

The Media Guide to Stigma-Free Reporting on Substance Use Disorders & Addiction

What is stigma? Negative attitudes, beliefs, and stereotypes that create barriers to treatment and recovery.

Media representation matters: 49% of opioid epidemic news stories use stigmatizing terms¹ like “addict” or “substance abuser,” while 78% of stories² focus on criminal justice. When presented in this way, rather than addressing substance use disorders and addiction and medical conditions, **it shapes public opinion and policy decisions.** How addiction is portrayed in news stories directly impacts public support for treatment and the willingness of people to seek help.

The Current Impact of Stigmatizing News Coverage

Research shows concerning patterns in addiction reporting:

- **78% of opioid stories** focus on criminal justice rather than health solutions²
- **49% of coverage** uses stigmatizing language like “addict” and “substance abuser”¹
- **Only 12% of stories** include recovery perspectives³
- **Racial disparities exist:** White individuals are more likely to be humanized as struggling with a medical condition, while Black and Latino individuals are disproportionately portrayed as criminals⁵

The Social Impact

- **54% of Americans** know someone with substance use disorder⁴ (SUD)
- **44% are unwilling to socialize** with someone who has SUD
- **74% don’t understand** that (SUD) is a chronic medical condition like diabetes or heart disease⁴
- **47% wouldn’t want them as a close friend**⁴

Loneliness and isolation can actually contribute to a person increasing their drug use.



How the Media Can Reduce Stigma

Guideline	Instead of	Say This
Use Person-First Language	Addict, Junkie, User, Substance abuser	Person with substance use disorder or Person who uses drugs
	Recovering addict, former addict	Person in recovery
	Substance abuse	Substance use for illicit drugs and substance misuse for prescription medications
	Drug habit	Substance use disorder, opioid use disorder, addiction
	Opioid substitution or replacement therapy	Medication for Opioid Use Disorder (MOUD) or opioid agonist therapy
	Clean or Dirty (test results)	Testing negative for drugs or testing positive for drugs
Guideline	Don't	Instead Do This
Frame as a Health Issue, Not Crime Story	<ul style="list-style-type: none"> – Lead with arrest/crime details – Sensationalize overdose scenes or show drug paraphernalia as primary visuals 	<ul style="list-style-type: none"> – Highlight the science of addiction and the fact that it is a medical condition like diabetes or heart disease – Feature evidence-based treatment options, like medication for opioid use disorder (Methadone, Buprenorphine). – Showcase community resources support, treatment and harm reduction.

MYTH: People with addiction don't want help.

FACT: More than 8 out of 10 people with substance use disorders don't get treatment. Many factors prevent people from seeking help, including stigma, lack of access, fear of judgment, and systemic barriers.

Visual Guidelines

Guideline	Instead of Showing	Show This
Treat people with dignity and respect by not showing dehumanizing or sensational photos	Drug paraphernalia (needles, pipes, pills)	Treatment facilities and healthcare settings
	Images of active drug use or overdose situations	Community support and family connections
	Mug shots or arrest footage as primary visuals	People engaged in recovery activities
	Stock photos that reduce people to stereotypes	Photos that show dignity and humanity

Ethical Guidelines for Photography

- Get Permission First
- Explain why you're photographing and where images will be used
- Remember that people accessing treatment value their privacy
- Consider that visuals can lead to loss of housing, employment, or arrest
- Permission cannot be given by someone under the influence

Create Context Through Captions

- Use person-first language in all photo descriptions
- Include quotes from interviews to add depth
- Avoid identifying details if safety is a concern
- Focus on the whole person, not just their condition

Story Angles to Consider

Solution-Focused Stories

- **“Recovery Spotlight”**: Profile people thriving in long-term recovery
- **“Treatment That Works”**: Cover evidence-based programs
- **“Community Solutions”**: Report on local harm reduction efforts
- **“Policy Success”**: Cover treatment courts and diversion programs

Address Common Treatment Stigma

Medication for Opioid Use Disorder (MOUD):

- **Misconception**: 43% believe MOUD “substitutes one drug for another”⁴
- **Reality**: FDA-approved, evidence-based treatment that reduces mortality by 50%⁵
- **Coverage tip**: Include addiction medicine expert explaining how MOUD works like other chronic disease treatments

Dispel Myths About Harm Reduction:

