Strategies to Take Action Against Stigma

Addressing Stigma in the Pharmacy Setting

Nicolette Centanni, PharmD, BCPS, BCGP, BCPP

Continuing Education Credits

CME

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Maine Medical Education Trust and CCSME. The Maine Medical Education Trust is accredited by the Maine Medical Association Committee on Continuing Medical Education and Accreditation to provide continuing medical education for physicians.

The Maine Medical Education Trust designates this regularly scheduled series for a maximum of 1 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

This activity qualifies for 0 credit(s) of the 3 CME credit requirement for opioid medication education found in P.L. 2015, Chapter 488, Maine's legislation to address the opioid drug crisis.

Other

1 contact hour for social workers, licensed clinical professional counselors, and behavioral health professionals

1 Category I contact hour for psychologists. CCSME is a pre-approved sponsor and provider of Professional Education Activities for Psychologists.

1 contact hour CHES. CCSME is a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc.

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Disclosures

Maine Substance Use Disorders Learning Community

Together increasing access to OUD/SUD Care

- Neither the presenters nor the program planners have any relevant financial conflicts of interest to disclose.

Addressing Stigma in the Pharmacy and Associated Healthcare Settings

Nicolette Centanni PharmD

5/29/26

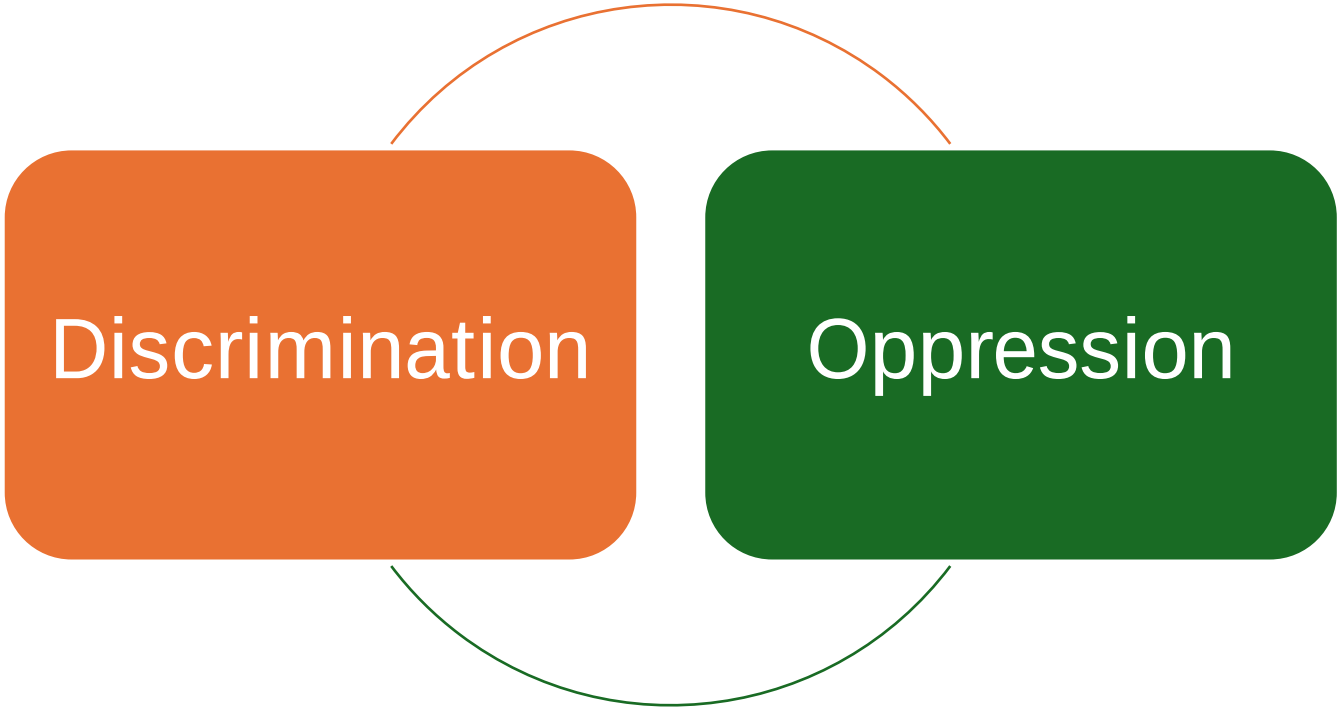
Objectives

INTRODUCE TYPES OF STIGMA AND ASSOCIATED IMPACT

DISCUSS TYPES OF STIGMA THAT MAY BE ENCOUNTERED IN DIFFERENT PHARMACY AND HEALTHCARE SETTINGS

PROVIDE EXAMPLES OF WAYS TO REDUCE STIGMA IN THE PHARMACY AND HEALTHCARE SETTINGS

What is Stigma



What is a Weed?

Why Dandelions Are Considered Weeds

Dandelions (*Taraxacum officinale*) are often labeled “weeds” not because of any botanical flaw, but because of **human preferences and cultural expectations**. Botanically, a weed is simply any plant growing where it is not desired by the landowner biologyinsights.com . In manicured lawns, gardens, or crop fields, dandelions disrupt the desired plant cover, so they are classified as weeds in those contexts.

Pigeons-Companion or Nuisance?

Types of Stigma

Self Stigma	• Accepting and internalizing negative stereotypes about self
Public Stigma	• Negative attitudes that isolate those with addiction
Stigma Against Medication	• Belief that MOUD just trades one addiction for another
Structural Stigma	• Excluding those with addiction from opportunities and resources

Provider Stigma

Negative attitudes, behaviors and sometimes actions towards patients

Perpetuates societal view that patients who use substances are

Lazy	Moral failures	Criminals	Worthless	Dangerous	Blameworthy

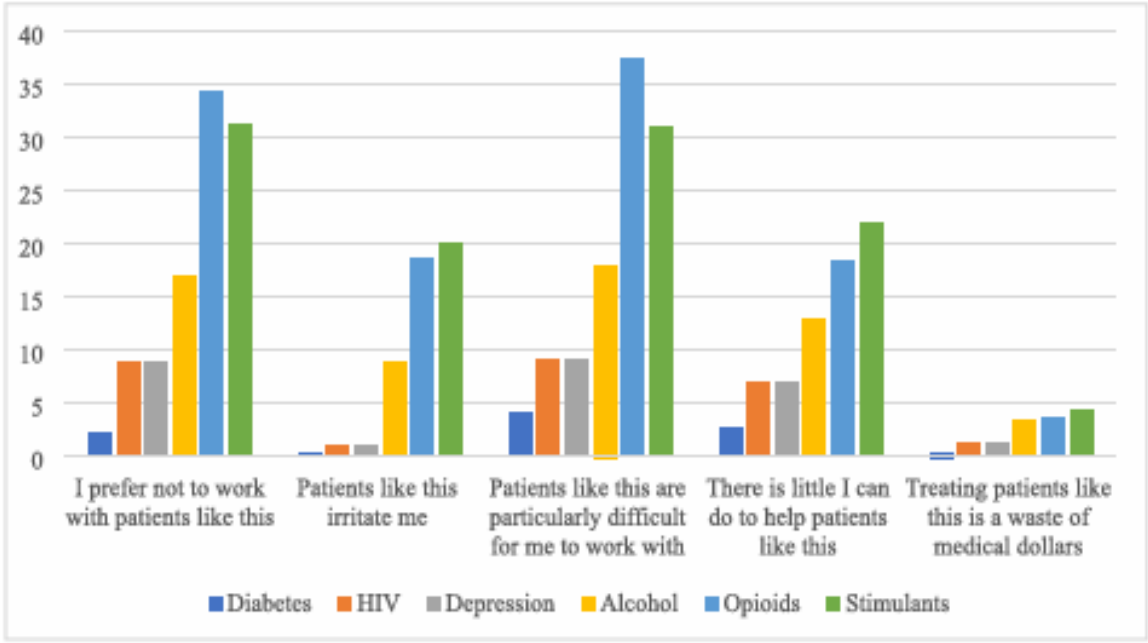
Parish 2025 Addiction https://doi.org/10.1111/add.70122

