

Opioid Stigma Identification and Reduction

A practical resource for communities, families, coalitions, and helping professionals.

**Every story is different.
Every person deserves respect.**

Every individual in a community can play a role in reducing stigma.



Any one of these individuals may be currently **misusing** opioids or in **recovery**.

Stigma creates barriers. Compassion builds bridges.

Stigma can prevent people from seeking help, delay treatment, and deepen harm.

Together, we can change that.

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Understand stigma

What it is, where it shows up, and how it affects people, families, and communities.

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The impact of stigma on health, relationships, communities, and our systems.

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Practical, evidence-based strategies communities can use to reduce stigma and support recovery.

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You have the power to make a difference.

Small actions. Kind words. Open minds.

Together, we can create communities where everyone can get help, heal, and thrive.

For additional information about opioid stigma identification and reduction visit www.liveloud.org

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What stigma means

Opioid stigma is when negative labels, stereotypes, judgments, or rules make people who use opioids or have opioid use disorder feel devalued or unwelcome. It can lead to shame, discrimination, and barriers to care. Opioid use disorder is treatable, and stigma is preventable.

Where stigma shows up

Public + interpersonal

Labels, jokes, blame, fear, or social distancing.

Self + internalized

Shame, secrecy, hopelessness, or feeling undeserving of care.

Institutional + structural

Policies or practices that make medications for opioid use disorder, naloxone, overdose prevention, housing, or care harder to access.

Intersectional

Stigma can overlap with racism, LGBTQ+ stigma, disability, poverty, rural visibility, or justice involvement.

How stigma causes harm — and why it matters



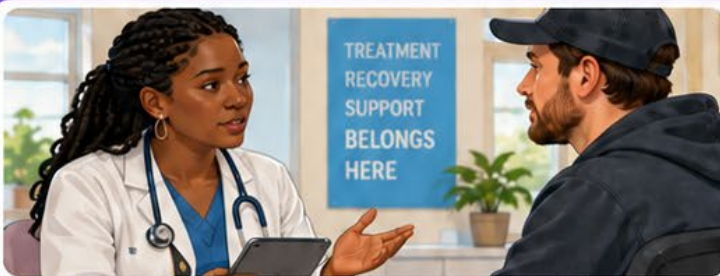
Labels and fear

Stereotypes and blame can make people feel judged, unsafe, or unwelcome. People experience stigma differently based on identity, culture, and lived context.



Shame and mistrust

Fear of judgment, loss, or consequences can reduce trust, increase secrecy, and make it harder to ask for help.



Delayed help

Stigma can lead to less disclosure and make prevention, treatment, naloxone, recovery support, and other care harder to reach.



Wider impacts

Stigma can strain families, increase isolation, weaken community prevention, and contribute to more emergency visits, justice involvement, lost work, and avoidable costs.

Key point: Stigma is not just an attitude. It becomes a public health problem when it changes who is welcomed, believed, referred, treated, or given another chance.

How to identify stigma

- ✓ Do our words describe a person—not define them by a condition?
- ✓ Would this feel respectful if someone with lived experience were in the room?
- ✓ Do our rules create avoidable barriers to support treatment and recovery?
- ✓ Do we discuss medications for opioid use disorder, naloxone, and overdose prevention as care?
- ✓ Do our images or stories imply blame, crime, danger, or hopelessness?
- ✓ Is privacy and personal information protected appropriately?



Strategies that help reduce stigma

Make the first contact feel safe



Use welcoming, nonjudgmental spaces. Protect privacy. Remove unnecessary paperwork and abstinence-only entry rules.

Check the rules



Review forms, referral criteria, discharge practices, and communications for avoidable barriers.

Use words that show respect



Replace blame-based labels with person-first, clinically accurate terms. Words can shape trust and willingness to seek care.

Put lived experience at the table



Develop messages, services, and policies with people who have lived or living experience. Compensate the value of lived experience when possible.

Frame help as health care



Present naloxone, substance use health services, and medications for opioid use disorder as legitimate health care—not as failure.

Train for real-world skills



Pair awareness training with skills such as compassionate communication, bias reflection, and difficult-conversation practice.

Prescription medication safety



Promote safe use of prescription medications, secure storage, and proper disposal of unused opioids. Clear guidance can reduce misuse risk while supporting safety without shame.

Bottom line: People are more likely to seek help when they feel respected, safe, and believed.

Tailor strategies to the community

Different communities experience stigma in different ways and face unique barriers and have different strengths. Tailored approaches help people feel respected, safe, understood, and more likely to seek help.

Priority populations in communities



Acknowledge the existence of factors such as racism, medical mistrust, and unequal criminalization. Partner with trusted community leaders.

Indigenous / Tribal communities



Honor Tribal sovereignty and community-defined healing. Recognize historical trauma and integrate cultural practices when desired.

LGBTQ+ community



Use correct names and pronouns, protect confidentiality, and create affirming spaces that recognize stress and past discrimination.

Rural / small communities



Plan for privacy concerns, transportation barriers, and limited services. Use trusted local partners and low-barrier referrals.

Faith + spiritual communities



Frame opioid use disorder as a health condition. Equip faith leaders with facts, language, and referral pathways that take into account values and belief systems.

Jobs with high physical demands



Address pain, injury, and pressure to “push through.” Promote safe pain management, early treatment, and supportive return-to-work policies.

Recovery Friendly Workplaces



Reduce stigma through peer champions (Recovery Coaches), clear policies, and access to confidential support and treatment — including employee assistance programs (EAPs).

Athletes and injury recovery



Normalize treatment for pain and mental health. Emphasize safe recovery, performance goals, and support from coaches and medical staff.