

# Stigma and Prescription Opioid Addiction and Treatment: A National Survey

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## 1. Background

- Social stigma around opioid use disorder (OUD) and medication-assisted treatment (MAT) has impeded progress to reduce opioid abuse, addiction, and overdose deaths in the United States.
- Understanding stigmatizing beliefs and behaviors can help inform efforts to enhance OUD treatment and recovery at the national, state, and local levels.

## 2. First National Survey to Examine Stigma Related to OUD, MAT, and Healthcare Providers

### Research Questions

1. To what degree does the general public hold stigmatizing attitudes toward people who are prescription opioid users, people with an addiction to prescription opioids, people who are being treated or have been treated for opioid addiction, and the healthcare professionals who provide treatment for opioid addiction?
2. How knowledgeable is the general public about opioids?
  - a. Do they know how opioid addiction is treated?
  - b. Do they know how people become addicted to prescription opioids?
3. Does the public perceive that people who become addicted to prescription opioids have access to treatment?
  - a. How is opioid treatment perceived?
  - b. Is opioid treatment perceived as being effective?
  - c. Is the public aware of MAT?
4. Does the public have concerns about being treated by healthcare providers who treat people with an addiction to prescription opioids?
  - a. Are consumers willing to see a provider who treats people with an addiction to prescription opioids?
  - b. Do consumers know if their own provider treats people with substance use disorders?
  - c. Do behaviors toward providers change if consumers learn their provider treats people with substance use disorders?
5. Is the public willing to have naloxone in their home and/or carry it in case of an opioid overdose emergency?

## 3. Methods

### Sampling

- **Recruitment:** Respondents were recruited through convenience sampling from Research Now (now Dynata) in August 2018.
- **Screening:** Respondents were screened and had to be between 18 and 75 years of age.
- **Stratification:** A priori stratification was used to include representative samples from urban, rural, and suburban areas of the country by asking respondents for their ZIP codes and then matching them against the urban-rural continuum codes.
- **Sampling goals:** Other sampling goals included achieving
  - an approximate 50/50 ratio of males to females;
  - a nationally representative mix of race and ethnicity; and
  - an education allotment of one-third of the sample with a high school or less achievement, one-third with some college or an associate degree, and one-third with a 4-year college or graduate degree.

## 4. Sample Characteristics

### Number of Respondents: 997

- **Gender:** 49.4% were female and 50.6% were male.
- **Race/Ethnicity:** 75.1% were White; 12.3% were Black or African American; 9.8% were Hispanic or Latinx; 5.7% were Asian; and 7% were Other.
- **Age:** Mean age was 50.3 years (median=51), with 28.7% between 18 and 39; 37.5% between 40 and 59; and 33.8% 60 or older.
- **Area of residence:** 36.7%, 33.7%, and 29.6% were living in urban, suburban, and rural areas, respectively.
- **Education:** 7% of respondents reported an achieved education level of less than high school; 29.5% had a high school education; 22.3% had some college with no degree; 9.7% had an associate degree; 19.6% had a 4-year college or bachelor's degree; and 12% had a graduate or doctoral degree.
- **Annual household income:** 13.7% of respondents reported less than \$25,000; 21.3% between \$25,000 and \$49,999; 20.4% between \$50,000 and \$74,999; 16.4% between \$75,000 and \$99,999; 14.5% between \$100,000 and \$149,999; 6.4% greater than \$150,000; and 7.3% preferred not to respond to the question.
- **Familiarity:** Asked whether they or someone they know had been in inpatient or outpatient treatment in the past 3 years, 32.2% responded "yes" for mental health issues; 21.3% for addiction to heroin, cocaine, or other illicit drugs; 21% for addiction to alcohol; and 18.6% for addiction to prescription opioids.

