

Making sense of research in the broader context of practice and care.

Topic: Social stigma, substance use & reflections for professionals.

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Research reviewed: Kennedy-Hendricks, A., et al. (2017). Social Stigma Toward Persons With Prescription Opioid Use Disorder: Associations With Public Support for Punitive and Public Health-Oriented Policies. <https://doi.org/10.1176/appi.ps.201600056>

Introduction

Families impacted by parental substance use disorder often face more than the direct effects of substance use. They also face stigma, blame, and judgment from the people and systems around them. For Starlings Community, this makes stigma research especially important because it helps explain why families are so often met with punishment or shame instead of care and support.

Kennedy-Hendricks et al. (2017) looked at how adults in the United States think about prescription opioid use disorder and whether those beliefs shape support for punitive policies or public health responses. The study found that stigma was common, and that people with more stigmatizing views were more likely to support punishment and less likely to support treatment-oriented policies.

What is the research looking at?

The study surveyed 1,071 U.S. adults using a national web-based survey. Researchers asked participants what they believed about people with prescription opioid use disorder, including whether they blamed them, saw them as dangerous, or wanted social distance from them. The survey also asked whether participants supported different policy responses, such as arresting people for certain drug-related behaviours or expanding access to treatment and overdose support.

In simple terms, the study was asking two main questions:

- *How much stigma do people hold toward people with prescription opioid use disorder?*
- *Does that stigma affect whether they support punishment or public health approaches?*

Key findings & takeaways

The findings showed that stigma toward people with prescription opioid use disorder was very high. Large numbers of participants agreed with statements that blamed people with opioid use disorder for their condition or viewed them negatively. Many also said they would be uncomfortable with close social relationships, such as having someone with opioid use disorder marry into their family or work closely with them.

The study also found a strong connection between stigma and policy preferences. People who held more stigmatizing views were more likely to support punitive measures, such as arresting people accused of “doctor shopping” or restricting access to medications through Medicaid lock-in programs. At the same time, they were less likely to support public health measures like expanded treatment coverage, more government spending on treatment, or Good Samaritan laws that protect people who call for help during an overdose.

Stigma does not stay at the level of personal opinion. It shapes public support for real policies that can either punish people or help them.

What's helpful?

One strength of this study is that it clearly shows the link between stigma and policy attitudes. **It moves beyond simply saying stigma exists and shows why it matters in practice.** Another strength is that it uses several different measures of stigma, including blame, perceived dangerousness, social distance, and acceptance of discrimination. This gives a fuller picture of how stigma works.

The study also reminds readers that **public opinion can shape whether society responds to substance use with punishment or support.** That is useful for advocacy, public education, and policy change work.

What's needed?

At the same time, the study has important gaps. It focuses on public attitudes rather than the lived experiences of people and families directly affected by substance use. It does not center parents, children, youth, or family members. It also does not explore healing, resilience, or community-based support.

The paper gives some attention to structural drivers of the opioid crisis, such as pharmaceutical marketing and prescribing practices, but this is not the main focus. It does not far into how stigma is tied to systems such as child welfare, healthcare, poverty, racism, or criminalization.

For Starlings' work, more is needed from research in this area. We need studies that center families, use non-stigmatizing language, and examine how policies affect not just individuals but whole family systems. We also need research that highlights what helps families heal, not only what the public thinks about them.

Why is this research important?

This research matters for nurses, therapists, doctors, researchers, and other front line professionals because **it shows that stigma can shape care long before someone enters a service. Public attitudes influence systems, and systems influence how people are treated.**

For professionals, the study is an important reminder that stigma can show up in language, assumptions, policy decisions, and everyday practice. If workers see substance use mainly through blame or punishment, they may unintentionally reinforce shame and barriers to care. If they understand stigma as a structural issue, they are better able to respond with compassion, advocacy, and person-centered support.

This is especially important for professionals working with families impacted by parental substance use. Parents may already fear judgment, losing custody, or being seen as unfit. Children and family members may also internalize shame. **Professionals who understand the effects of stigma are better positioned to create safer, more supportive spaces where families can access help without fear of blame or shame.**

Final Reflections

Kennedy-Hendricks et al. (2017) is a useful study because it shows that stigma is closely tied to whether people support punishment or care. **For Starlings, that matters because families affected by parental substance use disorder are often living with the consequences of these attitudes.**

The study helps explain why anti-stigma work includes changing systems and professional responses so that families are met with support and real opportunities for healing.