths (74%) of Americans do not believe that a person with SUD is experiencing a chronic medical illness like diabetes, arthritis, or heart disease.
- Only half of Americans understand that a person with SUD could be experiencing mental illness (55%) or physical illness (53%).

Americans Distance Themselves From People With SUD

- Four in ten adults are unwilling to spend an evening socializing with someone who has SUD (44%) and/or have someone with SUD as a close friend (47%).
- Approximately three-fourths of Americans (77%) report being willing to have someone with SUD as a coworker; however, their willingness drops to about half (52%) when they are asked to work in close proximity with that same person.
- More than half of the public (57%) believes a person with SUD is not trustworthy and four in ten (40%) believe a person with SUD is not competent.

People Hold Stigma Towards Some Treatment Pathways

- Approximately four in ten (43%) Americans believe that medications for opioid use disorder (MOUD) substitutes one drug addiction for another.
- Encouragingly, despite many believing MOUD is trading one drug addiction for another, about eight in ten Americans believe that MOUD helps people cope with addiction (82%) and understand that MOUD is an effective treatment for OUD (78%).
- While there is broad support to increase access for MOUD (78%), when asked if individuals would be willing to have a clinic that offered MOUD in their neighborhood, support declines to about half (53%).

Mixed Support for Lifesaving Harm Reduction Resources

- Seven in ten adults now support personally procuring naloxone (71%) and increasing access to fentanyl test strips for people who use drugs (73%).
- Despite safe injection sites proven ability to reduce overdose deaths, rates of infectious disease, and substance use in public areas, less than half (43%) of Americans would support having safe injection sites in their community.[3]

Substance Use and Stigma in our Society

Throughout history, people have used substances to cope with difficult emotions, improve social interactions, and enhance performance. That behavior continues today, with 59% of Americans aged 12 and older reporting that they've used some kind of substance in the past month.[4] While many use substances without any negative impacts, for some, substance use becomes more than just a way to achieve a desired experience. Substance use can become a necessity in spite of harmful consequences–like drastic changes to the body and mind, or pain and withdrawal if use is discontinued. This is known as **substance use disorder (SUD)**, and it's increasingly common. In fact, more than 48 million Americans aged 12 and older have met the criteria for SUD in the past year.[5]

Did you know?

Many Americans commonly refer to SUD as addiction. However, clinically speaking, **addiction** is the most severe form of SUD, which ranges from mild to severe.

SUD is complex and has typically been classified as a chronic brain disorder. However, more people have recently advocated for the **biopsychosocial model**, which considers biological, psychological, and sociocultural factors that contribute to the development and progression of SUD.[6] One of the sociocultural factors that has been shown to play a large role in perpetuating SUD is stigma. **Stigma** is a set of negative attitudes and beliefs that often lead to unjust treatment. The stigma associated with SUD can lead to social isolation and may discourage people from seeking help, contributing to tens of thousands of deaths annually.

Raising Awareness: 2024 Shatterproof Addiction Stigma Index (SASI)

While the physical and mental impacts of SUD are well-researched, the impact of stigma associated with SUD hasn't been studied as thoroughly. In order to better understand the nuances and trends of SUD stigma in the United States, the Shatterproof Addiction Stigma Index (SASI) was developed as a first-of-its-kind measurement tool and the most expansive survey ever fielded on SUD stigma. The SASI explores the public's knowledge, attitudes, and beliefs regarding SUD. It was designed to not only set a baseline measurement of stigma, but also to measure progress and hold our nation accountable for reducing the stigma associated with SUD.

The SASI was first conducted in 2021 and revealed the widespread nature of SUD stigma. Shatterproof re-fielded this survey in the spring of 2024 to get an updated snapshot of stigma and continue to raise awareness of the resulting impact. The data collected from this updated SASI shows that those who use substances continue to face an unwelcoming environment, which is cause for concern on a national level. The findings from the 2024 SASI can only be fully understood through the experiences of the people impacted by SUD stigma. Here, Kaitlyn's story sheds important light on the real-world impact of stigma and how it negatively affects their ability to seek treatment and manage their SUD.

“My name is Kaitlyn, and I’m from Henry County, Kentucky.”

Kaitlyn was 14 years old when she realized that drugs and alcohol affected her differently than her peers. While her friends would have a few drinks in social settings, she felt a strong compulsion to drink until she blacked out. Reflecting back on her journey with substances, this is when she realized, she “wasn’t like everybody else.”

For Kaitlyn, using substances provided her a culturally-acceptable outlet to be herself. She recognized from a young age that she was attracted to women, and drinking allowed her to explore her attraction to her girlfriends without judgment. During these formative years, Kaitlyn recognized the negative effects of her **binge drinking**, but she rationalized the behavior because she was treated “like a normal teenager who was just partying on the weekends.”