## 5. Data Presentation

### Stereotyping

Are people with an opioid addiction more likely to be...?	Are people with an opioid addiction more likely to live in...?	Are people with an opioid addiction more likely to be...?			
Poor	2.9%	Rural areas	6.4%	White/Caucasian	12.2%
Middle Class	7.5%	Urban areas	8.8%	Black/African American	7.7%
Wealthy	2.9%	Suburban areas	6.2%	Latinx/Hispanic	1.9%
Affects all income groups equally	79.1%	Affects people living in all areas equally	78.7%	Affects all racial and ethnic groups equally	78.2%

### Awareness of Medication-Assisted Treatment

About 60% of respondents said that they had not heard of MAT before taking the survey.

**Table 1.** Responses to Eight Knowledge Items about Opioids [correct answer is shown in brackets]

Item	True %/n	False %/n	Don't Know %/n
Prescription opioids and heroin have the same chemicals and can produce a similar high. [TRUE]	61.8% 616	9.4% 94	28.8% 287
People addicted to prescription opioids experience severe withdrawal symptoms when they stop using the drug. [TRUE]	84.1% 839	4.1% 44	11.5% 114
Most people addicted to heroin first used prescription opioids. [TRUE]	42.8% 426	23.4% 233	33.8% 337
Most people with an addiction to prescription opioids do not receive any type of treatment. [TRUE]	54.9% 548	20.4% 203	24.7% 246
All primary care physicians have been trained to treat people addicted to opioids. [FALSE]	24.1% 240	46.7% 466	29.2% 291
It is not possible to overdose on opioids prescribed by a doctor. [FALSE]	11.9% 118	83.1% 828	5.0% 50
Most people who become addicted to prescription opioids switch to heroin because it's cheaper. [FALSE]	36.7% 336	21.2% 211	42.1% 420
People who are addicted to opioids can get treatment no matter where they live. [FALSE]	52.5% 523	27.3% 272	20.2% 202

**Table 2.** Agreement with Items Related to Social Stigma

The next set of questions asks for your opinions about people who have become addicted to opioids. Please indicate your level of agreement or disagreement with each statement.	Strongly Disagree %/n	Disagree %/n	Neither Agree nor Disagree %/n	Agree %/n	Strongly Agree %/n
Addiction is a medical illness like diabetes, arthritis, and heart disease.	13.0% 130	17.7% 177	17.0% 169	31.7% 316	20.6% 205
People addicted to prescription opioids should be able to stop using them on their own.	16.8% 168	37.7% 376	28.3% 282	10.3% 103	6.9% 69
Some people lack the self-discipline to use prescription opioids without becoming addicted to them.	4.4% 43	8.7% 87	22.9% 228	45.1% 449	19.0% 189
People who have recovered from having an opioid addiction still can't be trusted.	13.0% 130	38.2% 381	32.1% 320	12.1% 121	4.5% 45
Individuals who have become addicted to prescription opioids are to blame for the opioid epidemic in the United States.	14.7% 147	30.6% 305	32.8% 328	14.1% 141	7.7% 77
Employers should be allowed to deny employment to a person addicted to prescription opioids.	8.9% 88	12.2% 121	29.5% 294	32.8% 327	16.7% 166
Landlords should be allowed to deny housing to a person addicted to prescription opioids.	11.7% 116	22.4% 223	33.7% 336	21.2% 211	11.0% 110
Doctors should be allowed to refuse to treat patients who become addicted to prescription opioids.	25.0% 249	35.3% 350	19.6% 195	10.8% 107	9.2% 91
Every person who has become addicted to a prescription opioid deserves treatment.	3.8% 38	3.5% 35	11.9% 119	41.5% 414	39.2% 391
People addicted to prescription opioids are more dangerous than the general population.	7.7% 77	17.3% 172	38.6% 385	25.9% 258	10.5% 105
I would feel comfortable working with someone who was addicted to prescription opioids.	13.8% 138	30.5% 304	35.6% 355	13.7% 136	6.4% 64
I would be comfortable becoming friends with someone who was in treatment for addiction to prescription opioids.	4.2% 42	10.9% 108	33.9% 338	38.9% 388	12.0% 120
If I found out that a close friend had become addicted to prescription opioids, I would avoid him or her.	21.8% 217	42.0% 419	22.8% 227	8.7% 87	4.7% 47