- **Misconception**: Enables drug use
- **Reality**: Reduces overdose deaths, HIV/Hepatitis transmission, connects people to treatment
- **Coverage tip**: Focus on life-saving aspects and community health benefits

Quick Reference Checklist

Before publishing, ensure you have:

- Used person-first language throughout (person with SUD, not “addict”)
- Framed addiction as a chronic medical condition, not moral failing
- Included at least one recovery perspective and one treatment expert
- Listed local treatment resources and national helpline (1-800-662-HELP)
- Avoided images of drug paraphernalia or active use
- Provided context about treatment options and hope for recovery
- Asked permission before photographing people in vulnerable situations
- Fact-checked medical information with addiction medicine specialists

Story Source Recommendations

- **Medical:** Addiction medicine physicians, substance use treatment clinicians
- **Lived Experience:** People in long-term recovery (1+ years), recovery coaches, peer support specialists
- **Policy:** Treatment advocates, public health officials
- **Community:** Community leaders who support recovery

References

Sources Cited in Text

1. [McGinty, E.E., et al. \(2019\)](#). *An analysis of news media coverage of opioid addiction stigma*. *Preventive Medicine*
2. [McGinty, E.E., Kennedy-Hendricks, A., Baller, J., et al. \(2016\)](#). *Criminal activity or treatable health condition? News media framing of opioid analgesic abuse in the United States, 1998–2012*. *Psychiatric Services*, 67(4), 405-411
3. [Reuters Institute Studies](#)
4. [2024 Shatterproof Addiction Stigma Index](#)
5. [Bosworth, K.T., et al. \(2024\)](#). *Mass media portrayals of substance use disorders: A scoping review of stigma and bias*. *Health Communication Research, Sage Journals*

Data Resources

National Sources

- [SAMHSA Media Resources](#)
- [Shatterproof](#)

Connecticut-Specific Resources

- [New Haven Health Department](#)
- [CT Department of Public Health:](#)
- [CT Department of Mental Health and Addiction Services](#)

Additional Sources Consulted

- [National Institute on Drug Abuse](#).
- [“Best Practices and Recommendations for Ethical Reporting on Addiction.”](#)
- [“Best Practices and Recommendations for Ethical Reporting on Addiction – Creating Visuals.”](#)
- [Associated Press Stylebook, Mental Health and Addiction Guidelines](#).

Your Community Guide to Ending Opioid Addiction Stigma

Why is it important to end stigma? When communities come together to reduce stigma around addiction, the results are profound:

- **43% higher treatment success rates** in stigma-free communities³
- **Community members are often the first** to notice when someone needs help²
- **Your attitudes can directly impact** whether neighbors seek life-saving treatment¹

Your voice has the power to save lives. Here are some ways.

Understand What is Addiction

Addiction is a chronic medical condition, not a moral failing⁴ Just as we wouldn't blame someone for developing diabetes or heart disease, addiction is a health condition that changes brain structure and function.

Key truths about addiction:

- Anyone can develop addiction - it affects all demographics equally⁵
- Recovery is possible, millions of Americans are living proof⁶
- Evidence-based treatments are highly effective when people can access them⁷



Understand the Impact of Stigma

We all want a healthy community, and for that to happen, people facing addiction need to feel comfortable seeking support and treatment. When our community stigmatizes addiction, the consequences ripple through every family and neighborhood:

- **8-year delay** in seeking treatment due to shame and fear⁸
- **Increased overdose risk** as people hide their struggles in dangerous isolation⁹
- **Devastate families and social networks** when stigma divides communities¹⁰
- **\$4 trillion** in economic costs nationwide due to opioid use disorder¹¹

Every judgmental comment, every closed door, every turned back pushes someone further from the help they desperately need.

Four Actions You Can Take Today

1. Language Matters

The words we use matter. Research shows that changing language alone reduces stigma by 23% in community surveys.¹²

Instead of	Say This
Addict, Junkie, User, Substance abuser	Person with substance use disorder or Person who uses drugs
Recovering addict, former addict	Person in recovery
Substance abuse	Substance use for illicit drugs and substance misuse for prescription medications
Drug habit	Substance use disorder, opioid use disorder, addiction

2. Become a Source of Accurate Information¹³

Combat common myths with the facts.

