

So you want to reduce stigma towards people who use drugs...

F.I.R.S.T. let's...

FOCUS your definition of the problem. What do you think “stigma” is? Is there a more specific term you can use here like discrimination (unequal treatment), prejudice (negative attitudes), stereotypes (inaccurate or harmful beliefs) or social exclusion that better describes the lived experience of people using illicit drugs in your context? How exactly might public attitudes, stigmatizing policy or internalized stigma be...

- Creating barriers for people who use drugs to seek help or access supports?
- Increasing the risk of overdose and overdose death?
- Preventing the implementation of changes in drug policy (organizational, municipal, federal etc.) or social supports that could save lives and reduce harm?

INVESTIGATE how stigma is showing up in your community. What is the history of stigmatizing policy and practice towards people who use drugs? Are there social groups who are disproportionately impacted by the harms of drug policy in your context? How have people who use drugs from different walks of life been harmed and excluded in *different ways* in your community? Where is this still happening today?

REACH OUT to people with lived and living experience of substance use related stigma. Make sure to [respect their time and expertise](#). Ensure you are reaching a diversity of people and recognize that experiences of stigma may differ in important ways based on social position. How can your anti-stigma intervention (and the voices and stories you choose to elevate through it) represent a diversity of experiences of stigma and substance use? Drug policy and the criminalization of drugs in Canada have affected specific communities in very different ways over time, with a disproportionately negative impact on marginalized groups including low-income and racialized communities. Instead of saying “we’re not like them”, can you work to build solidarity across diverse lived experiences of stigma and substance use?

STRATEGIZE in partnership with people who are most impacted by substance use related stigma on what an effective and respectful anti-stigma intervention could look like. What form will your campaign take? Who will be the target audience for your campaign? What will success look like and how will you measure it?

TAILOR your intervention to your specific context. What is the most effective thing you can do with the resources you have to combat substance use related stigma? Posters on bus stops? Social media storytelling? Protests at city hall? Writing letters to politicians demanding decriminalization and safe supply in Canada?

Contextualizing Anti-Stigma Interventions

For a long time, stigma towards people who use drugs was not a concern for researchers or policymakers. Because of this, we still [know very little about](#) what actually “works” to reduce stigma towards people who use drugs. The little research that does exist is only starting to consider [the complex ways that substance use related stigma intersects](#) with racism, classism, and other forms of oppression. Much of the discussion around substance use related stigma treats stigma as if it does not have [a long and ugly history as a tool of racism](#) and [classism](#). It focuses on changing [wrong attitudes inside of peoples’ heads](#) rather than interrogating the [sources of stigma](#) or how stigma is [expressed through discriminatory and harmful policy](#).

Nevertheless, [anti-stigma campaigns](#) are exploding in popularity across Canada and the United States. A recent review (Neufeld, 2021) has identified 129 anti-stigma campaigns targeting substance use related stigma that were launched in Canada from 2009-2020. Most of these (87%) have been released since 2017. But marginalized people who use drugs have been facing, and resisting, stigmatizing attitudes and policy that target their communities long before the most recent wave of the overdose crisis. Many are asking, [who are all these recent campaigns really for?](#)

The vast majority of people with lived or living experience (PWLLE) of substance use who appear in these 129 Canadian anti-stigma campaigns do not belong to groups that have been the historical [targets](#) of substance use related stigma and drug criminalization. Approximately 73% of the PWLLE represented in anti-stigma campaigns appear to be White. Of the 97 campaigns that showed individuals, 34% *exclusively* featured White-appearing PWLLE. Similarly, across all campaigns approximately 75% of PWLLE appeared to be represented as middle or upper class and 43% of the campaigns *exclusively* showed middle-upper class PWLLE. [Why?](#)

Many campaigns seek to “challenge stereotypes” about who might be at risk of an overdose by depicting people from social groups that are not typically stereotyped AS “drug users”. Representations of White, middle-upper class PWLLE are often paired with colour-blind messages like “[opioids don’t discriminate](#)” or “[overdose can affect anyone](#)”. This [narrative ignores](#) how other forms of group-based oppression intersect to produce substance use related inequities (e.g. the [over-incarceration](#) of [people](#) with [addiction](#) and [mental health](#) problems in Canada, the over-representation of [low-income](#) and [Indigenous peoples](#) in overdose deaths). Worse, this narrative is sometimes paired with a [negative downward comparison](#), “these (good) drug users are not like those (bad) drug users”. This approach may help privileged people who use drugs by creating a new category of “deserving” drug users for whom stigma is seen as inappropriate, while normalizing and preserving the exclusion and dehumanization of racialized and low-income people who use drugs.

Towards Ending Stigma For ALL People Who Use Drugs

Remember History: Recognize the intersections between substance use related stigma, racism, classism and other forms of oppression. Try not to develop interventions that exacerbate intersectional stigma by ignoring them. Don't let your privilege blind you to history.

Prioritize Policy: Changing stigmatizing policy that actively harms people who use drugs may be more important than targeting the public attitudes of individuals. Don't confuse mean comments with structural exclusion. Better yet, sometimes an effective way to change minds might be to change policy! For example, it might be easier to convince the public not to see people who use drugs as undeserving criminals if we decriminalized simple possession of currently illicit substances.

Practice Inclusion: Don't make anti-stigma work about separating "us" from "them". Instead, recognize the connections between different experiences of stigma and trajectories into substance use. How does the demonization of marginalized drug users that has been normalized for generations contribute to the shame a White upper class person feels using drugs alone in their nice house? What interventions can help end stigma and reduce drug related harms on both ends of that spectrum?

Build Solidarity: Find ways to make your anti-stigma work foster connections between different experiences of substance use related stigma. Could you elevate the stories of Indigenous communities dealing with pain from intergenerational trauma with opioids? Respectfully allow folks experiencing homelessness to share their experiences of substance use and stigma in a way that transcends stereotypes? Encourage privileged folks to share about their experiences of addiction without perpetuating narratives of deserving and undeserving people who use drugs?