Stigma towards people who use alcohol and other drugs in healthcare settings

A policy briefing from the Anti-Stigma Network

Stigma towards people who use alcohol and other drugs is pervasive. Negative and unfair beliefs contribute to discrimination, poorer quality of care and worse healthcare outcomes. This briefing draws on a wide range of evidence – including personal testimony shared through the Anti-Stigma Network – to describe how stigma affects access to and experiences of health care, and how policy makers can respond.

Experiences of stigma in healthcare

The impact of stigma on access to and experiences of healthcare has long been recognised. In 2010 a report for the UK Drug Policy Commission highlighted the potential both for healthcare professionals to hold negative perceptions of people using alcohol and other drugs, and for people to avoid accessing services as a result.[1] Dame Carol Black's 2021 independent review of drugs indicated little had changed in ten years, noting: "Stigma often limits access to healthcare services, with drug users feeling unwelcome in many mainstream health and care settings".[2] Research has consistently shown that access to high quality treatment and support helps to reduce substance related harms, and stigma is a barrier to this.[3]

People experience stigma across the healthcare system. Case studies gathered by the NHS Addictions Provider Alliance describe negative judgments from healthcare professionals, particularly in hospital settings.[4] There is also evidence from Scotland that stigma towards people prescribed opioid agonist therapies is prevalent among staff in community pharmacies.[5] People with lived experience told us stigma had particularly affected them during mental health crisis, during pregnancy, and after repeated ill health:

> My clients get classed as 'frequent flyers' [and] they're faced with going back to these wards: 'here he comes again', 'why can't you just stop drinking', 'you're taking up our beds'. My clients have stopped going into hospital because of that. (Alcohol worker)

Stigma is worsened when substance use co-occurs with mental health problems. This was recognised in 2023 National Institute for Health and Care Excellence guidance, which noted "inequity in the way that people with coexisting severe mental illness and substance misuse are treated by services compared with other groups". Guidance issued in 2025 by the Royal College of Psychiatrists also highlights the importance of challenging stigma when it arises to reduce barriers to support.[6] This is particularly significant given the level of undiagnosed or unmet mental health needs, with up to 70% of people in drug treatment and 86% of people using alcohol services experiencing mental health problems.[7]

Both the anticipation and experience of stigma have serious consequences. People using alcohol and other drugs are more likely to experience physical health conditions such as respiratory diseases, blood-borne viruses and diseases of the liver, kidneys and pancreas. People who use illicit opioids have higher rates of death across all major causes, with particular high rates for viral hepatitis, HIV and COPD.[8] Analysis of treatment data shows that in 2017 about 60% of deaths of opiate users in treatment were from causes other than a drug poisoning.[9] Access to early and effective healthcare treatment is vital, and yet people told us that experiencing stigma had both immediate and lasting effects on their ability to seek help.

> The stigma of what you're going through is a barrier. If people are not being helpful with that, then you can't get the support you need to the full potential. (Person in recovery)

The policy response to date

Government and independent reviews have recognised the need to act. In her 2020 independent review of drugs, Dame Carol Black called on the Department for Health and Social Care and NHS England to "develop, publish and implement by the end of 2021 an action plan for improving the provision of physical healthcare to people with drug dependence, which should be an integral part of local integrated care systems".[10] Likewise, the 2021 drug strategy, 'From harm to hope', stated: "We will create a system where no one falls through the gaps, where there is no stigma attached to addiction and it is treated as a chronic health condition, and where people who need it are provided with long-term support."[11]

However, commitments to address stigma have not resulted in significant changes to healthcare policy or practice. A 2023 report from the National Audit Office noted health authorities had not produced action plans to to improve provision of either mental and physical health to address stigma and exclusion.[12] Similarly, a 2024 Public Accounts Committee report stated "the [drug] strategy has not yet led to a joined-up cross-sector response to help people recover from addiction" as recommended by the Carol Black review.[13]

People with lived experience of drug and alcohol problems told us that recent experiences of stigma in healthcare were frequent but also highly personalised. They described healthcare professionals within the same service taking very different approaches depending on their knowledge, understanding and personal experiences (either direct or indirect) of substance use. The nature of these experiences can both reduce and enhance the likelihood of stigma, as one healthcare professional who was in recovery explained:

> Before I became alcohol-dependent I didn't understand it [and then] I was much more empathetic and understanding because I'd been through it, and I knew. But I never told anyone at work because of the stigma and the stereotype. (Healthcare professional)

What policy makers can do

The evidence shows there are ways that stigma towards people who use substances by healthcare professionals can be reduced. A review of international literature suggests anti-stigma interventions are likely to be most effective when they combine different elements, including social contact between professionals and people with lived experience.[14] There is also a role for more formal education and training to increase health professionals' understanding of drug and alcohol issues, a call echoed in mental health by a recent Lancet commission.[15] People with lived experience emphasised the widespread misunderstanding of addiction among both healthcare professionals and the public, and how people's choices are perceived:

> In a lot of people with lived experience and families, there's an empathy there for people who use drugs and alcohol, and for someone who has no knowledge of anyone, the easiest option is the discrimination route, or stigma, or what the media tells you to believe. I think it's stories that combat that in the best way that can be fed through with training. (Family member)

This could include work to improve understanding of how drug and alcohol issues and interact with other healthcare issues. Drawing attention to the connections between substance use, mental health problems and other forms of social disadvantage could help busy and pressured practitioners see their role differently and understand how providing high quality and compassionate care to this particular group can support better outcomes over time, both for people accessing care and the health system more widely.

