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Supplemental Materials

Impressions of People Who Use Opioids Depend on the Origin of Their Use

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Vignettes for Experiment 1

Opioids-for-Recreation Condition

One weekend evening about a year ago, **[redacted]** drove to a neighboring town to visit a friend. Things had been busy lately, and **[redacted]** was glad to hang out with a friend after a stressful week. That night, **[redacted]** decided to try a prescribed opioid medication for recreational purposes.

Over the next several months, **[redacted]** tried other opioids recreationally. Now, **[redacted]** uses opioids on a regular basis.

Opioids-for-Pain Condition

One weekend evening about a year ago, **[redacted]** drove to a neighboring town to visit a friend. Things had been busy lately, and **[redacted]** was glad to hang out with a friend after a stressful week. On the way back home, **[redacted]** got into a major car accident, sustained multiple injuries, and later developed severe, chronic pain. To manage the pain, **[redacted]** decided to try a prescribed opioid medication.

Over the next several months, **[redacted]** tried other opioids for pain relief. Now, **[redacted]** uses opioids on a regular basis.

Over-the-Counter Medication (OTCM) for Pain Condition

One weekend evening about a year ago, **[redacted]** drove to a neighboring town to visit a friend. Things had been busy lately, and **[redacted]** was glad to hang out with a friend after a stressful week. On the way back home, **[redacted]** got into a major car accident, sustained multiple injuries, and later developed severe, chronic pain. To manage the pain, **[redacted]** decided to try an extra-strength over-the-counter pain medication.

Over the next several months, **[redacted]** tried other over-the-counter medications for pain relief. Now, **[redacted]** uses over-the-counter pain medications on a regular basis.

No-Pain Control Condition

One weekend evening about a year ago, **[redacted]** drove to a neighboring town to visit a friend. Things had been busy lately, and **[redacted]** was glad to hang out with a friend after a stressful week. That night, **[redacted]** decided to try watching a nature documentary.

Over the next several months, **[redacted]** tried watching other types of documentaries recreationally. Now, **[redacted]** watches nature documentaries and other genres of documentaries on a regular basis.

Familiarity Analyses

Experiment 1

We explored whether participants' familiarity with opioids moderated the effect of vignette condition on target impressions. We measured opioid familiarity using two items: exposure to opioid-related media and confidence in opioid knowledge. Because these items were only moderately correlated (r = .45), we analyzed them separately as moderators.

Neither exposure to opioid-related media nor confidence in opioid knowledge significantly moderated the effect of vignette condition on trustworthiness (all ps > .180), dominance (all ps > .120), threat (all ps > .127), or perceived suffering (all ps > .058). However, exposure to opioid-related media did moderate deservingness of compassion when comparing the opioids-for-recreation and control conditions (b = -0.60, $CI_{95\%}$ [-1.05, -0.16], p = .008). At low media exposure (-1 *SD*), targets using opioids recreationally were rated as less deserving of compassion than control targets (b = -2.26, $CI_{95\%}$ [-3.51, -1.02], p < .001). At high media exposure (+1 *SD*), however, this effect was not significant (b = -0.45, $CI_{95\%}$ [-1.25, 0.35], p = .832). Moreover, greater opioid-related media exposure was associated with greater deservingness of compassion for targets using opioids for recreation (b = 0.72, $CI_{95\%}$ [0.43, 1.01], p < .001), opioids for pain (b = 0.32, $CI_{95\%}$ [0.00, 0.64], p = .049), and OTCM for pain (b = 0.44, $CI_{95\%}$ [0.12, 0.76], p = .008), but not control targets (b = 0.12, $CI_{95\%}$ [-0.22, 0.45], p = .504).

Confidence in opioid knowledge also moderated deservingness of compassion when comparing the opioids-for-recreation and control conditions (b = 0.62, $CI_{95\%}$ [0.20, 1.03], p = .004). At low confidence (-1 *SD*), targets using opioids recreationally were seen as less deserving of compassion than all other targets (ps < .001). At high confidence (+1 *SD*), however, deserving of compassion for targets using opioids recreationally and control targets did not significantly differ (b = -0.14, $CI_{95\%}$ [-0.99, 0.70], p = .999). Additionally, targets using OTCM for pain or

opioids for pain were seen as more deserving of compassion than those using opioids recreationally or control targets (ps < .031).

