

Making Sense of Drug Use and Dependence

A scoping review of mass media interventions intended to reduce stigma towards people who use drugs

Adam Holland, Tom P Freeman, James Nicholls, Chloe Burke, Joshua Howkins, Magdalena Harris, Matthew Hickman, Angela Attwood, Vicky Carlisle, Peter Krykant, Olivia M Maynard



Background

There is mounting recognition of the importance of reducing stigma towards people who use drugs. This is highlighted as a priority in the United Nations Common Position on Drugs (UNCEBC, 2018). Stigma is characterised as a key determinant of health, driving poor health outcomes and inequalities (Link & Hatzembuehler, 2016). Judgement, shame, anticipated stigma, and discrimination can lead to riskier drug use, deter people from seeking support, negatively impact mental health, and foster support for punitive drug policies (Lancaster et al., 2017).

Mass media, defined as media intended for large audiences that does not require person-to-person contact (Bala et al., 2008), offers an avenue to change stigmatising attitudes at scale (e.g., films, websites, posters, pamphlets, online courses).

Corrian (2018) highlights how well-meaning interventions can sometimes inadvertently foster negative stereotypes. The specific motivation of a campaign can shape the messaging used, and campaigns with different motivations may include contradictory approaches. He characterises three agendas for stigma reduction:

- **Service agenda:** Reducing label avoidance to facilitate service access.
- **Rights agenda:** Ensuring equitable opportunities.
- **Self-worth agenda:** Replacing shame with dignity.

Efforts to reduce 'stigma' are further complicated by conflicting applications of the term. Stigma is a complex concept, used to refer to many different social phenomena (Dolezal, 2022). It is often under-theorised, with varied metrics used in attempts to measure it.

We conducted a scoping review of reports on the development and/or evaluation of mass media interventions intended to reduce stigma towards people who use (prohibited) drugs, to answer the following questions.

Questions

1. Who were the intervention subjects and intended recipients?
2. What was the format of the interventions?
3. Who developed the interventions?
4. What was the content of the interventions?
5. How did authors conceptualise and measure stigma?

Methods

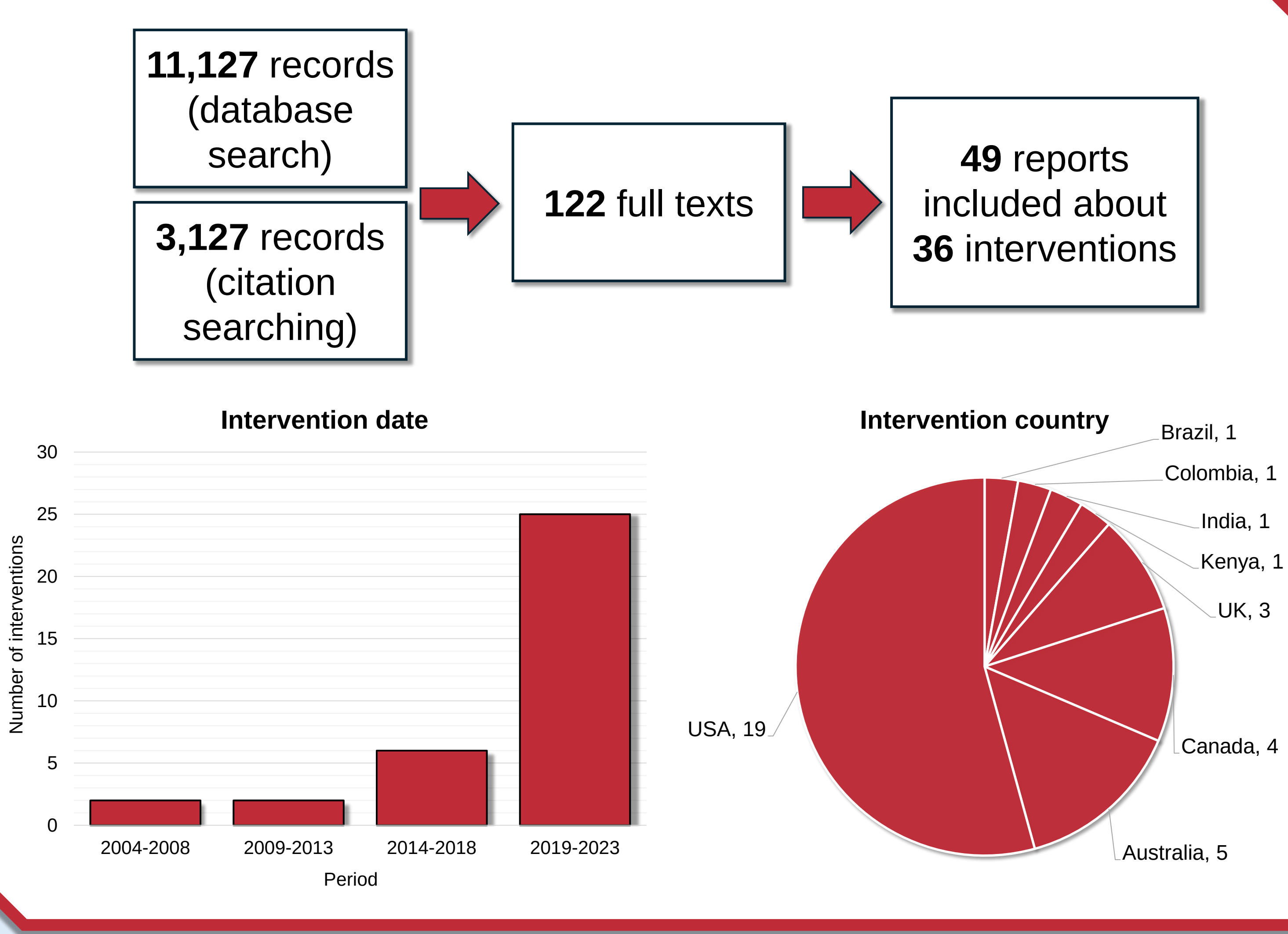
We searched seven academic databases on Feb 6-8, 2023, with terms related to (i) people who use drugs; (ii) stigma; and (iii) mass media, reference lists of included reports, articles which cited those documents, and the bibliographies of 11 reviews. Abstract screening and 25% of full text screening was done by two authors using the following eligibility criteria.

