Understanding and Addressing the Impact of Stigma on Healthcare Access and Utilisation Among Young Adult Substance Users in Central Bristol.

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I acknowledge that this work is entirely my own. I read and engaged with Goffman's original text to inform my analysis, and used Google Gemini 2.5 Flash (Google, https://gemini.google.com) and Microsoft 365's GPT-4o (Microsoft, https://copilot.microsoft.com) to support my understanding of how to apply it as my theoretical framework. I also used them to translate passages from French into English, edit, proofread and provide feedback on the draft based on the grading criteria.

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List of Abbreviations

Abbreviation	Definition
DALYs	Disability-Adjusted Life Years
GP	General Practice
IDI	In-Depth Interview
NHS	National Health Service
OHID	Office for Health Improvement and Disparities
ONS	Office for National Statistics
PHPs	Primary Healthcare Providers
SUD	Substance Use Disorders
SUSPs	Substance Use Service Providers
TCF	The Care Forum
UK	the United Kingdom
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization
YASUs	Young Adult Substance Users

Executive Summary

Substance use remains a pressing public health concern in the UK, with Bristol showing particularly high rates among young adults. Despite policy efforts to reduce stigma and improve access to care, young adult substance users (YASUs) continue to face significant barriers when engaging with healthcare services. These barriers are not only logistical but also deeply rooted in systemic and interpersonal stigma, which undermines the accessibility, quality, and effectiveness of care.

This qualitative study, conducted in Central Bristol, explores how stigma shapes YASU's access to and use of healthcare services. Drawing on Erving Goffman's (1963) theory of stigma, the research is based on interviews with YASUs, Primary Healthcare Providers (PHPs), and Substance Use Service Providers (SUSPs). Findings reveal that stigma operates at multiple levels. Structurally, YASUS face rigid appointment systems, underfunded services, and a lack of age-appropriate care. Interpersonally, they encounter judgment, limited empathy, and assumptions of drug-seeking behaviour. Internally, YASUs report shame, disappointment, and a sense of being misunderstood, often leading to disengagement from care.

Participants described various strategies for managing this stigma. Some concealed their substance use to maintain a "normal" patient identity, while others avoided services or engaged in self-advocacy. SUSPs emerged as key allies, often embodying what Goffman termed the "wise", those who understand and support stigmatised individuals. Their use of peer-led and trauma-informed approaches fostered trust and encouraged engagement.

Based on these insights, the report offers several recommendations. First, healthcare services must be redesigned to be more integrated, flexible, and youth-friendly, through walk-in clinics, outreach, and age-appropriate environments. Second, provider training should include active learning and direct engagement with people with lived experience to reduce stigma and improve empathy. Third, while peer support is promising, it must be implemented with clear roles, fair conditions, and strong professional support. Fourth, YASU should be actively involved in service design and delivery to enhance relevance and reduce internalised stigma. Finally, broader community-level interventions, such as public awareness campaigns and provider-led advocacy, are essential to challenge societal attitudes and normalise conversations around substance use.

This study, centring the voices of young adults and service providers, highlights actionable pathways to create stigma-free, inclusive, and responsive healthcare environments. Thus, I hope it offers The Care Forum valuable qualitative evidence to inform future strategies.

Introduction

1.1 The Global and National Burden of Substance Use

Globally, psychoactive substance use presents a complex challenge, impacting both individual and societal well-being. Defined by the World Health Organization (WHO, n.d.; 2024a) as substances capable of altering mood, consciousness, and thought processes, encompassing everything from alcohol and nicotine to illicit drugs such as opioids and cocaine, they can lead to unhealthy dependence and substance use disorders (SUDs). SUDs characterised by impaired control, social impairment, and risky use (Crapanzano et al., 2018; WHO, 2024a) represent a significant global health burden, contributing substantially to disability and mortality (Volkow and Blanco, 2023; WHO, 2024b). According to the WHO (2024c) and the United Nations Office on Drugs and Crime (UNODC, 2025), 38% of current drinkers engage in binge drinking (consuming at least 60g of pure alcohol per session), and 6% of the global population uses psychoactive drugs, with 4.6% using cannabis. Consequently, alcohol alone accounted for 4.7% of all global deaths in 2019, with 13% of these occurring among individuals aged 20-39 (WHO, 2024b). Further, in 2021, alcohol and drug use were responsible for the loss of 115.9 million and 36.7 million Disability-Adjusted Life Years (DALYs), respectively (WHO, 2024a).

In the United Kingdom (UK), substance use poses a significant public health challenge. The average annual alcohol consumption per person is 10.7 litres, well above the global average of 5.5 litres (WHO, 2022; World Population Review, 2022). The second most used substance after cannabis, its impact is particularly concerning in England, where 40% of children aged 11 to 15 have already tried it, and 56% of adults report drinking weekly. Even more troubling, alcohol alone accounts for 44% of under-18s currently receiving treatment for substance use (Stiebahl, 2024). According to the Office for National Statistics (ONS, 2025), the UK's alcohol-specific death rate reached a record high in 2023, with 15.9 deaths per 100,000 people. Drug use figures are also concerning, with 8.8% of people aged 16-59 and 16.5% of those aged 16-24 reporting using drugs, and 1.8% reporting frequent use in 2023 (Priory Group, 2024). The UK drug-related death rate is particularly high, at 5.2 per 1,000 people, which is significantly greater than the global average of 1.6 per 1,000 (Priory Group, 2024).

Consequently, the economic cost of these substances is considerable. For instance, in England, alcohol consumption costs an estimated £27.44 billion annually due to NHS and criminal justice expenditures (Institute of Alcohol Studies, 2024), while the UK's drug market, worth £9.4 billion, costs the country an estimated £20 billion per year (Torrance, Khouja, and Crick, 2021).

1.2 Substance Use Trends in the South West of England

The South West presents a complex profile in relation to substance use, with certain indicators falling below national averages while others exceed them. According to the Office for Health Improvement and Disparities (OHID, 2024), the region's alcohol dependence rate stands at 12.8 per 1,000 adults, slightly below the national average of 13.8, yet higher than rates observed in the South East and East of England. In terms of mortality, the South West recorded 12.0 alcohol-specific deaths per 100,000 people in 2021, a figure lower than the North East's peak of 20.4 but above the East of England's 10.4 (ONS, 2022). Despite these comparatively moderate alcohol-related statistics, drug use in the region remains elevated: 11.7% of residents reported using illegal substances in the past year, compared to the national average of 9.4% (Torrance, Khouja, and Crick, 2021). Cannabis use was reported by 9.4% of the population, and 3.8% reported using powder cocaine. Notably, Bristol recorded the highest per capita cocaine consumption in a European wastewater study, 969.2 mg of benzoylecgonine per 1,000 people, surpassing even Amsterdam (Torrance, Khouja, and Crick, 2021).

1.3 Barriers to Care: Stigma Toward People Who Use Substances in Healthcare

Despite the high prevalence of substance use, stigma remains a major barrier to healthcare, contributing to social exclusion, discrimination, and reduced access to essential services (Balhara et al., 2016). As Goffman (1963) argued, stigma is a process by which an individual, who might otherwise be accepted in social interaction, is disqualified from full social acceptance because of a discrediting attribute. For people who use substances, this manifests as social and systemic discrimination, leading to punitive responses such as criminalisation rather than therapeutic support (Earnshaw, 2020). This stigma hinders access to healthcare, housing, and harm reduction services, while reinforcing negative self-perception (Spata et al., 2024; Gutierrez et al., 2020).

Alarmingly, healthcare professionals may also exhibit stigmatising attitudes, including denial of services, inadequate treatment, and assumptions about recovery potential or treatment adherence, mislabelling as manipulative or drug-seeking, leading to mistrust, disengagement, and poorer health outcomes (Yang et al., 2017; Crapanzano et al., 2018; Livingston, 2020; Werder et. al., 2022; Magnan et al., 2024). These dynamics fuel internalised stigma, which discourages disclosure and help-seeking. As a result, many turn to their peers, which can perpetuate isolation, inadequate care, and relapse, thereby reinforcing stigma and care avoidance (Biancarelli et al., 2019; Shirley-Beavan et al., 2020; Brener et al., 2023). Internalised stigma also worsens mental health, increases vulnerability to homelessness, and heightens risks of infection, survival sex, and premature death (Earnshaw, 2020).

1.4 Relevance and Rationale for the Study

In the UK, despite national policies designed to reduce stigma and enhance access to care, substantial barriers remain for individuals with SUD (Department for Levelling Up, Housing and Communities, 2022; Local Government Association, 2024). In Bristol specifically, 68% of people living with SUD report feeling judged, highlighting a persistent need for stigma-free and inclusive health services (The Care Forum, 2024; Healthwatch, 2025). This research, therefore, aimed to investigate how stigma impacts healthcare access and utilisation among young adult substance users (YASUs). Using interviews to capture the nuanced experiences of participants, it sought to generate insights that may inform The Care Forum's (TCF) future strategies and policy recommendations, particularly those focused on improving care delivery and reducing stigma.

Accordingly, I explored the following questions:

1. How do young adult substance users in Bristol experience and interpret social and self-stigma in relation to accessing and using healthcare services?
2. How do young adult substance users in Bristol manage social and self-stigma when accessing and utilising healthcare services?
3. How do (healthcare) service providers in Bristol perceive and manage social and self-stigma-related challenges in providing care to young adult substance users?

2.Project Design and Methodology

2.1 Ethics

Ethical approval was obtained from the University of Bath Ethics Review Board (Ref: 10355-12827). A National Health Service (NHS) Research Ethics Committee's self-assessment was conducted, which confirmed that no further NHS review was required. In addition to completing a risk assessment, the researcher undertook the NHS's safeguarding training for both adults and children (Levels 1 and 2) to ensure the safety and well-being of all participants, particularly the vulnerable young people involved in the study.

2.2 Conceptual Framework

This research was guided by Erving Goffman's (1963) theory of stigma, defined as a process by which individuals are disqualified from full social acceptance due to a discrediting attribute (Goffman, 1963). I focused specifically on "blemishes of individual character," with several key Goffmanian concepts framing my analysis: the distinction between virtual (societal expectations) and actual (perceived reality) social identities, the difference between the discredited (known stigma) and the discreditable (unknown stigma), and the notion of a moral career for the stigmatised individual. These concepts provided a robust framework for understanding how YASUs experience, interpret, and manage stigma within healthcare settings. The theory was instrumental in shaping the research questions, guiding the analysis, and helping me explore how stigma manifests, influences interactions and its management in healthcare (Cleland, 2017; Chaudoir, Earnshaw, and Andel, 2013).

2.3 Study Design

Using a qualitative approach, I explored participants' lived experiences and interpretations of stigma in healthcare. This methodology is particularly well-suited for health and public health research, as it offers a deep understanding of how individuals navigate illness and the social systems that shape their engagement with care (Allen, Kelly and Hatala, 2024; Stickley, O'Caithain, and Homer, 2022). This approach is especially vital for studying stigma because it allows for a nuanced insight into participants' motivations and perceptions, which are difficult to capture through quantitative methods (Bazen, Barg, and Takeshita, 2021). It enables the study to

comprehend the multifaceted nature of stigma and capture the diversity of participants' experiences, providing a perspective shaped by their own social and cultural contexts (Stutterheim and Ratcliffe, 2021).

2.4 Participants

Participants were fluent in English and lived, provided, or received primary or substance use care in Central Bristol. I recruited three distinct groups:

- Young Adult Substance Users (YASUs): Aged 18-29, self-identifying as current substance users. This self-defined criterion was chosen to align with TCF's operational model, and to capture a broad range of experiences beyond a clinical diagnosis of SUD (Volkow and Blanco, 2023).
- Primary Healthcare Providers (PHPs): NHS General practitioners and nurses, whose inclusion aimed to understand potential provider bias that can significantly affect access to care (van Boekel et al., 2013).
- Substance Use Service Providers (SUSPs): Staff from organisations offering direct substance use services to YASUs. Their insights were vital for understanding service provision and potential stigma within healthcare settings (van Boekel et al., 2013).