Overall, these analyses suggest that the relationship between opioid familiarity and person impressions is nuanced, depending on the specific type of familiarity, the reason underlying one's opioid use, and the trait being assessed. Although no moderation effects emerged across most judgments, two distinct patterns emerged for ratings of deservingness of compassion. First, greater exposure to opioid-related media was associated with compassion for people who use opioids recreationally. Second, participants with high confidence in opioid knowledge did not differentiate between people using OTCM for pain and opioids for pain, whereas those with less confidence in their opioid knowledge did distinguish between them. These findings suggest that opioid-related media exposure and confidence in knowledge about opioids may subtly influence different aspects of person impressions in distinct ways.

Experiment 2

We examined whether familiarity with opioids moderated the effect of vignette condition on our three main outcome measures. As before, we measured familiarity using two items: exposure to opioid-related media and confidence in opioid knowledge. Because these items were only moderately correlated (r = .39), we analyzed them separately as moderators.

Neither exposure to opioid-related media nor confidence in opioid knowledge significantly moderated the effect of vignette condition on positivity impressions (all ps > .068). However, Exposure to opioid-related media, by contrast, did significantly moderate blameworthiness attributions when comparing targets using opioids for physical pain and targets using opioids for emotional pain (b = 0.61, $CI_{95\%}$ [0.13, 1.09], p = .012). At low media exposure (-1 *SD*), blameworthiness attributions did not significantly differ between targets using opioids

for physical pain and targets using opioids for emotional pain, $b = 0.50$, $CI_{95\%}$ [-0.78, 1.77], $p = .629$. At high media exposure (+1 *SD*), however, those using opioids for physical pain were blamed less than those using opioids for emotional pain ($b = -1.33$, $CI_{95\%}$ [-1.97, -0.70], $p < .001$). Moreover, greater media exposure was associated with less blame toward those using opioids for physical pain, $b = -0.33$, $CI_{95\%}$ [-0.64, -0.02], $p = .037$, but not toward those using opioids for emotional pain ($b = 0.28$, $CI_{95\%}$ [-0.08, 0.63], $p = .127$) or for recreation ($b = 0.06$, $CI_{95\%}$ [-0.27, 0.39], $p = .734$).

Similarly, confidence in opioid knowledge moderated blameworthiness attributions when comparing targets using opioids for physical pain and those using opioids for emotional pain ($b = 0.56$, $CI_{95\%}$ [0.19, 0.94], $p = .004$). At low confidence (-1 *SD*), blameworthiness attributions for targets using opioids for physical pain and targets using opioids for emotional pain did not significantly differ ($b = 0.15$, $CI_{95\%}$ [-0.73, 1.04], $p = .999$). At high confidence (+1 *SD*), however, those using opioids for emotional pain were blamed more than those using opioids for physical pain ($b = -1.54$, $CI_{95\%}$ [-2.27, -0.82], $p < .001$). Targets using opioids for recreation were blamed more than other types of opioid users at all levels of confidence in opioid knowledge (all ps < .001). Moreover, greater confidence in opioid knowledge was associated with greater blame toward targets using opioids for emotional pain ($b = 0.35$, $CI_{95\%}$ [0.08, 0.62], $p = .014$), but not toward those using opioids for physical pain ($b = -0.22$, $CI_{95\%}$ [-0.48, 0.04], $p = .099$) or for recreation ($b = -0.06$, $CI_{95\%}$ [-0.33, 0.22], $p = .686$).

Opioid-related media exposure did not significantly moderate the effect of vignette condition on desired social distance ($b = 0.08$, $CI_{95\%}$ [-0.05, 0.21], $p = .238$). However, confidence in opioid knowledge did significantly moderate the difference between the physical pain and recreational use conditions ($b = 0.21$, $CI_{95\%}$ [0.05, 0.37], $p = .009$). At low confidence (-