During Kaitlyn's senior year of high school, she was introduced to **opioids**. As her substance use evolved, so did Kaitlyn's **physical dependence** on substances, and she could no longer ignore the problematic relationship. She recounts the moment she internally grappled with the fact that she was no longer just a teen experimenting with substances, but rather a person with SUD:

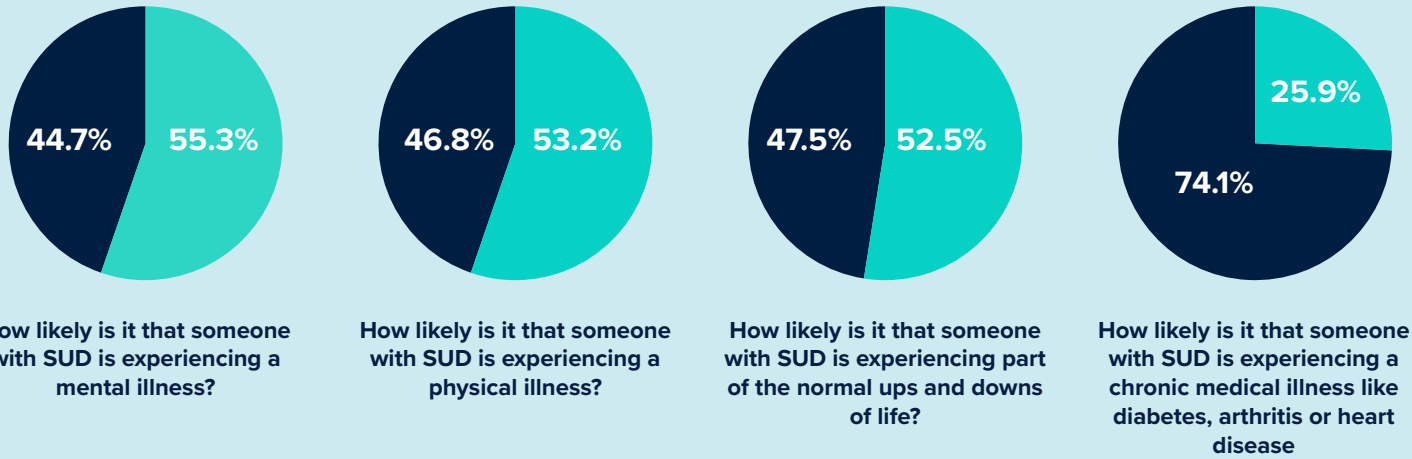
"I woke up one morning, and my whole body was hurting. I was physically sick. Somebody looked at me and handed me a certain substance, and as soon as I did it, I felt immediately better. And the thought process that I had was, 'That's impossible,' because I used to look down on people who were struggling with substance use disorder. I thought that would never be me."

Misconceptions about who can develop SUD are common. Many people have a limited understanding of the causes and nature of the condition, which makes them think "it can't happen to me." As shown in Figure 1, only one quarter (26%) of Americans believe that a person with SUD is experiencing a chronic medical illness like diabetes, arthritis, or heart disease, and only half understand that a person with SUD could be experiencing mental illness (55%) or physical illness (53%).

Did you know?

- 19.9% of 14- and 15-year-olds report having consumed at least one alcoholic drink in their lifetime.[7]
- Research shows that youth who start drinking before the age of 15 are at a higher risk for developing SUD later in life.[8]

Figure 1: Diagnostic Labeling



Data Source: National Shatterproof Addiction Stigma Index, 2024 NOTE: Percentages are weighted to reflect the U.S. adult population.