2.5 Recruitment

I employed a purposeful sampling strategy to recruit participants, a method ideal for identifying individuals who can provide rich, contextually relevant insights (Emmel, 2013). Contact information for 21 substance use organisations and 28 primary care practices in Bristol was obtained through TCF and online searches. I sent them initial recruitment emails with links towards JISC forms, where research materials were accessible safely (appendices 1,2,3). The organisations facilitated access to their staff and the YASUs but were not involved in any part of the research (Andoh-Arthur, 2019). Staff who expressed interest were recruited directly, and a snowball sampling approach was then used, where participants referred colleagues who might also be interested (Kennedy-Shaffer, Qiu and Hanage, 2021). YASUs, who were shown the eligibility criteria, were recruited on-site while receiving care at participating organisations.

2.6 Data Collection

We conducted ten semi-structured in-depth interviews (IDIs), guided by a schedule developed using the tenets of Goffman's theory. Questions explored how stigma is experienced, interpreted, and managed (Appendix 3). The researcher's academic and project supervisors reviewed the schedule. IDIs were chosen for their effectiveness in exploring individual experiences on sensitive topics like healthcare access, stigma, and substance use (Bazen, Barg, and Takeshita, 2021; Allen, Kelly and Hatala, 2024). The interviews were audio-recorded using Teams (Microsoft 2025), both for in-person (7) and online (3) IDIs, after obtaining signed and verbal consent.

2.7 Data Analysis

Interviews were automatically transcribed by Microsoft Teams (2025), then I proofread and anonymised them. I used reflexive thematic analysis (Braun and Clarke, 2006) following a six-step process: familiarisation (re-listening to audio recordings and reading transcripts multiple times), initial coding with NVivo 14 (guided by Goffman's tenets), theme searching, theme review, theme definition (Appendix 4), and report writing. This process ensured the analysis was grounded in participant experiences and theoretical insights (Ahmed et al., 2025).

3. Findings

Of the twenty-one substances use support organisations and twenty-eight primary care practices contacted, only three organisations participated, resulting in ten IDIs: 6 SUSPs, 2 PHPs, and 2 YASUs (Table 1), with interviews lasting approximately 26 minutes (SD =~ 6).

My analysis, framed by Goffman's (1963) theories on stigma, revealed three key themes addressing how both YASUs (the 'stigmatised') and providers (the 'normals') navigate "mixed contact" in healthcare settings: (1) Systemic and Interpersonal Stigma as Barriers to Healthcare Access and Use, (2) Navigating Stigma and Identity Management Among YASUs, and (3) Empowering YASUs Through Humanised, Trauma-Informed, and Specialised Care.

Table 1. Overview of Participants by Role and ID

Participant ID	Role
PHP-P1	General Practitioner (GP)
PHP-P2	Nurse
SUSP-P1	Manager
SUSP-P2	Engagement Officer
SUSP-P3	Service manager
SUSP-P4	Health Link worker
SUSP-P5	Substance use support worker
SUSP-P6	Substance use support worker
YASU-P1	Young Adult with Lived experience
YASU-P2	Young Adult with Lived experience

3.1 Theme 1: Systemic and Interpersonal Stigma as Barriers to Healthcare Access and Use

Echoing Goffman's (1963) concept, my findings show that stigma, manifested through systemic discrimination, significantly limits YASUs' life chances by creating barriers to healthcare. Participants described systemic stigma as a major obstacle, rooted in the very structure of the healthcare system and shaping policies in ways that disadvantage YASUs. One of the most frequently cited examples of systemic stigma was the rigidity of healthcare systems, particularly in appointment booking and the administrative requirements of primary care. Participants noted that these often fail to accommodate the complex realities of YASUs, such as unstable housing, a lack of phone, internet access, or digital literacy. This was especially problematic for homeless YASUs, who are often unable to register with a general practice (GP) due to the requirement of a fixed address. *"I've been rejected by a lot of doctors because of a lack of address" (YASU-P1).*

The increasing reliance on digitalisation of booking healthcare appointments further marginalises individuals lacking the necessary digital literacy or social skills, reinforcing inaccessibility. As one

participant noted, *"Sitting on the phone for an hour and a half waiting to speak to someone was very triggering and difficult"* (SUSP-P4). Even when YASUs manage to access a GP, the healthcare system restricts consultations to around ten minutes, an amount of time participants thought was insufficient to address YASUs' complex needs. As one participant described: *"She was going to the doctor with five or six issues … four of which were almost definitely related to substance use, but the doctor … got 10 minutes in an appointment."* (SUSP-P1).

Beyond general practice, the specialist services designed to support them are not only under-resourced but also frequently tailored exclusively for either children or adults. As a result, YASUs in transitional age groups often feel excluded and unsupported. One participant explained: *"Services are tailored either towards children or adults… There's no sort of transition."* (SUSP-P3)

The data also showed that systemic stigma is intertwined with the under-training of primary care providers, which leads to a lack of understanding of YASU's complex needs. Participants explained that this training deficit permeates care, often resulting in misdiagnoses or the dismissal of YASUs' health concerns, but above all in interpersonal stigma. I found that this interpersonal stigma is characterised by providers' judgmental attitudes, discriminatory language, denial of painkillers due to assumptions of drug-seeking behaviour, and a general lack of empathy. Providers were often described as viewing substance use as a "moral failing" rather than a health issue, echoing Goffman's (1963) concept of a "blemish of individual character". *"The second that you mentioned [substance use], it's like the elephant in the room, and suddenly all of the attention is drawn to that substance, not actually the million things behind it or the real problems"* (YASU-P1).

Together, these findings suggest that both systemic and interpersonal stigma are deeply embedded in healthcare settings, creating multiple layers of exclusion for YASUs (Goffman 1963).

3.2 Theme 2: Navigating Stigma and Identity Management Among YASUs

As a result of the systemic and interpersonal stigma described above, many YASUs develop negative self-perceptions, marking the beginning of their "moral career" as "discredited"

(Goffman, 1963). According to Goffman, this process may be triggered by "stigma symbols"- visible markers such as scars from intravenous drug use, signs of homelessness, or self-neglect. The findings indicate that these symbols often serve as catalysts for negative social interactions, further reinforcing feelings of shame and exclusion:

"You're very aware of the way you smell… the dirt on your clothes, the lines on your face, you know everything you feel marks you out as a drug user, and everyone else you feel can see that, and they've already judged you before you've even opened your mouth. So, … they won't want to show themselves in public, they won't want to go to a normal GP reception and be treated with disdain." (PHP-P1)

Through these experiences, individuals come to recognise the conflict between their "actual identity" (substance users) and their "virtual identity" (patients), a tension reflected in participants' descriptions of feeling *"unheard," "let down," "looked down upon"* (SUSP-P1), *"judged"* (YASU-P2), and *"misunderstood"* (YASU-P1). Consequently, some YASUs internalise this stigma to the point of self-blame: "*Sadly, a lot of them do say, 'Well, I think they're right. We brought it upon ourselves*.'" (SUSP-P5)

To navigate these challenges, YASUs engage in various forms of identity management, depending on whether their substance use is unknown ("discreditable") or known ("discredited") (Goffman, 1963). For discreditable YASUs, information control becomes a key strategy: *"They know that people are gonna think and assume that there's a problem, or they're not worth helping, so they would rather lie to get [care], rather than to say that there's a problem"* (SUSP-P4). In contrast, for the discredited YASUS, avoidance is a common response (Goffman, 1963). This includes disengaging from healthcare and instead relying on self-management or community support: *"When they're met with [judgment], they won't access healthcare; they might access it, but they don't stay engaged in it"* (SUSP-P6).

Yet, some YASUs adopt a more assertive approach through self-advocacy, directly challenging stigma and asserting their right to care. This aligns with Goffman's concept of "bravado," where individuals confront discriminatory treatment to reclaim agency: *"Eventually, there was a lot of arguing and proving the law to them and helping them agree to see me."* (YASU-P1).

These findings illustrate the complex ways YASUs experience and manage stigma within healthcare settings, from concealment and withdrawal to confrontation and advocacy (Goffman, 1963), all shaped by the tension between their lived experiences and the identities imposed upon them.

3.3 Theme 3: Empowering YASUs Through Humanised, Trauma-Informed, and Specialised Care

As discussed earlier, YASUs manage their stigmatised status either by concealing it, through information control, avoidance, or self-advocacy. Aware of this dynamic, substance use services have developed strategies to effectively manage encounters by assuming the role of the "wise" (Goffman, 1963). This role is earned by demonstrating understanding and solidarity with stigmatised individuals, often through non-judgmental, trauma-informed, and confidential care that prioritises YASUs' well-being: *"Reassuring them that if they are seen by a healthcare professional, it's confidential…, a welcoming environment, that's down to staff being extra careful with them and gentle"* (PHP-P2). Such approaches, according to participants, can help mitigate the effects of stigma, fostering trust and encouraging sustained engagement with care.

Further, acting as advocates, these services go beyond clinical care to empower YASUs in navigating broader aspects of their lives. Many achieve this by incorporating peer-supporters with lived experience, who play a crucial role in building rapport and offering tailored support: *"people who had lived experience of using substances who are then in a place … of recovery? We supported them to take people to things like appointments*, *either at the doctor's or at … the Job Centre"* (SUSP-P2). Such approaches not only address immediate health needs but also foster long-term resilience and autonomy among YASUs: *"We empower the young people and promote independent living skills to get them ready to live independently"* (SUSP-P3). Importantly, they encourage other YASUs to seek help from services known to be respectful and inclusive: *"I've already seen that ripple effect in my social group, more and more people are coming locally to healthcare." (* YASU-P1).

Collectively, the evidence presented here shows that specialised, empathetic, and holistic services play a crucial role in mitigating stigma and supporting YASUs' engagement with healthcare.

4.Recommendations

From the findings, stigma, both systemic and interpersonal, emerged as a central barrier to healthcare access and utilisation for YASUs, shaping their experiences and discouraging help-seeking (Earnshaw, 2020; Gutierrez et al., 2020; Livingston, 2020; Yang et al., 2017; Balhara et al., 2016). Systemic stigma was evident in rigid administrative requirements, complex booking systems, and underfunded and age-inappropriate services, while interpersonal stigma was expressed through judgmental attitudes (Priester et al., 2016; Van Boekel et al., 2013). These dynamics profoundly shaped YASUs' self-perception, contributing to feelings of marginalisation, devaluation, and emotional alienation (Chang et al., 2022; Gutierrez et al., 2020; Crapanzano et al., 2018). In response, YASUs adopted various stigma management strategies, such as concealment, avoidance, or self-advocacy, aligning with Goffman's (1963) framework of stigma management and recent literature (Brener et al., 2024; Gutierrez et al., 2020; Luoma, Chwyl and Kaplan, 2019).

Service providers acknowledged the presence of stigma and described efforts to counteract it, including adopting trauma-informed approaches, advocating for more flexible, youth-friendly services, and prioritising trust-building and non-judgmental relationships with YASUs (Earnshaw, 2020; Bombard et al., 2018; Dunne et al., 2017; Chapman et al., 2004). Further, specialist substance use services, described as more welcoming and flexible than primary healthcare settings, played a critical role in mitigating stigma and fostering inclusive care environments. Integrated, humanised and trauma-informed care was particularly valued for addressing both health and social needs (Haldane et al., 2017; Hill et al., 2023).

