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Social Media, Addiction Stigma, and Public Perception: A Critical Analysis of the Double Effects of Stigma Communication on Adolescents

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Abstract. China has achieved remarkable success in controlling illicit substance use, with one of the world's lowest rates of drug overdose mortality. Yet public stigma toward individuals with substance use disorders (SUD) remains severe. This paper explores how China's deterrence-oriented media narratives produce a dual effect on adolescent audiences, focusing on platforms on the Internet such as news, social media, and film/television. By using critical discourse analysis, this passage will study the dual effect among these platforms. The analysis finds that news, social media, and film/television platforms construct a unified narrative that equates addiction with crime and violence, which effectively reduces substance use initiation while simultaneously deepening stigma toward SUD patients. Three mechanisms are identified: semantic narrowing of "addiction" to illicit drugs, absence of biological explanations, and invisibility of recovery narratives. By integrating Chinese scholarship with international stigma frameworks, this study reveals the unintended systemic cost of deterrence narratives and offers theoretical foundations for destigmatization efforts targeting individuals, microsystems, and macrosystems.

Keywords: Substance use disorders, addiction, media, stigma

1. Introduction

China has reduced substance overdose mortality through strict policies that frame substance use disorder (SUD) as drug addiction and criminality, aimed at deterring initiation. This narrative dominates legal frameworks, news media, social platforms, and entertainment content. While effective in lowering initiation rates, it has intensified stigma against people with SUD.

Why focus on adolescents? They are heavy users of digital platforms: China has 185 million younger internet users, and minors are going online at increasingly younger ages. As digital natives, teens rely on the internet to understand the world [1]. Adolescence is also a critical period for forming values, risk perception, and health attitudes—attitudes that often persist into adulthood.

This creates a key question: Is stigma a deterrent or a barrier? Deterrence narratives may prevent initial use, but they also alienate people with SUD, discouraging help-seeking, reinforcing exclusion, and obscuring addition's biological basis. Existing research treats deterrence and stigma separately, especially among adolescents, rarely examining how they interact structurally.

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This paper aims to explore how deterrence-oriented narratives on media can have a dual effect on adolescents, using a critical literature analysis and case-based approach. In the end, this paper will also propose interventions at three levels—adolescents themselves, media content, and the environments around adolescents—to reduce the likelihood of substance overdose mortality while avoiding deepening stigma towards those patients.

2. Theoretical background: addiction stigma and social perception

2.1. Concept of addiction stigma

Stigma, as conceptualized by Oxford Dictionary, refers to "feelings of disapproval that people have about particular illnesses or ways of behaving" and has been described as a deeply discrediting attribute that reduces the bearer from a whole and usual person to a tainted, discounted one. When applied to substance use disorders, stigma manifests in negative attributions such as being immoral, weak-willed, or dangerous. Research consistently shows that the public holds highly stigmatizing attitudes toward individuals with SUDs, often perceiving them as unpredictable, unable to make decisions, and responsible for their own condition [2]. Cheung et al. found that public stigma toward substance users in China is pervasive across multiple social domains [3]. Stigma operates across three levels: social stigma (negative stereotypes from society), self-stigma (internalized shame), and structural stigma (discriminatory policies and practices). A critical feature of addiction stigma is that it treats substance use as a moral failing rather than a medical condition—a misconception that may deter help-seeking and perpetuate social exclusion.

2.2. The necessity of deterrence perspective

It is important to admit that deterrence-oriented narratives may have a preventive function. Such narratives can serve to warn people against substance use and discourage experimentation, particularly among adolescents. In China, this deterrence perspective is also closely connected to the historical memory of the Opium Wars of the 19th century, which contributed to framing drug use not only as a public health concern but also as a symbol of national trauma and social disorder. In Chinese cultural memory, drugs are therefore not just harmful, they have also been associated with threats to national survival and social stability.

What's more, drug use is subject to administrative sanctions, while drug trafficking is a criminal offense carrying severe penalties, including the death penalty. This combination of legal sanctions and historical-cultural framing provides an important foundation for contemporary media deterrence narratives.

2.3. The positive effect of deterrence

Deterrence-oriented narratives may contribute to the relatively low prevalence of illicit substance use and overdose mentality in China compared with the United States and many European nations. Public willingness to experiment with illicit substances is also reported to be relatively low.

Three factors may help explain the potential effectiveness of this deterrence-oriented approach. First, legal severity combined with intensive media coverage creates a powerful deterrent. Second, the historical Opium Wars legacy provides emotional resonance that purely rational campaigns would lack. Third and most importantly, messaging is unified across all platforms—adolescents receive the same warning from news, social media, and film and television. The relative consistency

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of these messages may reduce contradictory signals and strengthen the perceived credibility of the warning.

