

Galanis, C. et al.: Stigma in substance-based and behavioural addictions: A systematic review

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Supplementary material

Supplementary Table 1

Summary of Studies (n=99) in Relation to Addiction-related Stigma Outcomes

Authors	Sample	Study Design	Type of Stigma	Measures of Stigma	Components of Stigma Addressed	Addiction Type	Instruments Used	Analysis Plan in Relation to Stigma	Main Finding	Reporting Quality
Adlaf et al. (2009)	HS Students n=4078	Survey	P	SDS- WHO	SI, Fear, Shame	S	self and peer DU	LSR, Two- way interactions	Peer DU was a stronger negative predictor of stigma than own DU. Residency area and gender had small or no effect.	7
Ahorsu et al. (2020)	HS Students n=1497	Survey	S	WBIS	RB, Competency, SI	B	BMI, DASS- 21, YFAS-C, BES	Correlation s	Psychological distress, binge eating, and food addiction were weakly but significantly positively related to weight stigma.	8
Ashford et al. (2019)	In SUD recovery	Survey	S, P	PSAS-8, ISSA, ISS	SI, Trust, Self- Devaluation, FF	S	BARC-10, HFS, RSE-10	One-way ANOVA	Use of "person with a SUD" was related to the least internalized stigma but most internalized	7.5

	<i>n</i> =54								shame compared to SUs who used "addict", no label, or both labels for themselves.	
Avery et al. (2013)	Psychiatrists <i>n</i> =84	Experiment: Vignettes	P	Adapted MCRCR	SI, Anger/Frustration, Help	S	-	t-test, ANOVA	Addiction psychiatrists held more stigma for schizophrenia and less for polysubstance use than community psychiatrists but no differences for depression or comorbid schizophrenia and SU.	6
Balan et al. (2023)	Tribal & non-tribal people with SUD <i>n</i> = 80	Survey	S P	BTSQ	BTSQ	S	ASI, Attitudes towards seeking help, WHO pathway to care proforma	χ^2 analysis	15 (37.5%) tribal patients and 17 (42.5%) of non-tribal patients reported delaying seeking treatment for substance use problems due to fear of social stigma and isolation.	5.5

Bannon et al. (2009)	University	Experiment: Vignettes	P	AFA, UMBFAT, AFAT	Disparagement, FF, attractiveness, weight, RB, judgment, rights, dislike.	B	PAQ	4 × 2 ANOVA	Non-binge eating vignettes were rated as more attractive, desiring less SD, and less blameworthy for their obesity than binge-eating vignettes. Men held more stigma than women.	8
Billian et al. (2024)	Psychiatric Outpatients	Survey	S	PDDS	Devaluation, Stereotyping, DB	S, B	Self-esteem, TST, accessibility of treatment site	Descriptive statistics	People with SUD scored a mean of 3.0 (SD = .5 for inner city and SD = .8 for outer city patients) compared to 3.4 (SD = .8) for patients with behavioral addictions, on a scale of 1-5, with 1 being the most PDDS.	9
Boysen et al. (2014)	MTurk n = (1)242	Experiment	P	Adapted AQ-27	Fear, Pity, blame	S, B	Feminine/Masculine Stereotyping of Disorders	Descriptive Statistics	AUD had an average score of 2.72 (SD = 1.32) for lack of pity and 4.75 (SD = 1.76) for fear. Compared to Gambling disorder having an average score of 3.04 (SD = 1.80) for lack of pity and 2.28 (SD = 1.25) for fear. Scores are out of 7.	6.5
Boysen et al. (2020)	MTurk, n=(S1)157,	Experiment	P	ASBD, BIAS	Dehumanization, APF, APH, Warmth, Envy,	S	WC	2 × 3 ANOVA	Warmth, competence, contempt, pity, active and passive behavioral intentions were more negative for drug addiction than anxiety, autism,	7.5

	(S3)159,				Pity, Admiration, Help,				dementia, intellectual disability, PTSD. Drug	
	(S4) 157,				Contempt, Capability				addiction was more dehumanized than PTSD and	
	(S5)299								anxiety.	
Brener et al. (2022)	PWID <12mths ago <i>n</i> =535	Survey	S, P	Adapted IA-RSS, FSD	SI, Shame	S	IDU on self- image and community, PWI, K10, DU.	Between- groups comparison s	People who used both opioids and stimulants were more likely to report stigma or discrimination than those who had only used one substance. They did not differ in internalized stigma.	7
Brown & Russell (2019)	Adults <i>n</i> =164	Experim ent: Intervent ion	P	PDI, ERQ, SDS-6, PDDS	Pity, Fear, Anger, SD PD, Devaluation, DB	B	Concealabilit y, KIQ, LOCR, PO, PCS, Labelling, intervention credibility, SE	Independe nt and paired sample t- tests	A contact intervention increased perceived dangerousness, pity, and SD, but reduced fear of people with a gambling addiction. Education and advocacy interventions reduced anger and Advocacy reduced discrimination.	7.5

Brown (2011)	University Students <i>n</i> =565	Survey	P	SDS, DS, AS, AS- SU, DS- SU, SDS- SU	SD, ER, PD	S	LOF	Independence nt samples t-tests, Correlations	Familiarity with mental illness was negatively related affect and social distance. Women had higher (indicating more negative) affect and SD. There were no differences for dangerousness.	5
Brown- Johnson et al. (2015)	Smokers in Psychiatric Admission <i>n</i> =956	Survey	S, S P	ISSI	SE, Perceived DB, SI	S	SF-12, MINI, FTCD, Smoking Stage of Change	EFA, CFA, Correlations, GLM	Participants experienced DB more than self- stigma, and self-stigma, more than felt stigma. Women, college educated, and Caucasians, experienced more self-stigma. Caucasians and those with greater cigarette addiction experienced more DB.	8
Burmeister et al. (2013)	Overweight Adults in an	Survey	S	AFA, WBIS	FF, Dislike, RB, Competency, SI	B	YFAS, BMI, BES, CES-D, ESES, DEBQ, OBCS-	Correlations	Food addiction symptoms were positively correlated with internalized stigma, fear of fat, and dislike of obese people but was not related to belief that weight is regulated by willpower.	9

	Intervention						Shame, MBSRQ			
	<i>n</i> =57									
Can Gür et al. (2020)	People with SUD <i>n</i> =156	Survey	S, S, P	ISMI, SU-SMS	DB, SE, SI, Stigma Resistance, Self-stigma, AES	S	-	Correlation s, Factor analysis	The SU-SMS has a five-factor structure: self-stigma and enacted or anticipated stigma from family or health care workers. The SU-SMS was positively and significantly correlated with internalized stigma (<i>r</i> =.548).	8.5
Chang et al. (2019)	People with OUD <i>n</i> = 268	Survey	S	SSS-S	Cognitive, affective, and behavioral self-stigma	S	OTI, CHQ-12, WHOQOL-BREF	Frequencies, percentage s	81.7% of the sample had an SSS-S score over 2.5, indicating a high level of self-stigma.	8
Chang et al. (2020)	People with SUD <i>n</i> =300	Survey	S, S, P	Adapted SSS-S, PSPS-TV	Trust, self-defeating Cognitions, Shame, Embarrassment, SI, DB	S	RSE-10, TDQ	One-way ANOVA	Heroin and Amphetamine users had higher perceived stigma than alcohol users. Self-stigma was significantly associated with and explained 13% of the variance in perceived stigma.	7.5

