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"Everyone sees me as a drug addict, so I'll be one": Experiences of stigma through the voices of people in recovery from drug dependence

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Stigma appears to be one of the most relevant social determinants for addiction treatment outcomes. This chapter takes a scientific journey through the experiences of stigma described by eighteen people recruited from opioid substitution programs. Aiming to better understand how stigmatisation impacts treatment trajectories and how it can be tackled, this research was conducted in the city of Porto, Portugal, in 2018 and 2019. Health diaries were used to collect data for an average period of seven months. Stigma was found to influence patterns of drug use, motivation for treatment and social relationships, leading to social avoidance that ultimately culminated in isolation. Self-stigma emerges as a relevant concept in this process. Suggestions for interventions targeting stigma and self-stigma are made by people in recovery.

Keywords: stigma, self-stigma, drug treatment, drug addiction, dependence

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We dedicate this chapter to our beloved participants, who are the real authors of this work. They felt that what they were writing would help other people who were going through the same struggles. Without their moving contributions and trust, the present body of work wouldn't be possible. All names throughout the text are fictitious, to protect their identity.

1 Without context, words become whispers

People using opioids are the largest group of those seeking drug treatment in Europe (EMCDDA, 2021). Opioid use relates to a disproportionate amount of drug-related harm, such as violence, acquisitive crime, infectious diseases, homelessness, overdoses and social exclusion (EMCDDA, 2021). Nonetheless, this does not mean these issues are direct consequences of the effects of the substance itself (Gonçalves & Pinto, 2019).

Drug use cannot be dissociated from a social, economic, political, and cultural context that is not unrelated to perceived and objective associated risks (Zinberg, 1984; Spooner & Hetherington, 2004; Reinarman, 2005). The impact of drug use depends on contextual factors, including social reactions to it and stigmatisation of the person who uses drugs (Li & Moore, 2010).

Stigma refers to a negative attribute that is profoundly discrediting (Goffman, 2008). To speak of stigma is to discuss a relational phenomenon, since, as Goffman (2008) states, the attribute that stigmatises one person can be the same that confirms the normalcy of another. Being stigmatised means being labelled as undesirable, and thus, dehumanised.

Those experiences are associated with worse mental and physical health in people who use drugs (PWUD; Ahern et al., 2007), more social rejection and negative emotions, and a bigger risk of being structurally discriminated (Schomerus et. al., 2010). Structural discrimination refers to institutional practices and policies that result in the disadvantage of the stigmatised group, even when individual discrimination is absent (Angermeyer et al., 2014).

When it comes to the socio-economic needs of PWUD, there has been a noticeable effort to recognise and consider them in public health interventions and reintegration programs in Europe (EMCDDA, 2012, 2021). However, there is a greater emphasis on housing and economic outcomes as measures of reintegration, and less prioritisation has been given to other indicators such as social needs and social belonging after overcoming addiction (EMCDDA, 2012). In fact, a gap exists in the scientific literature around the role of environmental factors in the decision-making processes concerning drug use and associated outcomes (Milhet et al., n/d), especially considering the views of PWUD.

In 2018, an international study titled "Drug Use, Recovery, Environment and Social Subjectivity" (DURESS) became a part of a series of studies under the European Research Area Network on Illicit Drugs (ERANID, n/d; Milhet et al., n/d.), aiming to explore how socio-economic factors impact recovery from heroin addiction. Health diaries were kept by 22 people in Opioid Substitution Treatment (OST) in the North of Portugal for a period of around seven months between 2018 and 2019.

As social determinants for recovery are the core topic of this chapter, addressing Portuguese drug policy is crucial, and it is particularly relevant to mention that the use of illicit substances, such as heroin, cocaine, cannabis and others, was decriminalised (Law 30/2000) more than 20 years ago.

Before this reform, Portugal was experiencing an epidemic of opioid use, with extraordinary rates of HIV infection and overdose (Csete et al., 2016). It had become evident that the harsh repressive and criminalising approach being implemented had not been fruitful (Greenwald, 2009; Csete et al., 2016). Thus, a new strategy adopted a public health and harm reduction model conceiving PWUD as in need of support, and not as criminals (Rêgo et al., 2021). This change allowed for the implementation and expansion of an integrated model of specialised care which articulates prevention, treatment, reinsertion, dissuasion of addiction, and harm reduction. This included: outreach teams who provided psychosocial support; syringe exchange programs; low-threshold opioid substitution programs; drug-checking; and drug consumption rooms (Rêgo et al., 2021).