2.4. The harm perspective: negative consequences of stigma

Although deterrence narratives may discourage substance use initiation, they may also produce an unintended stigmatizing effect. There are three mechanisms through which deterrence may systematically deepen stigma:

The first mechanism is semantic narrowing. In everyday Chinese, we talk about "smoking habits" or "drinking habits" without moral condemnation. But when the term "addiction" appears in public communications, it may trigger an automatic association with illicit drugs. "Substance use disorder," the medical term, is far less visible in Chinese media.

The result is that when adolescents hear "addiction," they may associate the concept primarily with illicit drugs and therefore with criminals. They may lack a conceptual framework for understanding that SUD includes prescription drug dependence, alcohol use disorder, or nicotine addiction. As a result, the broader medical spectrum of addictive disorder may become less visible in public consciousness.

The second and most consequential mechanism is the structural absence or underrepresentation of biological explanations. SUD involves computational-level imbalances between the brain's goal-directed and habit control systems [4]. The neuroscience literature suggests that SUD is a chronic brain disorder involving changes in prefrontal cortex function, dopamine system remodeling, and reward circuit dysfunction. Yet audiences may receive limited exposure to these biological explanations. News coverage may focus more heavily on criminality and social harm than on neurobiology. Social media discussions may emphasize punishment and social condemnation rather than treatment, while film and television may show desperate or violent behavior without explaining the neurobiological mechanisms behind it. When audiences see addictive behavior without a corresponding biological framework, they may be more likely to interpret such behavior through a moral rather than medical lens. This can reinforce the stigma problem.

The third mechanism is the underrepresentation of recovery narratives. Recovery stories are often less visible in news, social media, and film and television, while deterrence-oriented narratives tend to emphasize the destructive consequences of addiction. If audiences are rarely exposed to successful recovery and rehabilitation, they may develop the perception that addiction is irreversible and that individuals with SUD cannot return to ordinary social life. Thus, recovery may be systematically underrepresented rather than simply omitted by chance.

The consequence is that adolescents may perceive addiction as irreversible. SUD is a measurable public health burden, yet the public may encounter it predominantly through a moralized rather than medical framework.

The reasoning process becomes: drug users use substances, they made choices, they caused harm, and they lack self-control, therefore they are morally bad people. This reasoning is flawed because it assumes intact free will, but neurobiology denies that assumption. However, adolescents exposed to deterrence narratives may have limited access to these biological explanations. So moral attribution may become their dominant framework for interpreting addiction.

2.5. Consequences for adolescents

As adolescence is a critical developmental window for value and identity formation, and adolescents are now digital natives whose media consumption patterns are qualitatively different from previous

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generations [5], exposure to stigmatizing representations may influence their perceptions of substance use disorder [6].

First, fewer individuals may seek help. Adolescents who develop SUD experience shame and fear of legal consequences, which can discourage them from disclosing their problems to parents, teachers, or healthcare providers. They may therefore delay treatment or avoid seeking professional support.

Second, peer exclusion may occur. Adolescents known to use substances may be excluded or bullied by peers who have internalized the "addiction equals bad person" equation. This social exclusion can further worsen existing mental health conditions.

Third, and most enduringly, attitudes formed in adolescence may persist into adulthood. If young people learn to understand addiction primarily as an irredeemable moral failure, these perceptions may influence their later attitudes toward individuals with SUD, as well as their views on drug policy and treatment.

3. Social media as a stigma amplifier

Three types of content operate the deterrence narratives, including the news, social media, and films and televisions. Each content type has a different producer and a different narrative function. News media, particularly official and mainstream outlets, tend to emphasize legal consequences. Social media provide a space where users may reproduce and amplify moral judgments. Film and television, meanwhile, can contribute to the construction of recurring representations of the "villain addict" archetype. But despite their differences, they all converge on a unified message: substance use leads to destruction, and there is no way back.

3.1. News: legal destruction

News media focus overwhelmingly on legal consequences like death sentences, police crackdowns, and massive drug seizures. The language is exclusively criminal justice vocabulary: "criminals," "apprehended," and "brought to justice."

What's completely missing from this coverage is any medical language like "patient," "treatment," and "recovery." The effect is that SUD may be framed predominantly as a criminal justice issue, not a health issue. Audiences never learn that addiction is a brain disorder. They only learn that it's a crime.

3.2. Social media: moral reproduction and stigma amplifier

Social media is where lay users reproduce and amplify stigmatizing discourse.

