

Substance Use Self-Stigma Assessment Template

[Note: This survey is a template assessment that is designed for online dissemination. It could be adapted into a phone survey or pencil-and-paper survey with some changes. Information in bold is meant to provide guidance to participants. Information provided in italics and brackets is meant to provide further context to the implementor and would not be seen by the participant.]

[The scales used in this template assessment are from the [Substance Use Self-Stigma Measures Toolkit](#) and the [Public Stigma of Substance Use Measures Toolkit](#) which contain additional information for interpretation of assessment results. A [complementary toolkit for data collection and data analysis](#) is also available.

The measures included in this template assessment do not directly match the original measures. Minor edits were made to ensure language was as non-stigmatizing as possible while maintaining the integrity of the question. Response scales are on a 4-point Likert scale that excludes the neutral option to require respondents to form an opinion.

This template assessment should be used to describe the overall degree or magnitude of substance use related stigma among people who use/have previously used drugs. Unless otherwise noted, participant responses to all questions in each stigma scale should be summed. The sum score can then be used to characterize the level of stigma among the sample of healthcare providers. For example, questions 14-16 are from a scale developed by Stone et al. to assess opioid related attitude and beliefs. The responses to questions 14-16 can be added together to create a summed score. In this case, a higher score would indicate that the responding individual has higher levels of stigmatizing attitudes and beliefs.

Additional notes for analysis, including reverse-coding, are included under questions in italics and square brackets.]

Thank you for your interest in completing this survey to help us better understand what people in your community think about substance use, people who use drugs, and related topics. Follow the instructions below to answer each set of questions. Please remember to answer the questions honestly, and that there is no right or wrong answer. By taking this survey, you agree that the information you provide can be used by [*Local Health Department Name*]. Your responses will remain anonymous and confidential.

This survey is to be completed by individuals who currently or formerly exhibit symptoms associated with a substance use, commonly referred to as substance use disorder (SUD). SUD is complicated to fully define and may or may not be formally diagnosed. For the purposes of this survey, SUD refers to a condition that may exhibit some or all of the following symptoms:

- Consuming the substance in larger amounts and for a longer amount of time than intended.
- Persistent desire to cut down or regulate use. The individual may have unsuccessfully attempted to stop in the past.
- Spending a great deal of time obtaining, using, or recovering from the effects of substance use.
- Experiencing craving, a pressing desire to use the substance.
- Substance use impairs ability to fulfill major obligations at work, school, or home.
- Continued use of the substance despite it causing significant social or interpersonal problems.
- Reduction or discontinuation of recreational, social, or occupational activities because of substance use.
- Recurrent substance use in physically unsafe environments.
- Persistent substance use despite knowledge that it may cause or exacerbate physical or psychological problems.

First, we will ask you a few questions about yourself and who you are.

1. Have you ever been diagnosed with a substance use disorder?
 - Yes
 - No
 - Unsure

2. Are you currently using the substance(s) associated with your substance use disorder?
- Yes
 - No
3. What is your gender identity?
- Female
 - Male
 - Transgender Male
 - Transgender Female
 - Nonbinary/Genderqueer
 - Other (please specify): _____
4. Which of the following age ranges do you fall into?
- 18-24 years old
 - 25-34 years old
 - 35-44 years old
 - 45-54 years old
 - 55-64 years old
 - 65 or more years old
5. What level of education have you completed?
- Some high school
 - High school diploma or GED
 - Some college
 - Associate's degree
 - Bachelor's degree
 - Some graduate school
 - Master's degree or higher
 - Other (please specify): _____
6. Which race or ethnicity best describes you? (Please choose only one)
- American Indian or Alaskan Native
 - Asian/Pacific Islander
 - Black or African American
 - Hispanic
 - White
 - Multiple Ethnicity/Other (please specify): _____

These questions are about your confidence in your ability to respond to an overdose.

7. I am able to administer naloxone into someone who has overdosed.

Strongly Disagree Disagree Agree Strongly Agree

8. I would be able to check that someone who has overdosed was breathing properly.

Strongly Disagree Disagree Agree Strongly Agree

9. I am going to need more training before I would feel confident to help someone who has overdosed.

Strongly Disagree Disagree Agree Strongly Agree

10. I would be concerned about calling emergency services if someone overdosed in case the police come around.

Strongly Disagree Disagree Agree Strongly Agree

The following questions are about how you believe most people feel about people who use drugs.