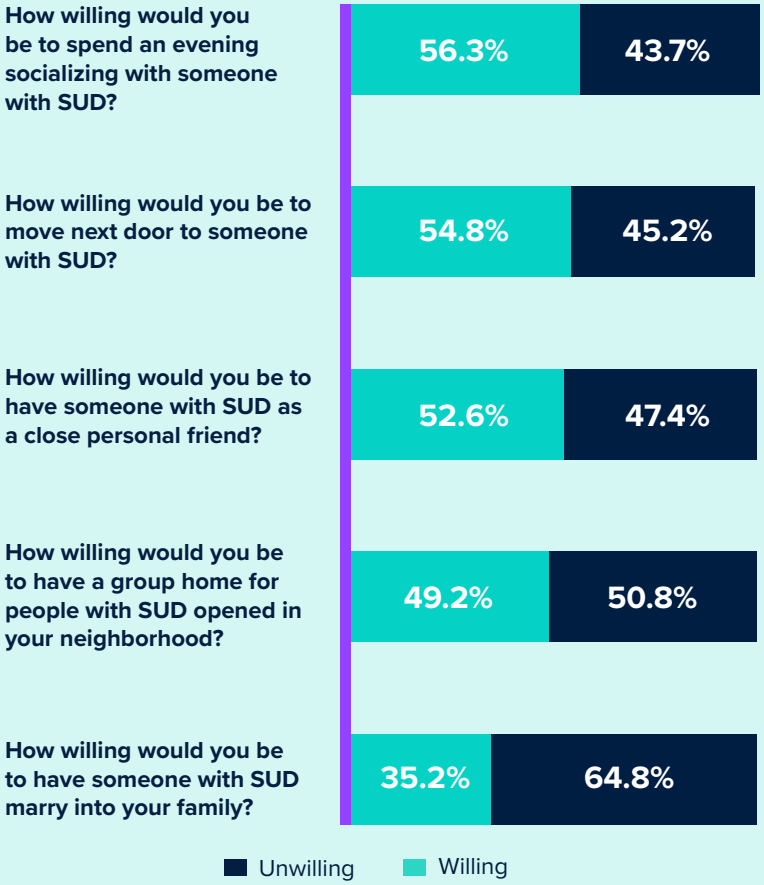
While Kaitlyn met several criteria for a SUD diagnosis, including experiencing cravings and withdrawal symptoms, she was able to keep this part of her life hidden for quite some time. However, she reached a turning point when she became a mother to her first two children and was pregnant with her third. As she began to neglect her responsibilities and her SUD began to impact her relationships with friends and family, Kaitlyn was no longer able to conceal the severity of her substance use to the outside world.

The Devastating Impacts of Social Exclusion

Kaitlyn's mother, Angela, admits that she was not always the most supportive mom during this difficult time in her daughter's life. She remembers that she didn't invite Kaitlyn to as many family events, and when Kaitlyn was invited, friends and family members expressed concerns. This social exclusion came just when Kaitlyn needed her family the most, leaving her to face SUD on her own.

Unfortunately, Kaitlyn and her family's experience is not uncommon: four in ten U.S. adults are unwilling to spend an evening socializing with someone who has SUD (44%) or to have someone with SUD as a close friend (47%). As Figure 2 illustrates, the public's lack of understanding about SUD often results in a desire for social distance in a range of different contexts.

Figure 2: Home Life Social Distance



Data Source: National Shatterproof Addiction Stigma Index, 2024 NOTE: Percentages are weighted to reflect the U.S. adult population.

Resources

If you or someone you love is not sure if their substance use is problematic, consider taking this anonymous assessment to better understand if action should be taken.

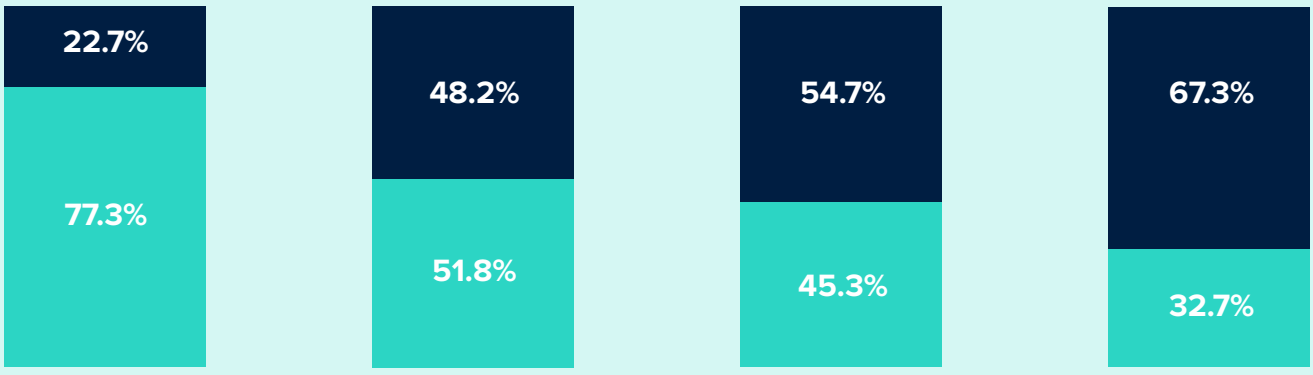
Angela believes “it would have been easier on Kaitlyn if she had somebody supporting her when she was going through it,” but also emphasizes the toll Kaitlyn’s active use took on her own health. Angela felt as though she needed to close off her heart to protect herself from the insurmountable emotions–worry, fear, shame, anger–she was navigating during this time. It was not until Angela began to educate herself on SUD that she was able to build empathy for those experiencing it, including her daughter.

Stigma isn’t only present in social settings; it also shows up in the workplace. Kaitlyn recalls the significant impact stigma in the workplace had on her self-esteem. Her peers would talk about her behind her back, and management was unwilling to make accommodations for her to take **medications for opioid use disorder (MOUD)** as she strived to find stability.