Myth	Fact
Addiction is a choice	Addiction changes brain structure and function
People can just stop	Addiction requires medical treatment, like other chronic diseases
Recovery rarely works	Most people who receive treatment recover successfully

3. Champion Support Over Isolation

Social support increases recovery success by 67%¹⁴ Here's how to provide it:

- Include people in recovery in social activities and community events
- Support recovery-friendly businesses and organizations
- Advocate for recovery housing in your neighborhood
- Learn about local treatment resources to share with others

4. Advocate for Treatment, Not Punishment

Help your community treat addiction as the health issue it is:

- Support treatment funding in local budgets
- Advocate for drug courts and diversion programs
- Push back against “NIMBY” attitudes toward treatment facilities
- Vote for policies that prioritize health over punishment

Your Daily Action Plan: Being a Recovery Ally

In Conversations

- **Listen without judgment** when someone shares their struggles. Ask “How can I help?” instead of giving unsolicited advice. Share resources rather than trying to fix the problem yourself, and always respect privacy - never share someone's recovery status without permission.

In Your Neighborhood

- **Welcome recovery housing** rather than opposing it. Support local treatment centers through volunteering or donations. Host educational events in your home or community space, and model inclusive behavior for children and other family members.

Online and on Social Media

- **Share positive recovery stories** (with permission). Correct misinformation about addiction when you see it. Use respectful language in all posts about addiction, and amplify voices of people in recovery.

Recognizing When Someone Needs Help

Watch for these behavioral changes:

- Withdrawal from family and friends
- Declining work or school performance
- Changes in appearance or hygiene
- Financial problems or frequent borrowing
- Health problems or frequent illnesses

How to help:

- Express concern without judgment
- Provide specific resources and phone numbers
- Offer to help make appointments or provide transportation
- Continue to show love and support regardless of their response

Do you or someone you know need help finding treatment for a substance use disorder?
[Fill out this form.](#)

Essential Resources

National Educational Resources

- [National Institute on Drug Abuse](#)
- [SAMHSA National Helpline](#): 1-800-662-4357
- [Shatterproof](#)
- [Partnership to End Addiction](#)

Connecticut-Specific Resources

- [CT Department of Mental Health and Addiction Services](#)
- [Connecticut Community for Addiction Recovery](#)
- [CT 211 \(Information and Referral\)](#): Dial 2-1-1
- [New Haven Health Department](#)

Training Opportunities

- [Overdose Prevention & Response Training and Suicide Prevention Training](#) is available at the [New Haven Health Department](#)
- [Mental Health First Aid](#)

Remember: Recovery is a Community Effort

It takes a village to raise a child - and it takes a community to support recovery. Every conversation, every act of compassion, every moment of understanding moves us closer to a stigma-free community where everyone can heal. **Your actions today can save a life tomorrow.**

Sources

1. [Social Science & Medicine](#)
2. [American Journal of Community Psychology](#)
3. [Addiction Research & Theory](#)
4. [American Medical Association](#)
5. [SAMHSA National Survey on Drug Use and Health](#)
6. [Recovery Research Institute](#)
7. [Cochrane Reviews on Addiction](#)
8. [Journal of Substance Abuse Treatment](#)
9. [Drug and Alcohol Dependence](#)
10. [Journal of Family Studies](#)
11. [Partnership to End Addiction](#)
12. [Health Communication Research](#)
13. [NIDA Community Education](#)
14. [Journal of Addiction Medicine](#)

ADDICTION IS HARD. STIGMA MAKES IT HARDER.