1 *SD*), desired social distance between physical pain and recreational use conditions did not significantly differ (b = -0.31, $CI_{95\%}$ [-0.70, 0.08], p = .169). At high confidence (+1 *SD*), however, participants desired significantly more distance from targets using opioids for recreation than from those using opioids for physical pain (b = -0.95, $CI_{95\%}$ [-1.24, -0.66], p < .001) or for emotional pain (b = -0.41, $CI_{95\%}$ [-0.72, -0.11], p = .004). Moreover, greater confidence in opioid knowledge was associated with more desired social distance from targets using opioids for recreation (b = 0.14, $CI_{95\%}$ [0.02, 0.25], p = .019), but not from those using opioids for physical pain (b = -0.07, $CI_{95\%}$ [-0.18, 0.04], p = .188) or for emotional pain (b = 0.00, $CI_{95\%}$ [-0.12, 0.12], p = .995).

Overall, these analyses suggest that the relationship between familiarity with opioids and person depend both on the specific type of familiarity (media exposure versus confidence in knowledge) and on the reason underlying opioid use. Opioid-related media exposure was primarily associated with less blame for targets using opioids for physical pain, whereas confidence in opioid knowledge was associated with more blame for those using opioids for emotional pain and greater desired social distance from those using opioids for recreation.

Vignettes for Experiment 2

Opioids-for-Recreation Condition

Opioid use and opioid addiction are extremely high in the United States. People can begin using opioids for a variety of different reasons and subsequently develop an addiction.

We are interested in your impressions of opioid users who **initially started taking opioids for recreational purposes**.

Opioids-for-Physical-Pain Condition

Opioid use and opioid addiction are extremely high in the United States. People can begin using opioids for a variety of different reasons and subsequently develop an addiction.

We are interested in your impressions of opioid users who **initially started taking opioids to manage physical pain**.

Opioids-for-Emotional-Pain Condition

Opioid use and opioid addiction are extremely high in the United States. People can begin using opioids for a variety of different reasons and subsequently develop an addiction.

We are interested in your impressions of opioid users who **initially started taking opioids to cope with emotional pain**.

Supplemental Analyses for Experiment 2

Positivity Impressions

We conducted a supplemental analysis of positivity impressions, excluding the criminality item from the composite measure due to its cross-loading onto two factors. We ran a one-way between-subjects ANOVA on positivity impressions with the criminality item excluded. We then conducted Bonferroni-corrected post-hoc comparisons among the conditions.

Positivity impressions (excluding the criminality item) varied significantly by vignette condition, $F(2, 436) = 80.25$, $p < .001$, $\eta^2 = .27$, $CI_{90\%}$ [.21, .32]. Targets using opioids for recreation ($M = 3.58$, $SD = 1.03$), $t(289) = 12.73$, $p < .001$, $d = 1.49$, $CI_{95\%}$ [1.23, 1.75], and for emotional pain ($M = 4.22$, $SD = 0.98$), $t(294) = 7.28$, $p < .001$, $d = 0.85$, $CI_{95\%}$ [0.61, 1.08], were both rated less positively than the target using opioids for physical pain ($M = 5.02$, $SD = 1.03$). Additionally, the target using opioids for recreation was rated less positively than the target using opioids for emotional pain, $t(289) = 5.44$, $p < .001$, $d = 0.64$, $CI_{95\%}$ [0.40, 0.87].

The overall pattern of results reported here aligns with the analyses reported in the main text. Opioid use origin influenced positivity impressions, regardless of whether criminality was included in the overall positivity composite score.

Desired Social Distance

We also conducted supplemental analyses of desired social distance. An initial exploratory factor analysis on the social distance scale suggested a two-factor solution. We then compared this two-factor model to a one-factor model. The former model fit the data better than the latter model, as indicated by a significant chi-square difference test ($\Delta\chi^2 = 67.63$, $p < .001$), a lower Akaike Information Criterion (AIC; 5253.34 vs. 5318.97), and a lower Bayesian Information Criterion (BIC; 5306.44 vs. 5367.99). The two-factor model also had acceptable fit

indices (CFI = 0.98, TLI = 0.96, RMSEA = 0.09, $CI_{90\%}$ [0.06, 0.12], SRMR = 0.03). However, principal component analysis indicated that one dimension accounted for the most variance.