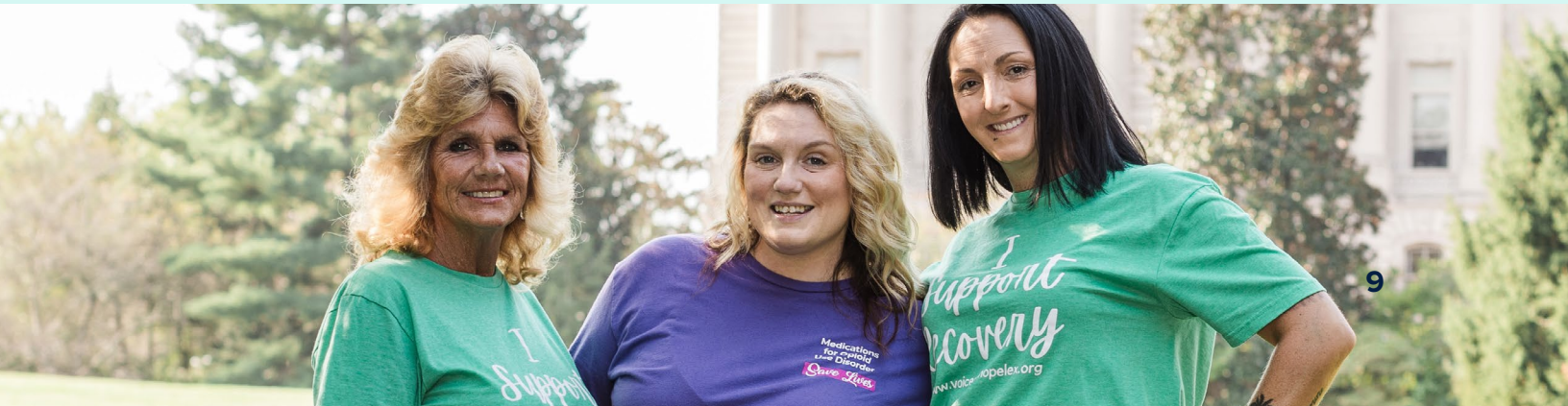
“This made me feel less than. It lowered my self-esteem and made me feel like a failure.”

Figure 3 below illustrates the general public’s self-reported desire for social distance in the workplace. While in theory, approximately three-quarters of Americans (77%) report being willing to have someone with SUD as a coworker, their willingness drops to about half (52%) when they are asked to work in close proximity with that same person.

Figure 3: Workplace Social Distance



Data Source: National Shatterproof Addiction Stigma Index, 2024 NOTE: Percentages are weighted to reflect the U.S. adult population.



MOUD: An Evidence-Based Treatment Pathway Hindered by Stigma

"I'm living proof."

Those who experience **opioid use disorder (OUD)** are also unfortunately subjected to a unique type of stigma that may interfere with their ability to seek treatment: the stigma against MOUD. During Kaitlyn's period of active use, she explored many different ways to manage her substance use, including medications that are proven to help. While **medications for opioid use disorder (MOUD)** is an evidence-based, FDA-approved treatment for OUD, when Kaitlyn attempted to pursue MOUD, people shamed her and told her it "wasn't going to be a way to get into recovery." Ultimately, this stigmatization prevented her from fully experiencing the benefits of the medication.

Did you know?