EndStigmaCT.com

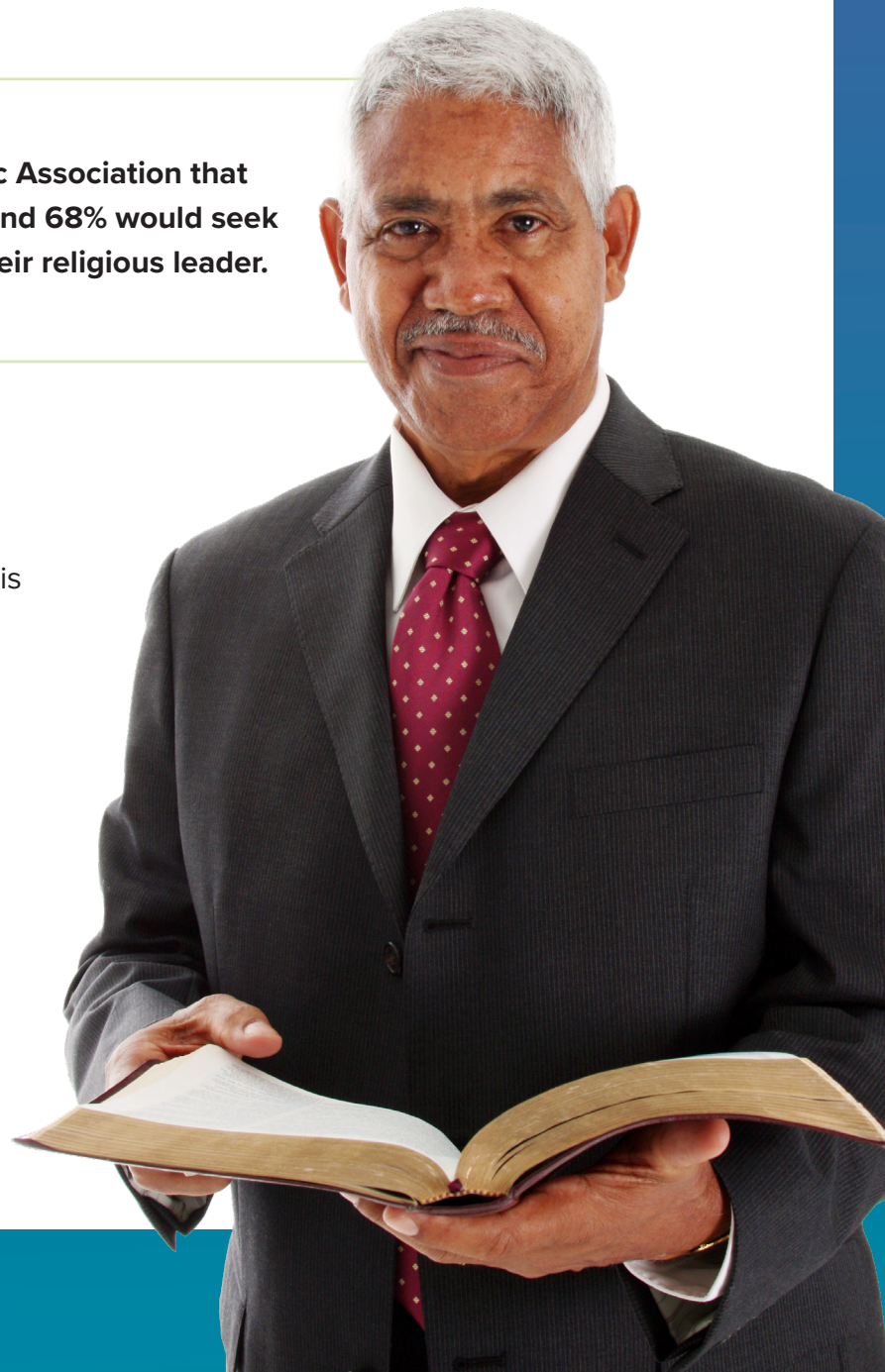
Faith Leaders: Overcoming Addiction Stigma Through Compassionate Ministry

73% of Americans identify with a religious tradition¹, making faith communities uniquely positioned to transform how society views and responds to addiction. These communities are often the first points of contact for people seeking help, and religious involvement can increase the likelihood of successful long-term recovery². Yet, many people with substance use disorders say they have felt stigma from their faith community.

A 2024 study by the American Psychiatric Association that surveyed over 2,000 American adults found 68% would seek mental health care if recommended by their religious leader.

The Theological Foundation for Compassion

Addiction is a disease, not a moral failing - this medical consensus aligns perfectly with core religious values of healing and redemption. Compassion over judgment reflects fundamental teachings across all faith traditions, providing a theological imperative for churches to lead in reducing stigma. There are multiple pathways a person can take when they begin their recovery journey; faith communities are a path for many.