Considering these findings, the following recommendations aim to reduce stigma and improve healthcare access and utilisation for YASUs.

4.1 Addressing Systemic Barriers to Care

As discussed, stigma surrounding substance use, often framed as a moral failing (Goffman, 1963), is embedded in healthcare systems through discriminatory policies and practices (Council of Europe, 2023; Brezing and Marcovitz, 2016), which contribute to inequitable diagnoses and poorer health outcomes (Lei et al., 2021). These issues can discourage help-seeking, especially when a

person's motivation to seek help is time-sensitive (Radez et al., 2021). To address these systemic discriminations, a fundamental shift in healthcare delivery is necessary. This involves providing integrated, flexible, and patient-centred services that respect a YASU's privacy and autonomy (James, Nash and Comiskey, 2024; Wolfe et al., 2023). Further, services should offer flexible hours, convenient locations, and age-appropriate spaces (Dunne et al., 2017). Offering walk-in services is also paramount, as it removes the logistical barrier of appointments and allows young people to seek help when they feel ready, a practical solution to delayed health-seeking behaviour linked to long waiting times (Peng et al., 2025; Chapman et al., 2004).

Complementing these service improvements, our participants perceived outreach as a crucial strategy to enhance service access and utilisation by YASUs. Often delivered through mobile health clinics, it helps overcome obstacles such as transportation and stigma by engaging marginalised young people in their own environments, outside of traditional clinical settings (Hill et al., 2023). Thus, meeting YASUs "where they are, both physically and psychologically"(Hill et al., 2023, p.7) can significantly improve engagement (Filges, Dalgaard and Viinholt, 2022). This is particularly important given that technology can be a barrier for those with limited resources or digital literacy (Ramshaw et al., 2023).

The value of such flexible and accessible care is strongly supported by participants' positive experiences with specialised services, which provide care that extends beyond substance use to address social needs and other health domains through integrated support. This mirrors existing research showing that integrated programs are highly effective and positively viewed by patients because they offer holistic care that addresses social needs and overcomes barriers such as a fear of discrimination (Haldane et al., 2017). Consequently, this study confirms that a holistic, system-wide approach, which creates a single-entry point for care, is necessary to improve access for YASUs (Farhoudian et al., 2022; Priester et al., 2016).

4.2 Enhancing Provider Training to Reduce Interpersonal Stigma

Compounded by systemic stigma, stigma from healthcare providers appeared to be a significant barrier for YASUs' access and utilisation of services, often rooted in the misconception that substance use is a personal choice rather than a complex health condition (Brezing and Marcovitz, 2016; Mannarini and Boffo, 2015). To address this, participants emphasised the urgent need for

comprehensive, system-wide training, especially considering that providers with specialised training in addiction tend to hold less stigmatising attitudes (Magnan et al., 2024; Guerrero et al., 2023; Bielenberg et al., 2021). They advocated that such training must frame substance use through a medical lens, moving away from moral or social judgment (NIDA, 2020; Frank and Nagel, 2017). Importantly, effective training must go beyond information-based approaches to include direct engagement with individuals who have lived experience of substance use, a method shown to challenge biases and foster empathy more effectively (Livingston et al., 2012; Magnan et al., 2024).

Ultimately, participants stressed the importance of equipping providers with the skills to build trust and meaningful relationships with YASUs. This is a vital component of effective care, requiring the empathetic and flexible approach demonstrated by specialist services (Jackson, 2021; Cernasev et al., 2021; Haldane et al., 2017; Wolfe et al., 2023). When GPs adopt this stance, they may assume the role of the "wise" (Goffman, 1963), creating inclusive environments that enhance YASUs' agency and engagement with healthcare (Guerrero et al., 2023; Bielenberg et al., 2021).

4.3 Strengthening Youth-Centred Approaches

In addition to systemic and provider-level changes, our findings highlight the importance of youth-centred approaches in improving healthcare for YASUs. Two key strategies emerged from our data: the cautious implementation of peer support and the active involvement of YASUs in service design.

Participants praised the potential of peer support to normalise substance use conditions, debunk myths, and make services feel more relatable, ultimately helping to reduce self-stigma (Ahad, Sanchez-Gonzalez and Junquera, 2023). However, the literature on its effectiveness remains inconclusive, indicating the need for careful and context-sensitive integration (Eddie et al., 2019). It is also important to note that peer workers face distinct challenges, including unclear job descriptions, low pay, and limited professional support (Du Plessis, Whitaker and Hurley, 2020). Therefore, while peer support is a valuable tool, its implementation must be accompanied by robust professional support, clearly defined roles, and fair employment conditions to ensure safety and effectiveness for both peer workers and YASUs (Miler et al., 2020).

In a similar vein, participants emphasised the need to involve YASUs directly in the design of services to enhance service effectiveness and engagement (Bombard et al., 2018; Dunne et al., 2017). Full participatory models are particularly impactful, empowering young people as experts in their own experiences. Ultimately, this collaborative process is essential for creating services that are genuinely youth-friendly, responsive, and empowering (Bombard et al., 2018; Dunne et al., 2017).

4.4 Advancing Community-Level Interventions

Finally, to effectively address stigma, a societal phenomenon reflected in healthcare (Goffman, 1963; van Boekel et al., 2013), a broader community-level approach is essential. Public awareness campaigns, for example, are a powerful tool for changing attitudes toward substance use, as they can alter public perceptions and help people see individuals rather than their illness (Ahad, Sanchez-Gonzalez and Junquera, 2023). Such efforts are particularly vital given that deeply held social norms can perpetuate stigma and complicate the issue (Zwick et al., 2020). Healthcare providers are crucial allies in these efforts because the stigma that permeates communities is often reinforced in healthcare settings. Providers, as influential figures, can play a pivotal role in debunking it (Brezing and Marcovitz, 2016). By normalising these conversations at a community level, we may reduce the shame and fear that often prevent YASUs from seeking the help they need.

5. Limitations

The findings of this study should be interpreted in light of several methodological limitations. While recruitment was initially intended to focus on Central Bristol, it was expanded to the wider city due to early challenges. However, all participants who volunteered were based in Central Bristol, which limited the generalizability of the findings to the broader Bristol area. Although Focus Group Discussions with YASUs were originally planned- given their effectiveness in engaging hard-to-reach populations (Kitzinger, 1995)- logistical constraints and recruitment difficulties led to exclusive reliance on IDIs. Recruitment of YASUs and PHPs proved particularly challenging due to limited organisational availability, despite repeated calls over five weeks and in-person visits to organisations and the NHS's primary care practices.

Furthermore, the PHPs who participated were exclusively staff members of specialised substance use organisations, thus narrowing the scope of perspectives captured and making the findings more reflective of specialist substance use services, with limited insight into the perspectives of GPs. Additionally, a single researcher conducted the coding and interpretation, which deviates from best practice in qualitative research that recommends collaborative analysis to enhance rigour and reduce bias (Braun and Clarke, 2006), potentially limiting the diversity of analytical perspectives (Galdas, 2017). Despite these constraints, the study achieved data saturation, the point at which no new codes or themes emerged, providing confidence in the depth and consistency of the findings and aligning with recommended sample sizes and standards for qualitative research (Braun and Clarke, 2021; Guest, Bunce, and Johnson, 2006).

6. Conclusion

Using Goffman's (1963) stigma theory, this qualitative study explored how stigma shapes YASUs' access to and utilisation of healthcare in central Bristol. The findings show that systemic stigma, such as rigid appointment systems and underfunded services, is intertwined with the interpersonal stigma from providers. This stigma affects YASUs' self-perception and fuels a conflict between their virtual social identity as patients and their actual social identity as substance users. Consequently, YASUs are forced to adopt strategies like concealment, avoidance, or self-advocacy to navigate a system that often fails to meet their needs.

However, the research also highlights a powerful counter-narrative found in specialised substance use services. By assuming the role of the "wise," these services build trust and foster an inclusive environment through non-judgmental, humanised care. They actively empower YASUs and, in doing so, create a positive "ripple effect" within the community, encouraging others to seek help. Hence, to truly serve YASUs, healthcare systems must fundamentally shift to embrace a holistic, youth-centred approach. By integrating outreach and clinical services, providing comprehensive, empathy-based training for providers, and, most importantly, ensuring that the voices of YASUs are at the heart of service design, we can begin to dismantle stigma and build a healthcare system that is truly accessible, equitable, and affirming for all.

By integrating outreach and clinical services, providing comprehensive, empathy-based training for providers, and fostering community-level change that ensures the voices of YASUs are at the heart of service design, we may begin to dismantle stigma and build a healthcare system that is truly accessible, equitable, and affirming for all.

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Appendices

Appendix 1: Recruitment Materials

Recruitment Email

Subject: Invitation to Participate in Research on Understanding and Addressing the Impact of Stigma on Healthcare Access and Utilisation Among Young Adult Substance Users in Central Bristol

Dear …,

I hope this email finds you well. My name is Aissata Ba, and I am currently undertaking a research study as part of my MSc in Global Public Health and Policy at the University of Bath, in collaboration with TCF. This study aims to explore how social and self-stigma impact young adult substance users' access to and utilisation of healthcare services in central Bristol and how both users and service providers manage stigma in healthcare interactions. The study focuses on young adults aged 18-29, and we are seeking insights from healthcare providers. Thus, I am inviting you to participate as your perspective may help **improve healthcare for people who use substances and support the professionals who care for them**. It may also help us **develop practical recommendations** for healthcare providers and managers to better support you in your work.

We believe that your perspective as a healthcare professional will be invaluable to the research findings. I have attached an information sheet with further details about the study. The interview can be scheduled at a time that suits you, either virtually or in person.

What to Expect from the Interview:

- The interview will be one-on-one and conducted by me (the researcher).
- It will last approximately 45–60 minutes.
- We will talk about your experiences, views, and perspectives related to providing support/services or care to young adult substance users.
- There are no right or wrong answers, and you are free to skip any question or stop the interview at any time.
- This is not an evaluation of your performance or choices- our goal is simply to understand your experiences in your own words.
- Your participation is entirely voluntary, and everything you share will be kept confidential.

If you would like to see the interview questions in advance, you can view or download them here:

Insert links here

Your participation is completely voluntary, and all responses will be treated with the utmost confidentiality. Should you have any questions or require additional information, please feel free to contact me directly by email: ab4721@bath.ac.uk

We kindly invite you to participate in our study.
To learn more about the study and provide your consent to take part in an interview, please click the link below to access the Participant Information Sheet (PIS) and Consent Form:

Insert links here

Once we receive confirmation that you've completed the form, we will follow up via email to arrange a convenient time for your interview.

Thank you for considering this opportunity. I look forward to hearing from you.

Kind regards,
Aissata Ba

Recruitment Poster_Young People

Young and Using Substances? Help Improve Healthcare for you and others.

What's This About?

Join a **friendly focus group** to share your experiences using healthcare.
Your voice may help make services better for yourself and young people like you.

Who Can Join?

- Aged **18-29**
- Use **drugs or alcohol**
- Want to **share your views**

What You'll Get:

🌟 A chance to **share your views and experiences**

🕒 One session, **45-60 mins**

📍 **Private**, relaxed setting

🚫 *Please note: This is a voluntary session and no payment or vouchers will be provided.*

Your Choice, No Pressure

- Joining is **completely up to you**.
- You can **leave at any time**, no questions asked.
- Saying yes or no **won't affect any support** you get from any of the organisations (e.g. Horizons, TCF, Jamaica Street Hostel, 16-25 Independent People Bristol, etc), NHS services, or anyone else.