Chang et al. (2023)	Adults with SUD or AUD <i>n=530</i>	Survey	S	SSS-S	Cognitive, affective, and behavioral self-stigma	S, B	SABAS, BSMAS, IGDS9-SF	Correlation	Self-stigma was related to PUSM, PG, PSU. Cognitive self-stigma explains affective stigma, and affective self-stigma explains behavioral self-stigma.	8
Chen et al. (2022)	People with SUD, <i>n=319</i>	Survey	S	SSS-S	self-defeating Cognitions, Shame, Embarrassment, SI	S, B	BSMAS, SABAS, IGDS9-SF	SEM, Correlation s, ANOVAs	Problem Internet Use and SSS-S improved over time. Significant correlations of Problem social media <i>r</i> = .22, smartphone <i>r</i> = .30, and gaming <i>r</i> = .17, with self-stigma (at wave 1).	9
Cheung et al. (2021)	Adults <i>n=123</i>	Experiment: Vignettes	P, P	PSS, PSMI	Inferiority, RB, PD, Status Loss, SI	S	-	2 × 2 ANOVA and SMR.	Perceived stigma of alcohol and cocaine misuse explains 15.7% of the variance in public stigma, problem seriousness adds 7.2%, and respondents age adds 5.6%, all with positive relationships	7
Cleary et al. (2009)	Workers and Caregivers <i>n=32</i>	Experiment: Intervention	P	AM-BS	RB, Anger, Pity, Help	S	GQA, SKS	Paired Samples t-test	Post workshop, participants were more sympathetic and supportive of health care for drug users than prior. Perceptions of RB, anger, and concern were not affected by the workshop.	6.5

Cooper et al. (2018)	People with OUD <i>n</i> =108	Survey	S P	PSAS	SI, Trust	S	SF-12, MOS, Opioid Use History	Independe nt Samples t-test, MRA	Perceived stigma was higher regarding caring for their child and obtaining employment but lowest regarding dating and friendships. Marriage led to more stigma (controlling for sex).	8.5
Crapanzano et al. (2014)	Physician assistant students <i>n</i> =28	Experim ent: Intervent ion	P	AMIQ	SI, PD	S	-	Within- Subjects Wilcoxon signed-rank	The implementation of a substance use curriculum had no effect on perceptions of the AU vignette of which attitudes were neutral. The course led to small reductions in stigma for heroin users, but attitudes were remained quite negative.	7.5
Cunningham et al. (2023)	Adults accessin g Mental Health or SU services <i>n</i> =355	Survey	S P	Adult Primary Care Patient Experien ce Survey	Relationship Quality, discrimination, diagnostic overshadowing	S	Access to primary care services	χ^2 analysis	73-80% (always/most of the time) of people with a substance use addiction reported being treated with respect and listened to, and 65%-82% sometimes or never being treated unfairly or having their mental health distract from their physical health.	7

Dambrun et al. (2024)	French citizens <i>n</i> = 952	Survey	P	BSDS, Feeling thermometer	SD, prejudice	S, B	Social Perceptions	Multiple Linear Regression	Vital force (β = -.28* & -.25*), burden (β = .15* & .15*), danger (β = .24* & -.08), warmth (β = -.14 & -.24*), and competence (β = -.18 & .0), explained a total adjusted R^2 of .38 and .40 SD for AUD and digital addiction respectively. * indicates significance.	9
David et al. (2024)	Medical & midwifery students <i>n</i> = 489	Experiment: Intervention	P	P3S-PS	Derogatory cognitions, negative behaviors, information provision, personal distress	S	Intention and self-efficacy, video acceptability	t-test, ANOVA	Midwifery students had less stigma than medical students and female students had less stigma than men towards pregnant smokers. There was no difference in stigma towards pregnant smokers based on whether participants watched educational content about smoking during pregnancy or a video with tobacco facts.	8
Deng et al. (2020)	Random sampling (>16 yrs) <i>n</i> =1066	Experiment: Vignettes	P	SDS, SDSS	SD, SE, labelling	S	Knowledge about MMT	Independent Samples t-test, χ^2 ,	Most respondents held negative stereotypes about heroin-dependent patients (76.46%) and were unwilling to socialize with them (78.54-	7

								Correlation s	90%), but few had negative stereotypes about hypertension patients.	
DePierre et al. (2013)	Adults <i>n</i> =(S1) 659, (S2) 570	S1: Survey, S2: Experim ent: Vignette s	P	Modified AQ-27 and SDS, FPS-S	Anger/Disgust, RB Sympathy/concern, SD	S, B	MCSDS	Regressions , ANOVAs	The ‘Cocaine addict’ label generated the most stigma then ‘smoker’, ‘obese/food addict’, and ‘physically disabled’ had the least. ‘Obese food addict’ had more stigma than obesity or food addiction alone.	6.5
DePue et al. (2024)	<i>n</i> = 396	Experim ent: Vignette s	P	AQ-27, SDS-6	Blame, Danger, Pity, Fear, Anger, Help, Segregation, Coercion, Avoidance	S	-	One-way ANOVA	Participants stigmatized vignettes with OUD and MDD more than MDD alone, but did not significantly differ on ratings of help or pity	8
Dey et al. (2020)	Upper HS students <i>n</i> =4932	Experim ent: Vignette s	P	SYMHLSS	PD, Unpredictable, Weak-not-sick, SD	S	K10, AUDIT- C, exposure/pe	SEM	Migrants had lower SD and PD but higher perceptions of mental illness as weakness. Psychologic distress increased PD. Familiarity with a similar problem led to less stigma.	9

							rsonal				
							experience				
Dupouy et al. (2018)	GP Residents <i>n</i> =303	Survey	P	AMIQ	SI, PD	S	representati ons of SUD as a chronic disease	Independe nt Samples t-test	Residents with at least 6 hours of SUD training had less stigma towards intravenous drug users than residents who had not had training. Correctly identifying SUD did not predict stigma.	7	
Elliott et al. (2024)	USA adults <i>n</i> = 1,607	Experim ent: Vignette s	P	Desire for Social Distance	SD	S	Familiarity with mental illness, Prognostic optimism	Independe nt samples t-test, ANOVA	Participants desired greater SD from a vignette with AUD, OUD, or schizophrenia, compared to subclinical distress or Major Depressive Disorder.	7	
Ertl et al. (2021)	Treatme nt- seekers with AUD, <i>n</i> =25	Experim ent: Alcohol use intervent ion	S P	PSQ	Confused, staring, hostile behavior, absence of friendliness	S	AUDIT, Lapses/ relapses, OCDS, PTSDDS, DHSCL	Repeated measures ANOVA	Perceived stigma reduced from pre to post intervention.	8.5	