How Faith Leaders Can Help Reduce Stigma

1. Educate Your Congregation

- **Preach about addiction as illness:** Use sermons to correct misconceptions about addiction being a choice or moral failing
- **Share recovery stories:** Invite people in recovery to share testimonies of healing and hope
- **Provide educational materials** about the science of addiction and recovery

2. Create Safe, Supportive Spaces

- **Train pastoral staff** on addiction and mental health first aid
- **Establish support groups** like Celebrate Recovery or similar evidence-based programs
- **Ensure confidentiality** - create clear policies protecting those seeking help

3. Use Healing-Focused Language

- **Replace “sin” language** with “sickness and healing” when discussing addiction
- **Emphasize “beloved child of God” identity** over addiction identity
- **Focus on recovery and renewal** rather than dwelling on past mistakes

4. Build Community Partnerships

- **Partner with treatment centers** and medical professionals
- **Host Narcan training events** in your facility. [Request a training](#) from the New Haven Health Department.
- **Hold community vigils** for Overdose Awareness Day events
- **Connect with other faith communities** for broader community impact

Faith-Centered Recovery Examples

Celebrate Recovery

- **35,000+ churches** worldwide using this program
- Combines faith principles with evidence-based recovery approaches
- Addresses all types of “hurts, habits, and hang-ups”

The Salvation Army

- Integrated addiction treatment and spiritual care
- **93% of participants report improved spiritual wellbeing³**
- Focuses on holistic healing approach

Resources for Faith Communities

- [SAMHSA Faith Community](#)
- [Celebrate Recovery](#)
- [National Association of Evangelicals](#)
- [Mental Health First Aid Faith Communities](#)
- [Spirit of Harm Reduction](#)

Sources

1. [Pew Research Center](#)
2. [Journal of Religion and Health](#)
3. [Salvation Army](#)

Building a Recovery-Friendly Workplace: A Business Guide

The opioid crisis affects every corner of American society, including your workplace. The statistics paint a clear picture:

- Opioid misuse has impacted **75% of employers** nationwide¹
- Nearly **75% of American adults with opioid use disorder are in the workforce**²
- **80% of HR decision-makers** believe substance use disorder (SUD) impacts their employees, yet only **25%** feel prepared to deal with the issue
- Employees with untreated SUD miss around **50% more work days** than their colleagues²
- Healthcare costs at high-pressure work environments are **50% higher** than at supportive companies⁷

Investing in an Employee's Recovery Saves You Money

- Employees in recovery take **5 fewer sick days** per year than those not in recovery
- Each dollar spent on treatment saves **\$4 in healthcare costs** and **\$7 in law enforcement costs**
- Workers who receive SUD treatment save employers an average of **\$3,200 annually**
- Employees in recovery save around **\$500 annually** in health plan costs compared to those with untreated SUD

Sources

1. [CDC](#)
2. [Recovery Friendly Workplace Toolkit](#): Connecticut Department of Labor
3. [National Safety Council](#)



Evidence-Based Actions You Can Take

1. Create Recovery-Friendly Workplace Policies

- **Transform your hiring and employment** practices to remove unnecessary barriers while maintaining safety standards.
- **Remove barriers to employment:** Avoid blanket policies that exclude people with addiction history
- **Implement reasonable accommodations:** Allow flexible scheduling for treatment appointments
- **Focus on current job performance** rather than past addiction history

2. Provide Employee Education and Training

Education reduces stigma and creates a more supportive workplace culture.

- **Host stigma reduction workshops** for managers and staff
- **Share accurate information** about addiction as a medical condition, not a moral failing
- **Train supervisors** on how to support employees in recovery appropriately

3. Use Person-First Language

Language matters. Simple word choices can reduce stigma and create a more inclusive environment.

Replace harmful terms:

- Say “person with substance use disorder” instead of “addict,” “junkie,” or “druggie”
- Say “drug use” or “substance misuse” instead of “drug abuse”
- Say “using” or “actively using” instead of “dirty”
- Say “in recovery” or “substance-free” instead of “clean”
- Refer to medication-assisted treatment as a recovery tool rather than a crutch

4. Support Community Recovery Resources

Build connections that benefit both your business and the broader community.

- **Partner with local treatment centers** for employee referrals
- **Sponsor recovery-focused** community events
- **Advertise job openings** at recovery centers

Interested in learning more? Visit RecoveryWorksCT.org to find out how to become a certified Recovery Friendly Workplace. There are free local resources and support to guide you through the process.