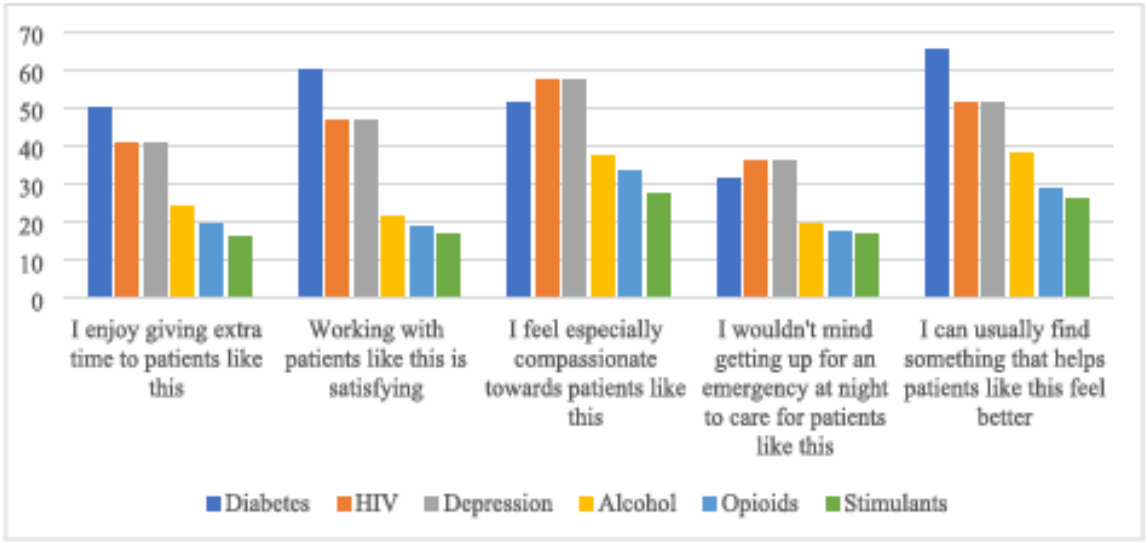
Why Healthcare Providers Have Stigma

- Compassion fatigue
- Burnout
- Lack of education on SUD
- Inadequate training and skills
- Negative perceptions

Parish 2025 Addiction https://doi.org/10.1111/add.70122

Survey Responses





Parish 2025 Addiction https://doi.org/10.1111/add.70122

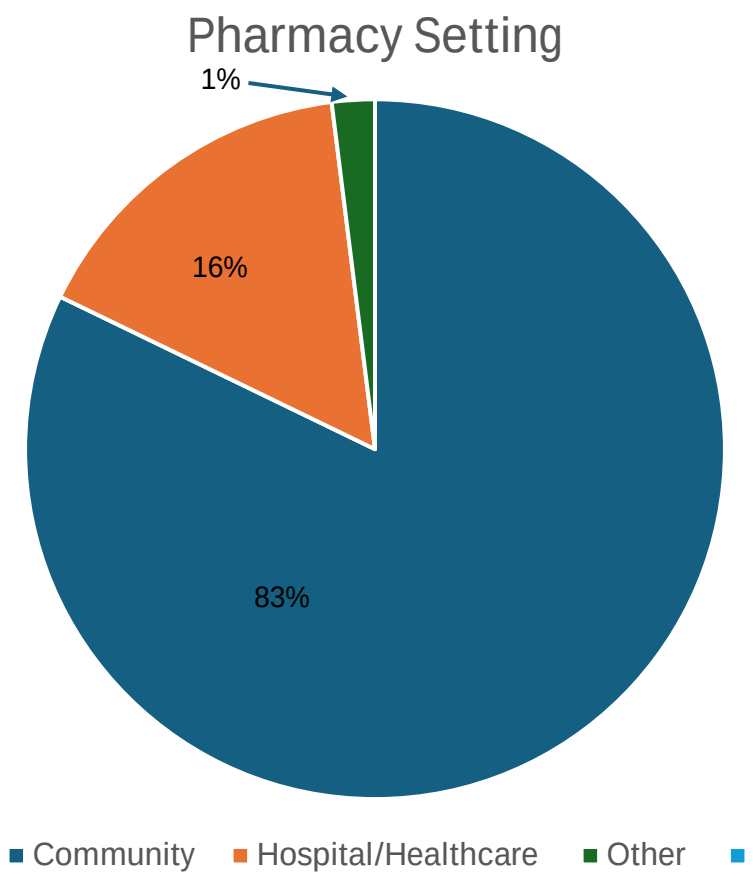
Survey Outcomes

From lowest to highest stigma

- Diabetes
- HIV
- Depression
- AUD
- OUD
- StUD

Parish 2025 Addiction https://doi.org/10.1111/add.70122

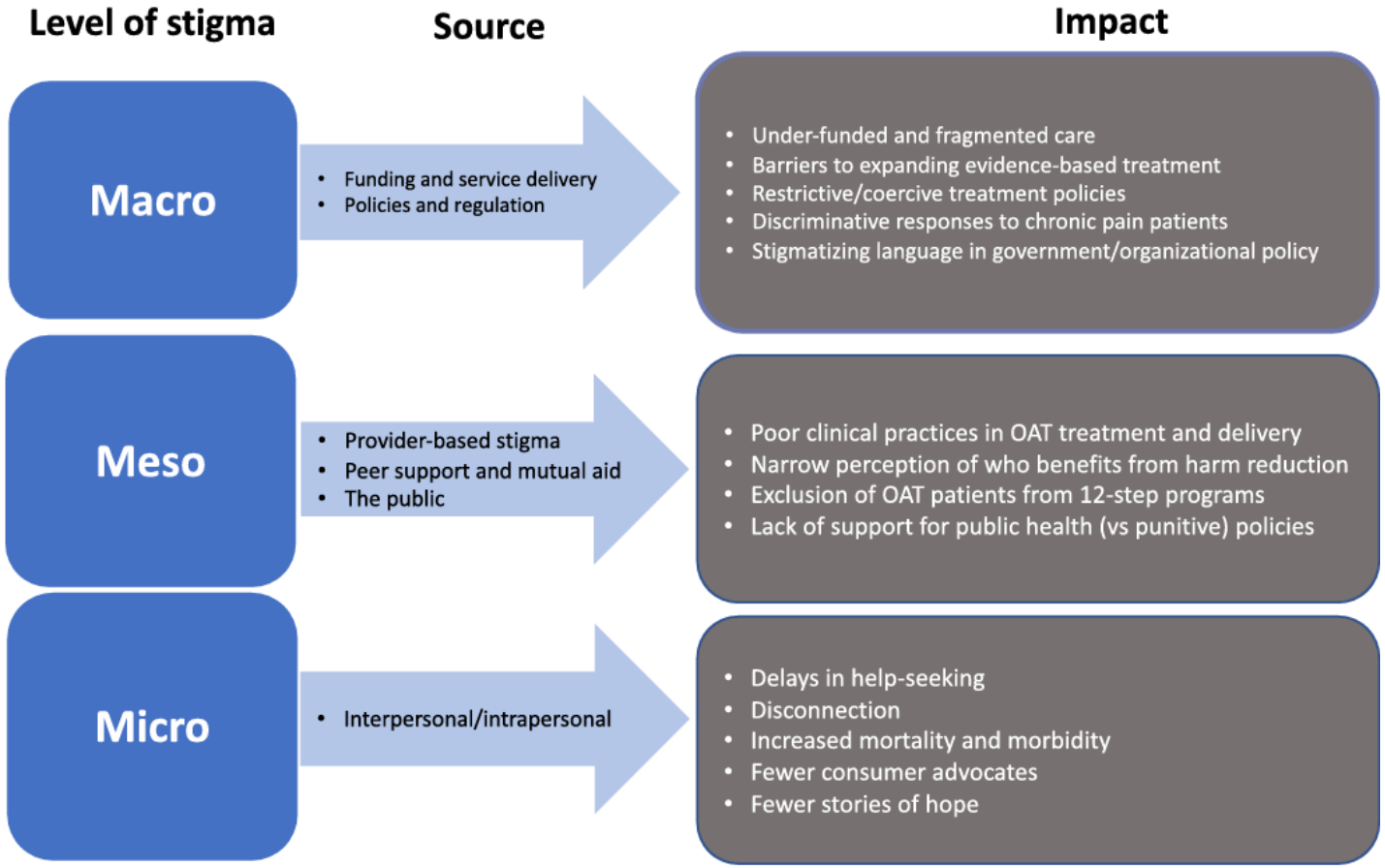
Attitudes of Pharmacists Toward SUD



- Wide variety of knowledge level
- Most knew MOUD effective and clean syringes prevent spread of disease
- Many unfamiliar with naloxone and syringe laws in their state
- Many only feel comfortable giving naloxone to high dose RX or family/friends
- Still LOT of stigma among pharmacists in US