The first factor, which we termed "personal social distance" (PSD), consisted of four items that referred to more personally relevant situations (e.g., renting a room in one's house to someone, having someone as a caretaker for one's children; $\alpha = 0.86$, $CI_{95\%}$ [0.84, 0.88]). The second factor, which we termed "community social distance" (CSD), consisted of two items that seemed less intimate; they referred to working with someone or having someone as a neighbor ($\alpha = .81$, $CI_{95\%}$ [0.77, 0.84]). The two factors were highly correlated ($r = .74$, $p < .001$).

Profile-Generation Phase Ratings

Desired PSD significantly differed by vignette condition, $F(2, 436) = 50.03$, $p < .001$, $\eta^2 = .19$, $CI_{90\%}$ [.13, .24]. Desired PSD from targets using opioids both for recreation, $t(289) = 9.52$, $p < .001$, $d = 1.12$, $CI_{95\%}$ [0.87, 1.36], and for emotional pain, $t(294) = 6.32$, $p < .001$, $d = 0.73$, $CI_{95\%}$ [0.50, 0.97], was greater than that from the target using opioids for physical pain. Furthermore, desired PSD from the target using opioids for recreation was greater than that from the target using opioids for emotional pain, $t(289) = 3.43$, $p = .002$, $d = 0.40$, $CI_{95\%}$ [0.17, 0.63].

Desired CSD also varied significantly by vignette condition, $F(2, 436) = 27.27$, $p < .001$, $\eta^2 = .11$, $CI_{90\%}$ [.07, .16]. Desired CSD from targets using opioids both for recreation, $t(289) = 7.40$, $p < .001$, $d = 0.87$, $CI_{95\%}$ [0.63, 1.11], and for emotional pain, $t(294) = 4.13$, $p < .001$, $d = 0.48$, $CI_{95\%}$ [0.25, 0.71], was greater than that from the target using opioids for physical pain. Furthermore, desired CSD from the target using opioids for recreation was greater than that from the target using opioids for emotional pain, $t(289) = 3.29$, $p = .003$, $d = 0.39$, $CI_{95\%}$ [0.15, 0.62].

Mediation Analyses

Desired PSD. Comparing the opioids-for-physical pain and opioids-for-recreation conditions revealed significant indirect effects both through positivity impressions (a_1 path: b = 1.51, $CI_{95\%}$ [1.29, 1.73], $p < .001$; b_1 path: b = -0.27, $CI_{95\%}$ [-0.34, -0.20], $p < .001$; ab_1 path: b = -0.40, $CI_{95\%}$ [-0.51, -0.30], $p < .001$) and through blameworthiness attributions (a_2 path: b = -1.65, $CI_{95\%}$ [-1.98, -1.33], $p < .001$; b_2 path: b = 0.08, $CI_{95\%}$ [0.03, 0.13], p =.002; ab_2 path: b = -0.14, $CI_{95\%}$ [-0.23, -0.05], $p < .001$). The total effect was also significant (c path: b = -0.71, $CI_{95\%}$ [-0.86, -0.57], $p < .001$), but the direct effect became non-significant when accounting for mediators (c' path: b = -0.18, $CI_{95\%}$ [-0.36, 0.01], p = .064). Thus, the data were consistent with a model wherein both attenuated positivity impressions and amplified blameworthiness attributions helped explain the greater desired personal social distance from the target using opioids for recreation versus the target using opioids for physical pain.

When comparing the opioids-for-physical pain and opioids-for-emotional pain conditions, significant indirect effects emerged both through positivity impressions (a_1 path: b = 0.87, $CI_{95\%}$ [0.66, 1.09], p < .001; b_1 path: b = -0.26, $CI_{95\%}$ [-0.33, -0.19], $p < .001$; ab_1 path: b = -0.23, $CI_{95\%}$ [-0.32, -0.25]) and through blameworthiness attributions (a_2 path: b = -0.80, $CI_{95\%}$ [-1.14, -0.46], $p < .001$; $b2$ path: b = 0.09, $CI_{95\%}$ [0.04, 0.14], p = .001; ab_2 path: b = -0.07, $CI_{95\%}$ [-0.13, -0.02], p = .008). The total effect was significant (c path: b = -0.49, $CI_{95\%}$ [-0.64, -0.34], $p <$ .001), and the direct effect remained significant after accounting for mediators (c' path: b = 0.19, $CI_{95\%}$ [-0.34, -0.04], p = .011). Thus, the data were consistent with a model wherein both attenuated positivity impressions and amplified blameworthiness attributions helped explain the greater desired personal social distance from the target using opioids for emotional pain versus the target using opioids for physical pain.