Sign Up Now

📅 Focus groups happening (dates/times)

📲 Scan the QR code to check if you're eligible and sign up

QR Code Placeholder

(Links to: PIS, Consent Form, Eligibility Checklist)

Contact:

Aissata Ba
📧 ab4721@bath.ac.uk

(TCF staff, or any of the organisations (e.g. Horizons, Jamaica Street Hostel, 16-25 Independent People Bristol, etc), NHS services are not involved in recruitment)

Eligibility Screening Tool: Young adult Substance Users

Participant ID: _____
Date of Screening: _____
Interviewer Initials: _____

Eligibility Questions

1. Are you between 18 and 29 years old?
   ☐ Yes ☐ No
2. Do you currently live in central Bristol (Easton (East/Central) or St Pauls (Central))?
   ☐ Yes ☐ No
3. If you responded **NO** to question 2, do you receive substance use services from The Care Forum, and/or organisation members of the Horizons Bristol partnership (e.g. Turning Point, BDP, Hawkspring, Nelson Trust, One25)?
   ☐ Yes ☐ No

4. Are you able to provide informed consent (i.e. you are not under the influence of alcohol or any other substances at the time of screening)?
   ☐ Yes ☐ No
5. Do you self-identify/consider yourself as a substance user?
   ☐ Yes ☐ No

Appendix 2: Participant information sheets and consent forms

PARTICIPANT INFORMATION SHEET
(Primary Healthcare Providers)

Understanding and Addressing the Impact of Stigma on Healthcare Access and Utilisation Among Young Adult Substance Users in Central Bristol

Who are we?

Name of Researcher: Aissata Ba
Email: ab4721@bath.ac.uk
Name of Supervisor: Dr. Alexandra Ziemann
Email: az620@bath.ac.uk

My name is Aissata Ba, and I'm a student at the University of Bath. I'm doing a research project with The Care Forum. This study is part of my master's course in Global Public Health and Policy.

This information sheet forms part of the process of informed consent. It should give you a basic idea of what the research is about and what your participation will involve. Please read this information sheet carefully and ask the researchers named above if you are not clear about any details of the project.

What is this study about?

Substance use remains a complex issue with far-reaching health and social consequences. This project aims to better understand the lived experiences of young adults (aged 18–29) who use substances and the perspectives of those who provide healthcare or support services to them in Central Bristol.

In particular, we are exploring how social and self-stigma impact young adult substance users' access to and utilisation of healthcare services in central Bristol and how both users and service providers manage stigma in healthcare interactions. Your insights as a substance use care provider are crucial to this work and may help shape strategies to reduce stigma and improve service delivery across sectors. You are invited to take part in research because you are a **healthcare provider**. Your views may help us inform ways to support young people who use substances and improve their access to services.

Do I have to take part?

No, taking part is completely voluntary. **Please take your time to read this information carefully.** If you have any questions or you're unsure about anything, feel free to ask before deciding whether to take part. If you decide to take part, I will ask you to sign a consent form. You can change your mind and withdraw at any time without giving a reason. You may also withdraw your data up to 14 days after the interview. Your decision to withdraw from the study will have no bearing on your employment status or any other relationship you may have with any of the organisations (e.g. Horizons, TCF, Jamaica Street Hostel, 16-25 Independent People Bristol, etc), NHS services, or your respective employer.

What will I be asked to do?

Your participation will involve a single interview, typically lasting 30 to 45 minutes. You'll have the choice of how this interview is conducted:

- Online Interview: This will take place via Microsoft Teams, a secure video conferencing platform provided by the University of Bath. You'll receive a calendar invitation with a link to join the meeting at your scheduled time. You can participate from any private location that's convenient for you (e.g., your office or home).
- In-Person Interview: This option can be arranged to suit your preference and availability. We can meet in a private meeting room at your NHS service or hospital, or, if more convenient, at a mutually agreed-upon quiet and private location in central Bristol, Bath, or nearby areas.

During the interview, we'll discuss your professional experiences and perspectives on delivering primary care to young people who use substances, alongside your insights into the role of stigma in healthcare access. With your consent, the interview will be audio recorded, and I will take notes to ensure accuracy.

Are there reasons I should not take part?

You can take part if:

- Aged 18 years or older.
- Currently working as a primary healthcare provider within NHS services in central Bristol.
- Has direct experience providing routine primary care to patients, including those who may use substances.

You should not take part if you:

- Under 18 years of age.
- Your primary role is specialist substance use care, or you exclusively work in dedicated substance use treatment services (as their perspectives may differ from primary care).

- Not working within NHS primary care services in central Bristol.

Are there any risks or disadvantages?

We don't anticipate any risks, but some topics may touch on sensitive issues. You do not have to answer any questions you're uncomfortable with, and you can end the interview at any time. All information you share will remain confidential.

What are the benefits of taking part?

There are no direct benefits to you. However, your input may help improve healthcare services for young people who use substances and inform local work by The Care Forum.

Who will have access to my information?

Your responses will be kept **strictly confidential**. Only the research team at the University of Bath and The Care Forum will have access to the data. Your name and any other identifying details will be removed during transcription and not included in reports or publications. All data will be securely stored and anonymised following UK data protection laws.

Your safety is our priority. **If you tell me you want to harm yourself, harm someone else, or that someone else is being harmed, I have to tell my supervisor at the Care Forum** and may need to inform others to get help for you or the person in danger. You might also feel emotional or have difficult memories come up because of the topics we discuss. I have information on support services available if you need them.

What Happens to What I Say?

During your **interview**, your voice will be audio recorded. All audio recordings will be **meticulously transcribed**. As part of this transcription process, all names, specific locations, and any other potentially identifying details will be **immediately anonymised and removed** to protect your identity. Identifiable audio recordings will be **securely destroyed** immediately after their transcription has been thoroughly checked for accuracy and anonymisation verified.

The anonymised transcribed data, which contains no identifiable information, will then be used for all subsequent analysis. This anonymised dataset will be stored securely on the University of Bath OneDrive account, managed by my supervisor, and will be retained for 10 years following the completion of the study. All data processing will comply with UK privacy laws. This anonymised data may also be used for future related research projects, but only if you agree and give explicit consent for such future use during the initial consent process and appropriate ethical approval is secured for any subsequent research.

Disclosure of Criminal Activity

During the research, if you disclose information about illegal activities (e.g., drug use). Please note:

- Such disclosures will remain confidential and are **not reportable** unless they raise **safeguarding concerns** (e.g., risk of harm to self or others).
- If I am uncertain about how to proceed, I will consult with my TCF supervisor to ensure appropriate action is taken.

What happens to the results?

The findings will be shared with the University of Bath and TCF and may be published, but no personal or identifiable information will be included. You can request a summary of the research results if you'd like.

Has this project been reviewed?

Yes , it has been reviewed and approved by the University of Bath Research Ethics Approval Committee for Health (REACH) [**Ref: 10355-12827**].

Can I withdraw later?

Yes. You can withdraw at any time during or after the interview, and up to **14 days after** participation if you wish your data to be removed. After that, your anonymised input may already be used in the analysis and cannot be removed.

How can I withdraw from the project?

Taking part in this study is completely voluntary. If you agree to take part and change your mind later, that is absolutely fine. No one will mind. You can:

- Withdraw from the interview at any time, without giving a reason and without any repercussions.
- Withdraw your data up to 14 days after your interview by contacting the researcher via email.

To withdraw, simply email Aissata Ba at ab4721@bath.ac.uk. After 14 days, your anonymised data may already be included in the analysis and cannot be removed. After this date, it may not be possible to withdraw your data as some results may have been published or anonymised. Your individual results will not be identifiable in any way in any presentation or publication.

Privacy notice

For more information about how your data is handled, please read the University of Bath's Privacy Notice for Research Participants here: https://www.bath.ac.uk/corporate-information/university-of-bath-privacy-notice-for-research-participants/.

What if I have questions or concerns?

If you have any concerns or questions like the following:

- What the study is about
- What taking part involves
- How will your information be kept private
- How to withdraw from the study

Please note: I can't offer medical advice or support services, but I can direct you to someone who can help if needed. If you are worried or unsure about any part of the project, you should ask to speak to the researchers, who will do their best to answer any questions. If they can't help, or if you want to make a complaint regarding the project, please contact the Research Governance and Compliance Team at research-ethics@bath.ac.uk.

Please contact us:

Name of Researcher: Aissata Ba
Email: ab4721@bath.ac.uk
Name of Supervisor: Dr. Alexandra Ziemann
Email: az620@bath.ac.uk

Thank you very much for taking the time to read this information. We really appreciate your interest and your time.

PARTICIPANT INFORMATION SHEET
(Substance Use Service Providers)

Understanding and Addressing the Impact of Stigma on Healthcare Access and Utilisation Among Young Adult Substance Users in Central Bristol

Who are we?

Name of Researcher: Aissata Ba
Email: ab4721@bath.ac.uk
Name of Supervisor: Dr. Alexandra Ziemann
Email: az620@bath.ac.uk

My name is Aissata Ba, and I'm a student at the University of Bath. I'm doing a research project with The Care Forum. This study is part of my master's course in Global Public Health and Policy.

This information sheet forms part of the process of informed consent. It should give you a basic idea of what the research is about and what your participation will involve. Please read this information sheet carefully and ask the researchers named above if you are not clear about any details of the project.

What is this study about?

Substance use remains a complex issue with far-reaching health and social consequences. This project aims to better understand the lived experiences of young adults (aged 18–29) who use substances and the perspectives of those who provide healthcare or support services to them in Central Bristol.

In particular, we are exploring how social and self-stigma impact young adult substance users' access to and utilisation of healthcare services in Central Bristol and how both users and service providers manage stigma in healthcare interactions. Your insights as a substance use care provider are crucial to this work and may help shape strategies to reduce stigma and improve service delivery across sectors. You are invited to take part in research because you are a **healthcare provider**. Your views may help us inform ways to support young people who use substances and improve their access to services.

Do I have to take part?

No- taking part is completely voluntary. If you decide to take part, I will ask you to sign a consent form. You can change your mind and withdraw at any time without giving a reason. You may also withdraw your data up to 14 days after the interview. Your decision to withdraw from the study will have no bearing on your employment status or any other relationship you may

have with any of the organisations (e.g. Horizons, TCF, Jamaica Street Hostel, 16-25 Independent People Bristol, etc), NHS services, or your respective employer.

What will I be asked to do?

Your participation will involve a **single interview**, typically lasting **30 to 45 minutes**. You'll have the choice of how this interview is conducted:

- **Online Interview:** This will take place via **Microsoft Teams**, a secure video conferencing platform provided by the University of Bath. You'll receive a calendar invitation with a link to join the meeting at your scheduled time. You can participate from any private location that's convenient for you (e.g., your office or home).
- **In-Person Interview:** This option can be arranged to suit your preference and availability. We can meet in a **private meeting room at your organisation/office**, or, if more convenient, at a **mutually agreed-upon quiet and private location in central Bristol, Bath, or nearby areas**.

During the interview, we'll discuss your professional experiences and perspectives on **delivering Substance use services to young people who use substances**, alongside your insights into the role of **stigma in healthcare access**. With your consent, the interview will be **audio recorded**, and I will take notes to ensure accuracy.

Are there reasons I should not take part?

You can take part if you are:

- Aged 18 years or older.
- **Currently employed staff members** of The Care Forum (TCF) or any organisation providing substance use services in central Bristol (e.g. Horizons, TCF, Jamaica Street Hostel, 16-25 Independent People Bristol, etc).
- Provide direct, frontline substance use-specific services and support to young adults (aged 18-29).
- Work in central Bristol.