## 6. Discussion and Next Steps

### The public's knowledge about opioids varies and points to potential public education objectives:

- Increasing the percentage of people who understand that most people with an opioid addiction cannot get treatment where they live.
- Increasing the percentage of people who recognize that most people with an addiction to heroin first abused prescription opioids.
- Increasing the percentage of people who know that not all primary care physicians have been trained to treat people with an opioid addiction.
- Increasing the percentage of people who understand what MAT is and that it is an effective treatment for opioid addiction.
- Increasing knowledge about the benefits and risks for personal access to naloxone.

### The responses to items related to stigma suggest the need for increased efforts to:

- Reduce discrimination around employment, healthcare, and housing toward people with an addiction to prescription opioids.
- Focus and shift attitudes of "uncommitted" people toward supporting treatment and other services for people with an addiction to prescription opioids.
- Increase healthcare consumer acceptance of physicians, especially primary care physicians, who treat patients with an opioid addiction.



**Table 3.** Perceived Effectiveness of Treatments for Addiction to Prescription Opioids

The next set of questions asks you about different treatments for opioid addiction. Please indicate how effective or ineffective you think each type of treatment is.	Not at All Effective %/n	Somewhat Effective %/n	Very Effective %/n	Don't Know %/n
Medications that work in the brain to prevent opioid cravings	2.9% 29	39.1% 388	31.5% 312	26.5% 263
Individual therapy or group programs	3.4% 33	50.4% 502	30.6% 305	15.7% 156
30-day residential ("inpatient") treatment programs	5.5% 55	46.1% 460	28.4% 283	20.0% 199
Cold turkey (stop on their own)	31.1% 310	33.5% 334	13.4% 133	22.0% 221
Become more religious or spiritual	16.9% 168	37.5% 373	19.2% 191	26.5% 264
Seek treatment for emotional problems such as anxiety or depression	3.0% 30	43.5% 434	34.3% 342	19.2% 191

**Table 4.** Attitudes Toward Medication-Assisted Treatment, Providers Who Treat People with an Addiction to Opioids, and Personal Access to Naloxone

Item	Strongly Disagree %/n	Disagree %/n	Neither Agree nor Disagree %/n	Agree %/n	Strongly Agree %/n
MAT is the use of specific medicines (methadone, buprenorphine, and naloxone) to treat opioid addiction. MAT substitutes one addiction for another.	6.4% 64	18.0% 179	41.6% 414	24.1% 240	9.9% 99
I would feel uncomfortable seeing my doctor if I found out he or she treated patients who are addicted to opioids.	6.8% 68	22.8% 227	36.3% 362	26.4% 263	7.7% 76
A doctor should be allowed to refuse or stop seeing patients if they are addicted to prescription opioids.	6.8% 68	17.9% 178	38.8% 387	25.9% 258	10.5% 104
Doctors are to blame for people becoming addicted to prescription opioids.	6.8% 68	21.6% 215	37.3% 372	23.9% 238	10.4% 104
I do not want to see a doctor if they treat patients who are addicted to opioids.	6.7% 67	20.8% 207	39.5% 394	23.8% 237	9.2% 92
Any doctor who prescribes opioids for a patient should also have training on how to treat opioid addiction.	8.8% 88	21.9% 218	33.6% 335	25.5% 254	10.1% 101
I would be willing to carry naloxone, the medication that can reverse an opioid overdose, when out in public.	7.8% 77	20.7% 205	38.7% 384	24.2% 240	8.5% 84
I would be willing to keep naloxone, the medication that can reverse an opioid overdose, in my home.	7.4% 74	20.5% 204	39.1% 390	24.2% 241	8.8% 87

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