Fernando et al. (2010)	Doctors and Medical Students <i>n</i> =648	Experiment: Different Diagnoses	P	SS	PD, RB, Hard to talk to, PO	S	-	t-test, Two-way ANOVA, Percentage	Participants stigmatized AUD and DA more than schizophrenia, depression, dementia, or panic disorder. AUD was seen as less likely to improve, with more RB than schizophrenia and depression. Students had worse attitudes than doctors.	5.5
Francis et al. (2019)	Mental Health Clinicians <i>n</i> =32	Experiment: Vignettes	P	SDS, Items from DSS	SD, PD, weak not sick	S	-	Repeated Measures ANOVA	Comorbid MUD and schizophrenia were perceived as more dangerous and desiring more SD than schizophrenia alone. Comorbid AUD and schizophrenia did not differ from the other two conditions. Perceived weakness did not differ by diagnosis.	7
Fung et al. (2021)	PS Students <i>n</i> =489	Longitudinal Survey	S	PWSS	DB, Inferiority	B	SABAS, BSMAS, DASS-21, BMI	Repeated Measures ANOVA, Correlations	PWSS was lower during and post lockdown than pre covid outbreak. PWSS was positively related to depression, anxiety, stress, and problem smartphone or social media use with medium to large effects.	8.5

Galanis et al. (2023)	Adults (35-50 yrs), <i>n</i> =1228	Experiment: Vignettes	P	AQ-27, USS-11	Anger, Pity, Fear, SD, Coercion, Help, Segregation, PD, RB, Distrust, Impairment	B	Gaming engagement, LOCR	ANOVA, LOOCV, ROPE	Addiction compared to non-addiction information have negligible impact on stigma of (problem and non-problem) gamers, but did reduce blame. Problem gamers were more stigmatized than non-problem gamers.	9.5
Goodyear et al. (2018)	Adults <i>n</i> =2605	Experiment: Vignettes	P	PSAS	RB, PD, Positive/Negative affect	S	-	2 × 2 × 2 MANCOVA	Female targets, doctor precipitated OU, and familiarity with OU led to more positive affect. User precipitated opioid use led to greater perceptions of RB, PD, and negative affect. 'Addict' terms increased perceptions of RB and negative affect.	8.5
Harnish et al. (2016)	Veterans with SU and a recent arrest, <i>n</i> =48	Survey	S, S, P	SSMIS, SSMIS-A	Stereotype Awareness, SE, Self-Concurrence, Self-Esteem Decrement	S	GPRA	2 × 4 repeated measures ANOVA	Stigma reduced as the stages progressed from awareness of stereotype, agreement, application of stereotype, to harm. The effect was stronger for SUD than mental illness and they did not differ at the application or harm to self stages.	7.5

Hing & Russell (2017b)	Problem Gamblers <i>n</i> =177	Survey	S	SS-PG	Ashamed, Stupid, Inadequate, Weak, RB	B	RSE-10, K-6, SCS, PGSI, COS	LRA, Correlations	K-6, PGSI, and use of electronic gambling machines, were positively correlated with self-stigma. Self-esteem was negatively correlated with self-stigma. These predictors accounted for 38.9% of the variance in self-stigma.	8.5
Hing & Russell (2017a)	Problem Gamblers <i>n</i> =177	Survey	S, S, P	SS-PG, ALPS, ARPG, DS-PG, EDS-PG	Shame, Status Loss, Stupid, Pity, Weak, Anger, Fear, SD, SE, DB, Devaluation	B	PGSI, ACPG	Correlation and mediation analyses	Anticipated stereotyping, SD, RB, disruptiveness, anger, status loss, and DB were positively correlated with self-stigma (mediated by public stigma), Pity was negatively correlated with self-stigma, when controlling for age, gender, and PGSI.	10
Hing, Russell, Gainsbury, and Nuske (2016)	Adults <i>n</i> =2000	Experiment: Vignettes	P	SDS, PDI	SD, PD	S, B	PCS, KIQ, PO, Concealability, LOCR	MLA, proportions	~20% thought a problem gambler would be violent. AUD was the most stigmatized (59.1%), then schizophrenia (52.6%), problem gambling (51.7%), recreational gambling (12.7%), sub-clinical distress (10.8%), PD had the same pattern of results.	8.5

Hing, Russell, and Gainsbury (2016)	Adults <i>n</i> =2000	Survey	P	PDDS, SDS-6, ER, Stereotyping	Stereotyping, ER, SD, Devaluation	B	LOCER, PGSI, IGC, KIQ, PD, PCS, Concealability, Recoverability	Hierarchical LRA	Participants endorsed stereotypes about a problem gambler 40.1%-91.1% of the time, were willing to engage with them 4.5-45.2% of the time, had ER 12.0-62.5% of the time, and perceived discrimination 58.0-66.3% of the time.	9.5
Hooker et al. (2023)	Primary Care Clinicians (PCC) <i>n</i> =88	Experiment: Intervention	P	Difference, Disdain, and Blame Scales	Difference, Disdain, Blame	S	Treatment expectancies, DPPQ, CDSTU, Intent to prescribe buprenorphine	t-test, correlation, regression	No differences in training and attention control on OUD stigma. Stigma was not related to whether the PCC's had a physician or advanced practice degree, or had a waiver to prescribe buprenorphine. However, stigma was related to lower: intentions to get a waiver or to prescribe buprenorphine, willingness to work with people with OUD, and perceived treatment efficacy and compliance.	9.5

Horch & Hodgins (2008)	University Students <i>n</i> =249	Experiment: Vignettes	P	r-AQ, Adapted SDS-6, PDI, DDS	RB, Anger, Pity, Help, PD, Fear, SD, Segregation, Coercion, Devaluation, DB	S, B	LOCR, PGSI, IGC, Perceived-Causes	2 × 5 × 5 ANOVA.	Desired SD was greater for individuals with gambling disorder than for cancer or a control condition but did not significantly differ from AUD or schizophrenia. AUD and schizophrenia were perceived more dangerously than disordered gamblers.	7.5
Jackson & Shannon (2012)	Pregnant and in SUD treatment <i>n</i> =85	Survey	S P	BTSQ	BTSQ	S	HSRQ, ASI	Logistic regression	15.3% of participants who reported a barrier to treatment seeking endorsed stigma as a barrier. Broader category of ‘acceptability’ was endorsed by 51.4% of participants.	7
Johnson-Kwochka et al. (2021)	Adults <i>n</i> =304	Experiment: Vignettes	P	AQ-SUD, SDS	ER, SI, Lack of Empathy, RB, SD	S	LOCR, CB-SUD	EFA, ANCOVAs, Correlations	Familiarity to SUD was negatively related to stigma. Marijuana use had less pity/concern than OU, AU or stimulant use, higher RB than OU or stimulant use, and less negative ER than OU.	9

