

# Social contact interventions to reduce substance use disorder stigma among healthcare providers: a scoping review

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## Background

- Stigma among healthcare providers acts as a barrier to the delivery of effective substance use disorder (SUD) treatment
- Evidence from the mental health literature suggests contact with people with lived experience (PWLE) can produce greater and more long-lasting effects on stigma than education alone
- However, the ways in which social contact has been used to challenge SUD stigma and the efficacy of this approach in improving attitudes among healthcare providers is less well established

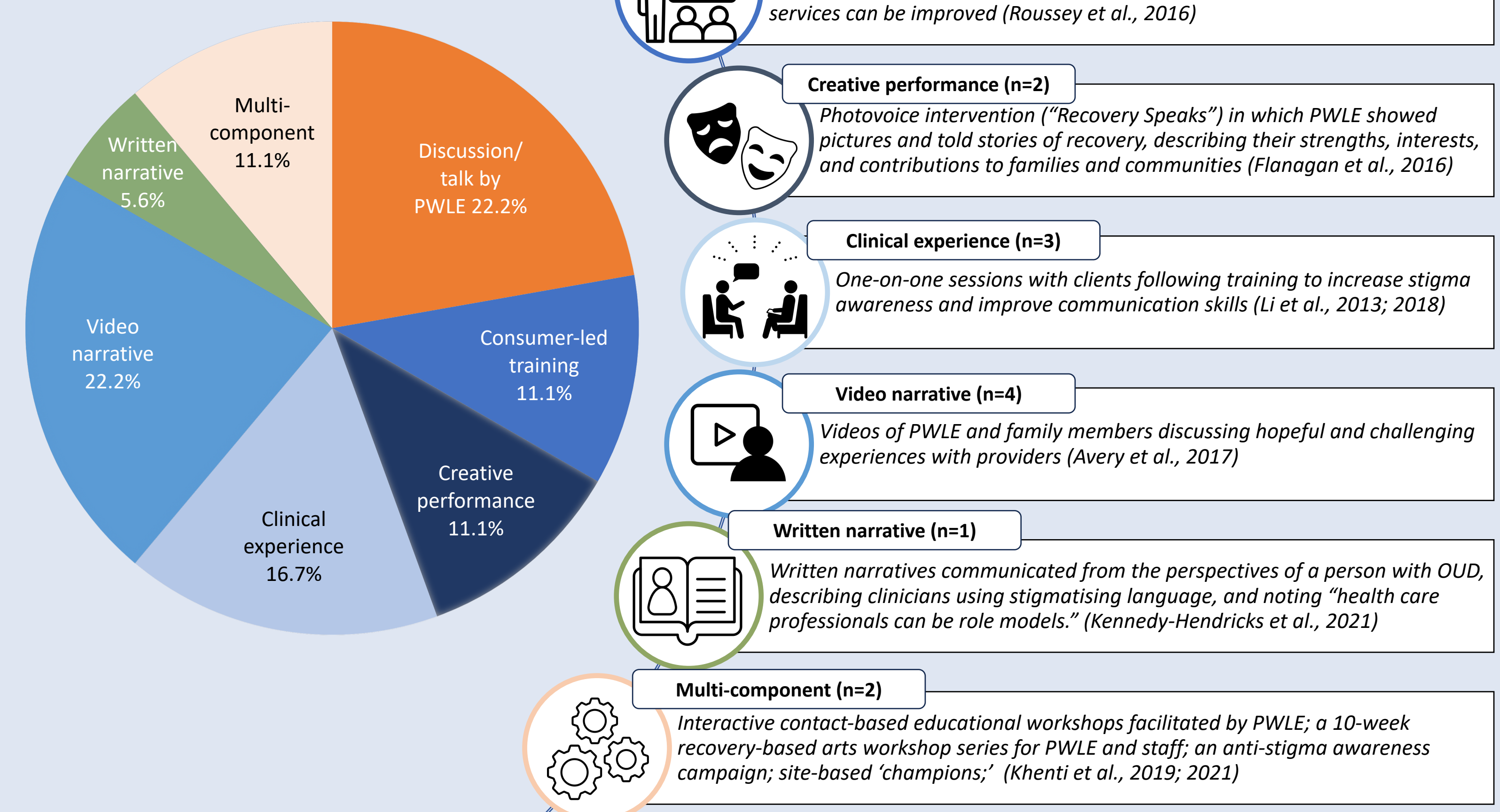
## Methods

- A scoping review was undertaken to (i) understand how social contact has been operationalised in interventions to reduce SUD stigma among healthcare providers, and (ii) explore the conditions under which contact-based strategies have been effective in reducing stigma.
- Relevant literature was identified via targeted searches of databases (e.g., PubMed, Google Scholar) using key search terms [e.g., “stigma” AND “intervention”] AND [“substance use disorder” OR “addiction”] AND “healthcare worker” OR “healthcare professional”].