Breaking Down Barriers: Proven Ways to Reduce Opioid Addiction Stigma in Healthcare Settings

Healthcare workers provide vitally important services to the community. Yet, 60% of people with addiction report experiencing stigma from healthcare providers¹ Stigma delays treatment seeking by an average of 8 years² Healthcare discrimination increases overdose risk and reduces treatment retention³

Stigma in Healthcare Settings

What are some of the ways people with substance use disorder have felt stigmatized? Primary care physicians are 40% less likely to prescribe adequate pain medication to patients with addiction history⁴ Emergency department staff show measurable bias in pain assessment for patients with substance use disorders⁵ Nurses report feeling less empathy toward patients with addiction compared to other chronic diseases⁶

Research-Based Benefits of Reducing Stigma

For Patients:

- 3x more likely to complete treatment when treated without stigma.¹⁹
- Earlier treatment engagement by average of 2 years.
- Better health outcomes across all measures.

For Providers:

- Increased job satisfaction and reduced burnout.²⁰
- Better patient relationships and communication.
- Improved clinical outcomes and quality metrics.



Evidence-Based Stigma Reduction Strategies

1. Adopt Medical Model Language and Approach⁷

Use Medical Terminology:

- “Substance use disorder” (not “substance abuse”)
- “Person with addiction” (not “addict”)
- “Medication for opioid use disorder” (not “drug replacement”)
- “Person in recovery” (not “clean”)
- “Withdrawal management” (not “detox”)

Treat as Chronic Disease:

- Apply same care standards as diabetes or hypertension
- Focus on symptom management and long-term care
- Avoid moral language or judgmental assessments

2. Implement Universal Screening and Brief Intervention⁸

- Screen all patients for substance use using validated tools (AUDIT, DAST-10)
- Use motivational interviewing techniques rather than confrontational approaches
- Provide warm handoffs to addiction specialists when needed

3. Improve Pain Management Approaches⁹

- Develop individualized pain management plans for patients with addiction history
- Collaborate with addiction specialists for patients on medication-assisted treatment
- Avoid undertreating pain due to addiction concerns

Training and Education Interventions

Medical School Curriculum Updates

- Yale Medical School: Added required addiction medicine rotation, reducing stigma scores by 35%¹⁰
- Boston University: Integrated people in recovery as patient educators¹¹
- University of Connecticut: Mandatory addiction stigma training for all healthcare students¹²

Continuing Education Programs

- “Addiction 101” for Healthcare Providers: 4-hour online course reducing stigma scores by 42%¹³
- Contact-based education: Direct interaction with people in recovery most effective¹⁴

Organizational Policy Changes

Emergency Department Protocols¹⁵

- Standardize overdose response - treat as medical emergency, not moral failing
- Integrate peer recovery specialists in emergency departments
- Provide immediate access to medication-assisted treatment

Primary Care Integration¹⁶

- Co-locate addiction counselors in primary care settings
- Train all staff on addiction as medical condition
- Implement same-day MAT initiation protocols

Successful Implementation Examples

Yale New Haven Health

- Medical student addiction education program
- Reduced implicit bias scores by 41%
- Increased provider confidence in treating addiction¹⁸

Hartford Healthcare

- Mandatory staff training on addiction stigma
- Peer recovery specialists in all emergency departments
- 30% increase in patients accepting treatment referrals¹⁷

Quick Implementation Checklist

Individual Provider Level:

- Complete addiction stigma training
- Audit your patient communication for stigmatizing language
 - Replace stigmatizing terms like “tough love,” “enabling,” and “dysfunctional family” with language focuses on rebuilding relationships, promotes recovery for all family members, and recognizes that each person’s healing process is independent and equally important.
 - Educate families that supporting their loved one doesn’t constitute “enabling” when done within appropriate boundaries
- Learn motivational interviewing techniques
- Partner with addiction specialists for consultation

Practice/Department Level:

- Implement universal screening protocols
- Update patient forms to use person-first language
- Train staff to recognize and interrupt their own biases and stigmatizing language in clinical settings (including reception and nursing)
- Establish referral relationships with treatment providers

Health System Level:

- Update policy language to reflect medical model
- Integrate addiction services into primary care
- Collect and monitor patient experience data
- Implement organizational stigma reduction training

Resources for Implementation

Training Programs:

- [SAMHSA SBIRT Training](#)
- [American Society of Addiction Medicine](#)
- [Providers Clinical Support System](#)
- [Mental Health First Aid](#)

Assessment Tools:

- [SAMHSA Screening Tools](#)
- [AUDIT Screening](#)
- [DAST Screening](#)

Clinical Guidelines:

- [ASAM Treatment Criteria](#)
- [CDC Opioid Prescribing Guidelines](#)
- [SAMHSA Treatment Locator](#)