- English language journal articles, book chapters, websites, reports, dissertations, conference posters and abstracts from any location or context about interventions:
 - Intended for the general public or specific sub-populations.
 - About people who use(d) prohibited drugs or novel psychoactive substances.
 - Including a stand-alone mass media component (e.g., films, pamphlets, websites, online training).
 - Intended to reduce stigma or related processes (e.g., stereotyping, discrimination, prejudice).

Data were charted from reports and associated interventions and summarised with basic qualitative content analysis and descriptive statistics. Some members of the authorship team have personal experience of drug use, dependence, and have personal and professional relationships with numerous people who use drugs.

The protocol was pre-registered on Open Science Framework (Holland, 2023).

Included reports and interventions



Results

1. Who were the intervention subjects and intended recipients?

24/35 interventions aimed to reduce stigma towards people with specific patterns of drug use, which were characterised as problematic rather than wider populations of people who use drugs.

Intended recipients included the public or specified sub-populations (e.g. drugs workers, police, policymakers, students). 27/35 included a focus for healthcare professionals.

2. What was the format of the interventions?

Interventions ranged from single pieces of media to complex multi-component campaigns. 32/35 included digital elements (e.g., websites, films, online training programmes). 9/35 included non-digital elements (e.g., posters, pamphlets, artwork).

3. Who developed the interventions?

Most (29/35) intervention development teams included health professionals. **People who use(d) drugs were involved in the development of 22/35 interventions, with variable levels of involvement (no stated involvement in 13/35).**

4. What was the content of the interventions?

Content was available for 27/35 interventions. All interventions used 'education' (providing information to counter stereotypes), 23/27 used 'protest' (highlighting harms of stigma and chastising stigmatisers), and 19/27 used 'contact' (facilitating exposure to stigmatised groups to counter stereotypes). A range of specific messaging approaches were used as discussed in our article (*see QR code below!*)

16/27 interventions characterised drug dependence as a 'disease' or medical issue, while a few interventions problematised this framing. **22/27 described recovery or the need to reduce drug use, sometimes in contrast to negative characterisations of a life of drug use (e.g., "relearning how to be an honest and responsible person").**

Only three interventions included audiovisual footage of people who actively use drugs, as opposed to people who identified as in recovery, or actors.

Multiple interventions negatively characterised people who use drugs, e.g., as a "a slave to chemicals" or describing an "addict" as someone who entices others into drug dependence to manipulate them into purchasing and sharing drugs. Some people who identified as in recovery described their former lives of drug use in very negative terms, sometimes leading to generalisations about wider populations of people who use drugs.

5. How did authors conceptualise and measure stigma?

'Stigma' was only explicitly defined in reports on 11/35 interventions. Discussion of the key role of power in perpetuating stigma was often absent, as was discussion of the role of criminalisation.

