

### Stigma is an insidious and a powerful experience that is powerfully associated with worse health outcomes.

This report card will help identify whether a particular bill, law, or policy promotes stigma as it relates to addiction or persons who use drugs.

**TASSEL Legislative Report Card Applications**—This report card should be used to evaluate a policy’s likelihood to promote stigma against individuals with addiction. For more information on TASSEL products and helpful next steps see the [TASSEL Toolkit](#).

## QUESTIONS



### 1. Does this law restrict where substances may be consumed? YES NO

Substance use, including legal substances such as alcohol, in public may be restricted. Although there are often sound public health justifications for such restrictions, property-based restrictions such as zoning laws can advance public shaming of individuals with SUD. Beyond the stigmatization of individual consumption, zoning restrictions are also often used to limit access to needed services and treatment centers for persons with addiction.



### 2. Does this law contain a finding that links substance use to social problems (e.g., crime, danger to children, adverse to health, etc.)? YES NO

While findings are not an operative component of the law, they are often used to help interpret it. If language from legal findings imply that substance use leads to social harm, the foundation for additional legal action against individuals with addiction has been established.



### 3. Are health or public benefits restricted as a result of substance use in this law? YES NO

Laws may require self-reporting, background checks, or random drug/alcohol screening to determine whether individuals may receive state/government benefits such as food support, access to affordable housing, health insurance, disability support, etc. Restricting benefits due to substance use infers that people using substances are less deserving of food, homes, and health care, and disability accommodations than non-substance using people, further separating them from resources that would promote public health.



### 4. Are employment opportunities or job security affected by substance use in this law? YES NO

Maintaining employment in specific fields may be dependent on an employee’s ability to prove they are not currently using substances. Furthermore, criminal history related to substances may also be used to prevent licensure, employment or be grounds for termination. While in some positions such as vehicle operation, the co-occurrence of substance use and the job in question are not compatible, other lines of work may not have any relation to current or past substance use. Also, some forms of therapy, such as medication-assisted treatment for opioid use disorder, technically qualify as “substance use.” If laws prohibit “substance use,” such language can therefore bar people in recovery from employment or be used to justify termination.



### 5. Is access to health care restricted due to substance use? YES NO

Restricting access to health care services for individuals with a current or historical use of substances worsens both individual and community health. It is also counter-productive, worsening health outcomes of individuals with addiction by means of degrading trust between individuals with SUD and the health care system. Restricted health benefits against individuals with addiction reduces the likelihood to seek care when ill, and negatively impacts the likelihood to maintain the longitudinal care necessary for SUD treatment.



### 6. Does the law label behaviors around substance use as a nuisance? YES NO

Although there are often sound public health justifications for characterizing some kinds of substance use as a nuisance, nuisance laws are also often used to restrict the availability of recovery services such as “sober living facilities.” In this way, nuisance designations can diminish access to needed community-based services for persons with addiction, further restricting accessible care.

Over the past decade, a growing body of research has demonstrated the means by which laws and policies mediate stigma. Power differentials that have been deemed socially acceptable are exploited and perpetuated through laws and regulations that ultimately increase health inequities (*See Stigma: a cycle of process and outcome*). Additionally, laws and provisions rooted in public health and safety can simultaneously promote stigma, they are not mutually exclusive. Stigma is pervasive and often occult, particularly within the law, making it difficult to identify, measure, and correct.

*Of note: although laws that relate to public health and crime are often stigmatizing, they are not explicitly addressed in this report card.*



### Scoring

All “yes” answers indicate that the law may be stigmatizing toward addiction or persons who use drugs. The answers are also cumulative—the more “yes” answers there are for a specific provision, the more likely it is that the law/policy will promote stigma.

