



Funding Priority 6: Invest in Efforts to Reduce Community Stigma Against Opioid Use Disorder and Opioid Use Disorder Treatments

Rationale

Opioid use, OUD, and MOUD are heavily stigmatized.¹⁻⁴ Inadequate education and frank misinformation are threats to improving public understanding of the medical basis of OUD, manifestations, and effective treatments, resulting in missed opportunities to improve and expand treatment access.⁵⁻⁷ A recent survey of Connecticut residents conducted by Shatterproof demonstrates that Connecticut residents are less willing on average, when compared to a national sample, to want someone with OUD to marry into their family, be a close friend, or spend an evening with them socializing.⁸ Education initiatives to confront stigma and promote accurate information about opioid use, OUD, treatment, and harm reduction targeting the general public are needed. Besides the general public, targeted education addressing stigma for individuals in professional roles that interact with people who use drugs and those with SUD⁹⁻¹¹, including first responders and health professionals¹², are also needed. Professions that interact with people who use drugs and those with SUD play a pivotal role in providing access points for harm reduction and MOUD.

Evidence

The language used to describe people with OUD can have a profound effect on attitudes held by the public and health professionals.¹³ Interventions that directly aim to reduce public and provider stigma have demonstrated mixed results.^{14,15} A widely cited New England Journal of Medicine commentary details the need for an evidence-base for anti-stigma campaigns, yet acknowledges that measurement of these programs' effectiveness is challenging.¹⁶ The authors point to three attributes that tend to contribute to successful anti-stigma campaigns: 1) use of person-first language; 2) emphasizing solutions and the benefits of treatment; and 3) use of sympathetic narratives — stories that humanize people with addiction. Recognizing that the stories we see and hear about addiction are often told by media, in 2016, the [CORE initiative](#) provided dedicated training designed to increase knowledge and address stigma to media professionals in Connecticut. The ADPC Prevention Subcommittee has [hosted several similar events focused on the media](#). Additionally, DMHAS has launched the [Live LOUD](#) campaign to address stigma in the state.

Potential Impact

Awareness of and education about OUD among health professionals and the public have not been tied directly to lives saved or cost-effectiveness. However, as above, they are generally considered essential components of successful public health campaigns and may drive long-term improvements in treatment initiation, retention, and acceptability.

Strategies

Strategy #1: Expand educational efforts regarding substance use, OUD, MOUD, and harm reduction strategies, to increase dissemination of accurate, evidence-based, non-stigmatizing information among

health professionals and the public. Educational efforts should address the causes and manifestations of, as well as treatments and harm reduction strategies for OUD, including MOUD.

Goal: Improve understanding of and decrease stigma toward OUD and its treatments.

- **Tactic #1:** Fund initiatives that increase dissemination of accurate, evidence-based, non-stigmatizing information on OUD causes, manifestations, MOUD, and harm reduction strategies to clinical and non-clinical audiences. These efforts should be based on evidence-based best practices for public health messaging.^{17,18}
- **Tactic #2:** Fund initiatives that disseminate accurate information about the risks of high potency synthetic opioids such as fentanyl.

Strategy #2: Increase targeted educational efforts regarding substance use, OUD, and MOUD, and harm reduction to increase dissemination of accurate, evidence-based, non-stigmatizing information for individuals who interact with PWUD and those with SUD, including, but not limited to, health professionals (doctors, nurses, pharmacists, etc.) and first responders (police officers, fire fighters, EMS).

Goal: All interactions in the state between PWUD and service professionals will be non-stigmatizing, grounded in accurate information, and will facilitate entry into evidence-based treatment and/or uptake of harm reduction interventions.

- **Tactic #1:** Fund initiatives to provide targeted education of health care professionals (doctors, nurses, pharmacists, etc.) to reduce stigma related to opioid use, OUD, MOUD, and harm reduction. Efforts should focus on dissemination of accurate, evidence-based, non-stigmatizing information.
- **Tactic #2:** Fund initiatives to provide targeted education of first responders (police officers, fire fighters, EMS) to promote accurate information on risks of high potency synthetic opioids such as fentanyl and harm reduction with goal to reduce stigma related to opioid use, OUD, MOUD, and harm reduction.

Priority 6 References

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