Pope 2025 https://doi.org/10.1016/j.japh.2025.102462

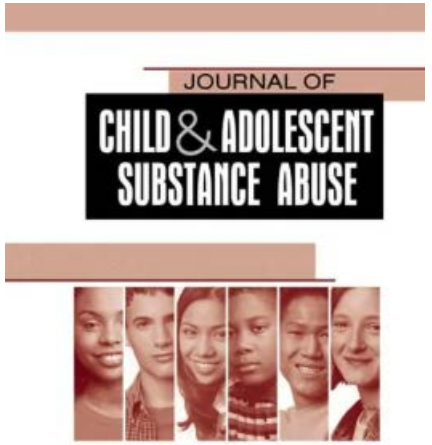
Stigma Impact



Cheetham Substance Abuse and Rehabilitation 2022:13 1–12

Stigma in Medical Resources

JSAT
Journal of Substance Abuse Treatment



NIH National Institute on Drug Abuse

BMC
Substance Abuse Treatment, Prevention, and Policy

SAMHSA
Substance Abuse and Mental Health Services Administration

War on Drugs

"Most marijuana smokers are Negroes, Hispanics, Filipinos and entertainers".-Harry Aslinger

“The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and Black people. You understand what I’m saying? We knew we couldn’t make it illegal to be either against the war or Black, but by getting the public to associate the hippies with marijuana and Blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did.”

Nixon Adviser Admits War on Drugs Was Designed to Criminalize Black People

Crack vs Cocaine 100:1 ratio

Crack

- 5 grams triggered mandatory sentence
- More used in Black and urban communities
- Mandatory minimum for first time crack possession

Cocaine

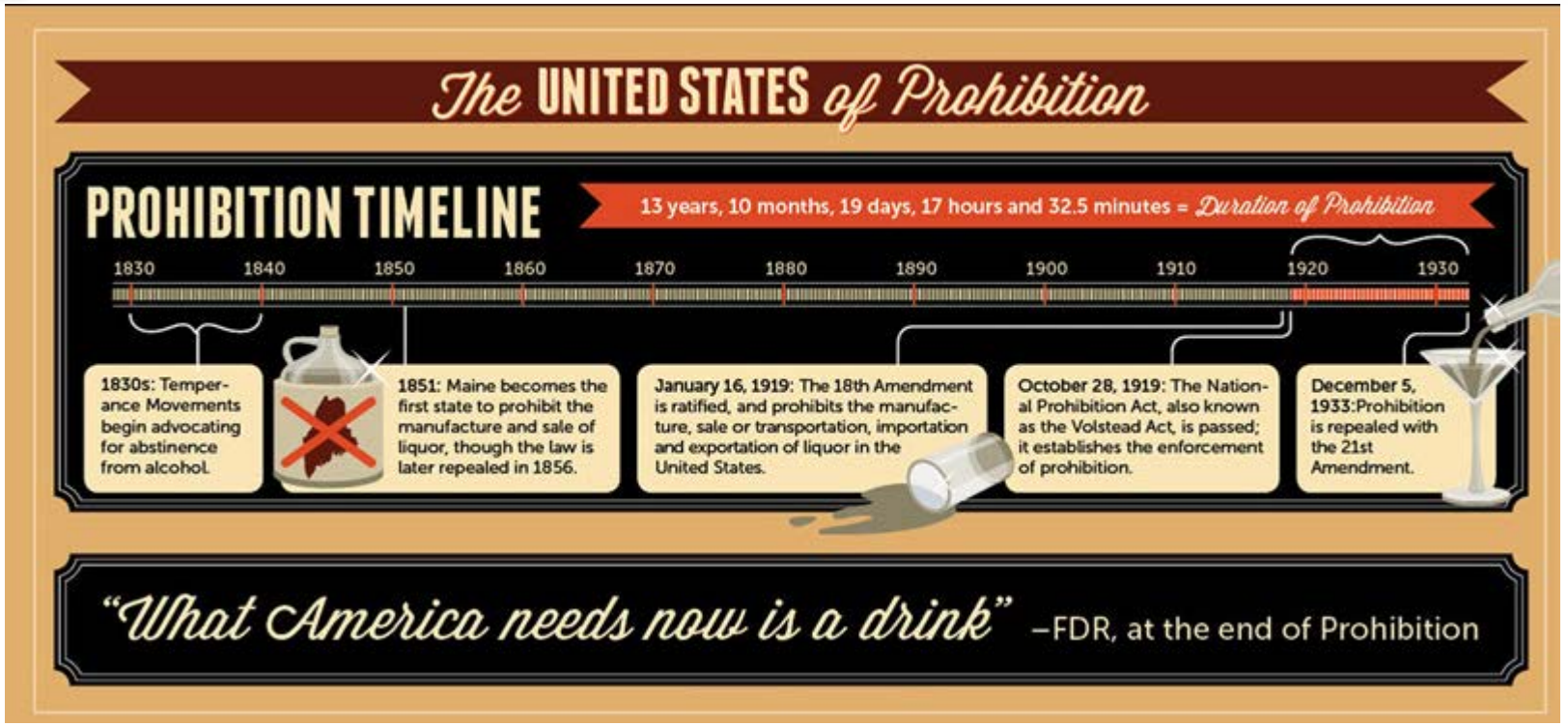
- 500 grams triggered mandatory sentence
- More usually used by white and affluent users
- No mandatory minimum for first time cocaine possession

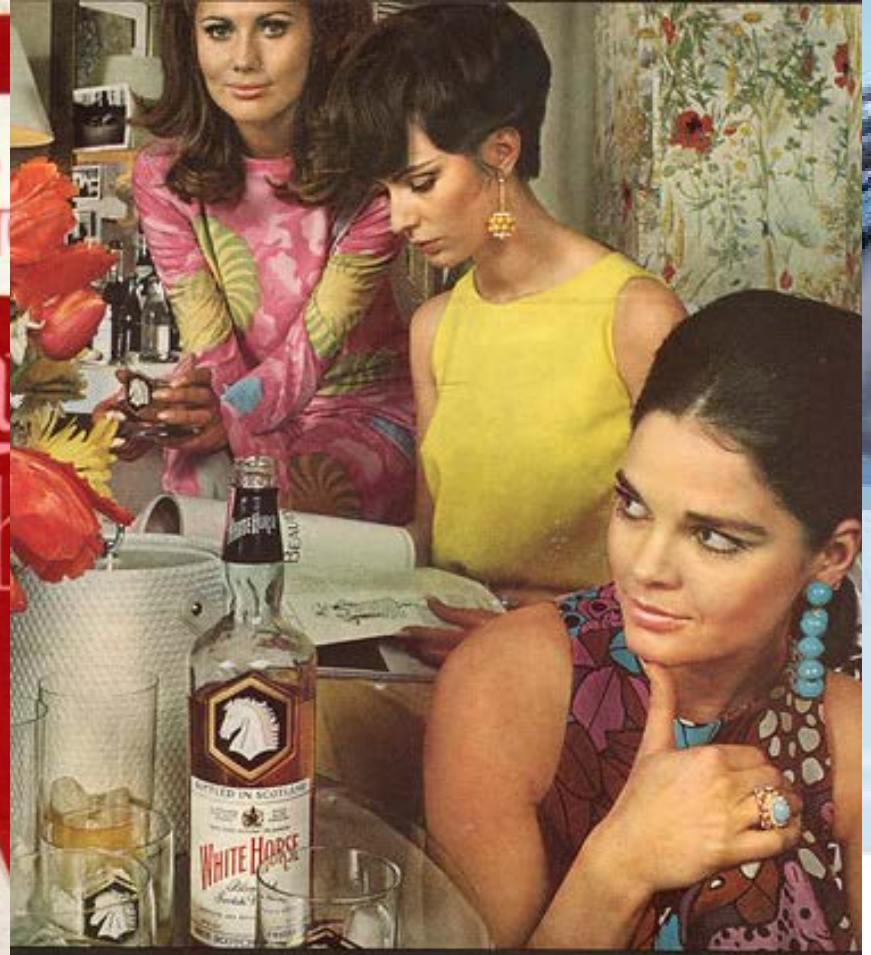
A Step Towards Dismantling Bias in American Institutions; Rectifying Sentencing Disparities Between Crack and Powdered Cocaine | Race & Social Justice Review