By focusing primarily on individual and community well-being, the Portuguese model defines drug use as a health issue and positions itself as a comprehensive approach. Although there remain improvements to be made (Rêgo et al., 2021), rates for HIV, drug-induced deaths, and drug-associated crime have all decreased (Greenwald, 2009; Csete et al., 2016; Cabral, 2017). Also, the prevalence of drug use has remained low when compared to other European countries (EMCDDA, 2019).

The changes in policy through the last decades make it particularly interesting to listen to the voices of the Portuguese DURESS participants in relation to experiences of stigma and self-stigma and their impact on the recovery process.

2 Life in a diary: A method to understand treatment and stigma through the lens of People Who Use(d) Drugs

Between September 2018 and July 2019, twenty-two people undergoing treatment for heroin addiction were recruited from opioid substitution programs in the Northern Region of Portugal to reflect on the socio-environmental factors interfering with recovery. Potential participants were approached by healthcare professionals or other responsible technicians working at the treatment centres, who presented the aims of the study. These professionals were instructed to explain that the research team would contact the participants and book a first meeting to present the research project, build rapport, clarify doubts and sign the informed consent, if the participant showed interest in being part of the project.

To be included in the study, participants had to be undergoing an Opioid Substitution Treatment Program (i.e., Methadone, Buprenorphine), be at least 18 years old, and fluent in Portuguese. The study was approved by the Ethics Committee of ARS Norte [Northern Region Health Administration of Portugal] (Nº 46/2018).

The sample was composed of 17 men and five women aged between 28 and 65 years old. Each participant was assisted in the writing activity by one of the research team members – four master's students of psychology – for approximately seven months. Topics addressed included treatment progress, work, family, friends, mood, quality of sleep, financial situation, housing, stigma, and others. Ideally, participants would autonomously write the health diaries. However, most of them reported a difficult relationship with writing, thus making it necessary to get assistance in the process. Researchers and participants regularly met one on one, on a weekly, twice monthly or monthly basis, in spaces considered to be comfortable and adequate within the participant's life context, such as public gardens, libraries or coffee shops. Each researcher was responsible for a set of participants, to allow for a trusting relationship to be built. The diary script (with the above-mentioned topics) was addressed, and the participant dictated what was to be written in the diary, which was a small notebook. This methodological innovation revealed itself as highly appropriate for the task. As the relationship between the participants and the researchers evolved, a safe and trusting atmosphere allowed the collection of reliable, genuine and profound insights, thoughts and views. The research assistants were trained by the principal investigator to not influence the participant's spontaneous inputs. A question about the potential impact that participation in the study had on the recovery of the participant was asked at the end of the study – with many answers expressing the benefits of the regular meetings, where they felt they got the opportunity to share their struggles and, many times, get emotional support and comprehension. The research team observed that, as time went on, the participants shared more intimate and profound insights, which might indicate that the building of a trusting relationship had a positive impact on the collection of data. Diary entries were submitted to a content analysis and a total of four researchers double-checked the procedure (Bardin, 2011). Disagreements were discussed for consensus and dissensus was resolved by the principal investigator.

3 Stigma and treatment in a diary: The insights of those with lived experience

The content of the diaries has shown not only that the use of illicit drugs is influenced and impacted by socioeconomic factors, but also provided insight on how this influence takes place, since the longitudinal character of data collection allowed real-time analysis of the recovery process and of the interaction between these factors. No academic definition for recovery was used. Instead, participants were the ones to define it. For some, it means abstinence, while for others controlled or recreational use. Some highlighted the need for reintegration to be put in the centre of the changing process.

Stigma, one of the main emerging topics considered in the diaries as having a negative impact on the recovery process, was addressed in 18 of the 22 diaries. As the diaries were analysed, the situation of isolation in which most of the participants found themselves became evident: "The hardest thing about all treatments is feeling lonely", says Ivo. Despite many of the participants having already been abstinent from illicit drugs for several years and free from legal and health-related issues, they still considered themselves "slaves" (Bernardo) to their drug use past experiences. "Where should I go? I don't like being alone." asks Francisco, about not being able to find alternative and meaningful activities to drug habits (Gonçalves & Pinto, 2019). Some feel they have never truly built relationships outside of the drug world or found genuine satisfaction with life – "I don't know how to face society anymore", explains Bárbara. Many live in social housing units, receive social welfare benefits, and some have jobs or perform odd jobs that provide them with financial stability and a sense of occupation (Leite & Pinto, 2019). Nevertheless, whatever the circumstances, loneliness across the diaries is prevalent, which brings up the question: What should be the indicators for a meaningful recovery from drug dependence?