## Results

- 30 interventions to reduce SUD stigma among healthcare providers published prior to March 2024 (↑ 58% since 2020)
- 18 (60)% included social contact as a central intervention component
- Substantial heterogeneity in study design and methodology, including how social contact was operationalised across interventions (Fig. 1)
- Most common populations included primary care and community health staff, particularly physicians and nurses – notable lack of research targeting mental health clinicians or settings (Table 1)
- Interventions that reduced stigma (n=14; 78%) included consumer-led training and personal testimonies from PWLE (including via video), often alongside targeted education to reduce stigma
- Interventions that had no or limited effect on stigma (n=4; 22.2%) operationalised social contact as clinical experience and/or had limited involvement of PWLE in design or delivery
- Outcomes were typically assessed over the short-term, with few high-quality studies overall

Fig. 1 Types and examples of social contact strategies



## Discussion

- Identifying effective components of contact-based stigma interventions remains challenging despite a growing evidence base
- Promising findings provided by studies examining social contact in isolation, trials controlling for effects of education, and evidence from evaluations suggesting contact can reduce stigma by increasing empathy
- Future research should ensure that PWLE are included at all stages of design and delivery, evaluate longer-term impacts on practice, and develop interventions for providers in mental health settings

Author (year)	Country	Study design	Total n	Target Population <sup>a</sup>	Target stigma <sup>a</sup>	Delivery method	Intervention components	PWLE involvement	Reduced stigma?
Avery (2019)	USA	Pre-post	46	Residents (internal medicine/psychiatry)	SUD	Online	Contact + education	Delivery	Yes
Brener (2017)	AUS	Pre-post	139	Providers working with PWID (62% nurses)	PWID	Online	Contact + education	Design + delivery	Yes
Flanagan (2016)	USA	RCT	27	Primary care providers (70% primary care)	SUD	In-person	Contact only	Design + delivery	Yes
Hooker (2023)	USA	RCT	88	Primary care clinicians (65% DO/MD)	OUD	Online	Contact + education	None	No
Kennedy-Hendricks (2023)	USA	RCT	1842	Healthcare providers (53% nurses/physicians)	OUD	Online	Contact + education	Design	Yes
Schlaudecker (2020)	USA	Pre-post	17	Healthcare providers (% not stated)	OUD	In-person	Contact only	Delivery	Yes
Schlaudecker (2020)	USA	Pre-post	154	Primary care providers (% not stated)	OUD	In-person	Contact + education	Delivery	Yes
Seybold (2014)	USA	Pre-post	70	Healthcare providers (76.4% nurses)	SUD	In-person	Contact + education	Delivery	No
Sulzer (2024)	USA	Pre-post	32	SUD treatment providers	OUD	Online	Contact + education	Delivery	Yes
Wasmuth (2022)	USA	Pre-post	18	Occupational therapists	SUD	Online	Contact only	Design	Yes
Yearwood (2023)	USA	Pre-post	120	Emergency nurses	OUD	Delivery	Contact + education	Delivery	Yes
Khenti (2023)	Canada	RCT	395	CHC staff (32% clinical)	SUD	In-person	Contact + education	Design + delivery	Yes
Khenti (2019)	Canada	Pre-post	137	CHC staff (24% primary care)	SUD	In-person	Contact + education	Design + delivery	Yes
Roussey (2013)	AUS	Pre-post	71	CHC staff (% not stated)	SUD	In-person	Contact + education	Design + delivery	Yes
Sulzer (2021)	USA	Pre-post	110	SUD treatment providers	OUD	Online	Contact + education	Design + delivery	Yes
Li (2013)	China	RCT	41	CHC staff in methadone clinics (46% physicians)	OUD	In-person	Education + clinical exp.	None <sup>b</sup>	Mixed
Li (2018)	Vietnam	RCT	300	CHC working with PWID (62% physicians)	PWID	In-person	Education + clinical exp.	None <sup>b</sup>	Mixed
Mitchell (2017)	USA	Pre-post	80	Residents (internal medicine)	AUD	In-person	Education + clinical exp.	None <sup>b</sup>	No

<sup>a</sup> CHC = community health centre; SUD = substance use disorder; PWID = people who inject drugs = OUD = opioid use disorder; AUD = alcohol use disorder  
<sup>b</sup> Intervention included clinical experience, but PWLE not involved in the design or delivery of the stigma reduction component