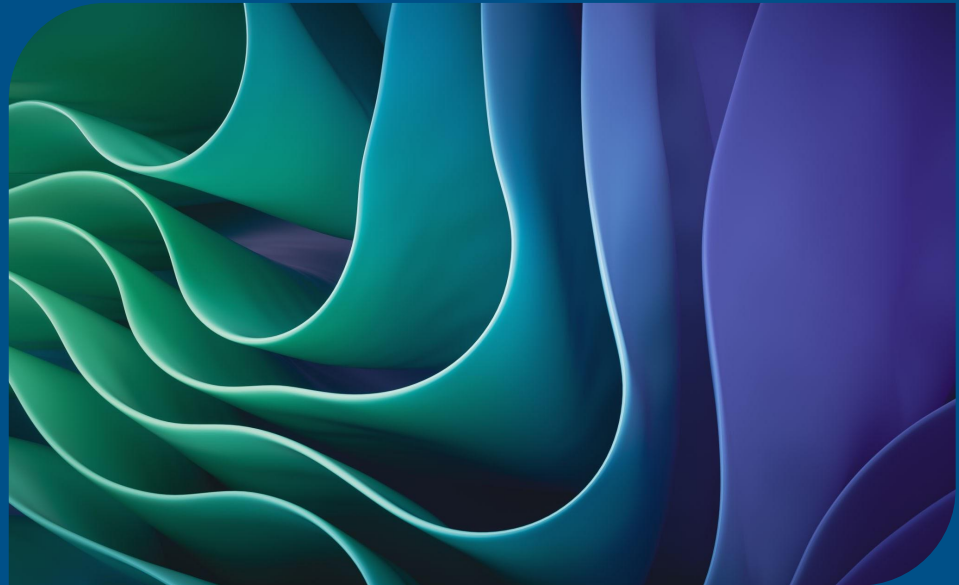


# Perceptions Matter: Perceived Stigma and its Role in SUD Treatment Completion

Kelsey Isman  
Technology and Translational  
Research Unit



1. **Stigma Background**
2. **Forming a Hypothesis**
3. **Sample & Analysis**
4. **Results**
5. **Conclusions and Next Steps**

**Research mixed when it comes to  
stigma and treatment  
duration/retention**

1. Stigma Background
2. **Forming a Hypothesis**
3. Sample & Analysis
4. Results
5. Conclusions and Next Steps

Research Question: Does stigma predict treatment dropout?

Perceived stigma on treatment intake will predict **increased** likelihood of premature treatment dropout.

1. Stigma Background
2. Forming a Hypothesis
3. **Sample & Analysis**
4. Results
5. Conclusions and Next Steps

# Measurements

- N = 7,591 individuals receiving SUD treatment at one of 75 treatment centers in the US
- Perceived Stigma of Addiction Scale (PSAS)
- Discharge status (premature or suggested treatment duration?)
- Treatment modality
- Primary substance
- Sociodemographics
- Mental health (depression, stress, anxiety)

# Analysis

- Mixed effects modeling: PSAS predicting discharge status
- Controlled for...
  - Treatment center
  - Treatment modality
  - Primary substance
  - Sociodemographics
  - Mental health



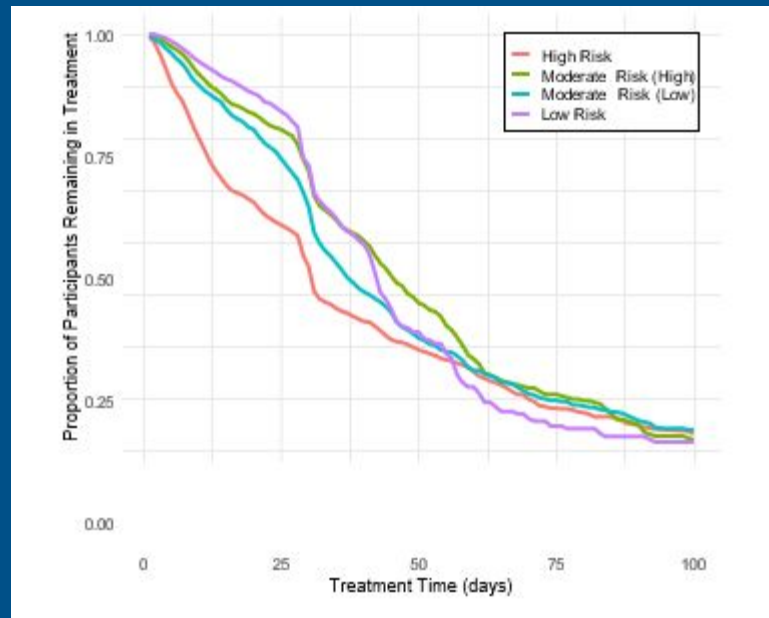
1. Stigma Background
2. Forming a Hypothesis
3. Sample & Analysis
4. Results
5. Conclusions and Next Steps

# High perceived stigma → premature discharge

For each one-unit increase in Perceived Stigma of Addiction Scale score, the odds of treatment completion decreased by 3%. This relationship persists across all models, even after accounting for covariates.