1. [Substance Abuse Journal Studies](#)
2. [Journal of Addiction Medicine](#)
3. [Drug and Alcohol Dependence](#)
4. [Pain Medicine Journal](#)
5. [Academic Emergency Medicine](#)
6. [Journal of Nursing Education](#)
7. [American Medical Association](#)
8. [SAMHSA SBIRT](#)
9. [ASAM Guidelines](#)
10. [Yale Medical School](#)
11. [Boston University Medical](#)
12. [UConn Medical School](#)
13. [Medical Education Research \(search addiction medical education\)](#)
14. [Social Science & Medicine](#)
15. [American College of Emergency Physicians](#)
16. [SAMHSA](#)
17. [Hartford Healthcare](#)
18. [Yale New Haven Health](#)
19. [Addiction Science & Clinical Practice](#)
20. [Journal of Healthcare Management](#)

Reducing Stigma: A Law Enforcement Guide to Supporting Those with Substance Use Disorders

As law enforcement officers, you're often the bridge between crisis and recovery. By approaching addiction as a health issue rather than just a criminal matter, you can save lives while making your community safer. Your interactions with people experiencing substance use disorder (SUD) can be the difference between someone seeking help or avoiding it entirely.

Why Officer Attitudes Matter

You are often first responders to overdose calls and mental health crises. Your approach in these critical moments can directly impact whether people seek treatment or continue to avoid help due to fear. Community policing approaches that reduce stigma don't just improve public health—they enhance public safety and build stronger community relationships.

The Current Reality: Barriers Created by Fear

- **67% of people with addiction** avoid calling police in emergencies due to fear of arrest¹
- **Police officers show higher implicit bias** toward people with addiction than the general population²
- **Traditional enforcement-only approaches increase** both overdose deaths and criminal recidivism³

Train Officers on Addiction as a Medical Condition

- **Mental Health First Aid for Law Enforcement:** This 8-hour specialized training helps officers understand addiction and mental health, leading to better outcomes for everyone involved.
- **Crisis Intervention Team Training:** A comprehensive 40-hour program that gives officers 67% improvement in confidence when handling addiction-related calls while reducing injuries to both officers and civilians



Adopt Harm Reduction Approaches

Naloxone (Narcan) Training and Distribution:

- Train all officers to recognize overdose signs and administer naloxone
- Carry naloxone on all patrols as standard equipment
- Partner with community organizations for broader distribution

It is a myth that you can overdose by touching fentanyl.

Support Good Samaritan Policies:

- Focus on life-saving over law enforcement when someone calls for overdose help
- Educate your community about Good Samaritan laws
- Understand that fear of arrest prevents people from seeking emergency help

Language That Build Bridges

Use Person-First Language

Instead of	Say This
Addict, Junkie, User, Substance abuser	Person with substance use disorder or Person who uses drugs
Recovering addict, former addict	Person in recovery
Substance abuse	Substance use for illicit drugs and substance misuse for prescription medications
Drug habit	Substance use disorder, opioid use disorder, addiction
Opioid substitution or replacement therapy	Medication for Opioid Use Disorder (MOUD) or opioid agonist therapy
Clean or Dirty (test results)	Testing negative for drugs or testing positive for drugs

De-escalation Techniques That Work

- Approach with compassion rather than suspicion
- Ask about medical needs before investigating potential crimes
- Connect people with available resources rather than just enforcing consequences

Training and Resources Available

National Programs

- [Police Assisted Addiction & Recovery Initiative](#)
- [International Association of Chiefs of Police](#)
- [Police Executive Research Forum](#)
- [National Association of Drug Court Professionals](#)
- [Crisis Response and Intervention Training](#)

Connecticut-Specific Resources

- [CT Police Officers Standards and Training Council](#)
- [CT Department of Mental Health and Addiction Services](#)
- [Community and Law Enforcement for Addiction Recovery \(CLEAR\) initiative](#)

The Impact of Your Approach

When officers treat addiction as a health issue:

- Communities see decreased overdose deaths
- Crime rates often decrease as people get treatment instead of cycling through the criminal justice system
- Public trust in law enforcement increases
- Officers report greater job satisfaction and reduced stress

Sources

1. [*Drug Policy Alliance*](#)
2. [*Journal of Police and Criminal Psychology*](#)
3. [*American Journal of Public Health*](#)