CLOSE THE SALOONS
IF you believe that the traffic in alcohol does more harm than good—
Help stop it.

ALCOHOL
A BLESSING
A CURSE
GOOD FOR THE ENGINE, BUT NOT FOR THE ENGINEER
GOOD FOR COMMERCIAL PURPOSES, BUT NOT AS A BEVERAGE

for our sake....
VOTE
NO
on
LIQUOR
SEPTEMBER 11


The UNITED STATES of Prohibition
PROHIBITION TIMELINE
13 years, 10 months, 19 days, 17 hours and 32.5 minutes = Duration of Prohibition
1830
1840
1850
1860
1870
1880
1890
1900
1910
1920
1930
1830s: Temperance Movements begin advocating for abstinence from alcohol.
1851: Maine becomes the first state to prohibit the manufacture and sale of liquor, though the law is later repealed in 1856.
January 16, 1919: The 18th Amendment is ratified, and prohibits the manufacture, sale or transportation, importation and exportation of liquor in the United States.
October 28, 1919: The National Prohibition Act, also known as the Volstead Act, is passed; it establishes the enforcement of prohibition.
December 5, 1933:Prohibition is repealed with the 21st Amendment.
"What America needs now is a drink" –FDR, at the end of Prohibition



Never go to a bachelor's pad alone

ially if she has roommates. Bachelor
hen an available male walks in, empty-
up with a bottle of White Horse and—
welcome, Good Guy! It's the Scotch with the taste even roommates can't argue about: either they like it or they love it. So you end up with a roomful of purring girls, Good Guys all. Works in a pad. Works in a pub. Because—

The Good Guys are always on the White Horse

TO ORDER SET OF 6 GOOD GUYS GLASSES AS SHOWN WHEREVER LEGALLY PERMISSIBLE: SEND $5 CHECK OR MONEY ORDER TO WHITE HORSE, DEPT. J-A, P.O. BOX 169, MT. VERNON, N.Y. 10550/BLENDED SCOTCH WHISKY—86 PROOF—BROWNE-VINTNERS CO., N.Y.

Michelob ULTRA

You go full speed, or you don't g

One beer delivers the refreshing taste you want without gett
in the way of how you want to live your life. Michelob ULTR

LIVE LIFE TO THE ULTRA

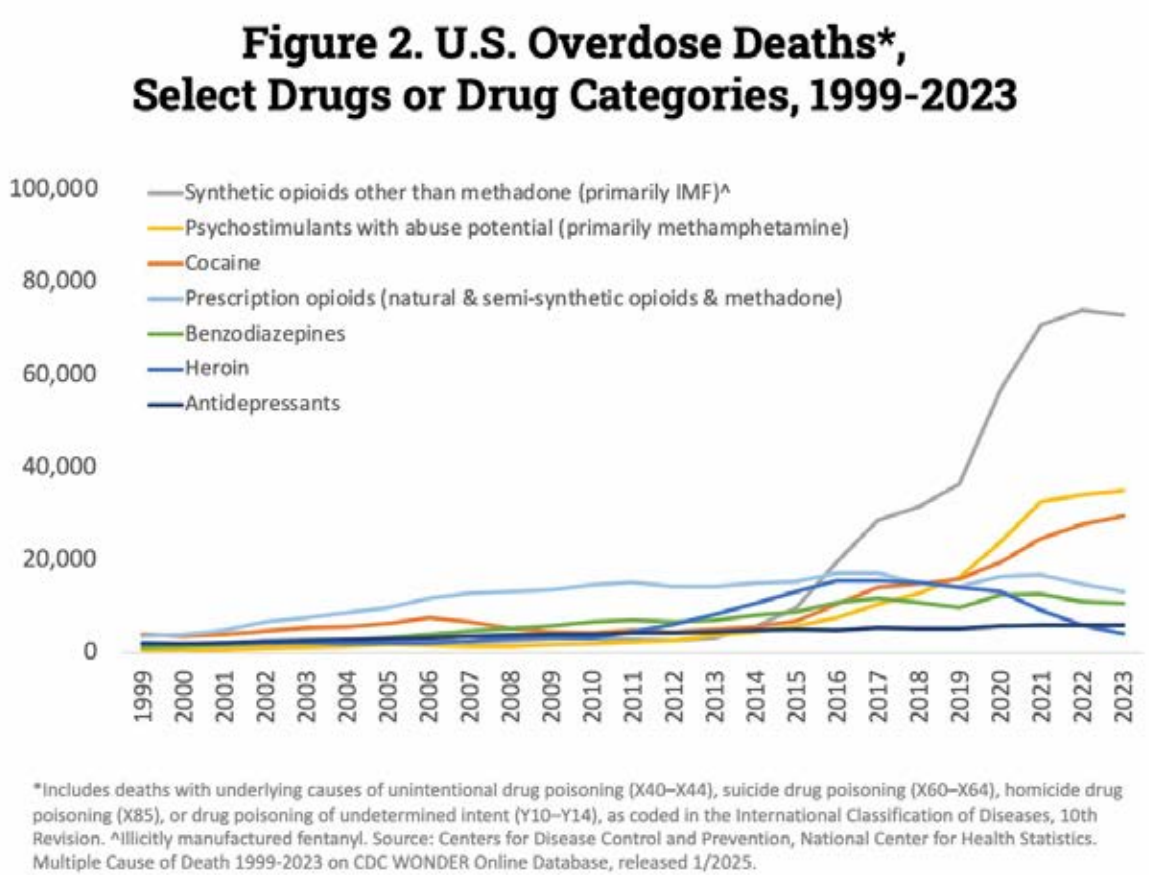
Deaths from Alcohol Use

- 2/3 from chronic conditions related to alcohol
- 1/3 from binge drinking or excessive drinking on one occasion
- 178,000 per year