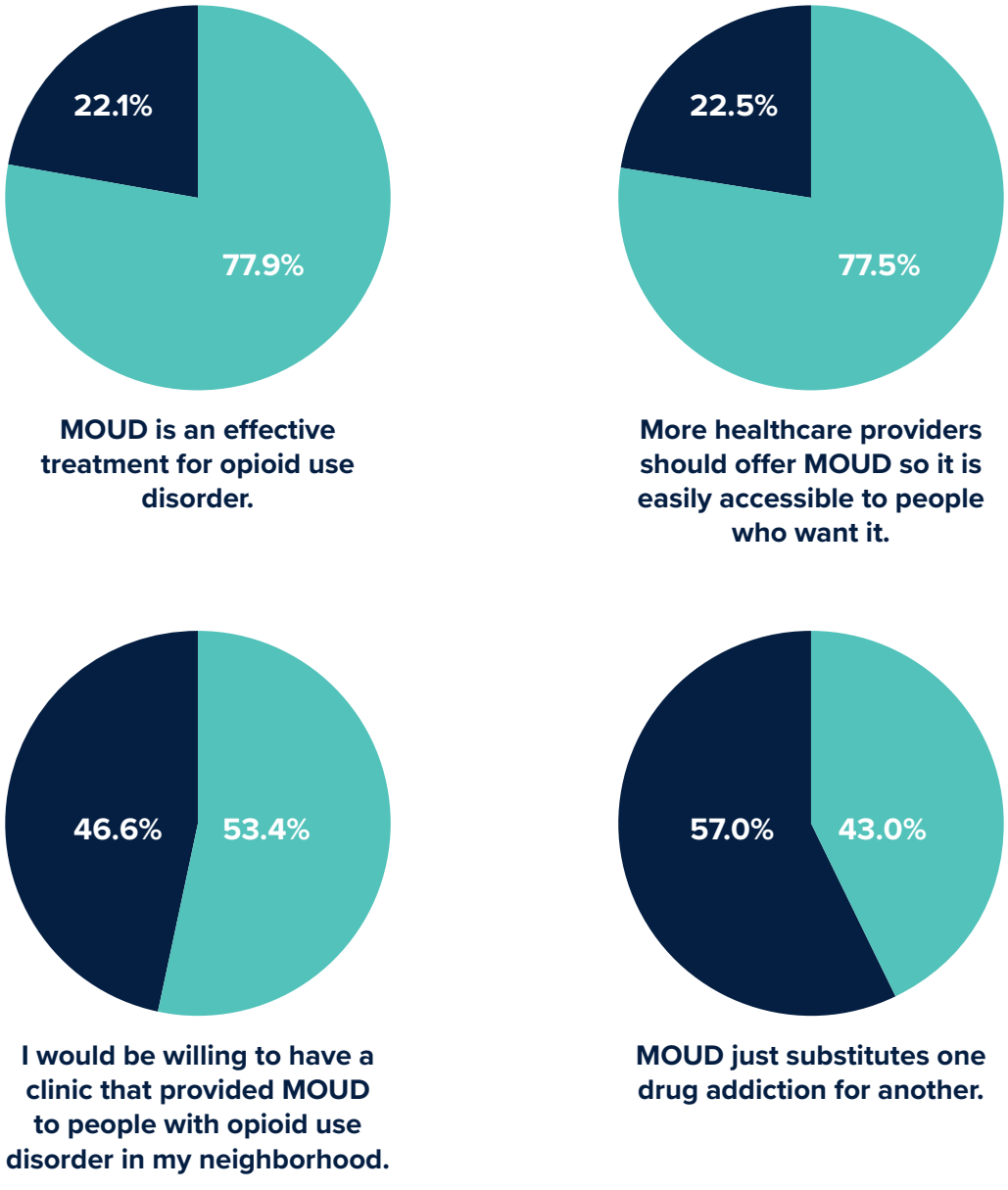
Recovery is often understood as a person's ability to maintain abstinence from substances. However, recovery can include any process of change where individuals who use substances or have SUD work to improve their health and wellness, live self-directed lives, and strive to reach their full potential.

Stigma against MOUD is prevalent across the U.S., with four out of ten (43%) people agreeing that MOUD simply substitutes one drug addiction for another. This stigma is deeply-rooted in certain treatment and abstinence-based recovery communities, which feel that there is a singular path to recovery that does not include medications. The consequences for excluding MOUD as an intervention can be devastating, denying people the opportunity to stabilize their health and well-being. Still, more than 70% of residential treatment programs in the U.S. do not offer MOUD, and some outright disqualify residents if they take these medications.[9]

"I can tell you that [MOUD] probably would have been successful for me, but the stigma and the judgment around it makes people too scared to reach out. So, the only option and answer is, 'I'm going to keep suffering in silence, and I'm going to keep using."

Though many still believe MOUD is trading one drug addiction for another, encouragingly, about eight in ten Americans believe that MOUD helps people cope with addiction (82%) and understand that MOUD is an effective treatment for OUD (78%). While there is broad support to increase access for MOUD (78%), when asked if individuals would be willing to have a clinic that offered MOUD in their neighborhood, support declines to 53% willingness. This attitude is commonly known as "not in my backyard," or **NIMBYism**. These views are consistent with data that shows stigma increases as social closeness with a person with SUD increases. Figure 4 illustrates treatment stigma among the general public.

Figure 4: MOUD Stigma



Data Source: National Shatterproof Addiction Stigma Index, 2024 NOTE: Percentages are weighted to reflect the U.S. adult population.

Harm Reduction Saves Lives

Substance use knows no bounds, and sadly, most neighborhoods across the U.S. have experienced the potentially fatal consequences of using substances without managing the associated risk. More than one million Americans have died from an overdose in the past two decades,[10] and for Kaitlyn, the devastation is all too familiar.

"The amount of people that I have had to bury, and watch overdose, and that I've lost from this disease has just been horrendous. I've lost count of the number of friends that I have lost to this. It's crazy because death has almost become a normal part of my life today, because I have watched them die right in front of me. And so, it's almost normal for me to hear that somebody else has died today."