11. Most people believe that a person who uses drugs cannot be trusted.

Strongly Disagree Disagree Agree Strongly Agree

12. Most people believe that a person who uses drugs is dangerous.

Strongly Disagree Disagree Agree Strongly Agree

13. Most people believe that a person who uses drugs is to blame for their own problems.

Strongly Disagree Disagree Agree Strongly Agree

These questions are about what you think about people with substance use disorder.

14. Individuals with substance use disorder only have themselves to blame for their issue.

Strongly Agree Agree Disagree Strongly Disagree

15. People with substance use disorder have poor moral character.

Strongly Agree Agree Disagree Strongly Disagree

16. People who need medication treatment to stop using substances lack willpower.

Strongly Agree Agree Disagree Strongly Disagree

The next questions are about your personal experience with substance use.

17. I am embarrassed or ashamed that I use or previously used substances.

Strongly Disagree Disagree Agree Strongly Agree

18. I feel inferior to others who don't use or haven't previously used substances.

Strongly Disagree Disagree Agree Strongly Agree

19. I am disappointed in myself for my substance use.

Strongly Disagree Disagree Agree Strongly Agree

20. People discriminate against me because I use or previously used substances.

Strongly Disagree Disagree Agree Strongly Agree

21. People ignore me or take me less seriously just because I use or previously used substances.

Strongly Disagree Disagree Agree Strongly Agree

22. Others think that I can't achieve much in life because I use or previously used substances.

Strongly Disagree Disagree Agree Strongly Agree

23. I avoid getting close to people who don't use substances to avoid rejection.

Strongly Disagree Disagree Agree Strongly Agree

24. Negative stereotypes about substance use keep me isolated from the "normal" world.

Strongly Disagree Disagree Agree Strongly Agree

25. Being around people who don't use substances makes me feel out of place or inadequate.

Strongly Disagree Disagree Agree Strongly Agree

26. People who use substances make important contributions to society.

Strongly Disagree Disagree Agree Strongly Agree

27. I can have a good, fulfilling life, despite my substance use.

Strongly Disagree Disagree Agree Strongly Agree

28. In general, I am able to live my life the way I want to.

Strongly Disagree Disagree Agree Strongly Agree

The next questions are about how often people have treated you in the past because of your substance use.

29. Family members have thought that I cannot be trusted.

Never Not Often Somewhat Often Often Very Often

30. Healthcare workers have not listened to my concerns.

Never Not Often Somewhat Often Often Very Often

31. Healthcare workers have given me poor care.

Never Not Often Somewhat Often Often Very Often

The next questions are about how likely it is that people will treat you in the following ways in the future because of your substance use.

32. Family members will look down on me.

Very Unlikely Unlikely Likely Very Likely

33. Family members will treat me differently.

Very Unlikely Unlikely Likely Very Likely

34. Healthcare workers will think that I'm pill shopping, or trying to con them into giving me prescription medications to get high or sell.

Very Unlikely Unlikely Likely Very Likely

[Note: This section should be included if the survey administrator is interested in collecting further information on stigma associated with Medication for Opioid Use Disorder (MOUD). If included, a decision logic question should be included before this section: “Have you ever been prescribed Medication for Opioid Use Disorder (MOUD, Ex: Methadone, Buprenorphine, Suboxone, Naltrexone)”? NACCHO recommends the inclusion of this section to better assess stigma towards and resistance to this evidence-based intervention.]

If Yes: The next questions are about how often people have treated you in the past because you receive Medication for Opioid Use Disorder (MOUD, Ex: Methadone, Buprenorphine, Suboxone, Naltrexone).

35. Family members have thought that I’m still using drugs.

Never Not Often Somewhat Often Often Very Often

36. Employers have thought that I’m still using drugs.

Never Not Often Somewhat Often Often Very Often

37. Healthcare workers have thought that I’m still using drugs.

Never Not Often Somewhat Often Often Very Often

The next questions are about how you feel about your own MOUD treatment.

38. I feel I’m not as good as others because I receive MOUD.

Strongly Disagree Disagree Agree Strongly Agree

39. I feel ashamed of my MOUD treatment.

Strongly Disagree Disagree Agree Strongly Agree

40. MOUD treatment makes me feel like I'm still using drugs.

Strongly Disagree Disagree Agree Strongly Agree

Thank you for participating in the survey. Your responses will help your community improve its provision of overdose prevention and response services. If you have any questions about the survey, please reach out to _____.