	Treatment Completion			
	Sociodemographics	Treatment Type	Mental Health	Primary Substance
<i>Fixed Effects</i>				
<b>Stigma</b>	<b>-.12*** (.04)</b>	<b>-.14*** (.04)</b>	<b>-.13*** (.04)</b>	<b>-.08* (.04)</b>
Duration of Stay	1.38*** (.07)	2.06*** (.09)	1.38*** (.07)	1.42*** (.08)
<i>Sociodemographics</i>				
Age	.25*** (.04)	.21*** (.04)	.25*** (.04)	.11** (.04)
Sex	.06 (.07)	.06 (.08)	.04 (.08)	.02 (.08)
Race	-1.15 (.11)	-.11 (.08)	-.14 (.11)	-.08 (.12)
Employment	.20** (.07)	.18* (.08)	.20* (.07)	.09 (.08)
<i>Treatment Type</i>				
Intensive Outpatient	-	-3.96*** (.23)	-	-
Residential	-	-1.87*** (.11)	-	-
<i>Mental Health</i>				
Anxiety	-	-	.03 (.04)	-
Depression	-	-	-.03 (.05)	-
Stress	-	-	.04 (.05)	-
<i>Primary Substance</i>				
Benzodiazepine	-	-	-	-.60** (.20)
Cocaine	-	-	-	-.83*** (.15)
Heroin	-	-	-	-.73*** (.11)
Marijuana	-	-	-	-1.13*** (.19)
Methamphetamine	-	-	-	-1.19*** (.12)
Opioids	-	-	-	-.66*** (.12)
Stimulants	-	-	-	-.53 (.33)
Intercept	.97*** (.26)	2.70*** (.24)	.98*** (.26)	1.46*** (.27)
<i>Random Effects</i>				
Treatment site   (Intercept)	4.24	3.17	4.22	4.53
<i>Model Fit</i>				
AIC	5625.5	5164.9	5629.9	5515.5
BIC	5680.6	5233.8	5705.7	5618.9
Log-likelihood	-2804.7	-2572.4***	-2804.0	-2742.8***
<i>Observations</i>				
People	7265	7265	7265	7265
Treatment sites	75	75	75	75

High-risk  
quartile  
drops out of  
treatment  
earlier than  
other groups



1. **Stigma Background**
2. **Forming a Hypothesis**
3. **Sample & Analysis**
4. **Results**
5. **Conclusions and Next Steps**

# Increased stigma on intake → Adverse SUD treatment outcomes

Highlights the need for stigma reduction among general public, healthcare professionals, and people who use substances and identifying folks with high levels of stigma early in treatment

- Ashford, R. D., Brown, A. M., McDaniel, J., & Curtis, B. (2019). Biased labels: An experimental study of language and stigma among individuals in recovery and health professionals. *Substance use & misuse*, 54(8), 1376-1384.
- Becker, T. D., Eschliman, E. L., Thakrar, A. P., & Yang, L. H. (2023). A conceptual framework for how structural changes in emerging acute substance use service models can reduce stigma of medications for opioid use disorder. *Frontiers in Psychiatry*, 14, 1184951.
- Benz, M. B., Reed, K. P., & Bishop, L. S. (2019). Stigma and help-seeking: The interplay of substance use and gender and sexual minority identity. *Addictive Behaviors*, 97, 63-69.
- Browne, T., Priester, M. A., Clone, S., Iachini, A., DeHart, D., & Hock, R. (2016). Barriers and facilitators to substance use treatment in the rural south: A qualitative study. *The Journal of Rural Health*, 32(1), 92-101.
- Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The impact of mental illness stigma on seeking and participating in mental health care. *Psychological Science in the Public Interest*, 15(2), 37-70.
- Crapanzano, K. A., Hammarlund, R., Ahmad, B., Hunsinger, N., & Kullar, R. (2018). The association between perceived stigma and substance use disorder treatment outcomes: a review. *Substance abuse and rehabilitation*, 1-12.
- Crozier, M. E., Farokhnia, M., Persky, S., Leggio, L., & Curtis, B. (2023). Relationship between self-stigma about alcohol dependence and severity of alcohol drinking and craving. *BMJ Ment Health*, 26(1).
- Yu, Y., Matlin, S. L., Crusto, C. A., Hunter, B., & Tebes, J. K. (2022). Double stigma and help-seeking barriers among Blacks with a behavioral health disorder. *Psychiatric Rehabilitation Journal*, 45(2), 183.