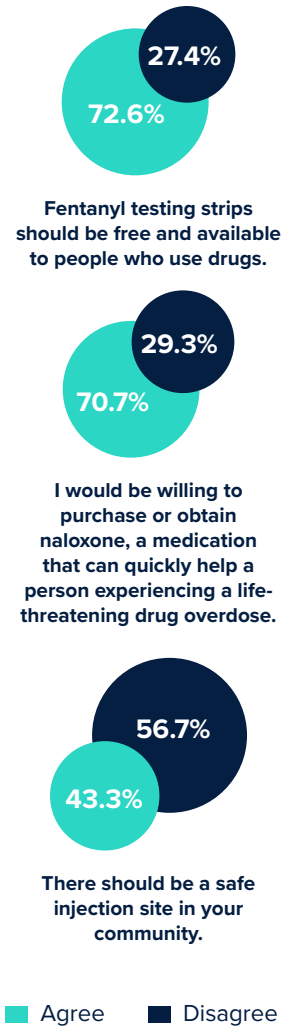
Most of the overdoses that Kaitlyn witnessed were due to **fentanyl**, a synthetic opioid that is up to 100 times more potent than morphine. While some people knowingly take fentanyl, many consume it unknowingly, as it is often mixed in with other substances. Many of the lives lost to overdose could have been saved with better access to life-promoting policies, programs, and practices known as harm reduction. Unfortunately, during Kaitlyn's active use, **harm reduction** resources like **naloxone**, **fentanyl test strips**, and **safe injection sites** (also known as safe consumption sites) were not widely available.

The good news is that harm reduction access and support has gotten better over time. As shown in Figure 5, seven in ten adults support personally carrying naloxone (71%), also known by the brand name Narcan, and increasing access to fentanyl test strips for people who use drugs (73%). However, overall support for safe injection sites in local communities remain low (43%), in spite of the evidence that safe injection sites reduce overdose deaths, rates of infectious disease, and substance use in public areas.[11]

Kaitlyn cannot emphasize enough the gratitude she has for harm reduction strategies, the policies that promote the use of these strategies, and the people who showed her compassion during her active addiction.

"Narcan saved my life. Had it not been available, I would not be alive today. My heart completely stopped. Somebody sat there and took the time to keep using it on me. Otherwise, I wouldn't be here. I'm so grateful for harm reduction."

Figure 5: Harm Reduction



Data Source: National Shatterproof Addiction Stigma Index, 2024 NOTE: Percentages are weighted to reflect the U.S. adult population.

Resources

Learn the signs of overdose and how to administer naloxone here. You could save a life.

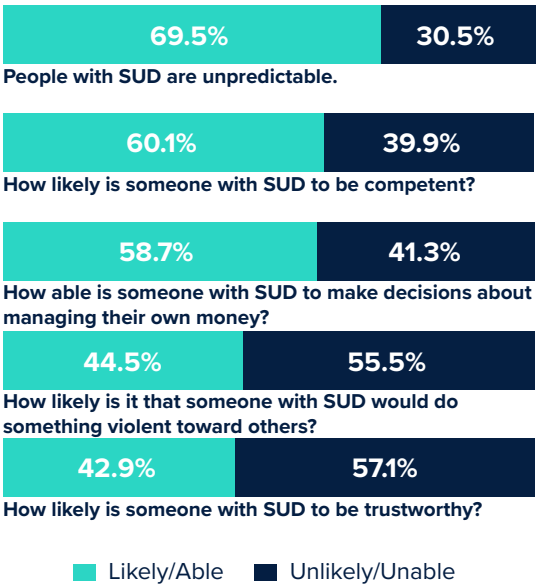
The Reality of Navigating SUD

"She kept me going."

Kaitlyn was in active addiction for about 10 years, requiring substances "just to feel normal." During this period of her life, she went to multiple treatment centers, attended **withdrawal management programs** (also known as detox) countless times, and experienced incarceration.

Similar to other chronic medical conditions, SUD does not have a one-size-fits-all treatment. Like many, Kaitlyn's pathway to managing her SUD was not linear and took sustained commitment. Both Kaitlyn and her mother, Angela, remember that Kaitlyn's competency and trustworthiness were constantly called into question, with family members hiding their purses when she attended family gatherings and Kaitlyn not being allowed to work the cash register at her job. She also lost custody of and contact with her children over an eight-year period, despite knowing that all she had to do was stop using substances to see her kids. Her SUD had such a "deep hold" on her that she "didn't know how to walk away from it."

Figure 6: Traditional Prejudice



Data Source: National Shatterproof Addiction Stigma Index, 2024 NOTE: Percentages are weighted to reflect the U.S. adult population.

The judgment people held toward Kaitlyn is common across the U.S., with over half of the public (57%) believing a person with SUD is not trustworthy and four in ten (40%) believing a person with SUD is not competent. These prejudicial views are summarized in Figure 6.

Even as Kaitlyn began to successfully manage her substance use, people still looked at her like she was never going succeed – which provoked self-doubt and made her feel like other people were unable to see her as a "normal human being." Thankfully, Kaitlyn had unwavering support from her sister, Leah.