Jullian et al. (2023)	French Physician s n = 1,093	Survey	S P	BTSQ BTSQ		S	AUDIT-C, health behaviors, specialized health services and consultations	Frequencie s, Percentage s	Only 80 (12.0%) of phsysicians thought that fear of being stigmatized was one of the main barriers for medical practitioners to seek help for substance addictions.	6.5
Kelly et al. (2021)	Nat. Rep. Adults n=3635	Experim ent: Vignette s	P	MDSS, AQ-9	RB, SI, PO, continuing care, PD, Coercion, Segregation, Fear, Anger, Pity, Help	S	-	2 × 6 ANOVA	Terms eliciting least to most blame for OU were: chronically relapsing brain disease, brain disease, illness or disorder, problem or disease. Use of 'problem' was related to lower PD, more recoverable, and less in need of continuing care.	8.5
Khalid et al. (2020)	Men in DU treatme nt n=100	Survey	S, S P	EPS	Labelling, SE, SI, status loss, and bigotry	S	Social Support, Self-Esteem, Depression	Frequencie s, percentage s	Enacted stigma components were endorsed by 40-80% of participants. Perceived stigma components were endorsed by 73-99% of participants. Self-stigma components were endorsed by 57-94% of participants.	5

Klein et al. (2019)	Mental Health Workers <i>n</i> =546	Experiment: Vignettes	P	STC	SD, PD, RB	B	EE, RCMHS	2 × 2 × 2 ANOVA, Regression	Men with CSB were more stigmatized than women. Practitioner gender had no effect. Homosexual clients had less RB for CSB. Heterosexual men who met the criteria for CSB were seen as more PD than women, with ambiguous CSB.	8
Kloss & Lisman (2003)	Mental Health Clinicians <i>n</i> =61	Experiment: Vignettes	P	A-MICA	RB	S	UAS	2 × 3 (× 1) ANOVA	Community mental health clinicians rated the dual diagnosis (schizophrenia and alcoholism) vignette as more blameworthy than alcohol treatment clinicians. Endorsement of disease models for alcohol addiction were not related to blame.	5.5
Krendl & Perry (2022)	Adults <i>n</i> =7051	Experiment: Vignettes	P	NSS-RII	SD, Prejudice, Competence, Cause	S	-	Regression Analyses	Prejudice and SD was highest for heroin and methamphetamine use, lower for OUD, and lowest for AUD. Recreational onset led to more stigma than medical onset of addiction. Those in recovery had lower stigma than active users.	9

Lang & Rosenberg (2017)	Adults (<65 yrs) <i>n</i> =612	Experiment: Different Diagnoses	P	SDS-SU	SD	S, B	LOCR, PAP, SDS-17, SDAS	2 × 5 ANOVA	Participants were unwilling to associate with any addiction. From most to least SD: heroin, alcohol, Gambling, and pornography or marijuana with large effects. LOCR was unrelated to SD.	7.5
Lanzillotta-Rangeley et al. (2021)	Rural Community Residents <i>n</i> =173	Survey	P	BSRQ	SD, SE, Concealability, PD, Rights, marginalization	S	Knowledge of OUD, Naloxone, infectious disease, services	χ^2 analysis	Participants who endorsed SUD as a real illness were less likely to stigmatize, marginalize, SE, SD, or perceive people with SUD as dangerous, and more likely to support their rights and employment than those who believe it is not a real illness.	7
Latner et al. (2014)	Adults <i>n</i> =625	Experiment: Vignettes	P	UMB, SQ-18, AFA	Dislike, Rights, RB, FF, SD, Unpredictable, PD, Attention-Seeking, appeal Competency	B	PPQ, WLOC	2 × 2 ANOVA	Addiction explanations of over-eating led to reductions in stigma, fear of fat, and blame compared to non-addiction explanations. Obese targets received more stigma than normal weight targets in both addiction and non-addiction conditions.	7

Lau et al. (2020)	Adults <i>n</i> =1501	Survey	P	SAS	Stigma, Acceptance	B	Modified IPQ-R, IGDDC	Correlation	Stigma had small-med. positive correlation with cyclicity, negative emotions, treatment control, and consequences, negative relation with illness coherence, and unrelated to RB.	8.5
Ledford et al. (2021)	Undergrad. Students, MTurk <i>n</i> =(S1) 231, (S2) 245	Experiment: Vignettes	P	Modified : PDS, PT, BSDS, BR, support for rehab/jail and Naloxone	PD, Threat, Common Ground, SD, BR	S	Modified SMS, CG, MSV	SEM, t-test	Descriptions of someone with opioid addiction that include a mark of stigma (e.g., describing them as unkempt) and a label, led to higher perceptions of dangerousness. Marks of stigma led to an increase in support for behavioral regulation and SD.	7.5
Lee et al. (2008)	Medical Students <i>n</i> =123	Experiment: Vignettes	P	CJR	Stability, Help, Prognosis, Pity, RB, Likeability, Anger	S	Judgement of diagnosis	t-test, ANOVA	AUD identification was associated with higher perceptions of responsibility, and lower desire to help.	5

Vignette

s

Lee et al. (2014)	Adults <i>n</i> =479	Survey	P	Adapted AMIQ & GSS	DB, Coercion, CA	B	YFAS, EDE-Q	Independe nt Samples t-test, ANOVA	Obese individuals held more stigma than normal weight participants. Own diagnosis of food addiction diagnosis did not affect public stigma. Coercive treatment strategies were not supported.	7.5
Lee et al. (2023)	Youth w ADHD <i>n</i> =100	Survey	S	SSS-S	Affect, Cognition, Behavior	B	PSMU, PSPU, IGDS9-SF, DASS-21	OLS and logistic regression	Problem smartphone and social media use were related to self-stigma among youth with ADHD, but not related to problem gaming.	9
Loyal et al. (2022)	Adults <i>n</i> =342	Survey	P	P3S-PS	Derogatory cognitions, negative emotions and behaviors, ER, information provision	S	Condemnati on & rejection, punitive action support,	EFA, correlation s	Men and Non-smokers had more derogatory cognitions, and negative emotions and behaviors, of pregnant smokers. P3S-PS was positively related to supporting punitive actions and condemnation/rejection for pregnant smokers.	7.5

							peer			
							smoking			
Lu (2024)	USA	Experim	P	SDS-SU,	SD, Stereotyping	S	Emotions	SEM	Whether a descriptions of a relapse was present	8.5
	Adults <i>n</i>	ent:		Stigma					or absent in an AUD recovery story did not effect	
	= 1,438	Vignette		Beliefs					stigma. However, pity was positively associated	
		s							with stigma and compassion was negatively	
									associated with stigma, and anger was positively	
									associated with stigma beliefs but negatively	
									associated with desired SD.	
Luty et al.	Rural	Experim	P	AMIQ,	SI, PD, RB, Anger,	S	-	PCFA,	Positive attitudes were held for Christian,	6
(2006)	Resident	ent:		AQ-21	Fear, Pity,			Group	diabetic, and depression. Among negative	
	s	Vignette			Segregation, Help,			Compariso	attitudes, attitudes for heroin users and the	
	<i>n</i> =1079	s			Coercion			n,	criminal were more negative than alcohol users,	
								Correlation	and schizophrenia.	
								s		