One of the main results coming out from this research was the state of isolation people find themselves in, even after being free from drugs. But what holds them back? Which forces drive them towards isolation? In the diaries, it is noticeable that stigma appears to be one of the main barriers for a complete and successful reintegration in society.

4 Stigma, an obstacle to an integrated identity

In this study, stigma is mostly associated with drug use, but the participants address intersectionality (Knudsen, 2006) by exploring other sites for stigmatisation and how they interact. Other intersections of stigma experienced by the participants include living with HIV or other infectious diseases; poverty; unemployment; sex work; residence (e.g. coming from a poor and/or marginalised neighbourhood), or criminal involvement – *"The drug user that contracts HIV is discriminated, much more discriminated [than someone who uses drugs only]",* says Jonas.

Stigma is ubiquitous. Participants reported it in practically every context of their lives, from society at large, to family, neighbourhood, police and authority figures, interpersonal relationships, workforce, healthcare professionals (i.e. psychiatrists, doctors, therapists, nurses, social workers) and even in interactions with drug dealers.

Some participants stated that stigma impacts their patterns of drug use by motivating them to use more. This seems to happen through many different mechanisms. Experiences of stigmatisation generate negative emotions *("It angers me.", Jonas; "It makes me feel down, depressed, lacking will to do anything"; "it makes me feel really bad because one fights and then these things*

happen and they make you think: what is all this daily fight for?", Madalena). Thus, participants resort to the coping mechanism they are familiar with – using heroin as "the drug blanket for life's pain", as Bernardo calls it. Further quotations, respectively from Joaquim and Jonas, expand on this point:

> *I don't know why she said that to me, I didn't like it. The truth is those things make me want to use more.*

> *Often, the anger I felt due to the mistreatment from doctors led me to seek refuge in drugs, knowing I was only hurting myself. But the will to not be present in this world only disappeared when I was under the influence of drugs, it made me feel like a superhero, like nothing could hurt me.*

Furthermore, participants explained that, while feeling excluded, they would resort to the friends who use drugs to find connection and belonging, such as when Bernardo said that:

> *Everything leads to using, and discrimination is one of the factors for that. You feel excluded, discriminated against, and who do you search for? Your group, the group of people who use drugs. And you use it to forget. It's a never-ending cycle.*

By resorting to the peer group who uses drugs, the probability of going back to old habits increases, as well as difficulties with staying in treatment (Day et al., 2013).

Many passages from the diaries show that people often begin to direct those negative prejudices towards themselves, which can be identified as self-stigma or internalised stigma. Self-stigma can be defined as an identification, internalisation, and response to social stigma, usually involving the acceptance and application of negative beliefs held by society to oneself, thus generating feelings of shame (Corrigan & Rao, 2012; Luoma et al., 2008):

> *After a few years of using drugs, I started to realise that society saw me with different eyes and I ended up seeing myself with other eyes too (…) Then comes the hardest part, when one becomes aware of one's lack of control, and that you can't get over it [the use of drugs] and you feel like a bum. Society marginalises and people who use drugs marginalise themselves.* (Bernardo)

> *I felt a gigantic rejection from society and I inferiorised myself because of my image.* (Bárbara)

> *I felt inferior to others due to being a drug addict… I felt ashamed (…).* (Mário)

Thus, feelings of shame and disgust that permeate their sense of self are clear. Without an integrated self-image, PWUD lose the motivation to pursue personal life goals (Luoma et al., 2008; Corrigan et al., 2018). The "why try" phenomenon illustrates self-stigma in people with mental illness. It demonstrates how the process of self-stigmatisation occurs: first the person becomes aware of the public stigma, then agrees with it, and later applies it to oneself, which might lead to less self-efficacy and self-esteem, promoting behaviours of avoidance (Corrigan et al., 2009; Corrigan et al., 2018). As our participant Francisco says, *"I'm labelled anyway, so why would I care?"*

5 When wholeness is not allowed, healing becomes harder

Considering the impact stigma has on the participants' lives, including their perception of self, it is not surprising that they might try to escape and mitigate its destructive effects. This requires an evaluation of how they identify themselves in relation to others and how they present themselves to the world around them (Goffman, 2008).