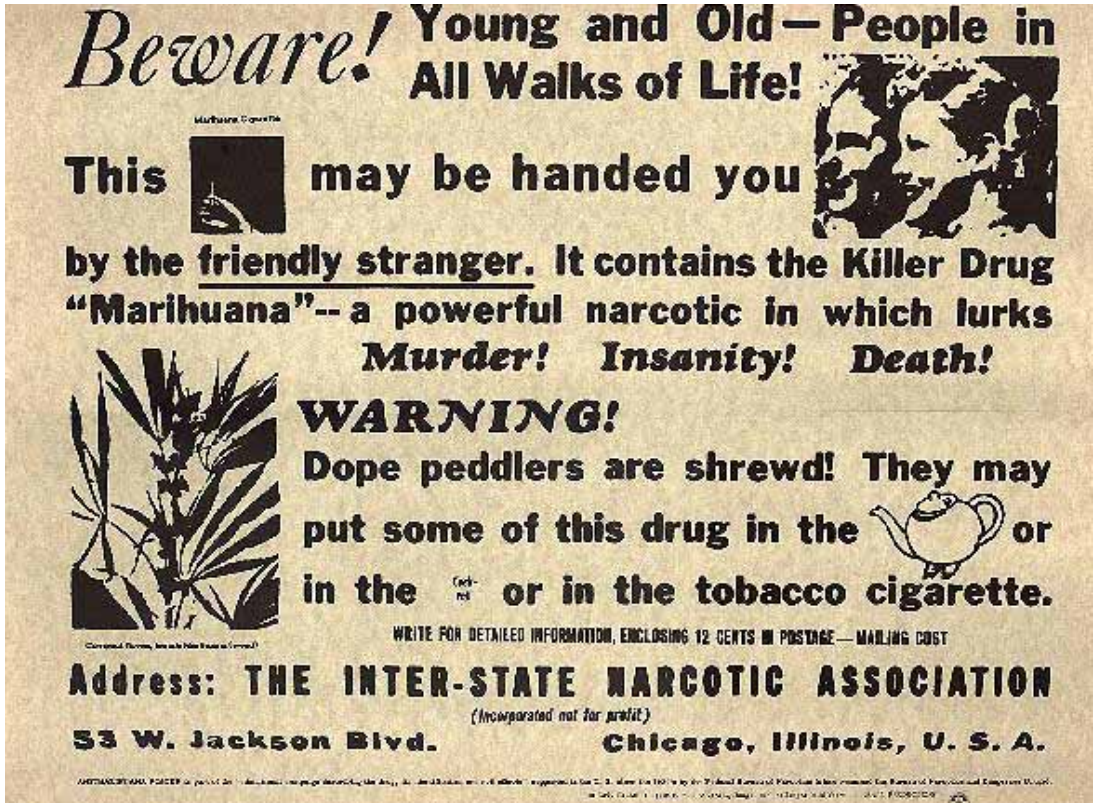
= 480,000 deaths per year in the US

Facts About U.S. Deaths from Excessive Alcohol Use | Alcohol Use | CDC

US Deaths by Substance



Cannabis



~3000 deaths related to cannabis in 2022

Mostly widely used federally illegal substance

20% Americans used in 2021

Marijuana Overdose Death Statistics | Fact-Checked 2026
Cannabis Facts and Stats | Cannabis and Public Health | CDC

Stigma Varies Among MOUD

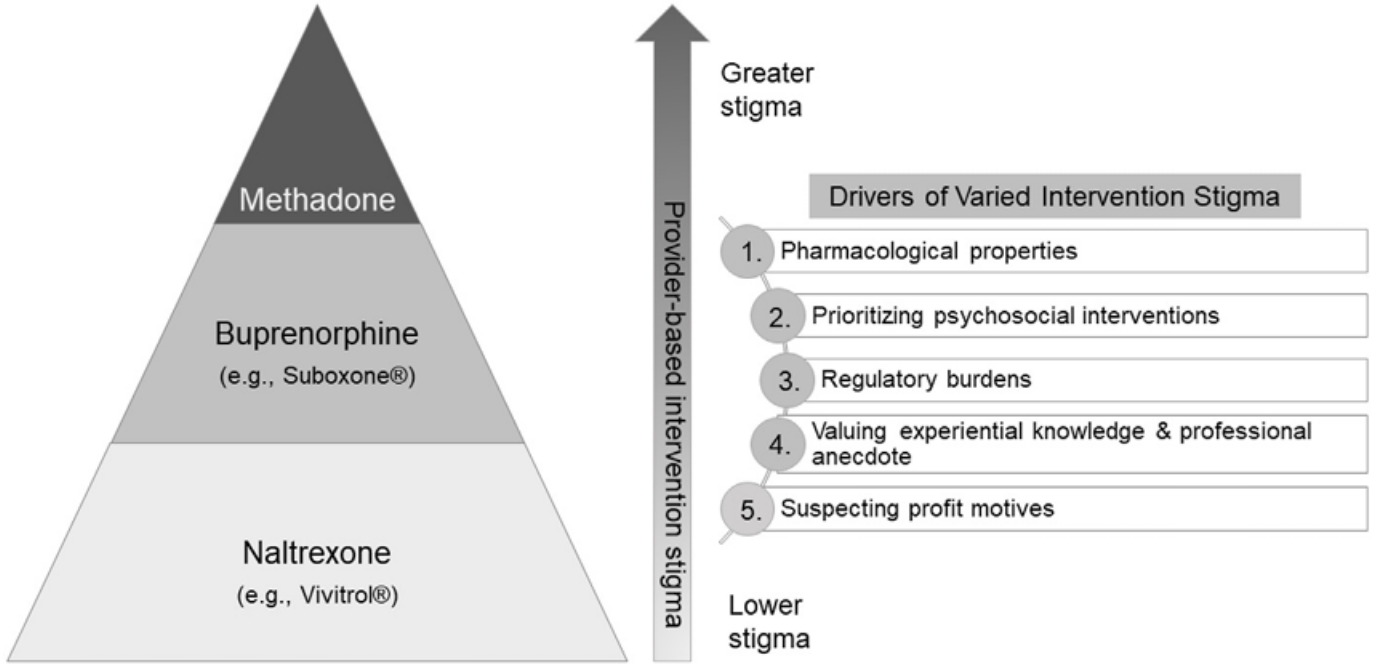
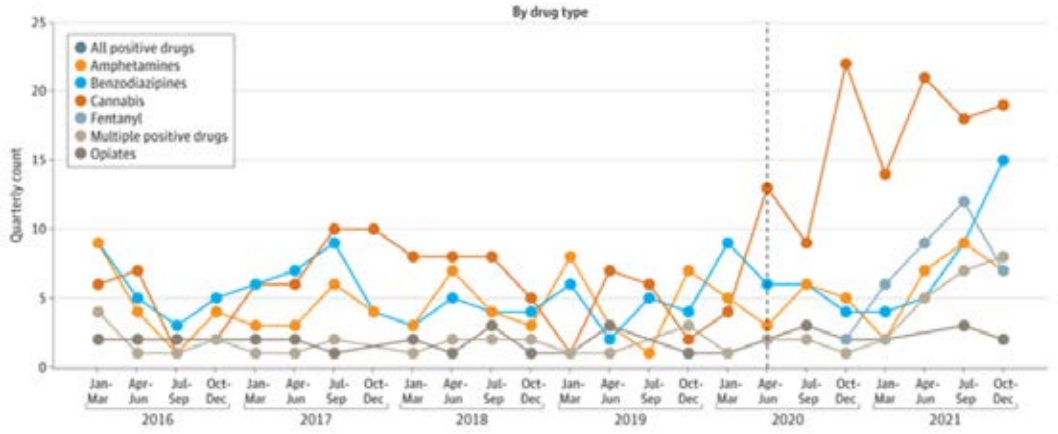


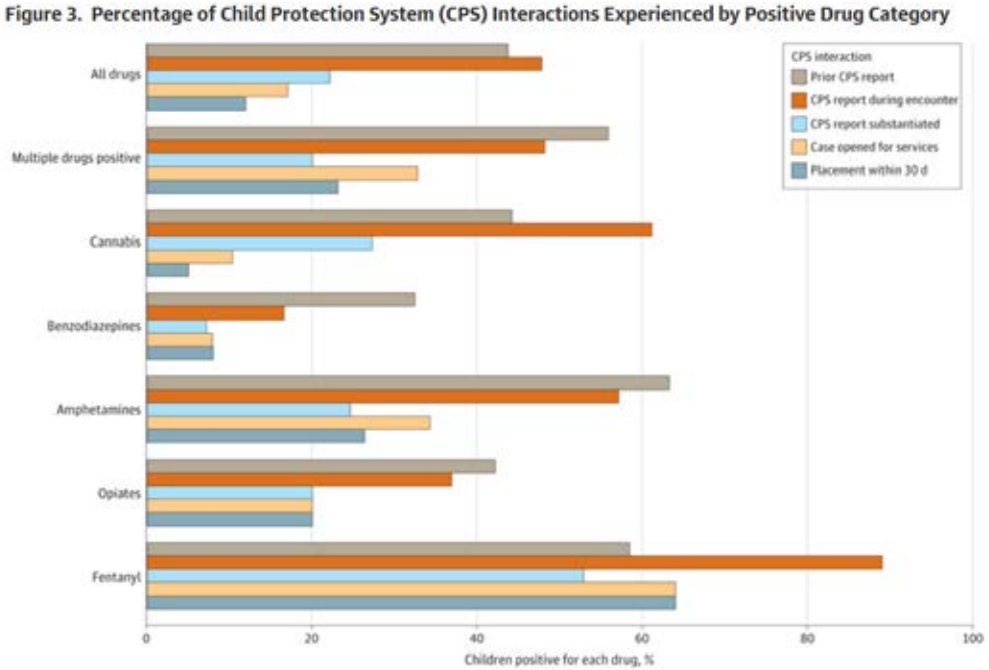
Fig. 1. Provider-based intervention stigma variation among three kinds of MOUD.