Mahmoud et al. (2021)	Adult Nurses <i>n</i> =234	Survey	P	Adapted AQ-27 & SDS	PD, Fear, SD, RB	S	Personal SU, RSDS, Adapted: SUSS, FMI, PC-AAPQ, PS-SUD	LRA	Motivation to work with people with opioid use problems positively related to experience with SU (work or family, but not self or friends) and negatively related to stigma.	8
Mannarini & Boffo (2015)	University Students <i>n</i> =360	Experiment: Vignettes	P	Composite Measure	PD, Social Distance	S	MDCBS, MDTRS, OMI, CAMI-3	Latent Class Analysis	Alcohol and Drug addiction are more stigmatized than anxiety, depression, bulimia, and schizophrenia.	7
Marie & Miles (2008)	Adults <i>n</i> =(S1) 435, (S2) 104	Experiment: Vignettes	P	Adapted: SDS-11, AS Subscale	SD, PD	S	SD Scale to assess familiarity	2 × 4 ANOVA	Less SD was desired from someone with depression than Schizophrenia, AUD, or SUD. PD was negatively related to SD. Schizophrenia was seen as more dangerous than all other conditions, and AUD was more than depression.	5.5

McGinty et al. (2015)	Nat. Rep. adults <i>n</i> =3940	Experiment: Vignettes	P	GSS-SDS, MDS	DB, SD	S	Support for beneficial policies	Regressions	Participants desired greater SD from untreated vignettes than treated vignettes. Participants desired more SD from people with a drug addiction than with mental illness.	8.5
Meadows et al. (2017)	MTurk and University Students <i>n</i> =(S1) 614, (S2) 658	Survey	S	AFAQ-R, WSSQ	Dislike, RB, self-devaluation, fear of stigma	B	YFAS, RS, IES, AS, EAT-26, MBSRQ-GOS-VS, FCQ-T, BIS-15, CES-D	Independent Samples t-test, χ^2	Self-perceived food addiction was not related to changes in self-stigma or fear of stigma	8.5
Miquel et al. (2018)	GPs <i>n</i> =867	Survey	P	BTSQ	BTSQ	S	AUDIT-C, risk of hypertension, difficulty	Percentage	Stigma as a barrier to screening for AU was endorsed by 16.5% of GPs. Fear of annoying the patient or not wanting to repeat questions were also stigma-related barriers reported.	6.5

Montemara no & Cassin (2021)	Undergr ad. students <i>n</i> =757	Experim ent: Vignette s	P	AFA-Q, AFAT, FPS-S, UMB- FAT	Undisciplined, Inactive, Unappealing, RB Judgement, SD, Attraction, dislike, FF	B	PPQ	2 × 2 factorial ANOVA	Food addiction explanations of weight had more favorable judgements and perceptions of psychopathology than personal choice explanations. Most of these effect sizes were small to very small. Higher BMI led to more stigmatizing judgements.	8.5
Moore et al. (2020)	Incarcera ted women with AUD <i>n</i> =185	Survey	S	Adapted DSSS	Perceived Stigma of treatment, SE, AES, internalized stigma,	S	TLFB, PSS-14, SF-12, SU, SIP-2R, AU- crime, CMR, sex trading, homeless	Block multivariat e LRA	Education, stress, AU history, treatment readiness, pressure to get treatment, exchanging sex or DU (<3mth) were positively related to internalized stigma. Education, treatment readiness, AU severity, stress, were positively related to AES.	9
Morgieva et al. (2019)	Adults <i>n</i> =2600	Experim ent: Video- Vignette s	P	CAQ	SE, prejudice, DB	S	-	Regressions , Factor Analysis	Participants were more likely to think that alcohol addiction leads to violence to others than bipolar disorder, OCD and anorexia. 50% of participants desired SD from Alcohol addiction, more than other mental illnesses.	4.5

Noblett et al. (2015)	Trainee-Doctors <i>n</i> =52	Experiment: Vignettes	P	AMIQ	SI, PD	S	Training Experience	One-Way ANOVA	Attitudes were more positive towards physical than mental health issues. Personality disorder, schizophrenia, and heroin addiction were viewed worse than alcoholism, and depression. Trainee doctors were suspicious of reasons for attending ED.	7
Opsal et al. (2016)	Psychiatric or SU in-patients <i>n</i> =192	Survey, Quasi-Experiment	S P	PCQ	Coercion	S	EASI, TGSI, SC-90-R, MINI	Independent Samples t-test, LRA, χ^2 Analyses	Voluntarily admitted SUD patients had higher internal sources of PCQ than involuntarily admitted patients, but groups did not differ in overall PCQ. Legal coercion was higher for involuntarily admitted patients, but endorsed by both groups.	8.5
Papatsaraki et al. (2024)	Adults <i>n</i> = 376	Survey	S	WBIS	RB, Competency, SI	B	DASS-21, YFAS, LOT, BRS, PANAS	Correlations, Hierarchical Regression	WBIS subscales of self-devaluation ($r = 0.11, p = .038$) and weight-related distress ($r = .34, p < .001$) had small positive correlations with food addiction.	5.5

Pennington et al. (2023)	Adults <i>n</i> = 1,613	Experiment: Vignettes	P	MDSS, AQ-9, PPPS, Financial Discrimination	RB, SI, PO, continuing care, PD, PP, treatment stigma; personal SE/ prejudice, DB	S	Manipulation Check	Independent samples t-tests	Drug use received more SD, PD, stigma, and discrimination, but less blame than a health concern. The term 'brain disease' was associated with more blame towards people with SUD than the term 'problem' but had small effects at most on other aspects of stigma.	9
Peretti-Wattel (2003)	Nat. Rep. France (15-75 yr) <i>n</i> =2009	Survey	P	FDQ	RB, sick, family troubles, hanger-on, PD, corrupting	S	Attitudes to risk reduction policy	MLR, Cluster Analysis, χ^2 Analyses	73% of participants thought heroin users were dangerous, 22% labelled them "hangers-on", few thought users could have an ordinary life, 28% were considered hostile towards users.	7
Pérez-Pedrogo et al. (2020)	Adults with SUD: in prison or HIV	Survey	S	SASSS, SRRS	Self-devaluation, fear of enacted stigma, stigma avoidance, values disengagement, rejection	S	SSI-SA, RSE-10, GSES, AAQ-SA, PHQ-9, ISS, SU, CIDI Substance	CFA, Pearson Correlations	SASSS was positively correlated with; HIV felt Stigma <i>r</i> = .56, depression symptoms <i>r</i> = .43, shame <i>r</i> = .67, stigma-related rejection <i>r</i> = .32, and negatively correlated to; self-esteem <i>r</i> = -.29, psychological flexibility <i>r</i> = -.57, and self-efficacy self-esteem <i>r</i> = -.31.	8