You should not take part if you are:

- Under 18 years of age
- **Not currently employed staff members** of The Care Forum (TCF) or any organisation providing substance use services in central Bristol (e.g. Horizons, TCF, Jamaica Street Hostel, 16-25 Independent People Bristol, etc).
- Work in roles that do not involve direct substance use service provision (e.g., administrative staff, managerial staff without direct client contact, or those in supportive but non-direct service roles like fundraising or communications).
- Do not work in central Bristol.

Are there any risks or disadvantages?

We don't anticipate any risks, but some topics may touch on sensitive issues. You do not have to answer any questions you're uncomfortable with, and you can end the interview at any time. All information you share will remain confidential.

Your safety is our priority. If you tell me you want to harm yourself, harm someone else, or that someone else is being harmed, I have to tell my supervisor at the Care Forum and may need to inform others to get help for you or the person in danger. You might also feel emotional or have difficult memories come up because of the topics we discuss. I have information on support services available if you need them.

What are the benefits of taking part?

There are no direct benefits to you. However, your input may help improve healthcare services for young people who use substances and inform local work by The Care Forum.

Who will have access to my information?

Your responses will be kept **strictly confidential**. Only the research team at the University of Bath and The Care Forum will have access to the data. Your name and any other identifying details will be removed during transcription and not included in reports or publications. All data will be securely stored and anonymised following UK data protection laws.

Your safety is our priority. **If you tell me you want to harm yourself, harm someone else, or that someone else is being harmed, I have to tell my supervisor at the Care Forum** and may need to inform others to get help for you or the person in danger. You might also feel emotional or have difficult memories come up because of the topics we discuss. I have information on support services available if you need them.

Disclosure of Criminal Activity

During the research, if you disclose information about illegal activities (e.g., drug use). Please note:

- Such disclosures will remain confidential and are **not reportable** unless they raise **safeguarding concerns** (e.g., risk of harm to self or others).
- If I am uncertain about how to proceed, I will consult with my TCF supervisor to ensure appropriate action is taken.

What Happens to What I Say?

During your **interview**, your voice will be audio recorded. All audio recordings will be **meticulously transcribed**. As part of this transcription process, all names, specific locations, and any other potentially identifying details will be **immediately anonymised and removed** to

protect your identity. Identifiable audio recordings will be **securely destroyed** immediately after their transcription has been thoroughly checked for accuracy and anonymisation verified.

The anonymised transcribed data, which contains no identifiable information, will then be used for all subsequent analysis. This anonymised dataset will be **stored securely** on the University of Bath OneDrive account, managed by my supervisor, and will be retained for **10 years** following the completion of the study. All data processing will comply with **UK privacy laws**. This anonymised data may also be used for **future related research projects**, but **only if you agree and give explicit consent for such future use during the initial consent process** and appropriate ethical approval is secured for any subsequent research.

What happens to the results?

The findings will be shared with the University of Bath and TCF and may be published, but no personal or identifiable information will be included. You can request a summary of the research results if you'd like.

Has this project been reviewed?

Yes ,it has been reviewed and approved by the University of Bath Research Ethics Approval Committee for Health (REACH) **[Ref: 10355-12827].**

Can I withdraw later?

Yes. You can withdraw at any time during or after the interview, and up to **14 days after** participation if you wish your data to be removed. After that, your anonymised input may already be used in the analysis and cannot be removed.

How can I withdraw from the project?

Taking part in this study is completely voluntary. If you agree to take part and change your mind later, that is absolutely fine. No one will mind.. You can:

- Withdraw from the interview at any time, without giving a reason and without any repercussions.
- Withdraw your data up to 14 days after your interview by contacting the researcher via email.

To withdraw, simply email Aissata Ba at ab4721@bath.ac.uk. After 14 days, your anonymised data may already be included in the analysis and cannot be removed. After this date, it may not be possible to withdraw your data as some results may have been published or anonymised. Your individual results will not be identifiable in any way in any presentation or publication.

Privacy notice

For more information about how your data is handled, please read the University of Bath's Privacy Notice for Research Participants here: https://www.bath.ac.uk/corporate-information/university-of-bath-privacy-notice-for-research-participants/.

What if I have questions or concerns?

If you have any concerns or questions like the following:

- What the study is about
- What taking part involves
- How will your information be kept private
- How to withdraw from the study

Please note: I can't offer medical advice or support services, but I can direct you to someone who can help if needed. If you are worried or unsure about any part of the project, you should ask to speak to the researchers, who will do their best to answer any questions. If they can't help, or if you want to make a complaint regarding the project, please contact the Research Governance and Compliance Team at research-ethics@bath.ac.uk.

Please contact us:

Name of Researcher: Aissata Ba
Email: ab4721@bath.ac.uk
Name of Supervisor: Dr. Alexandra Ziemann
Email: az620@bath.ac.uk

Thank you very much for taking the time to read this information. We really appreciate your interest and your time.

PARTICIPANT INFORMATION SHEET
(Young People)

Understanding and Addressing the Impact of Stigma on Healthcare Access and Utilisation Among Young Adult Substance Users in Central Bristol

Who are we?

Name of Researcher: Aissata Ba
Email: ab4721@bath.ac.uk
Name of Supervisor: Dr. Alexandra Ziemann
Email: az620@bath.ac.uk

My name is Aissata Ba, and I'm a student at the University of Bath. I'm doing a research project with The Care Forum. This study is part of my master's course in Global Public Health and Policy.

This information sheet tells you what the study is about and what you'll be asked to do if you choose to take part. Please read it carefully. If there's anything you don't understand, feel free to ask me ,I am happy to help explain it.

What is this study about?

We want to hear from young people who use drugs or alcohol about what it's like trying to get help from doctors, nurses, or other health services. We're especially interested in how feeling judged, discriminated or treated unfairly (called stigma) makes it harder to get the care you need.

This study is focused on people living in **central Bristol**. We also want to understand how both young people and healthcare workers deal with stigma when they talk to each other. By sharing your opinion, you may help make healthcare better and more respectful for you and other young people.

Who can take part?

You can take part if:

- Aged between 18 and 29 years.
- Self-identify as a substance user (for instance, alcohol, cannabis, marijuana, etc.).
- Reside or spend time within central Bristol, and access services within it (e.g., with Horizons, TCF, Jamaica Street Hostel, 16-25 Independent People Bristol, etc).
- Fluent in English (to ensure effective participation).

You cannot take part if you:

- Younger than 18 or older than 29 years of age.
- Unable to provide informed consent due to mental incapacity or being under the influence of substances or alcohol at the time of recruitment.
- Do not self-identify as a substance user.

- Do not reside or spend time within central Bristol, and do not access services within it (e.g., with Horizons, TCF, Jamaica Street Hostel, 16-25 Independent People Bristol, etc).
- Not fluent in English.

Do I have to take part?

No ,it's your choice. If you agree, you'll be asked to sign a consent form. You can stop at any time without giving a reason. If you want your answers removed from the study, you have **14 days** after the interview to tell us. Your decision to withdraw from the study will have no bearing on your access to services or any other relationship you may have with any of the organisations (e.g. Horizons, TCF, Jamaica Street Hostel, 16-25 Independent People Bristol, etc). **Please take your time to read this information carefully.** If you have any questions or you're unsure about anything, feel free to ask before deciding whether to take part.

What will I have to do?

You'll take part in:

- **A Focus group discussion with other young people like you (4 to 8 people max).**
- A focus group is a simple discussion with a small group of people. We get together to talk about what you think and feel. This is research, and it's important because it helps us learn about what's going on and how to make things better for young people who use substances.
- We'll talk together about your experiences with substance use and healthcare service use. The discussion will last about **30 to 45 minutes** and will happen **in person** in a private space provided by the organisations (e.g. Horizons, TCF, Jamaica Street Hostel, 16-25 Independent People Bristol, etc), where regular socialisation activities for young people happen. These spaces will be selected to minimise the risk of being overheard, ensuring your confidentiality and a safe environment for open discussion. I will record the audio and take notes so I can remember what was said. Don't worry ,**your name or any personal details won't be used**.

Will it be uncomfortable?

Some topics might feel personal or emotional. You can skip any question or stop anytime. I will also share support contacts if anything upsets you. Some of the things we talk about might make you feel upset or bring back difficult memories. If that happens, I can give you information about support services to help you.

What are the benefits?

There are no direct benefits to you. However, your thoughts and experiences are really important, and what you share with us may help make healthcare better.

Who will see my information?

Only the research team at the University of Bath and The Care Forum will see your answers. Your name won't appear in any reports. Everything is stored securely and kept confidential. You can find more information on the protection of your privacy here: https://www.bath.ac.uk/corporate-information/university-of-bath-privacy-notice-for-research-participants/. **If you tell us something serious like harm to yourself or someone else, or if someone is in danger, I must let my supervisor at the Care Forum know** and may need to get help for you or the person at risk.

What if I talk about something illegal?

Sometimes, people might talk about things that are against the law (like using drugs).

- This is okay to talk about in the group.
- We will **not tell anyone** unless someone is in danger or might get hurt.
- If I am not sure what to do, they will talk to their supervisor.

Will what I say in the group stay private?

In group discussions, people may share personal stories.

- At the start, we will agree on **ground rules** to keep things private.
- Everyone will be reminded **not to share** what others say outside the group.

What Happens to What I Say?

During the focus group discussion, I will record your voice. I then write down your words exactly as you said them. As I am writing, I will take out anything that could tell people who you are, like your name, exact places, or other personal details. Once your words are safely written down and made private, I will **delete the voice recordings.** The written words, which won't have any of your personal information, will be stored **very safely** at the University of Bath for 10 years. We might use these private written words for other research in the future, but **only if you say it's okay now** and if we get permission from the university's ethics committee again. Your privacy will always be protected. All data will follow UK privacy laws.

What Happens with What We Find Out?

We will use what we learn from everyone in the study to write reports. We'll share these reports with TCF, and they might even be put on websites so others can learn from them. **But don't worry ,we will never share your name or any details that could identify you.** Everything will be kept private. If you'd like to know what we found out, you can ask us, and we'll send you a simple summary.

How can I withdraw from the project?

Taking part in this study is completely voluntary. If you agree to take part and change your mind later, that is absolutely fine. No one will mind. You can:

- Withdraw from the interview at any time, without giving a reason and without any repercussions.
- Withdraw your data up to 14 days after your interview by contacting the researcher via email.

To withdraw, simply email Aissata Ba at ab4721@bath.ac.uk. After 14 days, your anonymised data may already be included in the analysis and cannot be removed. After this date, it may not be possible to withdraw your data as some results may have been published or anonymised. Your individual results will not be identifiable in any way in any presentation or publication.

Has this study been checked?

Yes, it has been approved by the University of Bath Research Ethics Committee. [Ref: 10355-12827].

What if I have questions or concerns?

If you have any concerns or questions like the following:

- What the study is about
- What taking part involves
- How will your information be kept private
- How to withdraw from the study

Please note: I can't offer medical advice or support services, but I can direct you to someone who can help if needed. If you are worried or unsure about any part of the project, you should ask to speak to the researchers, who will do their best to answer any questions. If they can't help, or if you want to make a complaint regarding the project, please contact the Research Governance and Compliance Team at research-ethics@bath.ac.uk.

Please contact us:

Name of Researcher: Aissata Ba
Email: ab4721@bath.ac.uk
Name of Supervisor: Dr. Alexandra Ziemann
Email: az620@bath.ac.uk

Thank you very much for taking the time to read this information. We really appreciate your interest and your time.