Madden 2022 https://doi.org/10.1016/j.ssmqr.2022.100161

Child Protective Services by Substance

Positive Urine Drug Test





Rebbe 2024 doi:10.1001/jamanetworkopen.2024.3133

Substance Use Disorders Among Healthcare Professionals

- Physicians 10-15% (similar to general population)
- 20% of HCP drink at hazardous levels
- HCP higher rate of benzodiazepine and prescription opioid misuse than general population
- PHP programs have a 70-80% success rate

Fitzgerald A*m Fam Physician.* 2021;103(5):302-304
Halsall 2023 https://doi.org/10.3389/fpubh.2023.1304468

Pharmacists Role

Pharmacists are consistently rated MOST accessible healthcare provider

Types of Pharmacy Settings

Outpatient or community pharmacy

Ambulatory or clinic pharmacy

Inpatient or hospital pharmacy

Outpatient/Community Pharmacy

- Fill prescriptions send in by providers
- Deal with insurance claim issues
- Help patients choose OTC medications
- The most accessible of all pharmacists

Ambulatory/Clinic Pharmacy

- Clinic visits with patients
- Collaborative practice agreements
- Coordinate specialty medication orders and therapy plans
- Provide therapeutic drug information

Inpatient/Hospital Pharmacy

- Compound IV medications
- Round with medical team
- Verify all orders entered by providers
- Provide therapeutic drug information
- Precept students and residents
- Present at formulary, grand rounds, other educational forums

Types of Stigma in the Community Pharmacy

NO VISIBLE NALOXONE (ONLY BEHIND COUNTER)

HESITATION TO PROVIDER NEEDLES FOR PURCHASE

REFUSAL TO FILL CERTAIN PRESCRIPTIONS

TALKING LOUDLY SO OTHER CUSTOMERS MAY HEAR ABOUT SENSITIVE TOPICS

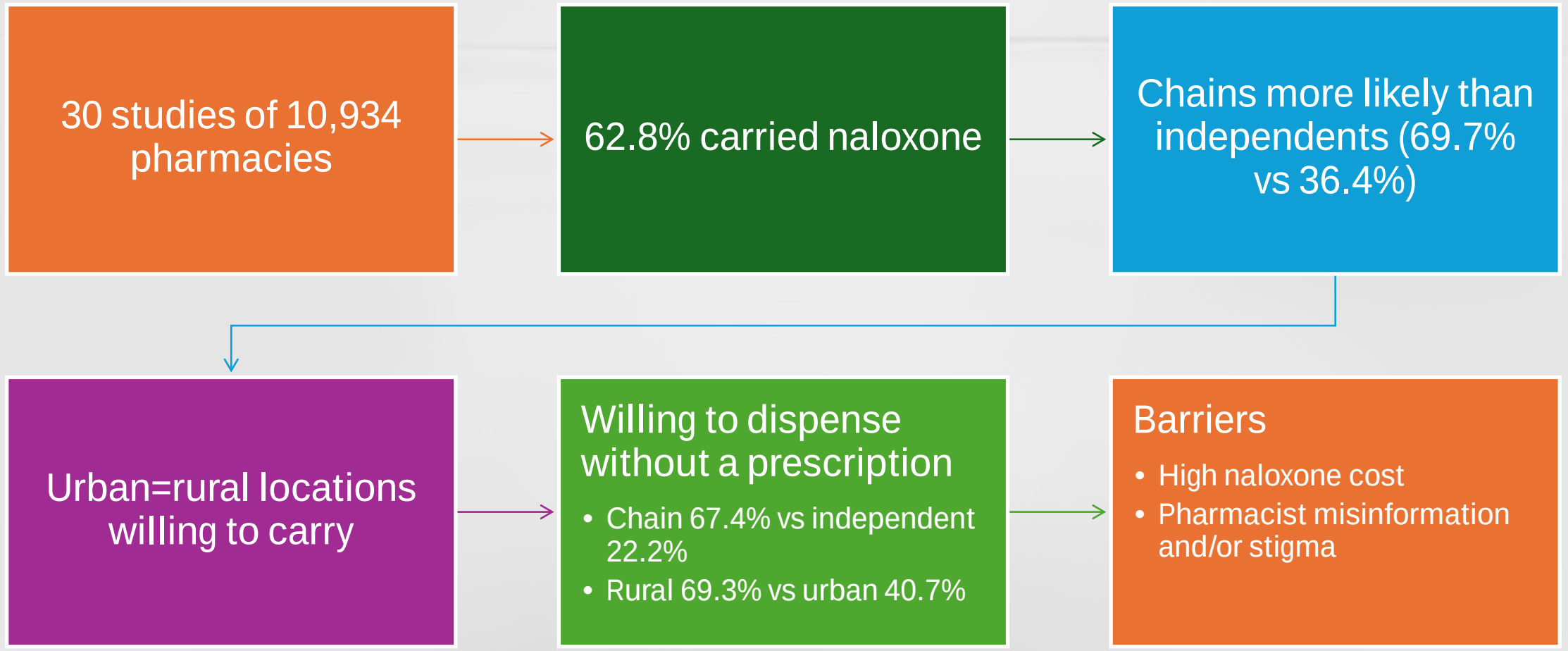
UNWILLINGNESS TO HELP IN CERTAIN SITUATIONS LIKE EARLY REFILLS, OR STOLEN PRESCRIPTIONS, ETC

Naloxone-Related Stigma in Healthcare

Cause	Effect
Social concept that naloxone is only for “problematic” opioid use and not for prescribe opioids	Patients fear asking for naloxone because they may be labeled “addict”
Lack of privacy when asking for naloxone in public pharmacy	Pharmacists uncomfortable starting conversation about naloxone and want to avoid making patient feel judged
Lack of naloxone training	Pharmacists don’t carry, offer or have ability to show patients how to use it
Lack of time and resources in pharmacy	Patients feel discouraged from asking for naloxone because pharmacist is too busy
Low public awareness of naloxone	Pharmacy staff may be under assumption that naloxone promotes opioid use

Cutmore, B et al Reducing Opioid Stigma in Pharmacy Practice

Naloxone Access in Community Pharmacies



Lai 2022 https://doi.org/10.1016/j.japh.2022.07.008

Public perception of naloxone

- 95% knew indication for naloxone
- 6% knew signs of overdose
- 6% knew how to administer naloxone
- 64% uncomfortable asking for naloxone and fear negative view
- 75% need more information on managing overdose

Hohmann 2022 pharmacy https://doi.org/10.3390/pharmacy10060171

Patient attitudes and experience about naloxone

- 72% had witnessed overdose
- 48% had experienced overdose
- Most patients were NOT told they were prescribed naloxone

Lowenstein 2022 Harm Reduction Journal https://doi.org/10.1186/s12954-022-00677-7

Types of Stigma in the Ambulatory Setting

- Not providing naloxone
- Not educating other office staff of evidence-based SUD treatment
- Punitive measures to patient who miss appointments
- Requiring urine drug screens when not necessary

Types of Stigma in the Inpatient Setting

- Refusing to give methadone clinics dosing information or call for dose confirmation
- Labeling patients as drug seekers when they are in pain or inadequately treated for OUD
- Not supplying 72 hour bridge methadone to patients
- Questioning patients request for PRN medications
- Withholding MOUD or not titrating to therapeutic dose
- Not investing in SUD specialists (ie pharmacist, social workers, physicians, APPs)
- Stigmating language in medical record notes

How Can We Reduce Stigma?