Comments beneath drug-related news are dominated by moral condemnation: "They deserve it," "Scum," and "Lock them up forever." Hu's 2019 master's thesis on the "Fang Ke drug use incident" shows how media agenda-setting, across both official and commercial platforms, consistently framed drug use as a moral failure rather than a health issue [7].

The record-sealing controversy the essay mentioned earlier is another example: when the government proposed sealing administrative offense records to give people a second chance, public backlash was immediate. People feared that leniency would "whitewash" offenses. This reveals how deeply deterrence logic has been internalized.

The result is an echo chamber: user discourse amplifies official stigma, and official stigma legitimizes user discourse. They reinforce each other.

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3.3. Film and television: the villain addict archetype

Film and television provide perhaps the most powerful channel because fictional storytelling shapes emotional and cognitive frameworks more deeply than news reports.

Ren and Shang's 2016 study on drug-related television programs identified key narrative conventions [8]: addiction is presented with a downward temporal trajectory—it only gets worse, the addict's subjectivity is always degraded, and the language is always moral transgression, never medical condition.

In the 2025 drama Anti-Drug Storm (Saodu Fengbao), the protagonist's trajectory from ordinary factory worker to drug manufacturer follows the same irreversible downward pattern—reinforcing the narrative that substance use inevitably leads to moral and personal destruction [9].

Three specific productions illustrate this pattern. The Breakout depicts addicted characters exclusively as criminals or victims, with no recovery. The Knockout presents addicted characters as morally compromised individuals who spiral into violence. And The Hunt—the producer explicitly stated they wanted to "return to authenticity," but authenticity meant highlighting drug dangers, not depicting recovery.

Across these three examples, addition is predominantly associated with destruction, criminality, or personal decline, while recovery receives little or no narrative attention.

4. Discussion

Based on the analysis, stigma is neither completely harmful nor completely useful. It partly reduces the mortality rate caused by substance overdose while deepening stigma. Wei et al. found that young people who use drugs in China face reinforcing barriers—stigma, economic marginalization, and service limitations—that collectively narrow the space for successful reintegration [10]. The interventions can be managed from three levels:

First, targeting adolescents directly. School curricula should include the biological basis of addiction, distinguish between different substances and severity levels, share personal recovery stories to counter the "irreversible destruction" narrative, and provide accessible help-seeking resources.

Second, for the media content. News should add biological explanations alongside legal details. Social media platforms should promote recovery stories and educational content. Film and television should allow more complex characters who struggle with addiction and pursue recovery without glamorizing drug use.

Third, environments around adolescents. Families need parent education about SUD as a medical condition. Schools need comprehensive mental health curricula that integrate SUD education. A study showed that addiction medicine MOOC learning significantly reduces stigma toward SUD patients [11]. At the government level, strengthening the "patient" dimension alongside the "offender" dimension could begin to shift the narrative.

5. Conclusion

This paper examines how China's deterrence-oriented media narratives affect adolescents dualistically. News platforms emphasize legal punishment through harsh sentencing reports, social media spreads moral condemnation via user-generated discourse, film and television portray people with SUD as irredeemable "villain addicts." Though their tactics differ, all three channels reinforce

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stigma through three shared mechanisms: criminalizing SUD, amplifying lay moral judgments, and framing addiction solely as personal or moral failure.

A consistent pattern emerges across platforms: First, "addiction" is narrowly defined as illicit drug use—erasing the medical reality that SUD spans diverse substances and severity levels. Second, biological explanations—such as prefrontal cortex dysfunction, dopamine system changes, or impaired goal-directed vs. habitual control—are absent from public discourse. Third, recovery stories are systematically excluded. Together, these mechanisms replace biological attribution with moral attribution: people with SUD are seen as morally deficient and weak-willed—not as individuals living with a chronic, treatable brain disorder. The central paradox is clear: deterrence works—it reduces adolescent initiation—but simultaneously deepens stigma. The tension lies in protecting the majority through fear versus supporting the minority through understanding.

Limitations include: (1) the analysis is qualitative and theoretical, lacking empirical data (e.g., systematic content analysis or adolescent attitude surveys), (2) case examples (e.g., The Breakout, The Knockout) are illustrative, not exhaustive—broader, representative sampling would strengthen validity, and (3) the study focuses solely on Chinese domestic media and policy, omitting cross-cultural comparison. Future research should conduct time-bound content analyses across news, social media, and screen media, measure adolescent stigma before and after exposure to different deterrence narratives, and compare findings across cultural and policy contexts. Such work could inform public health communication strategies that sustain prevention while reducing stigma—and make recovery visible without undermining deterrence.

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