"She was the most supportive person I had during active use. Before I got into recovery, she never gave up on me. She would always be there to check on me and send messages. Just to tell me, 'I love you. I need my baby sister back.' And I don't think that she realizes, just receiving those random messages from her kept me alive certain nights."

Restoring Hope with Compassion

"Not everybody's pathway is going to look the same."

Like many people navigating substance use, Kaitlyn's journey intersected with the carceral system. After a judge court-mandated Kaitlyn to a treatment program, she recalls how she prematurely left the program and had a recurrence of use:

"It got worse for me in those 30 days than it had ever been. I was going to use, and driving down the road and just crying, and all I could tell myself was, 'I don't want to do it anymore.'"

In this pivotal moment, Kaitlyn decided to go to court and plead her case before the judge. It was the first time she admitted to somebody that she needed help, and the judge decided to send her back to treatment. That decision is widely supported, with 79% of adults believing that people with SUD should receive treatment instead of prison. It was an extension of compassion that ultimately enabled Kaitlyn to maintain recovery.

Today, Kaitlyn is married to her wife Cynthia, who is also in recovery. Cynthia describes Kaitlyn's best characteristics as her honesty and loyalty-but also admires her singing. Together, they parent their son, who is back in Kaitlyn's custody. As a family, they love to slow down and spend quality time with each other, whether it's having family dinners or binging Netflix. They don't take this time together for granted.

In Kaitlyn's professional life, she has channeled her experiences into a higher purpose as a peer recovery specialist:

"Ever since I was a little girl, I had these big dreams and goals to go grow up and help people. And this is what I was meant to do. I want somebody to be able to look at me and believe me when I say, 'I know how you feel. I've been there.'"

In this role, Kaitlyn gives other people the support that she didn't receive during her active use. Some days she works at a MOUD clinic and witnesses the "amazing" transformation that people can experience with the support of medication. She also has worked at the syringe service program where people who used stimulants would often tell her how fentanyl test strips saved their lives. She offers a deep well of compassion and understanding and is now pursuing her degree in psychology so she can better help more people.

Kaitlyn is one of millions who has a story to share about the toll of stigma and the positive effects of connection. Her journey illustrates that not only is SUD a treatable medical condition, but that there are many different pathways to recovery, including MOUD and harm reduction strategies. She's living proof that when we seek to understand each other's experiences and treat each other with compassion, we can create a world where health and well-being are within reach for those navigating complex medical conditions.

The Power We Hold: Be a Part of the Movement to End Addiction Stigma

Most Americans (54%) know somebody like Kaitlyn, and we have a timely opportunity to erase the stigma of SUD and support members of our community. During dozens of interviews with people impacted by SUD, we asked, "What can people do to reduce stigma or support their community?" Based on these conversations, we identified three ways you can take action:

1. **Treat people with empathy and compassion.** First and foremost, follow the platinum rule: Treat others how they want to be treated. Withholding judgment and extending kindness are two of the most powerful ways you can be there for someone impacted by SUD. If you are not sure how to be supportive, check out this free, digital 20 Minute Guide, which provides an evidence-based approach to helping loved ones.

2. **Educate yourself and others.** Seek out information about substance use, the complex factors that lead to SUD, and how to identify an opioid overdose. Learn about the resources available to support people who use substances—like naloxone—and be prepared to help someone in need. Share what you've learned and amplify the voices of people with lived and living experiences.

3. **Share your story.** Start by telling one person you trust how substance use has impacted your life. Create an environment where people feel safe sharing their own experiences and seeking out support. Stories connect us all, and if you'd like to join the national movement to end addiction stigma, you can share your story here.

To learn more about the state of SUD stigma in the nation and the findings of the 2024 SASI, go to https://www.shatterproof.org/node/39791 for more information on the methodology and the full results from the survey.

Methodology

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

Questionnaire
The SASI leverages a 6x2 vignette strategy targeting five substances (prescription opioids, 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 a 95-item questionnaire containing Likert response options, where "1" indicates the lowest level of stigma and "4" indicates the highest.

Sampling Design & Survey Administration
The SASI is conducted periodically by Ipsos Public Affairs, a global marketing firm, on behalf of Shatterproof. It is a cross-sectional online panel survey of non-institutionalized adults (18 and older) residing in the United States. Ipsos utilizes KnowledgePanel® for recruitment, which is the largest online panel relying on probability-based sampling techniques.

Data Collection & Weighting
Data is collected by Ipsos, who formats the dataset with appropriate variable and value labels, then 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 formatted dataset to Shatterproof for analysis.

National Sample
The 2024 SASI was fielded in English and Spanish to a probability-based sample of U.S. adults (aged 18 and older) from March 27, 2024 to April 8, 2024. 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 (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.