CONSENT FORM (Providers)

Understanding and Addressing the Impact of Stigma on Healthcare Access and Utilisation Among Young Adult Substance Users in Central Bristol

Please initial the boxes if you agree with the statement

I have been provided with information explaining what participation in this project involves. ☐

I have had an opportunity to ask questions and discuss this project. ☐

I have received satisfactory answers to all questions I have asked. ☐

I have received enough information about the project to decide about my participation. ☐

I understand that I am free to withdraw my consent to participate in the project at any time without having to give a reason for withdrawing. ☐

I understand that I am free to withdraw my data within two weeks of my participation. ☐

I understand the nature and purpose of the procedures involved in this project. These have been communicated to me on the information sheet accompanying this form. ☐

I understand and acknowledge that the investigation is designed to promote scientific knowledge and that the University of Bath and TCF will use the data I provide only for the purpose(s) set out in the information sheet. ☐

I understand the data I provide will be treated as confidential, and that on completion of the project my name or other identifying information will not be disclosed in any presentation or publication of the research ☐

I understand that my consent to use the data I provide is conditional upon the University of Bath and TCF complying with their duties and obligations under the current data protection legislation ☐

I understand that my anonymised data may be used in future related research by the University of Bath and TCF, but only with my consent and appropriate ethical approval. ☐

I consent to my data being shared within the research team at the University and TCF. ☐

I hereby fully and freely consent to my participation in this project. ☐

Participant's Signature: **Date**: _____

Participant's name in BLOCK Letters: _____

Researcher Signature: **Date**: _____

Researcher's name in BLOCK Letters: _____

If you have any concerns or complaints related to your participation in this project please direct them to the Chair of the Research Ethics Approval Committee for Health, health-ethics@bath.ac.uk.

Name of Researcher: Aissata Ba
Email of the Researcher: ab4721@bath.ac.uk
Name of Supervisor: Dr. Alexandra Ziemann
Email of Supervisor: az620@bath.ac.uk

CONSENT FORM (Young Adults)

Understanding and Addressing the Impact of Stigma on Healthcare Access and Utilisation Among Young Adult Substance Users in Central Bristol

Please put your initials in the box if you agree with each sentence below

1. The researcher has explained to me what this project is about and what I will be asked to do. ☐
2. I had the chance to ask questions and talk about the project ☐
3. I got answers to all the questions I asked. ☐
4. I have enough information to decide if I want to take part. ☐
5. I know I can stop taking part at any time, and I don't have to give a reason. ☐
6. I know I can ask for my information to be removed within two weeks after I take part. ☐
7. I understand what will happen during the project. This was explained in the information sheet. ☐
8. I know this project is to help researchers learn more, and that the University of Bath and TCF will only use my information for this reason. ☐
9. I know my information will be kept private. My name will not be used in anything written or shared about the project. ☐
10. I know the University of Bath and TCF must follow the law to keep my information safe. ☐
11. I know my information (without my name) might be used in future research, but only if I say yes and the research is approved. ☐
12. I agree that my information can be shared with the research team at the University of Bath and TCF. ☐
13. I agree to take part in this project. ☐

Participant's Signature: **Date**: _____

Participant's name in BLOCK Letters: _____

Researcher Signature: **Date**: _____

Researcher's name in BLOCK Letters: _____

If you have any concerns or complaints related to your participation in this project please direct them to the Chair of the Research Ethics Approval Committee for Health, health-ethics@bath.ac.uk.

Name of Researcher: Aissata Ba
Email of the Researcher: ab4721@bath.ac.uk
Name of Supervisor: Dr. Alexandra Ziemann
Email of Supervisor: az620@bath.ac.uk

Appendix 3: IDI/FGD schedules

Data collection Tool	
Study title	Understanding and Addressing the Impact of Stigma on Healthcare Access and Utilisation Among Young Adult Substance Users in Central Bristol.
Student researcher	Aissata Ba
IRB approval number.	
Consent form	CONSENT FORM-Primary HealthCare and substance use service providers and _V2

Introduction

Hello, and thank you again for taking the time to participate in this discussion. Today, we'll be talking about social and self-perception of substance users and how those affect services access and use. I encourage you to share your experiences and opinions freely. Please feel free to mention anything you feel is relevant, even if I don't ask a direct question about it.

Your participation is voluntary. You are free not to answer certain questions or to stop the interview at any time. Do you have any questions before we begin?

(After answering any questions)

To ensure I capture all your responses accurately, I would like to record our conversation on this encrypted device. Your anonymity will be preserved, and the recordings will be used for research purposes only. Do you agree to let me record our discussion?

(If the participant agrees)

Perfect, I will now start the recording.

Information to be collected:

- Participant ID: _____
- Date of IDI: _____

Place of IDI: _____

Reminder: Useful Probes

Tell me more about... You mentioned... What else do you want to say about... What do you mean when you say...? Can you give me an example of...? Any other examples? Silence Echo probe "Uh-huh" or Non-Verbal Probes

Semi-Structured IDI Guide

In-depth interview with Primary Healthcare Service providers

1. To start, could you tell me about your role and your experience working with young adults who use substances within a healthcare setting?
2. What challenges do you think young adults who use substances face when trying to access healthcare?
3. How do you think stigma might affect the way young adults who use substances engage with healthcare services?
    - For example, do you think it affects whether they feel safe or able to speak openly?
4. What kinds of things can help reduce stigma in healthcare settings for young adults who use substances?
    - Are there any approaches or practices that seem to work well?
5. What role do you think healthcare staff can play in making services more welcoming for young adults who use substances?
6. Is there anything else you'd like to add about supporting young adults who use substances in healthcare settings?

Thank you so much for your time today.
Your insights are incredibly valuable and may help improve healthcare services for young adults who use substances. We truly appreciate your willingness to share your experiences.

Data collection Tool	
Study title	Understanding and Addressing the Impact of Stigma on Healthcare Access and Utilisation Among Young Adult Substance Users in Central Bristol.
Student researcher	Aissata Ba
IRB approval number.	
Consent form	CONSENT FORM-Primary HealthCare and substance use service providers and _V2

Introduction

Hello, and thank you again for taking the time to participate in this discussion. Today, we'll be talking about social and self-perception of substance users and how those affect services access and use. I encourage you to share your experiences and opinions freely. Please feel free to mention anything you feel is relevant, even if I don't ask a direct question about it.

Your participation is voluntary. You are free not to answer certain questions or to stop the interview at any time. Do you have any questions before we begin?

(After answering any questions)

To ensure I capture all your responses accurately, I would like to record our conversation on this encrypted device. Your anonymity will be preserved, and the recordings will be used for research purposes only. Do you agree to let me record our discussion?

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Perfect, I will now start the recording.

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- Participant ID: _____
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Tell me more about... You mentioned... What else do you want to say about... What do you mean when you say...? Can you give me an example of...? Any other examples? Silence Echo probe "Uh-huh" or Non-Verbal Probes

Semi-Structured IDI Guide

In-depth interview with the Substance Use Service providers

1. To start, can you tell me about your work with young adults who use substances?
2. What kinds of stigma do young adults who use substances talk about when it comes to getting healthcare?
    - How does this affect their willingness to seek help?
3. Some young adults who use substances try to hide their substance use when seeing a doctor or nurse. What are some reasons they might do that?
    - How do you support them in those situations?
4. What strategies do you use to help young adults who use substances feel safe and respected when accessing and using healthcare?
5. What changes do you think would help reduce stigma and improve healthcare access and use for young adults who use substances?
6. Is there anything else you'd like to share about your work or the young adults who use substances that you support?

Thank you so much for your time today.
Your insights are incredibly valuable and may help improve healthcare services for young adults who use substances. We truly appreciate your willingness to share your experiences.

Data collection Tool	
Study title	Understanding and Addressing the Impact of Stigma on Healthcare Access and Utilisation Among Young Adult Substance Users in Central Bristol.
Student researcher	Aissata Ba
IRB approval number.	
Consent form	CONSENT FORM-Young Adults Substance users _V2

Introduction

Welcome, and thank you again for being here today.
We really appreciate you taking the time to join this Focus Group Discussion. Today, we'll be talking about how feeling judged, discriminated or treated unfairly (called stigma) makes it harder for young adults who use substances to get the care you need.

This is a space for open and honest conversation. Please feel free to share your thoughts, experiences, and anything you think is important-even if I don't ask about it directly. There are no right or wrong answers here.

Your participation is completely voluntary. You can choose not to answer any question, and you're free to leave at any time—no pressure at all.

Before we begin, a few practical things:

- The toilets are located (location in the building).
- If you need to leave the building at any point, the nearest exit is (location in the building).
- You're welcome to step out at any time if you need a break.

Before we begin, do you have any questions?
(After answering any questions)

To help make sure I capture everything accurately, I'd like to record our conversation using this encrypted device. The recording will only be used for research purposes, and your identity will remain anonymous.

Do you agree to be recorded?

Information to be collected:

- FGD ID: _____
- Participant ID: _____
- Participant ID: _____
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- Participant ID: _____
- Participant ID: _____

- Participant ID: _____
- Participant ID: _____
- Participant ID: _____
- Participant ID: _____
- Date of FGD: _____

Place of FGD: _____

Reminder: Useful Probes

Tell me more about... You mentioned... What else do you want to say about... What do you mean when you say...? Can you give me an example of...? Any other examples? Silence Echo probe "Uh-huh" or Non-Verbal Probes

Semi-Structured FGD Guide

Focus Group with young adult substance users

1. To start, can you tell me a little about your experiences visiting doctors or nurses?
2. Have you ever felt judged or treated differently by healthcare staff because of your substance use?
    - What happened?
    - How did it make you feel?
3. Sometimes young adults who use substances try to hide or downplay their substance use when seeing a doctor or nurse. Have you ever done that?
    - What exactly did you do? Can you tell why you felt you needed to do that?
    - What made you feel like you had to do that?
4. What helps you feel more comfortable or respected when seeking and getting healthcare?
    - Are there things that make it easier to talk openly?
5. If you could change one thing about how healthcare staff treat young adults who use substances, what would it be?
6. Is there anything else you'd like to share about your experiences with healthcare?

Thank you so much for your time today.

What you shared is really important and may help make healthcare better for young adults who use substances. We're very grateful that you took the time to talk with us.

Appendix 4: DEBRIEFING SHEET

DEBRIEFING SHEET

Study Title: Understanding and Addressing Stigma in Young Adult Substance Users: A Qualitative Study for The Care Forum.

Ethical Approval Number: **Ref: 10355-12827**

Thank you for your participation in our study. Your contributions are greatly appreciated and will help us better understand the experiences of individuals who use substances and improve their access to and use of services.

Resources and Support:

If you have been affected by any of the issues discussed in this study, or if you would like to seek support, please consider contacting the following resources:

Mental Health Support

Well Aware

- **Contact**: **0808 808 5252**
- **Website: https://www.wellaware.org.uk**

Bristol Mind

- **Contact**: 0117 980 0370
- **Email:** info@bristolmind.org.uk
- **Website:** https://bristolmind.org.uk

Keeping Bristol Safe Partnership

- **Contact**: 0117 941 1123
- **Email:** info@changesbristol.org.uk
- **Website: https://bristolsafeguarding.org**

Substance Use Support

NHS

- Drugs: https://www.nhs.uk/live-well/healthy-body/drug-addiction-getting-help/
- Alcohol: https://www.nhs.uk/live-well/alcohol-support/

Frank

- **Website:** www.talktofrank.com
- **Helpline:** 0300 123 6600 (24Hr)

- **SMS:** 82111

Release

- **Website:** www.release.org.uk/
- **Helpline:** 0207 324 2989
- **Email:** ask@release.og.uk

Addaction

- **Website:** https://www.addaction.org.uk/
- **Webchat:** www.addaction.org.uk/webchat

Families Anonymous

- **Website:** www.famanon.org.uk
- **Helpline:** 020 7498 4680

DrugFam

- **Website:** https://www.drugfam.co.uk/
- **Helpline:** 0300 888 3853
- **Email:** office@drugfam.co.uk

Horizons Bristol

- **Website:** https://www.horizonsbristol.co.uk
- **Helpline:** 0300 555 1469
- **Email:** BristolInfo@horizonsbristol.co.uk

Contact Information of the research team:

If you have any further questions or concerns about this study, please contact:

- Aissata Ba : ab4721@bath.ac.uk
- Alexandra Ziemann: az620@bath.ac.uk
- Or the Research Governance and Compliance Team at research-ethics@bath.ac.uk.