To escape the damaging nature of stigma, some participants attempted to distance themselves from the group that society assigned them to, namely that of PWUD. To this end, differentiation strategies or strategies of social distinction were used (Paugam, 2003). Filipe was clear that he should be treated differently, as someone who no longer uses drugs *"I think Social Security should care of us more, especially people like me, who aren't using drugs anymore, than of those people who sink when they don't have housing or State support."*

> *Next year I'll have to change a lot about my attitudes and addictions, because I don't want to be a junkie.* (Sandro)

As another means to cope with stigmatisation and avoid prejudice, the participants engage in impression management or manipulation of the spoiled identity, a phenomenon introduced by Goffman (2008). Faced with stigmatisation, mechanisms are found to manage information communicated about themselves and how to respond. This means that the individual must make certain decisions about what to hide, reveal or conceal to navigate their social world (Goffman, 2008).

Some participants explain that hiding previous or present drug use helps to avoid certain negative consequences. This behaviour can shelter their shame by not letting other people know what they are going through, or have been through (Corrigan & Rao, 2012). However, this process can be accompanied by frustration and difficult feelings.

> *The thing that angers me the most is having to hide it. Not being able to say who I am, what I was, not being able to talk about my history, my past. But the truth is that I can't (…).* (Bernardo)

Stigma contributes negatively to the challenge of developing an integrated identity. In this regard, a few participants mentioned the desire to reveal their stigmatised characteristic, as exemplified by Jonas:

> *I hope that I can be brave and tell the group that I was dependent on drugs. It's important for me because we all try to be honest, but I wanted to guard myself a little bit and I'm building the courage to tell them that part.*

Bernardo comments how powerful these revelations can be, particularly when it comes to bettering the lives of PWUD: *"All I've suggested [alternative interventions to improve drug treatments] is meaningless and pointless if people can't reveal themselves genuinely in society or communities."*

Those ideas expressed in the diaries are in line with the frameworks advocating the beneficial role of disclosure (Corrigan & Rao, 2012). Disclosure is a component used in some interventions to reduce self-stigma in people with HIV/AIDS and mental illness and is proving to be effective (Talluri & Corrigan, 2022). However, there are few studies on interventions of this kind focused on reducing self-stigma in PWUD (Sibley et al., 2024). Corrigan and Rao (2012) explain that "coming out of the closet" relieves the weight of carrying the label in secret, allows people to talk about their difficulties and to make better use of their support network (Corrigan & Rao, 2012). Nonetheless, the authors explain that the decision to share their story does not come without risks. In fact, the negative consequences of the revelation of past drug use can be found in some participant's diaries, such as Francisco:

> *I told them I was a former drug user to show them [employers] that they could benefit from it [referring to a specific old government policy in Portugal], but I shouldn't have said anything. Once they knew, they said the deal was off and they didn't let me sign the contract.*

In this regard, Corrigan & Rao (2012) advise extreme caution with whom to share with. One option could be implementing selective disclosure, only with people seen as being safe or understanding. Fortunately, not all experiences described in the diaries are negative and two participants shared positive consequences after a revelation:

> *I told the project staff that I relapsed and that I have HIV and they made me feel understood and I felt good telling them, I felt lighter. She held my hand and, at the end, gave me a hug and a kiss on the cheek.* (Jonas)

This example shows how powerful and helpful the disclosure might become when people find a relational place of unconditional acceptance and empathy that allows them to act authentically: conditions that Rogers (2009) sees as fundamental for personal transformation.

Often, feelings of shame derived from the internalisation of the prejudices about drug use are so strong that, even if the social reaction towards self-revelation is positive and warm, PWUD might still not feel the benefits. In fact, sometimes, this interaction does not seem to be enough to change the way one sees him or herself and can lead to avoidance of certain people and contexts to avoid being stigmatised. In this respect Francisco shares how:

> *I took the first step and I told my boss. I thought it would be better if I was the one saying it. My boss actually reacted pretty well and told me that he was fine with it. But, after that, I didn't feel good there anymore, because I knew they knew (…). So, I quit! My boss was very sad actually, and told me to think it over. But I left. (…) I was ashamed of my past history as a drug addict. I couldn't stand the idea of them knowing. I couldn't keep working there like it was nothing…*

Insecurities grounded on internalised prejudice are also present in the context of intimate relationships: *"This woman that I had coffee with, she has no idea that I was a drug addict and that I live with HIV. She sees me like I'm a normal person… to her I'm a normal person",* says Jonas.