	program						Abuse			
	s (n=412)						Module,			
							HFSS			
Perry et al. (2020)	Nat. Rep. n=1169	Experim ent: Vignette s	P	NSS-RII	Labelling, SD, PD, competence, CA	S	-	LRA, Logistic Regressions	Less SD was desired from persons with subclinical distress and depression compared to OUD, AUD, and schizophrenia. OUD was seen as less dangerous than schizophrenia and AUD but more than subclinical distress and depression.	8
Peter et al. (2019)	Adults n=822	Experim ent: Vignette s	P	AQ-27, SDS	PD, Coercion, Segregation, SI, RB, Fear, Anger, Pity, Help	B	LOCR	One-Way ANOVA, Correlation s	Gamblers/gamers were more stigmatized than someone in a financial crisis. More SD was desired from casino gamblers than gamers. Gamblers were seen as more dangerous than gamers.	9.5
Probst et al. (2015)	Patients with AUD n=1008	Survey	S	BTSQ	BTSQ	S	CIDI, problem awareness, other	Percentage s	Stigma and Shame was the second most reported reason for not seeking treatment, accounting for 28.6% of participants who did not receive	9.5

							problems, desire to cope alone.		treatment (80.36% of all participants did not receive treatment) in the preceding 12 months.	
Quigley et al. (2020)	Universit y Students , Adults <i>n</i> =(S1) 333, (S2) 395	Experim ent: Labels	P	SDS, GPS, Adapted RDS, DDS	PD, CA, SD, devaluation, DB	S, B	AC, LOCR, PGSI, BIDR- IM, MISS	One-way ANOVA, MANOVAs	Different gambling labels resulted in similar stigma, but more stigma than depression, OCD, or asthma. Gambling had some similarities with compulsive buying and AUD but seen as more dangerous, disruptive, and devaluing than compulsive buying.	8.5
Racine et al. (2017)	Adults <i>n</i> =2378	Experim ent: Intervent ion	P	FAD-Plus	RB	S	ASSIST-LITE, Neuroscienc e Knowledge, SUD among Peers	t-test, OLS	Neuroscientific explanations (and imagery) of addiction did not significantly affect perceptions of responsibility or volition. However, text and imagery did reduce perceptions of volition towards cocaine addiction compared to a control.	8

Razeghian Jahromi et al. (2023)	People with SUD <i>n</i> = 80	Survey	S P	SS-28	Discrimination, disclosure, positive aspects	S	BDEFS	Pearson's correlation	Stigma among people seeking help for substance use problems was positively associated with executive dysfunction.	7.5
Ruddock et al. (2019)	Adults <i>n</i> =(S1) 439, (S2) 523	Experim ent: Vignette s	P P P	Modified FPS-S, AFA, EQ	FF, Dislike, RB, Undisciplined, Inactive, Unappealing	B	DEBQ, SPFA, ABS, AEBS	One-Way ANOVA, MRA	Medical diagnosis of food addiction led to greater stigma than the self or no diagnosis. BMI was negatively related to stigma. Belief in addiction as a disease was positively related to stigma.	9
Rundle et al. (2021)	MTurk <i>n</i> =1072	Experim ent: Vignette s	P, P P	PPPS	PP, treatment stigma; personal SE/ prejudice, DB	S	PAAS	One-way ANOVA, MRA	AUD and comorbid AUD/MDD did not differ but had more stigma than MDD or diabetes. Endorsing psychological or nature models of addiction was negatively related to stigma, but moral models were positively related to stigma.	6.5
Salameh et al. (2021)	Pregnant with mental health	Survey	S P	BTSQ	BTSQ	S	self-rated health and need for	χ^2 Analyses	Stigma was the third most common barrier reported to treatment seeking pregnant women and affected women with SUD (38.1%) or comorbid mental health and SU issues (36.7%)	7

	problem s or SU <i>n</i> =1627						treatment, DSM-IV, K-6.		more than those with just mental health issues (22.6%).	
Sarkar et al. (2019)	SUD Patients <i>n</i> =201	Survey	S	ISMIS	SE, DB, SI, stigma resistance	S	WHOQOL- Brief	Correlation s, Independe nt Samples t-test, ANOVA	OUs had more severe internalized stigma. Internalized stigma was negatively correlated with QoL. Alienation was higher among participants than withdrawal, discrimination, SE, or stigma resistance.	9
Smith et al. (2020)	MMT Patients <i>n</i> =93	Survey	S	MMT- SMS, SU- SMS	AES, Internalized 	S	DU history, MMT history	CFA, Correlation s	Methadone dose was negatively related to internalized stigma. Anticipated stigma was positively associated with heroin use, withdrawal symptoms, and living with a drug user.	8
Uygur et al. (2020)	SUD or AUD Patients <i>n</i> =191	Survey	S	ISMIS	SE, DB, SI, stigma resistance	S	RES, BDI, BAPI, MSPSS, AAQ-SA, SCS- 10	Correlation s	Internalized stigma has a small negative relationship with psychological flexibility.	7.5

van Boekel et al. (2014)	Healthcare Workers <i>n</i> =347	Survey	P	MCRS, AQ-20	SI, Frustration, Anger, Help, RB, Fear, Pity, PD Coercion, Segregation	S	Personal Drinking habits, LOCR, MC-SDS, ABAAQ	ANOVA, MRA	Addiction services workers held the most positive attitudes to patients with SUD, then psychiatry services, and lastly GPs. Socially desirable responding and familiarity was positively related to regard while RB, fear, and anger were negatively.	8.5
Wakeman et al. (2016)	Doctors <i>n</i> =149	Survey	P	ASQ	Attitudes	S	Exposure, SUD clinical practice and preparedness	Independent Samples t-tests	Hospital physicians believed SUD was a choice, not treatable or satisfying to treat, and deserving of punishment more often than PPP. Nearly all felt SUD patients were more challenging.	6
Washburn et al. (2023)	Adults <i>n</i> =469	Experiment: Vignettes	P	SCMHC, STSM	Positive/negative outcomes, shame, secrecy, treatment avoidance	S	DSES, DCFS, Familiarity, ATSPPH-SF	EFA, Correlations	No differences based on vignette's gender or an interaction with respondent gender on stigma domains. Familiarity with behavioral health issues and spirituality were negatively related to stigma.	6.5