Survey Analysis
A cross-sectional analysis was conducted, examining 2024 point-in-time U.S. addiction stigma. Survey results are presented as weighted stigma mean scores and stigma item weighted proportions. For each stigma item, Likert responses from 1 (lowest level of stigma) to 4 (highest level of stigma) are dichotomized into "positive/yes" and "negative/no."

For additional analyses and a detailed survey methodology, click here

Glossary

Addiction – A treatable, chronic medical condition involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.[12] In the context of substance use, addiction is the most severe form of substance use disorder (SUD).

Binge drinking – The most common form of excessive drinking. It is defined as: women consuming four or more drinks on a single occasion and men consuming five or more drinks on a single occasion.[13]

Biopsychosocial model – The biopsychosocial model of substance use disorder (SUD) puts forward that biological/genetic, psychological, and sociocultural factors contribute to substance use and all must be taken into consideration in prevention and treatment efforts.

Fentanyl – A synthetic opioid that is up to 100 times stronger than morphine. Licitly made fentanyl is used to treat severe pain. Over the past decade, illicitly-manufactured fentanyl has increasingly been made and distributed. The presence of fentanyl in the drug supply has contributed to the increase of drug overdose deaths in the United States.[14, 15]

Fentanyl test strips – Small strips of paper that can detect the presence of fentanyl in different kinds of substances.

Harm reduction – A set of practical strategies and ideas aimed at reducing negative consequences associated with substance use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use substances.[16]

Medications for opioid use disorder (MOUD) – An evidence-based, FDA-approved medication to treat opioid use disorder (OUD). The most common MOUD are buprenorphine, methadone, and naltrexone.[17]

Naloxone – A medication that rapidly reverses opioid overdoses. It is also known by the brand name, Narcan.

NIMBYism – An acronym for "not in my backyard," which refers to people not wanting something near where they live, but have no objection to that thing being elsewhere.

Opioid use disorder (OUD) – A treatable, chronic medical condition defined by the use of opioids that causes clinically significant distress or impairment. Symptoms of this medical condition can include cravings for opioids, increased opioid tolerance, and withdrawal symptoms when opioids are discontinued.[18]

Opioids – A class of substances that derive from or mimic natural substances found in the opium poppy plant. Opioids work in the brain to produce a variety of effects, including pain relief. Opioids include prescription pain medicine and illegal opioids. Some people use opioids because of the euphoria ("high") they can produce. Opioids use can cause opioid use disorder (OUD).[19]

Physical dependence – When the body requires a specific dose of a particular substance, such as a prescription opioid, to prevent withdrawal symptoms.[20] Withdrawal symptoms vary by substance.

Public stigma – Society's negative attitudes towards a group of people, creating environments where individuals feel unwelcome, judged, shamed, and/or blamed.

Recovery – A process of change through which individuals who use substances or have a SUD work to improve their health and wellness, live self-directed lives, and strive to reach their full potential. The path of recovery is different for everyone but is marked by an overall trend of improved well-being and quality of life.

Safe injection sites – Designated sites where people can use pre-obtained substances under the safety and support of trained personnel.[21] These are also known as safe consumption or supervised consumption sites.

Stigma – Stigma is a socially and culturally constructed process that reproduces inequalities and is perpetuated by the exercise of social, economic, and political power.[22] It is a barrier to receiving healthcare and engaging in help-seeking behaviors, and results in discrimination and exclusion.

Substance use disorder (SUD) – A treatable, chronic medical condition that affects a person's brain and behavior, leading to their inability to control their substance use. Symptoms can be moderate to severe, with addiction being the most severe form of SUD.[23]

Withdrawal management programs – Programs aided by medical and psychological professionals for people who are physically dependent on a substance (or substances) and experiencing withdrawal due to stopping or reducing use of the substance(s) they were dependent on.[24] These are often referred to as detoxification or detox programs.

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Acknowledgements

First and foremost, we would like to extend our deepest gratitude and appreciation to Kaitlyn for sharing her story with us. Her willingness to share her lived experience publicly helps us all better understand the true impact of SUD stigma on people's lives, and gives us the opportunity to choose a more compassionate way forward. We would also like to thank her mother, Angela, and her wife, Cynthia, for sharing their experiences with us.

We would like to acknowledge the dozens of individuals impacted by SUD who have entrusted us with their stories. Their testimonials provide us a robust and invaluable data set to ensure their lived experiences are centered and inform the decisions we make to address this issue. In addition, this data was instrumental in crafting "The Power We Hold" section of this report. We are grateful for all the national and local organizations dedicated to this cause, as it will take a concerted effort to end the stigma of addiction in this country.

Last, but not least, we would also like to extend our gratitude to Drs. Megan Bolton and Brea Perry at the Irsay Institute at Indiana University for their extraordinary work in stigma research, survey development, and data analysis. Their continued dedication to understanding, researching, and reducing stigma is an inspiration to all of us, setting the stage for ongoing,

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