Patient experiences

Going in to pick up my medication, I was treated really crappy by a pharmacist in [pharmacy]. Every time I would come in to pick up my medication, he questioned my prescription every single time… And that - the panic that you go through, when they put you off on a Friday, you go in and pick up, 'Oh, I need more information from your doctor,' … Well, you're not my doctor. My doctor wrote me the prescription. It's in your hand, right?

"I was upset. I broke down in tears… The whole situation was embarrassing because he just kept at me over it and said, 'No, I'm not filling it.' It was degrading. It was embarrassing. The whole situation was bad. And it made me feel like there was something wrong with me. And it shouldn't be that way."

"Yeah, a lot of times, I won't even go. I had a severe infection. I was septic. And I didn't even want to go back to the hospital. I mean, I almost died from it. But yeah, so it has affected me."

Anvari 2025 https://doi.org/10.1016/j.drugpo.2025.104924

Online Communities

3 subgroups

- Opiates
- Methadone
- Buprenorphine

Stigma types

- Condition 38%
- Generic stigma 7%
- Intervention 55.5%

Stigma sources

- Public 21.1%
- Provider 12.2%
- Self 5.6%
- Structural 12.2%

Kepner 2022 236 posts stigma-related key words and analyzed

Round Table Discussions

Patients with OUD	Patients with Chronic Pain	Pharmacy Staff
I have a life outside of OUD. I have 24 hours in my day and this is just one of them.	I have a life outside of this so please respect my time.	Stigma is baked into the healthcare system and trickles down. Need to make an extra effort.
Not accessing my medication is life or death. You can be an ally, or part of the problem.	Being cut off from supply of opioids abruptly can lead to accessing toxic street supply.	Risk reduction is key. Supplying needles can help.
Get to know me. I deserve dignity.	Help us find our voice. Give us education not ultimatums.	See patient separately from their disorders. Get to know them and be kind.

MACRO

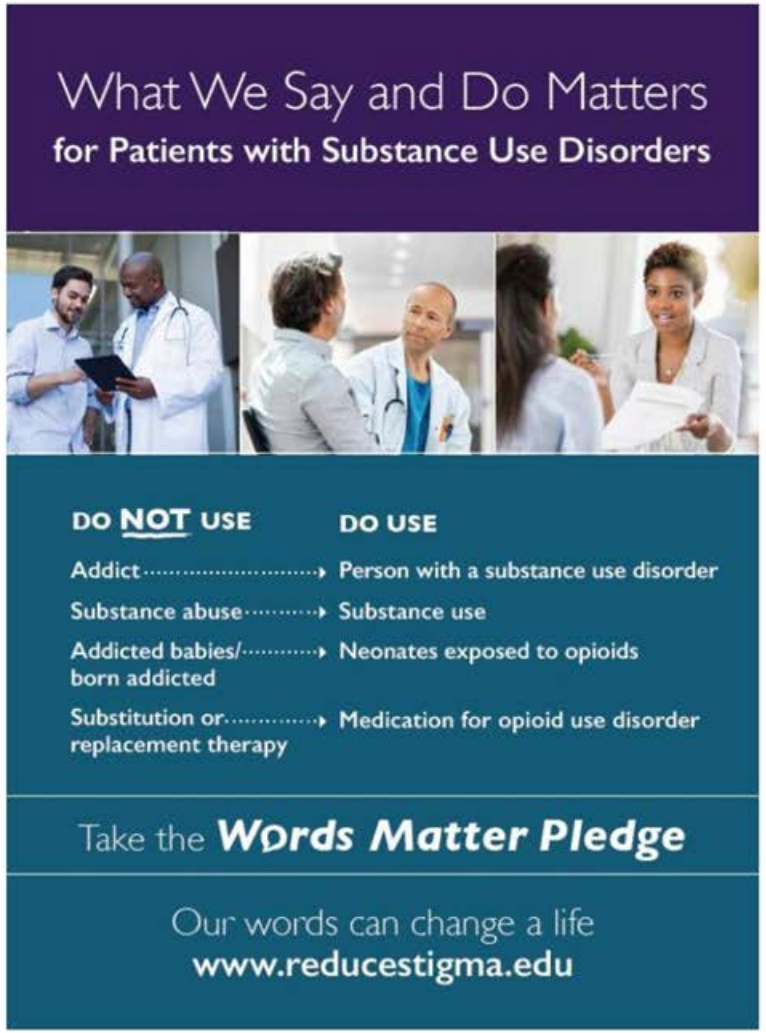
- Population anti-stigma campaign
- Remove regulatory barriers to providing medications for SUD
- New models of care for medication deliver (direct to inject)
- Involving those with lived experience in the creation of policies
- Person-Centered language in policy

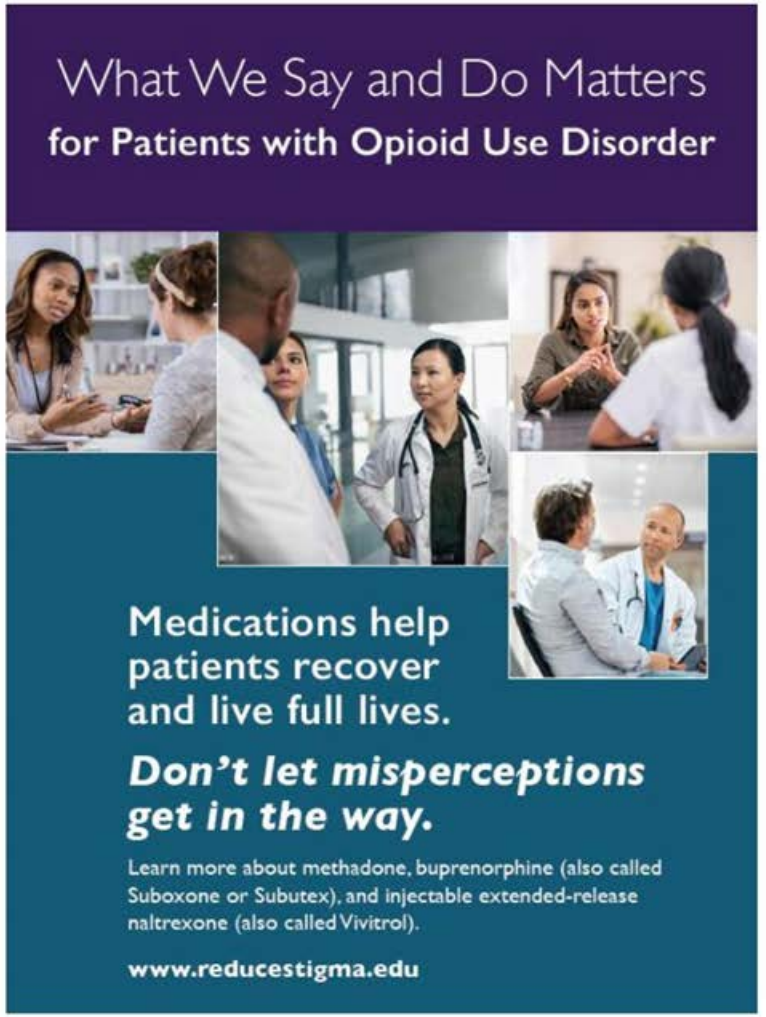
Advocacy

Advocating for policies that reduce barriers to treatment on a local and national level

Visual and Written Campaign

- Over 1800 participants
- Visual + written vignettes > visual alone
- Vignettes were written by people with OUD





Kennedy-Hendricks 2022 doi:10.1001/jamanetworkopen.2021.46971

Vignette Example

“For the past 5 years, I have been working to overcome my opioid use disorder. I used to dread telling clinicians about my diagnosis of opioid use disorder. They used language like “addict” and “drug abuser” when they spoke to me and about me. They would regularly ask me if I was “clean.” When they used these words, it felt like they didn’t see me as a person. That all they could see was my addiction. Last year, things started to change. I was in the health center and had a great clinician who spoke to me like a human being. I even heard her asking one of the other clinicians not to call me an “addict” because she said it was not respectful. It may seem like a little thing, but it made me feel like I belonged there, and that people cared about me. Health care professionals can be role models and what they say and do makes a big difference to me.”