Wild et al. (2021)	Adults <i>n</i> =4645	Survey	P	Modified SDS- WHO	SD	S	LOF, SUSAS, Harm Reduction support/exp osure	SEM	There was a negative relationship between familiarity with PWUD, and media exposure to harm reduction with Stigma and a positive relationship of endorsement of disease model to Stigma.	9.5
Wu et al. (2011)	Adolesce nts with OUD <i>n</i> =1788	Survey	S P	BTSQ	BTSQ	S	DSM-IV OUD Criteria, CJS, health, enabling	Percentage s	22% of participants who felt they needed treatment endorsed not wanting others to find out or concerns of neighbors developing negative opinions as reasons not to seek treatment.	8
Wyler et al. (2022)	Insuranc e experts or therapist s <i>n</i> =79	Survey	P	MCRS	SI, Help, Anger/Frustration	S	Opinions on AUD, Opinions of legal precedent	Correlation s, Pairwise comparison s	Addiction therapists had higher regard for AUD clients than lawyers or insurance medical experts. No correlation between MCRS scores and frequency of working with AUD.	8
Xin et al. (2022)	Clin. Social Workers	Survey	P, P P	DUSS	Stigmatization, PP Stigma	S	Acceptability of treatment goals, DU	Correlation s	Acceptability of non-abstinence was negatively correlated with stigma with small to medium	8.5

<i>n</i> =309										effect for Tobacco, Cannabis, Alcohol, Cocaine, Hallucinogen, Opioids, Methamphetamine.	
Yashikhina et al. (2023)	Medical Students	Experiment: Intervention	P	BSDS	SI		S	-	Paired Samples t-test	Medical students desired social distance from people with AUD or drug addiction did not change from pre to post a psychiatry course.	4.5

Note. Reporting quality is the score given by the first reviewer (CG) and the recommended adjustment of -0.74 based on differences between the first and second reviewer (ML) should be considered on interpretation. (Sx): Indicates which study for papers which included more than one study, study 2 of Boysen et al. (2020) was excluded as it did not relate to addiction. AAQ-SA: Acceptance and Action Questionnaire - Substance Abuse, ABAAQ: Attitudes and Beliefs about Alcoholism and Alcoholics Questionnaire, ABS: Addiction Belief Scale, AC: Adjectives Checklist, AEBS: Addiction-Like Eating Behavior Scale, AES: Anticipated and Enacted Stigma, ACPG: Anticipated Characterization of Problem Gambling, AFA: Anti-Fat Attitudes Scale, AFAQ-R: Anti-Fat Attitudes Questionnaire Revised, AFAT: AntiFat Attitudes Test, ALPG: Anticipated Level of Public Stigma, AM-BS: Attitude Measurement - Brief Scale, A-MICA: Attributions of Mentally Ill Chemically Addicted, AMIQ: Attitude toward Mental Illness Questionnaire, APF: Active or Passive Facilitation, APH: Active or Passive Harm, AQ-27: Attribution Questionnaire (27-items), AQ-SF: Attribution Questionnaire Short Form, ARPG: Anticipated Reactions to Problem Gamblers, AS: Affect Scale, ASBD: Ascent Scale of Blatant Dehumanization, ASI: Addiction Severity Index, ASQ: Attitude Statements Questionnaire, ASSIST-LITE: Ultra-Rapid Screening for Substance Use Disorder, ATSPPH-SF: Attitudes Toward Seeking Professional Psychological Help - Short Form, AU: Alcohol Use, AUD: Alcohol Use Disorder, AUDIT: Short Alcohol

Use Disorder Identification Test, B: Behavioral Addiction, BAPI: Addiction Profile Index, BARC-10: Brief Assessment of Recovery Capital, BDEFS: Barkley Executive Function Questionnaire, BES: Binge Eating Scale, BIAS: Behaviors from Intergroup Affect and Stereotypes Scale, BIDR-IM: Balanced Inventory of Desirable Responding - Impression Management Subscale, BIS-15: Barratt Impulsiveness Scale - Short Form, BR: Behavioral Regulation, BRS: Brief Resilience Scale, BSDS: Modified Bogardus (1933) Social Distance Scale, BSMAS: Bergen Social Media Addiction Scale, BSRQ: Bias or Stigma Related Questions, BTSQ: Barrier to Treatment Seeking Question, CA: Causal Attributions, CAMI-3: Community Attitudes to the Mentally Ill, CAQ: Crazy'App Questionnaire, CB-SUD: Causal Beliefs about Substance Use Disorders, CDSTU: Clinical Decision Support Tool Use, CES-D: Center for Epidemiological Studies Depression Scale, CFA: Confirmatory Factor Analysis, CG: Common Ground, CHQ-12: Chinese Health Questionnaire-12, CJR: Clinical Judgement Ratings, CMR: Circumstances, Motivation, and Readiness, COS: Coping Orientation Scale, CSB: Compulsive Sexual Behavior, CIDI: Composite International Diagnostic Interview, DB: Discrimination Behaviors, DCFS: Devaluation of Consumer Families Scale, DDS: Devaluations-Discrimination Scale, DEBQ: Dutch Eating Behavior Questionnaire, DHSCl: Depression-section of the Hopkins Symptoms Checklist, DPPQ: Drug Problems Perceptions Questionnaire, DS: Dangerousness Scale, DS-PG: Discrimination Scale for Problem Gambling, DSES: Daily Spiritual Experiences Scale, DSS: Depression Stigma Scale, DSSS: Depression Self-Stigma Scale, DU: Drug Use, DUSS: Drug Use Stigmatization Scale, EASI: European Addiction Severity Index, EAT-26: Eating Attitudes Test, ED: Emergency Department, EDE-Q: Eating Disorder Examination Questionnaire, EDS-PG: Experiences of Devaluation for Problem Gambling, EE: Evaluation of Etiology, EFA: Exploratory Factor Analysis, EPS: Enacted, Perceived, and Self Stigma, EQ: Employability Questions, ER: Emotional Responses, ERQ: Emotional Reactions Questions, ESES: Eating Self-Efficacy Scale, FAD-Plus: Free Will and Determinism Instrument, FDQ: Folk Devils Questionnaire, FF: Fear of Fat, FMI: Familiarity with Mental Illness, FPS: Fat Phobia Scale, FCQ-T: Food Cravings Questionnaire - Trait, FPS-S: Shortened Fat Phobia Scale,