19/35 interventions were evaluated quantitatively with instruments measuring phenomena related to stigma. 42 measurement instruments were used, with little overlap between studies. Outcome measures included views of drug use and dependence, feelings towards people who use drugs, attitudes toward interactions with people who use drugs, opinions about policies and treatment pertaining to people who use drugs, and hypothetical self-disclosure in the case of drug use or dependence (meant as a proxy for stigma).

In some cases, attitudes or beliefs deemed to be positive outcomes were in stark contrast, e.g., drug use is "merely a different kind of lifestyle that should not be condemned" vs "substance use disorder is a disease". Some attitude outcome measures referred to the need for compassion or offering help. Whilst this is generally desirable, it is not clearly a marker of reduced stigma if it is assumed everyone who uses drugs needs help.

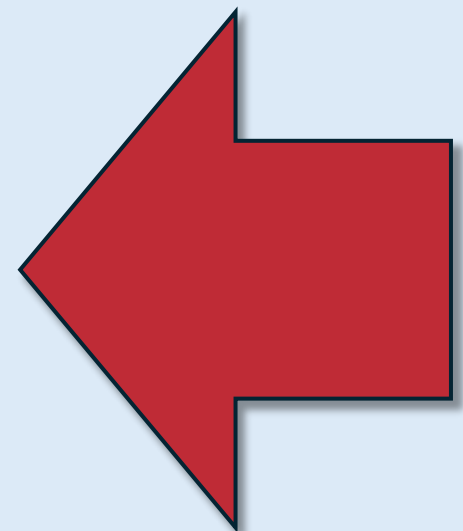
Discussion

Whilst there are increasing efforts to reduce stigma towards people who use drugs, there is an apparent lack of consensus on the best approach to achieve this in messaging, or how to evaluate interventions. It should be noted that there are likely many more community led interventions that we did not include because they are not described in the academic literature.

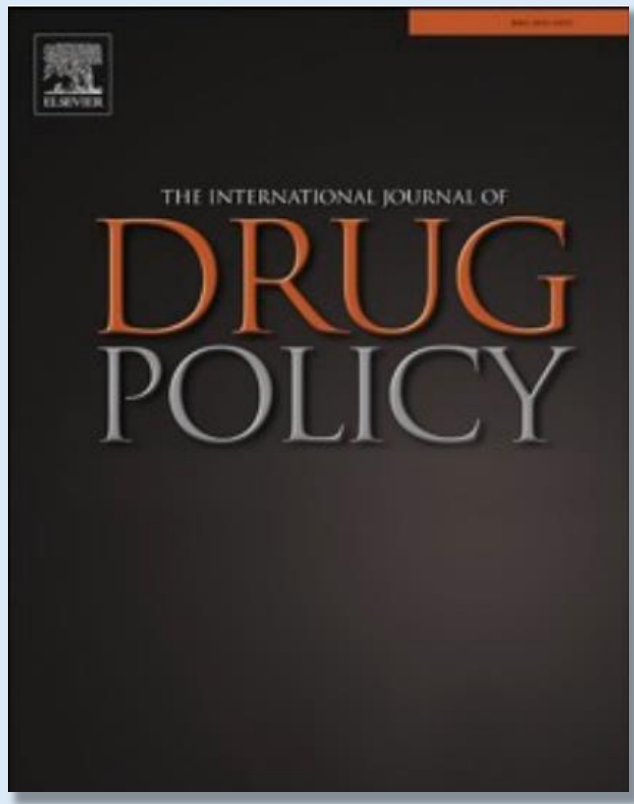
Many of the interventions we reviewed were seemingly primarily motivated by the 'service agenda' and were intended to encourage people who are navigating challenges related to drugs to access drug and health services. There was a relative absence of content focused on promoting the rights and self-worth of people who use drugs.

People who reported actively using drugs were often absent from authorship teams, and the content of interventions. Much content had a medical focus, reflecting predominant authorships and intended audiences of health professionals. Some content was contentious. This included a focus on the brain disease model of addiction, for which evidence suggests there are mixed evidence on markers of stigma (reducing blame but sometimes exacerbating negative stereotypes) (Kvaale et al., 2013). Characterisations of recovery sometimes pathologised people who continue to use drugs, again risking the perpetuation of negative stereotypes. Some interventions included content that negatively characterised people who use drugs, at times reflecting concurrent motivations to reduce stigma whilst also attempting to deter drug use.

We are now working to develop a series of anti-stigma films, in close collaboration with communities of people who use drugs (please see below and contact Adam if you'd like to be included!)



Read open access paper
(see for references)



We're recording footage for our anti-stigma films at this conference.

If you would like to be in the films, contact Adam by email or WhatsApp

