

# Understanding and addressing stigma in healthcare for young adult substance users (YASUs) in Bristol

Neighbourhood health and wellbeing insights  
Summary report



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# About this report

This report is a summary of a dissertation submitted for the MSc in Global Public Health and Policy at the University of Bath. The research was conducted by Aissata Ba (Student No. 249118951) under the supervision of Dr Alexandra Ziemann (academic) and Ann-Marie Scott (placement supervisor) and carried out for The Care Forum (TCF) and Healthwatch BNSSG.

The dissertation, titled Understanding and Addressing the Impact of Stigma on Healthcare Access and Utilisation Among Young Adult Substance Users in Central Bristol, can be read on the Healthwatch Bristol website:

[www.healthwatchbristol.co.uk/dissertation-understanding-and-addressing-impact-stigma-healthcare](http://www.healthwatchbristol.co.uk/dissertation-understanding-and-addressing-impact-stigma-healthcare)

## Methods

The study adopted a qualitative design using semi-structured interviews with young adult substance users (YASUs) and service providers in central Bristol.

Ethical approval was obtained from the University of Bath. Participants were recruited with the support of TCF through local networks and specialist services, ensuring diversity in age, gender, and substance use experience. Interviews explored experiences of stigma, barriers to healthcare, and suggestions for improvement. Data was transcribed verbatim and analysed thematically using Braun and Clarke's six-step framework.

## Why this matters

Substance use among young adults in Bristol is higher than the national average, particularly for drugs like cannabis and cocaine. Although support services exist, many young people face significant barriers to accessing healthcare—barriers that are often rooted in stigma rather than practical issues.

In fact, 68% of people with substance use issues in Bristol report feeling judged when seeking help. Reducing stigma is vital: it can save lives, improve health outcomes, and create a more inclusive community.

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*"Stigma is one of the biggest barriers to care. It stops young people from seeking help when they need it most."*

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# What is stigma and why is it a problem?

Stigma means negative attitudes or discrimination toward people because of a certain characteristic—in this case, substance use. It can show up in three ways:

- Systemic stigma: Rules and systems that make it hard to get care (e.g., needing a fixed address to register with a GP, long waits, or digital booking systems that exclude those without internet access).
- Interpersonal stigma: Judgmental attitudes from healthcare staff, such as assuming someone is 'drug-seeking' or treating substance use as a moral failing.
- Internalised stigma: When young people feel ashamed or blame themselves, leading them to avoid healthcare altogether.

"The second that you mention [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."

"You're very aware of the way you smell... the dirt on your clothes, the lines on your face... you feel marked out as a drug user, and everyone else you feel can see that."

## What did the study find?

- Young adults often hide their substance use or avoid services because they fear being judged.
- Rigid appointment systems and underfunded services make it harder for them to get help.
- Specialist substance use services that are welcoming, trauma-informed, and youth-friendly, help build trust and encourage engagement.
- Peer support and involving young people in service design can make services more effective.

“When they’re met with judgment, they won’t access healthcare; they might access it, but they don’t stay engaged in it.”

# Key themes

Three major themes emerged: systemic stigma, interpersonal stigma, and trauma-informed care. Each theme highlights barriers and opportunities for improving healthcare access.

## Theme 1: Systemic stigma

Systemic stigma refers to structural barriers embedded in healthcare systems. These include rigid registration requirements, digital exclusion, and inflexible appointment systems that disproportionately affect YASUs.

“I’ve been rejected by a lot of doctors because of a lack of address.”

“It’s hard when everything is online and you don’t have Wi-Fi or data.”

“Appointments get cancelled if you can’t confirm online.”

“You feel like the system isn’t built for people like us.”

## Theme 2: Interpersonal stigma

Interpersonal stigma occurs during interactions with healthcare professionals. Judgmental attitudes and assumptions about substance use create fear and avoidance, reducing trust and engagement.

“The second that you mentioned [substance use], it’s like the elephant in the room.”

“They felt really let down before and it was difficult to form trusting relationships.”

“You can feel the shift when they know about your history.”

“Sometimes they talk down to you, like you’re not worth their time.”

### **Theme 3: Trauma-informed care**

Trauma-informed care was identified as a positive approach that fosters safety and trust. Services that acknowledged trauma and provided non-judgmental support were highly valued by participants.

“We empower the young people and promote independent living skills to get them ready to live independently.”

“Having someone who understands what you’ve been through makes all the difference.”

“They don’t judge you—they listen first.”

“It feels like they actually care about you as a person, not just your problems.”

# **Recommendations**

## **1. Flexible, youth-friendly services**

- Offer more walk-in clinics and drop-in sessions so young people don’t need to book in advance.
- Provide outreach programs in places where young adults already spend time—such as community centers, colleges, and youth hubs.
- Create safe spaces designed for young people, with welcoming environments and staff trained in trauma-informed care.

## **2. Better training for healthcare providers**

- Deliver mandatory stigma-awareness training for all frontline staff, including GPs, nurses, and receptionists.

- Emphasise empathy and non-judgmental communication, helping staff understand substance use as a health issue rather than a moral failing.
- Include real-life stories and lived experience voices in training to challenge stereotypes.

### **3. Peer support and participation**

- Recruit and train peer workers with lived experience to support young people through appointments and recovery.
- Ensure fair pay and conditions for peer workers to avoid exploitation.
- Involve young adults in co-designing services, so programs reflect their needs and realities.

### **4. Community action**

- Launch public campaigns to challenge stigma and normalise conversations about substance use.
- Use social media, local radio, and community events to share positive stories and facts.
- Partner with schools, colleges, and youth organisations to promote harm reduction and early help.

### **5. Improve access through technology and policy**

- Simplify digital booking systems and provide alternatives for those without internet access.
- Remove barriers like proof of address requirements for registering with a GP.
- Advocate for funding and policy changes to ensure substance use services are sustainable and accessible.



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