There is an opportunity to draw on the wealth of experience that people who use drugs and alcohol have to support both professionals and people accessing support. One practical example of this is the guidance for community pharmacies co-produced by advocacy organisation Voice of the Voiceless, which used personal stories and illustration to help both pharmacists and people accessing opioid substitution therapy to understand their respective rights and responsibilities.[16]

Changing institutional policies and procedures can also contribute to addressing stigma. For instance, the 2023 NHS long-term workforce plan stated that "Mental health staff in particular should be trained and competent in the recognition, treatment and care of adults and young people with co-occurring mental health and drug and alcohol use conditions".[17] In December 2025 the government

published a delivery framework for how local authorities and NHS bodies should work together on co-occurring mental health and substance use conditions, and the key role of integrated care systems.[18] Addressing structural stigma that influences decision-making would enable professionals to provide timely, high-quality care.

Finally, there may be opportunities to design alternative or improved provision for people who use drugs or alcohol. For instance, initiatives in north-west England have sought to improve access to respiratory care for people using drugs and alcohol across both primary and secondary care through providing community clinics in partnership with drug and alcohol treatment providers.[19] More broadly, experiences of stigma may also result inadvertently from routine activities in healthcare settings, and organisations should take a defined and strategic approach to prevent stigma, ensuring all services are designed around the needs of people who use drug and alcohol and with their input.

About the Anti-Stigma Network

The Anti-Stigma Network works to improve understanding of the stigma and discrimination experienced by all people affected by drug and alcohol use. The network is coordinated by a steering committee and its organisational members include many of the leading charities working to support people facing drug and alcohol issues in the UK.

Work with us

If you are seeking to address stigma in a healthcare setting, the Anti-Stigma Network offers a range of free guidance and can seek to connect people with a common interest across our network.

www.antistigmanetwork.org.uk

References

1 UK Drug Policy Commission (2010). *Sinning and Sinned Against: The Stigmatisation of Problem Drug Users.* p. 30-32

2 DHSC (2021). *Review of drugs part two: prevention, treatment, and recovery.* Section 3.12.

3 Public Health England (2017). *An evidence review of the outcomes that can be expected of drug misuse treatment in England.*

4 NHS Addictions Provider Alliance (2022). *Breaking down stigma.*

5 Weir et. al. (2026). *Professionalism, professional identity and community pharmacy culture: The context of substance dependency through the lens of student and early career pharmacists.* Addiction, 121(1), pp. 138–149.

6 Royal College of Psychiatrists (2025). *Co-occurring substance use and mental health disorders (CoSUM).*

7 Weaver (2003) and Delgadillo et al (2012), cited PHE (2017). *Better care for people with co-occurring mental health and alcohol/drug use conditions.* p. 14.

8 Lewer et. al. (2022). *Causes of death among people who used illicit opioids in England, 2001–18: a matched cohort study. The Lancet Public Health*, Volume 7, Issue 2, e126 – e135.

9 Unpublished NDTMS data, cited in Home Office (2020). *Review of Drugs: evidence pack.* p. 23.

10 DHSC (2021). *Review of drugs part two: prevention, treatment, and recovery.* Section 3.12.

11 Home Office (2021). *From harm to hope: A 10-year drug plan to cut crime and save lives.* p. 31

12 National Audit Office (2023). *Reducing the harm from illegal drugs.* p. 50.

13 House of Commons Committee of Public Accounts (2024). *Reducing the harm from illegal drugs.*

14 Unpublished research for the Anti-Stigma Network by colleagues from Liverpool John Moores University.

15 *'Can we end stigma and discrimination in mental health?'. The Lancet.* Volume 400, Issue 10361, 1381

16 NIHR (2025). *Voice of the Voiceless: How we co-produced materials to help reduce stigma for people receiving opioid substitution therapy in pharmacies.*

17 NHS England (2023). *NHS Long Term Workforce Plan.* p.103

18 Department of Health and Social Care (2025). *Co-occurring mental health and substance use delivery framework.*

19 Health Foundation (2018). *Facilitating heroin smokers' access to existing community COPD services in Liverpool.*
NHS Cheshire and Merseyside (2024). *Improving respiratory care for those seeking drug and alcohol treatment in Wirral.*