FSD: Frequency of Stigma or Discrimination, FTCD: Fagerstrom Test of Cigarette Dependence, GLM: Generalized Linear Multivariate Model, GQA: General Quiz on Alcohol, GNAT: Go/No Go Association Task, GOI-VS: Goal Orientation Inventory - Validation Seeking Subscale, GPRA: Government Performance and Results Act Questionnaire, GPS: General Perceptions Scale, GSES: General Self-Efficacy Scale, GSS-SDS: General Social Survey-Social Distance Scale, HFS: Human Flourishing Scale, HFSS: HIV Felt Stigma Scale, HSRQ: Health Services Research Questionnaire, IARSS: Adapted from the Internalized Aids-Related Stigma Scale, IDU: Injecting Drug Use, IES: Intuitive Eating Scale, IGC: Involvement in Gambling Checklist, ISMS: Internalized Stigma of Mental Illness Scale, ISS: Internalized Shame Scale, ISSA: Internalized Stigma of Substance Abuse Scale, IGDDC: IGD Diagnostic Criteria, IGDS9-SF: Internet Gaming Disorder-Short Form ISSI: Internalized Stigma of Smoking Inventory, K10: Kessler Psychological Distress Scale, KIQ: Key Informants Questionnaire, LOCR: Level of Contact Report, LOF: Level of Familiarity Questionnaire, LOT: Life Orientation Test, LOOCV: Leave-One-Out Cross-validation, LFS: Luo Functioning Scale, LRA: Linear Regression Analysis, LSR: Least Squares Regression, MBSRQ: Multidimensional Body Self-Relations Questionnaire, MCRS: Medical Condition Regard Scale, MCSDS: Marlowe Crowne Social Desirability Scale, MDCBS: Mental Disorders Causal Beliefs Scale, MDS: McGinty Discrimination Scale, MDSS: Multi-Dimensional Stigma Scale, MDTRS: Mental Disorder Therapy Relationship Scale, MINI: Mini International Neuropsychiatric Interview, MISS: Mental Illness Stigma Scale, MLR: Multivariate Logistic Regression, MMT-SMS: Methadone Maintenance Treatment Stigma Mechanisms Scale, MOS: Medical Outcomes Study Social Support Survey, MRA: Multiple Regression Analysis, MSPSS: Multidimensional Scale of Perceived Social Support, MSV: Message Shock Value, MUD: Methamphetamine Use Disorder, NSS-RII: National Stigma Studies - Replication II, OBCS: Objectified Body Consciousness Scale, OCDS: Obsessive Compulsive Drinking Scale, OLS: Ordinary Least Squares Regression, OMI: Opinions about Mental Illness, OTI: Opiate Treatment Index, OUD: Opioid Use Disorder, P: Public Stigma, P3S-PS: Pregnant Smoker Stigma Scale - Public Stigma, PAAS: Pubic

Attitudes and Addiction Survey, PANAS: Positive and Negative Affect Schedule, PAP: Perceptions of Addiction Potential, PAQ: Patient Attitudes Questionnaire, PC-AAPQ: Person-Centred Alcohol and Alcohol Problems Questionnaire, PCFA: Principal Component Factor Analysis, PCQ: Perceived Coercion Questionnaire, PCS: Perceived Causes Scale, PD: Perceived Dangerousness, PDDS: Perceived Devaluation Discrimination Scale, PDI: Perceived Dangerousness Item, PDS: Perceived Dangerousness Scale, PGSI: Problem Gambling Severity Index, PHQ-9: Patient Health Questionnaire, PP: Perceived Public Stigma, PPQ: Perceived Psychopathology Questionnaire, PSAS-8: Perceived Stigma of Addiction Scale, PSMI: Perceived Stigma toward Mental Illness, PSMU: Problematic Social Media use, sabaPSPS-TV: Perceived Stigma Toward People Who Use Substances - Taiwan Version, PSPU: Problematic Smartphone Use, PSQ: Perceived Stigmatization Questionnaire, PSS: Public Stigma Scale, PSS-14: Perceived Stress Scale, PS-SUD: Professional Satisfaction when caring for SUD Patients, PT: Perceived Threat, PTSDDS: Post Traumatic Stress Disorder Diagnostic Scale, PWID: People Who Inject Drugs, PWIL Personal Wellbeing Index, PWSS: Perceived Weight Stigma Scale, RB: Responsibility and Blame (and Willpower), RC-10: Brief Assessment of Recovery Capital, RCMHS: Ratings of Clients' Mental Health Status, RDS: Reasons for Depression Scale, ROPE: Region of Practical Equivalence, RS: Dietary Restraint Scale, RSDS: Reynold's 13-item Social Desirability Scale, RSE-10: Rosenberg Self-Esteem Scale, *S (in Type of Stigma)*: Self-Stigma, *S (in Type of Addiction)*: Substance Addiction, SABAS: Smartphone Application-Based Addiction Scale, SAS: Stigma and Acceptance Scale, SASSS: Substance Abuse Self-Stigma Scale SC-90-R: The Symptom Checklist, SCMHC: Stigma Concerns about Mental Health Care Scale, SCS: Self-Consciousness Scale, SCS-10: Self-Concealment Scale, SD: Social Distance, SDS-6: Social Distance Scale (6 items), SDS-11: Social Distance Scale (11-items), SDS-17: Social Desirability Scale, SDAS: Subjective Definitions Addiction Scale, SDSS: Semantic Differential Scale of Stereotyping, SDS-SU: Social Distance Scale for Substance Users, SDS-WHO: Modified World Health Organization Social Distance scale, SE: Stereotype Endorsement ('stereotyping') or Agreement, SEM: Structural Equation

Modelling, SF-12: Short Form Health Survey, SI: Social Isolation (Withdrawal/Avoidance/Alienation/Separation), SIP-2R: Short Inventory of Problems, SKS: Staff Knowledge Survey, SMR: Stepwise Multiple Regression, SMS: Stigma Message Sharing, SP: Self-Perceived Stigma, SPFA: Self-Perceived Food Addiction, SQ-18: Stigma Questionnaire, SRRS: Stigma-Related Rejection Scale, SS: Stigma Scale, SS-28: 28-item Stigma Scale, SSI-SA: Simple Screening Instrument for Substance Abuse, SSMIS: Self-Sigma of Mental Illness Scale, SS-PG: Self-Stigma of Problem Gambling, SSS-S: Self-Stigma Scale-Short, STC: Stigmatization Towards Clients, STSM: Stigma Towards Substance Misuse, SUD: Substance Use Disorder, SUSAS: Short Understanding of Substance Abuse Scale, SU-SMS: Substance Use Stigma Mechanism Scale, SUSS: Short Understanding of Substance-use Scale, SYMHLSS: Swiss Youth Mental Health Literacy and Stigma Survey, TDQ: Taiwan Depression Questionnaire, TGSi: The Global Symptom Index Score, TLFB: Timeline Followback, TST: Treatment-seeking threshold, UAS: Understanding of Alcoholism Scale, UMB: Universal Measure of Bias, UMBFAT: Universal Measure of Bias of Fat, WBIS: Weight Bias Internalization Scale, WC: Warmth and Competence, WHOQOL-BREF: The World Health Organization Quality of Life-Brief Version, WLOC: Weight Locus of Control, WSSQ: Weight Self-Stigma Scale, YFAS: Yale Food Addiction Scale, YFAS-C: Yale Food Addiction Scale for Children.

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