Appendix 4. Codebook with Illustrative Quotes and Themes

Table 2. *Codebook with Illustrative Quotes and Themes*

Goffman's Concpet	Parent Code	Child Code	Definition	Illustrative quotes
Systemic and Interpersonal Stigma as Barriers to Healthcare Access and Use				
Blemish of Individual Character and Use of Stigma Terms,	Societal Stigma	Stigmatizing Language	Instances where a young person is treated unfairly, demeaned, or dehumanized by members of the public. This external stigma reinforces a person's sense of having a spoiled identity, which can lead to a feeling of dread and negatively affect their mood when seeking care.	And I don't like this term, but young people might refer to someone as a crackhead or a junkie SUSP-P3 So, I was with a client who I know is using substances, and then the the taxi driver said that they don't, it was long lines and they don't normally come to this location to pick people up because of all the crackheads around here. SUSP-P4
		Dehumanization		society sees anybody who's using drugs as wasting space, as sponges, as getting benefits. No chance of working. They're using up such valuable resources with the NHS and the police, and the hospitals. SUSP-P4
		Blaming		people are crossed about it and feel that people should be able to come out of it or should never have gotten there in the 1st place. That's the general view outside. PHP-P2

stigmatised as abnormal				way the media portrays drug use, it's like synonymous with crime, and, not being successful in life, it's very deterministic in that way. YASU-P1
		Impact of Societal discrimination		it affected them for the whole day. So that kind of sat with them the whole day and like that was a really negative start to a day which should have gone really positively. And it affects the way that that person engaged with the healthcare professionals that they were dealing with because they'd had someone who was meant to be there to help them to get to the appointment, make a comment like that. SUSP-P4
	Provider based interpersonal stigma	Stigmatizing Language	Instances of the direct manifestation of a healthcare provider's negative attitudes toward a patient, leading to the use of judgmental language, dismissal of their concerns, and the attribution of their health issues to a personal or moral failing.	but I guess something that shows healthcare professionals and stuff, something kind of sensitive about the Comments that they make. YASU-P2 You're an addict. You just want pregabalin to get a high from it. SUSP-P5
		Blaming and Moralization		
		Lack of Empathy/Dismissiveness		you do see just totally only willing to look at the right, you know, they write off the health issues, you might see them for, because of substances. So now your needs not being taken care YASU-P1

		Refusal to Prescribe		I think this has to do with take-away scripts, they're obviously hard to get. Because especially, it's a very controlled and dangerous substance, if…. unable to be taken away. But at the same time, yeah, I feel that could be certain bias and with different factors when it comes to giving spirits for longer periods of time. Because I've had jobs and I've had to ask to get my scripts, my weekends take away and stuff and I wouldn't always get it or it would take a lot longer than I was expecting to. YASU-P2 And that was they would not prescribe me, like wouldn't give me the medication that I needed YASU-P1 they beg for the medication and when other people can just be given medication for being in pain. They almost need to justify the fact that they have pain to get the medicine. And sometimes when they say the dose is not enough, which with us we readily work with what the patient reports to us, you know. If this dose is not enough, if it's not enough, are you still feeling withdrawal, and we'll have to increase

				it. And all of the time they're going to the hospital, it's a battle to convince the doctor that I need more methadone. SUSP-P5
Mismanagement of Virtual Identity	Mismanagement of Virtual Identity		Instances where a provider's assumptions about a patient's identity (e.g., based on their age, appearance, or socio-economic status) lead to a diagnostic bias, causing them to overlook or misinterpret symptoms related to substance use. This code captures the clash between the provider's expectations (the virtual identity) and the patient's actual reality.	Let's say let's say Ketamine uses, to Ketamine uses it affects your bladder quite quickly. So a lot of people will go to the doctor with a UTI, urinary tract infection, which is already quite an intimate thing to have to go see a doctor about. And a doctor, I guess, in terms of stigma, won't necessarily correlate that with drug use. And the younger person is also unlikely to correlate that potentially to drug use. And therefore, as a result, that predetermined diagnosis or that predetermined Doctor's opinion. It isn't based on the fact that this person fits into the usual quotes drug-using category because they're younger SUSP-P1 Thinking, like, you know, how can you have a substance misuse issue if you're, you know, if you're so young, like, you know, surely, hasn't gotten that out of hand yet. SUSP-P2
	Structural Stigma	Lack of Time	This code represents discrimination and barriers that are built into the	that person she she was getting frustrated that she was going to the

Discrimination Reduces Life Chances			policies, procedures, and institutional design of healthcare. It is not about individual acts of prejudice but about the systemic flaws that disproportionately disadvantage YASU.	doctor with five or six issues that are all, four of which were almost definitely related to substance use, but the doctor was, X got 10 minutes in an appointment, for example, and it's quite an emotive thing to have to talk about to your doctor. SUSP-P1
		Lack of Funding		More money, more money, more funding into services like this that are here to support people who are currently under a lot of strain because of short staffing and not a lot of funding and lots and lots of prioritisation by local authorities or the government SUSP-P4
		Online/phone appointment Platforms		I was faced with, trying to get contraception recently where I can't literally can't, make an appointment in person. You have to do everything online, and yeah, that's a barrier bouncer. It's a particular one for young people YASU-P1
		Lack of YASU-Friendly Services		They don't want to be in a room with like lots of old people as they would say. And it can be quite scary and a lot of those services are like based in or near adult services and that's quite scary. And I think because our young people, once they're like 18, even

				though they're, you know, legally an adult and they see themselves as an adult, they're still like, developmentally children in essence, and but they don't see themselves as children. So you don't want anything to child, you know, focused, but nothing to older adult focus. SUSP-P3
		Lack of service for discharged homeless patients		there's not really a kind of service for homeless people at the moment for discharge and reintegration into the community after they are discharged from hospitals. SUSP-P4
		Waiting Lists- Delayed Access		There's a long wait and then there are you have to be polite. You have to get through reception. You have to wait for an appointment, which may be two or three weeks. PHP-P1 you book a doctor's appointment, it's hard to get one. It can take weeks and then the young person misses it and they've got to start all over again. SUSP-P3
		Illegality of Substances		fear that they're going to get in trouble, especially if it's illicit substances. SUSP-P2 if a young person live in our accommodation and they would, using

				cannabis on on location and we know about it, not only is the young person in offence, so are we. SUSP-P3
		Limited therapy Sessions		And a lot of services offers, you know, a set number of sessions or support. And if you don't attend or don't engage with it, they sort of take you off the list sort of thing. SUSP-P3
		Penalty for No-Shows		oh, no, you didn't attend those last two sessions so we are taking you off the list. SUSP-P3
		Underfunding of Services		I just think about this practice, the [X, their organisation] in Bristol. We have a very low budget. We'd love to do more with the entrance if we had the money, we would make everything different. PHP-P1
		Lack of Training/Understanding of YASU's Needs		The structures are there, the people are there, and we're all able, in every GP surgery, in every hospital, we are able to. What I've realised in my line of work is, is the knowledge that lacks, and it's surprising how many, even the especially junior doctors or even doctors who've been there for a long time, would not recognise that actually that person, being an alcoholic, waiting for two hours, is testing their limit. SUSP-P5

		Rigid Systems with Difficult Rules		And it's very usually, it's in organisations where the systems are very regimented and there's a lot of red tape and there's, like you can't do this, you've got to jump through these hoops or do that and the other and they're not really accommodating the person based on what they can and can't do. SUSP-P4 NHS prefers temporary and every registration, but not that many people are aware of that, but there's so many people are affected, they seem that that's the start, but actually it's not. YASU-P1
		Lack of communication		And there wasn't any communication between the hospital and this GP or himself to let him know the outcome and what, the communication had broken down. There wasn't any, like they weren't telling him what happened, what needed to happen next. Like how well the surgery went was a success SUSP-P4 For example, recently someone got a ban for their prescription for a whole month, even though the lady didn't tell them before that, "Oh, this is the third script that you're going to fall off. So this is really imperative you don't miss this one as you're titrating because then

				you will not be able to get rescripted for a month". And there was this whole big meeting and, you know, the lady have to say, oh, yeah, I couldn't say YASU-P2
		Rejection Due to Homelessness		So I I've been let's say like over the over 10 years anyway, in many different parts of England, not just Bristol, and I've struggled to see doctors at all. I've been rejected by a lot of doctors because of a lack of address YASU-P1
		Stigmatizing Physical Environment (Stigmatising notice boards or signs)		So it's, at the moment, also when they go into A&E and usually even when they're admitted in hospitals and the patients will report that, you know, a marker is put, that injection drug user dependent alcoholic. SUSP-P5
		Lack of policy/guidance on substance substitute treatment		to date a doctor is not bound, there's no obligation that a doctor has to prescribe opiate substitute treatment. They can choose to say no and legally, there's nothing, they've not broken any law and they can see a patient in absolute withdrawal and refuse to do it. SUSP-P5
		Provider Recognition of Structural Stigma		what I heard a lot was any, was just the general stigma that people any age person receives trying to get healthcare, you know, the stigma around their substance use

				PHP-P2
	Navigating Stigma and Identity Management Among YASUs			
Acceptance that they fall short and Shame	Internalized Stigma	Self-Blame/Shame	Instances of negative self-perception, shame, and self-blame that a YASU develops from internalizing stigmatizing experiences, which then aversely impacts their well-being and health-seeking behavior. .	And it might be stigma of family approach that they may not want to support them, or they've tried to support them and the young person won't engage or the young person feels ashamed. PHP-P2 And sadly, a lot of them do say that 'Well, I think they're right. We brought it upon ourselves'. SUSP-P5
		Feeling let down		So she'd been a couple of times and come away feeling really let down and gutted really. SUSP-P1 They felt really let down before and it was difficult to form trusting relationships with people, including professionals SUSP-P4
		Perception of being looked down On and judged		they've already written them off. And that they are pointing their noses, you know.