Ultimately, PWUD may start to believe isolation is the only path they deserve – *"They invite me to go to birthdays and I don't go, I don't know why. I'd like to go but I don't, I don't feel good. I think I'm ashamed of using, so I isolate myself.* (Francisco).

The participants showcase the weight of not being "normal", of bearing a discreditable identity waiting to be unveiled at any minute and the danger that poses: not being accepted, not being seen as worthy. When it comes to shame, a meta-analysis (Leach & Cidam, 2015) revealed that when the damage is perceived as being irreparable, shame leads to social avoidance. The perception of potential devaluation from others leads people to avoid contexts where disrespect is anticipated (Corrigan & Rao, 2012.) All these processes make PWUD believe that avoidance and, ultimately, isolation, are all that they deserve (Luoma et al., 2008; Leach & Cidam, 2015; Corrigan & Rao, 2012).

6 Moving forward: Solutions to tackle stigma through the voices of those who face it

Participants were generous enough to share their insights about potential solutions to tackle stigmatisation. To them, it is of great importance to promote a comprehensive view on addiction and recreational use, as well as to break ste-

reotypes about PWUD. To do so, mass media were described as a useful tool to inform about different substances and their effects, explain the difficulties associated with addiction, and distinguish it from recreational use. This could foster the end of the demonisation of the substance and incur reflection about the causes of dependent use and damage associated with drugs, beyond those related to the substance itself. The EMCDDA suggests the use of informational campaigns, such as articles, brochures, posters, and films. Additionally, they suggest political lobbying and community mobilisation, carried out by individuals affected by drug use and people who are in positions of power, namely political figures or celebrities (ECDDA, 2012).

The participants also believe that relevant change could be brought by training professionals in this field, in particular police officers – *"The Government should provide periodic training to police officers so they start thinking differently and understand that a drug addict in treatment also has rights, not only rich people",* explains Madalena. In the present study, the participants associate the label of *"drug addict"* to someone with specific characteristics such as, in their words, *"dirty", "smelling bad", "unshaven [if one's a man]", "very thin", "unkempt clothes", "long hair", "bad teeth", "lack of hygiene", "bad neighbourhoods", "begging", "injecting", "frequenting treatment centres",* and *"asking for money by helping to park cars",* meaning a person that is on the street waiting for people to park and offers themselves to assist them by giving instructions, asking for money in return, a common practice in Portugal's streets. On the other hand, having a job, not being close to the drug trafficking zones, being attractive, not experiencing withdrawal symptoms in public and *"using drugs on one's own"* are described by the participants as characteristics or behaviours that are not usually attributed to the label of *"drug addict/junkie"*. According to the participants, some characteristics, or perhaps privileges, relating to social class or status, helped them to avoid being labelled. Accounting for complexities relating to the intersectionality of stigma (Conner & Rosen, 2008; Fonseca & Pinto, 2019) should be considered when designing interventions.

When training professionals, it could be important to explore how stigmas interact and the difficulties they might bring to PWUD, aiming to deconstruct prejudices related not only to drug use, but also to other stigmas such as poverty, HIV and other diseases, sex work, and others means to mitigate the impact of stigma towards PWUD. In his experience of prolonged drug use and related health consequences, Jonas mentioned the importance of accessible work as a means to mitigate stigma towards PWUD and he reported that having a regular job was a struggle, so he recommended searching for *"friendly and compatible"* jobs, which could fit people's characteristics and accessibility needs – *"… if there was a collaboration between treatment centres, social security, entrepreneurs, and the government, they would see that drug users in recovery can still be very useful to society, it would just take finding jobs that are compatible with our physical and psychological strength"*. In a systematic review, providing employment skills training was considered to be a factor for decreasing

feelings of alienation (Livingston, 2012). Leite and Pinto (2019) state that each person's readiness for work should be considered since employment can be a factor for abstinence but also for relapse, due to the extra stress and pressure that sometimes implies. As another means to address social stigma, Bernardo suggests it would be impactful to implement social projects promoting the interaction of PWUD and other segments of the population:

> *Because when people interact face-to-face and they really get to know one another, stereotypes dissolve, because you start to get to know the person's essence, as a human being, not for his/her mask. It's necessary to start seeing people for their names, for their history, for their successes. Because a person who depends on drugs, no matter what he/she does, is seen as a junkie and not as Joaquim or Manuel.* (Bernardo)

Literature shows that the effectiveness of interventions targeting stigma is enhanced by contact-based approaches, where the interactions between PWUD and professionals, such as police officers or medical students, are prioritised (Livingston, 2012). Bernardo considers those kinds of interventions would also be important to show PWUD they are capable of communicating with other members of society.

Many participants highlight the importance of people in treatment working on self-confidence and social skills in order to mitigate isolation: *"I have to feel good about myself first before meeting people and I'm not there yet,"* explains Francisco. In fact, the majority of the interventions aiming to reduce stigma have been focusing on decreasing social prejudice, thus attempting to change attitudes among those who may stigmatise (Livingston et al., 2012; Sibley et al., 2024). Interventions targeting PWUD's feelings of shame are a necessary complement, considering the role that self-stigma plays as a mediator of the consequences of social stigma (Livingston et al., 2012; Sibley et al., 2024) – *"It's important to make drug users see that the problem isn't theirs. They need to understand that the society they live in is hypocritical, but that it's not their problem"* (Bernardo).

Sibley and colleagues (2024) conducted a systematic review of interventions to reduce internalised stigma in PWUD. Specific approaches such as Acceptance and Commitment Therapy (ACT) have shown effectiveness in four of five randomised controlled trials (Sibley et al., 2024). In respect to self-stigma in PWUD, Luoma (2008) explains ACT constitutes an attempt to cope with feelings of shame and fear that emerge during the recovery process, thus reducing behaviours of avoidance towards potential opportunities such as new relationships and new jobs.

The data collected begs for the question: was the paradigm change from prohibition to decriminalisation enough to alter the way we view PWUD in Portugal? The results from this research indicate stigma still exists and still has a major influence in PWUD's lives. However, a few participants commented that

stigma and discrimination were a lot worse in the nineties, when criminalisation was still in place, one even stating that younger doctors discriminate less than the older ones. It is very important to disclose that these brief commentaries by the participants are not enough to reach any conclusions, but they might be congruent with Matos and Pinto's (2023) research findings that suggest a reduction in stigma post-Law 30/2000.

As Fomiatti and colleagues (2017) state, illness is often stigmatised. In this regard, the authors believe that the idea that labelling drug use as a disease alleviates stigma is surprising. They propose that replacing a harsher stigma, the one associated with criminalisation, for a less harsh one, the one associated with pathologisation, is an ethically questionable strategy (Fomiatti et al., 2017). The demonisation of drugs allows the classification of their users as bad or ill, or both, which might falsely appear to ease stigmatisation of users and of human rights violations (Tupper, 2012; Rêgo et al., 2021).

As Rêgo and colleagues (2021) state, research has recognised healthy, functional, non-problematic, and recreational drug use patterns, going beyond compulsive consumption behaviours. The authors propose a broader concept of health, transcending pathology and focusing on well-being, paving the way to better empower and dignify PWUD and their right to self-determination. As the authors point out, the discussion regarding the right to use drugs is lacking in the Portuguese political, social, and academic landscape, despite the pioneering quality of Portugal's drug policy (Rêgo et al., 2021).

Focusing on the freedom and rights of PWUD could aid in steering the emphasis away from pathology, fostering instead the necessary resources to tackle the structural problems associated with addiction, instead of punishing drug use itself. Thus, tackling stigma could benefit from the adoption of a human rights framework. Furthermore, Ti and colleagues' (2012) literature review indicates that the high levels of stigma faced by PWUD is one of the main obstacles that limits their ability to engage with public health professionals and policy makers.

If the War on Drugs is a war on people (Stowe et al., 2024), it is time to reassess contemporary drug policies. A lot more reflection and research are needed on this topic, considering the voices and needs of people and communities, to create a better understanding on how to move forward and what framework would bring the best outcomes. Nonetheless, this research provides some light on which direction to move regarding the fight against stigma and how those interventions are essential for the full recovery of people who are dependent on drugs.

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