MESO

- Provider education and training
- Opt-out naloxone
- Incorporate peer support
- Lower barrier care clinics

Recovery Friendly Workplace

- What this means?
  - Business recognizes direct impact of substances in the workplace and encourages employee health, safety and wellness
  - Declares commitment to staff, support anti-stigma efforts and willing to engage in learning opportunities or activities
- What are benefits?
  - Connection to statewide and local resources
  - Expands access to recovery supports
  - SUD trainings and peer connections

Peer Recovery Services

Table 1
Participant demographics.

	Patient Participants (n = 25) n (%)	Staff Participants (n = 5) n (%)
Race		
White	24 (96.0)	3 (60.0)
Black or African American	1 (4.0)	2 (40.0)
Ethnicity		
Non-Hispanic/Latinx	25 (100.0)	4 (80.0)
Hispanic/Latinx	0 (0.0)	1 (20.0)
Gender		
Female	17 (68.0)	4 (80.0)
Male	8 (32.0)	1 (20.0)
Mean age (SD)	37.4 (8.26)	44.2 (17.02)
Highest level of education		
Some high school	7 (28.0)	0 (0.0)
High school diploma or GED	12 (48.0)	1 (20.0)
Some college	4 (16.0)	0 (0.0)
Associate's degree	1 (4.0)	1 (20.0)
Bachelor's degree	1 (4.0)	1 (20.0)
Master's degree or higher	0 (0.0)	2 (40.0)
Previous or current polysubstance use	20 (80.0)	3(60.0)
Previous or current criminolegal involvement	21(84.0)	3(60.0)

Patients preferred working with someone with lived experience

They did worry about privacy given rurality of community

Future opportunities for more contact-based interventions

Anvari 2025 https://doi.org/10.1016/j.drugpo.2025.104924

Educating Pharmacy Students

Intervention

3 day course

Didactics on SUD and pharmacological treatments

One hour with person in recovery

- How people start using drugs
- Barriers to care
- Facing stigma on all levels
- Overcoming challenges in long-term recovery

Results

Table 2

Public and personal perceptions of a person with opioid use disorder ($n = 91$.)

Question	Agree pre-intervention	Agree post-intervention	*P* value
	n (%)	n (%)	
Most people believe a person who is addicted to opioids:			
Cannot be trusted	81 (89)	77 (84.6)	.23
Is dangerous	70 (76.9)	69 (75.8)	.002
Is to blame for problems	71 (78)	75 (82.4)	.68
Is lazy	53 (58.2)	67 (73.6)	.01
I believe a person who is addicted to opioids:			
Cannot be trusted	34 (37.4)	13 (14.3)	< .001
Is dangerous	26 (28.6)	8 (8.8)	< .001
Is to blame for problems	12 (13.2)	3 (3.3)	.004
Is lazy	5 (5.5)	1 (1.1)	.12

Bakos-Block 2022 https://doi.org/10.1016/j.cptl.2022.10.002

“Let’s Talk Stigma”

1. “Let’s Talk Stigma” podcast
2. Continuing ed for pharmacy staff
3. Standardized curriculum for pharmacy students
4. Training program for pharmacy techs and Mas
5. Pharmacy outreach
6. Partnership with chain pharmacies for pharmacy team education

Carroll 2025 https://doi.org/10.3390/pharmacy14010003

"Let's Talk Stigma"- Results

Table 2. "Let's Talk Stigma" Program initiatives and their reach as of August 2023.

Program Initiative	Program Initiative Reach
1. "Let's Talk Stigma" Podcast	21,928 listens
2. Continuing Education for Practicing Pharmacy Teams	791 pharmacists or pharmacy technicians
3. Standardized PharmD Curriculum for Students Pharmacists	1010 student pharmacists
4. Training Program for Pharmacy Technicians and Medical Assistants	15 learners
5. Pharmacy Outreach by Student Pharmacists	484 pharmacists, pharmacy support staff, or other employees 197 pharmacies *
6. Partnership with Chain Pharmacy for Pharmacy Team Education	780 pharmacists 1997 pharmacy support staff (technicians, interns, cashiers), and 214 pharmacies *

* Some pharmacies may have overlapped between groups; in such cases, they were exposed to both initiatives.

Carroll 2025 https://doi.org/10.3390/pharmacy14010003

Podcast Reach

Carroll 2025 https://doi.org/10.3390/pharmacy14010003

Stigmatizing La

COMPLIANT

REFUSED

ABUSE

.8%
ng

Table 2. E

Condition	Condition
Diabetes	up
Substance use disorder	Started on opioids for pain control and admits to becoming addicted to them
	Avoid narcotics given history of abuse
	He is a habitual cocaine user
Chronic pain	Questionable if hyperalgesia or drug seeking behavior
	Patient has numerous psychiatric diagnoses including malingering
	Concern for secondary gain given narcotic seeking beha

language in charts

- 1/40 notes in all had stigmatizing language
- 1/15 in pa tes

USER

NARCOTIC

HABIT

FAILURE

Himmelstein 2022 doi:10.1001/jamanetworkopen.2021.44967

Words Matter

Instead of….	Use….	Because…
Addict/User/Abuser	Person with OUD; person who uses drugs	Person first language shows person has a problem but isn't defined by it
Habit	Substance use disorder	Implies person is choosing to use substance
Abuse	Illicit-use; RX-misuse	Abuse found to have high association with negative judgements
Clean	Tox results: testing negative; other: remission or recovery	Use clinically accurate terminology as for other medical conditions
Dirty	Tox: testing positive	Use clinically accurate terminology; may decrease patient hope

Words Matter - Terms to Use and Avoid When Talking About Addiction | National Institute on Drug Abuse (NIDA) (nih.gov)

MICRO

- Self education
- Contact based education
- Form relationships

Educate Yourself!

Read books, articles, journals

Listen to podcasts

Talk to your patients

Talk to your colleagues with experience

Continuing education

Web based platforms

https://stopstigmatogether.org/

https://www.addictionpolicy.org/anti-stigma-institute

https://www.shatterproof.org/

https://lifeunitesus.org

Pharmacy Specific Strategies

All Pharmacy Strategies

- Respect and empathize
- Form relationships with patients
- Offer support through education
- Explain processes in the pharmacy
- Provide harm reduction
- Respect privacy
- Raise public awareness

- Reflect on own biases and assumptions
- Educate self about MOUD
- Ensure all pharmacy staff have same goal of supporting PWUD

Site Specific Interventions

Community pharmacies

Visible naloxone not behind counter

Posters of support for people with SUD

Offer/don't deny clean syringe supply

Ambulatory/clinic

Transitions of care

Low barrier clinics

Fentanyl test strips

Pre/Post exposure prophylaxis

Vaccines (hepatitis A/B, Tdap)

Screen for infectious diseases

Inpatient/hospital

Opt out naloxone upon discharge from hospital

Scheduling pain meds to avoid asking for prn

Transitions of care

Vaccines (hepatitis A/B, Tdap)

Screen for infectious diseases

Poster Examples

Kmb.camh.ca/eenet/communities/mental-health-and-addictions-pharmacists

PhARM-OUD Guideline

Recommendation 8: Stigma toward persons with OUD

- Pharmacists, technicians and all staff should approach persons living with OUD with empathy, compassion, and support.
- Pharmacists should NOT require transfer of all Rx before dispensing buprenorphine
- Pharmacists should not rely on patient interview in an attempt to identify those who they think will misuse buprenorphine
- Model empathetic behavior when interacting with people with OUD

See Ya Stigma!!!!

Q&A