				PHP-P1 So when they go to hospital, for example, they're judged and that's kind of focused on and that sort of attitude. It's the attitude, the doctors treat us like dirt, they just see us about that. They see us like people, it's self-inflicted". SUSP-P5 So perhaps again judgment, don't want to be judged this and look down upon because of that, yeah. YASU-P2
		Feeling Misunderstood		that makes me feel yes and yeah, misunderstood. And yeah, feeling judged and misunderstood YASU-P1 Also, the fear of not being understood. So yeah, especially young people who don't think anybody understands them anyway. SUSP-P6

		Feeling Unheard		But ultimately, people, people have been there feeling let down all their lives let down and unheard SUSP-P1 You may feel that you haven't been heard. PHP-P2
		Shame in Accessing Reproductive Health Services		exual health clinics and sexual health screenings. And I think again, I think a little bit of, I think sometimes there's stigma and shame involved with that, especially maybe for women or young girls. YASU-P2 Women often don't like to come here because there are men. PHP-P2
		Mental Health issues Barriers/ Lack of social skills to negotiate		it difficult for young people, especially who don't have the maturity and especially if they've got personality disorders it's very difficult to get started. PHP-P1 They've all got very poor self-worth PHP-P2 there's a fear and mental barrier that stops them from doing that and for whatever reason that may be. They

				can't do it and they just need a little bit of support SUSP-P4 So they often may not have the social skills either to negotiate services because they just haven't been forced up in that way. So that's the barrier as well. SUSP-P6
Stigma Symbol and Visibility/Obtrusiveness	Stigma Symbols	Tattoo/IV Marks	Refers to instances of a YASU's physical or social markers that make their substance use known to others. These include visible signs of use (e.g., injection marks), untidiness, lack of a fixed address, or other physical cues that act as a visible sign of their stigmatized identity.	his lady, through taking my blood, made a comment about me not being scared of needles because I had more piercings, tattoos. Personally, I found it really funny, so, yeah, watch, I'm really not scared of needles. All they're going to say because, it's some loads of track marks from IV use. YASU-P2
		Uncleanliness/untidiness		they haven't been, they're homeless, they haven't been able to wash, they haven't been able to present themselves properly. Drug seeking, drug seeking behaviour means that everything else goes by the board. You're, you let yourself go. You're very aware of the way you smell, the way, the dirt on your clothes, the lines on your face, you know everything you feel marks you out as a drug user and everyone else you feel can see that, and they've already judged you before you've even opened your mouth. PHP-P1

				with addiction comes things like poor self-care, feeling dirty and a lot of the time sometimes having leg ulcers and wounds, which make them smell. SUSP-P5
		Homelessness		said because I had no address that I would therefore have substance issues, but therefore they would not treat my back YASU-P1 I think there is massive stigma towards people with addiction and the homeless, or addiction really. PHP-P2
Moral career	Discredited vs. Discreditable Status	Fear of Criminalization/Harm	Instances where a YASU's life trajectory and social standing are progressively shaped by their stigmatized identity. This includes the distinction between being discredited (stigma is visible) or discreditable (stigma is concealable) and the navigation of the inherent risks of a stigmatized life.	fear that they're going to get in trouble, especially if it's illicit substances. SUSP-P2 like not wanting to be associated with crime YASU-P2
		Fear of Social Services		And then another thing why they don't talk about it is for people with children don't want to talk about it because there's social services involvement. But sometimes you find somebody is doing really well, even though within the addiction, they're still functional and they're at home and the moment they just say, yeah, they needed a bit of support, the immediate thing they know

				will happen is safeguarding, referral, social services, and history and experience and what others have told them. SUSP-P5
		Worsening of Substance Use		Which obviously increased my substance issues because I was in so much pain. YASU-P1
		Downward Trajectory		Not all born addicts; some have had careers, some have gone to university, some have served in the army. I 've worked with people who have been to Oxford University, graduated and are now sleeping in the street. I've worked with people who've come from extremely wealthy families who went on holidays with the Royals, and now they're sleeping on the street. That's what addiction does. SUSP-P5
Response to stigma	Distrust in Authority		The behavioral and emotional response of a young person using substances (YSU) that involves suspicion, guardedness, or a lack of confidence in healthcare providers and the system.	there's already a distrust in authority. The healthcare system is another example of one of those structures that does represent authority. SUSP-P1

				That meant that their engagement with the healthcare that they were dealing with was really difficult for them and they already had severe trust issues with around healthcare and around healthcare professionals SUSP-P4
Information Control and Passing	Hiding and Passing		Instances of active attempts by a YASU to conceal their substance use or appear "normal" to avoid stigmatizing interactions.	when I was going to with my back injury, I never mentioned drug use that was on at the time. YASU-P1 we'll ask them do you use cannabis, they'll say no. And they're probably saying that they think they won't be accepted for our services or again, because they don't think it's an issue. SUSP-P3
Avoiding Contacts with Normals	Disengagement/ Avoidance of Healthcare settings	Turning to Community for Support	Refers to a young person's active choice to avoid formal healthcare settings due to past or anticipated stigma. This includes instances where they seek support from peers or their community as a more comfortable alternative.	You're more likely to self-manage your symptoms at home. And you know, you hear all these stories of different ways in which people manage their symptoms without healthcare interventions. Some and like some of them are like almost old old wives tales. They're almost like things that aren't medically they're not medically grounded, but people use them because they trust the community more than they trust their doctors at times. SUSP-P1

		Avoidance to Manage Identity		They won't, they won't want to show themselves in public, they won't want to go to a normal general practice reception and be treated with the disdain. So these are big problems that have to be overcome. PHP-P1 the judgment is already passed. And I think repeatedly when they've seen this, and that's why most people with addiction will find that they turn up to A&E, they are almost on death's door if they can avoid it, they will. But normally when I ask any of our patients that why did you walk out of A&E? And he says normally they say, "it's the attitude, the doctors treat us like dirt, they just see us about that. SUSP-P5
Personal Identity and rejection of normals' portrayal/Bravado	Self advocacy and resistance		Instances where a YASU actively challenges stigmatizing behavior or advocates for their right to be treated with dignity and respect.	Even though legally, I believe this is the case we have to pursue and prove that this is not the case. YASU-P1 And all of the time they're going to the hospital, it's a battle to convince the doctor that I need more methadone. SUSP-P5
Empowering YASUs Through Humanised, Trauma-Informed, and Specialised Care				

Advocacy and Allyship (The "Wise")	Humanised and YASU friendly care	Non-Judgmental services	Captures the proactive efforts by healthcare providers and the system to create a safe, non-judgmental, and trusting environment for YASU	You know, yeah, basically, I think like creating a non judgmental and open space is really important. SUSP-P4 I guess so. Yeah, but the importance of, yeah, just being unbiased to begin with, before having rapport with a patient. YASU-P2
		Confidential Service Provision		it needs to be really transparent like, to to especially to young people, like, if they go, for example, to the doctor and they disclose that they have a substance use issue that that will not be held against them SUSP-P2
		Trust and Relationship Building		Get to know their situation and then try and support them to either reduce or stop using substances problematically. SUSP-P1

				So immediately putting people at their ease and saying, “you know, I’m very glad you’ve come to see me” and an open question, you know. PHP-P1 in this place, we have the doctors on site. So when they know that they’re seeing the doctors here who know them, who see them in the everyday situation, who knows everything about them in and out, they no longer feel judged. They love coming here. They feel at home. SUSP-P5
		Snowball Effect of Youth-Friendly Services		More and more people just need to come to places like this to spread the word that it’s OK that you can handle because I’ve already seen that ripple effect in in in my social group and more and more people coming and locally have to healthcare the past couple of years more than ever due to places

				like this, but the problem would like to work with more to sort of price is still standing in terms of success to change. YASU-P1
		Outreach		ather than expecting young people to come to them, it's about healthcare providers going out to where young people are, whether that's like community centres, I guess it's difficult now and different for young people, I don't know where they hang out, but you know, it's about kind of accessing them directly SUSP-P4 And just by getting to know them in their own homes and hostels, we can start to encourage them to come here for healthcare if they just do not attend their own GP practise, it's making them more aware that we are here. PHP-P1

		Youth-Friendly Services		creating more healthcare access, especially things like the NHS, like NHS dentist for example, making those things a lot easier to like access for young people is also obviously really important like Youth Services that do that alongside healthcare, you know like almost having like you know maybe Youth Services where they they put in that time and that energy and and that like passion to to build that trust with young people you know like how can that. SUSP-P2 You know, you know it's tailored to the young person. So. So I mean, some young people, it might be a bit more hands-on at first, but it would always be with the plan to get to the point where they can do it themselves. SUSP-P2 good example of how you can engage young people by

				your your staff team, your staff ethos where the services are based and what you offer, so that's to be the offer has to be something that attracts young people. SUSP-P6
		Peer support		we had lived experience volunteers. So people who had lived experience of using substances who are then in a place of what's it called like in a place of recovery? We supported them to take people to things like appointments, either at the doctor's or at the like the Job Centre, for example, or. SUSP-P2 So they need specialist services like X organisation, who have young workers, you have people that have got life experience and lived experience of drug use and have young people leading that. SUSP-P6
		YASU involvement in programming		it's about getting people that are closer to those experiences that are in

				recovery but are closer to having those negative experiences. So they, they can then take the direction of what needs to be done. This is the whole thing SUSP-P1
		Youth Empowerment		Instead of treating it like just a medical problem or a substance problem and not ignoring any, so just yeah supporting young people with like some to like any accessible therapies and things like that, is the only way to, right SUSP-P1 It's about when they're ready to help and, like, make them aware of their options, like these are the services, this is the referral route, this is what you can do. And then being there when the, on person's ready saying, yeah, yeah, "I'd like that referral made" or "yes, I'd like to attend that doctor in" or whatever.

				we're here to empower the young people and promote independent living skills to get young people ready to live independently SUSP-P3 All sorts of things that we can say "Look, you know it's time to start again. We can help you with that" PHP-P1 I would also support, so I would support the people, the young people, to, with like further personal development. Like if they wanted to start accessing like any courses, or or training or any other additional, yeah, any other thing raised, really volunteering opportunities, things like that to support them in their personal development and their recovery. SUSP-P4

		Welcoming Environment		We'd love to do more with the entrance if we had the money, we would make everything different. We'd have bright paint. We would have pictures we'd have Goldfish in a in a tank. You know, all sorts of things to make people feel wanted. So there's the architecture, the architectural side of healthcare, so that as soon as they came through the door, they would feel welcomed and not stigmatised. So a sign which said you're welcome, everyone is welcome here. And then thinking of the human side, we need all our staff to be kind and gentle and loving and welcoming and all those things, so trauma-informed and dedicated to this group of people. PHP-P1 we have welcoming receptionists who are, I mean, that's the first thing is when they come in through the doors, so it is the case of

				receptionists being very noticing that they're young, reassuring them that if they are seen by a healthcare professional that it's confidential. But, a welcoming environment that's down to staff being extra careful with them and gentle questioning about, you know why, how they've come in this situation, PHP-P2 it's really not very judgmental here. So in my experience of peers, then there's, it's not very stigmatised because everyone's is used to working with people and they like the client group that we work with. SUSP-P4
		Trauma-Informed		welcoming and all those things, so trauma-informed and dedicated to this group of people. PHP-P1
		Humanized and Dignifying Services		because if you're working on addiction for a medical model, you should see this

				as equally just ill people, a different source of illness that needs support. SUSP-P5 Get to know their situation and then try and support them to either reduce or stop using substances problematically. SUSP-P1
		Walk-in Services		There's no appointment system. People just walk in. PHP-P1
		Gender-Specific-Services		I am and other nurses are to reach them, with regard cervical, you know, their screening because you're then going to them in their own hostels and that's the younger people, 24 up to 50, I think 50. To have this screening started to get them done, you, you know, we can also then talk about sexual health. We can offer them screening for STI screening, PHP-P2 For the women, I think a lot of services also related to

				addiction attached to be based around the women. SUSP-P5
		Advocacy		that person has someone to, especially if they've had bad experiences, they have someone there to advocate for them and kind of not speak for them, but you know, just, you know, stand in their corner. SUSP-P2 So women will get a lot of advocacy support. They'll have a lot more support workers who go into the consultations with them, that have way more. SUSP-P5 And so yeah, advocacy is a great part of it. Yeah, peer-lead advocacy, peer-lead support, that sort of thing will help young people to access services SUSP-P6
		Education/Training		think it's it's about widening the overall education of everybody, you know, not, and I think it's really important to say that. It's so

				easy for people to aim this out, for instance, a General practitioner who sees literally everybody under the sun, you know, all day, every day. And whilst they know a lot about a lot, they can't be expected to know everything. So I think it is about education. SUSP-P1 more training amongst other organisations, maybe, not necessarily ones dealing with the social and care sector, because they understand a lot more, but ones within sort of financial settings or housing like to understand like what it's like for the homeless community to try and access those services SUSP-P4 It has to have a drink, and I think it's filling the knowledge gaps around addiction. SUSP-P5