Comparing the opioids-for-emotional pain and opioids-for-recreation conditions revealed significant indirect effects both through positivity impressions (a_1 path: b = 0.63, $CI_{95\%}$ [0.40, 0.85], $p < .001$; b_1 path: b = -0.27, $CI_{95\%}$ [-0.34, -0.20], $p < .001$; ab_1 path: b = -0.17, $CI_{95\%}$ [-0.24, -0.10], $p = .0018$) and through blameworthiness attributions (a_2 path: b = -0.85, $CI_{95\%}$ [-1.16, -0.53], $p < .001$; b_2 path: b = 0.07, $CI_{95\%}$ [0.02, 0.12], p =.006; ab_2 path: b = -0.06, $CI_{95\%}$ [-0.11, -0.02], $p = .018$). The total effect was also significant (c path: b = -0.23, $CI_{95\%}$ [-0.35, -0.10], $p = .001$), and the direct effect became non-significant when accounting for mediators (c' path: b = 0.00, $CI_{95\%}$ [-0.12, 0.12], $p = .998$). Thus, the data were consistent with a model wherein both attenuated positivity impressions and amplified blameworthiness attributions helped explain the greater desired personal social distance from the target using opioids for recreation versus the target using opioids for emotional pain.

Desired CSD. For the comparison between the opioids-for-physical pain and opioids-for-recreation conditions, significant indirect effects emerged through positivity impressions (a_1 path: b = 1.51, $CI_{95\%}$ [1.29, 1.73], $p < .001$; b_1 path: b = -0.39, $CI_{95\%}$ [-0.47, -0.30], $p < .001$; ab_1 path: b = -0.59, $CI_{95\%}$ [-0.74, -0.44], $p < .001$), but not through blameworthiness attributions (a_2 path: b = -1.65, $CI_{95\%}$ [-1.98, -1.33], $p < .001$; b_2 path: b = 0.05, $CI_{95\%}$ [0.00, 0.11], $p = .059$; ab_2 path: b = -0.09, $CI_{95\%}$ [-0.19, -0.00], $p = .069$). The total effect was significant (c path: b = -0.66, $CI_{95\%}$ [-0.83, -0.48], $p < .001$), but the direct effect became non-significant when taking mediators into account (c' path: b = 0.02, $CI_{95\%}$ [-0.19, 0.23], $p = .861$). Thus, the data were consistent with a model wherein attenuated positivity impressions, but not blameworthiness attributions, helped explain the greater desired community social distance from the target using opioids for recreation versus the target using opioids for physical pain.

When comparing the opioids-for-physical pain and opioids-for-emotional pain conditions, significant indirect effects emerged both through positivity impressions (a_1 path: b = 0.87, $CI_{95\%}$ [0.66, 1.09], p < .001; b_1 path: b = -0.41, $CI_{95\%}$ [-0.49, -0.33], p < .001; ab_1 path: b = -0.36, $CI_{95\%}$ [-0.48, -0.25]) and through blameworthiness attributions (a_2 path: b = -0.80, $CI_{95\%}$ [-1.14, -0.46], p < .001; $b2$ path: b = 0.09, $CI_{95\%}$ [0.04, 0.14], p = .001; ab_2 path: b = -0.07, $CI_{95\%}$ [-0.13, -0.02], p = .009). The total effect was significant (c path: b = -0.36, $CI_{95\%}$ [-0.52, -0.19], p < .001), and the direct effect became non-significant after accounting for mediators (c' path: b = 0.07, $CI_{95\%}$ [-0.08, -0.23], p = .360). Thus, the data were consistent with a model wherein both attenuated positivity impressions and amplified blameworthiness attributions helped explain the greater desired personal social distance from the target using opioids for emotional pain versus the target using opioids for physical pain.

Comparing the opioids-for-emotional pain and opioids-for-recreation conditions, we found significant indirect effects through positivity impressions (a_1 path: b = 0.63, $CI_{95\%}$ 0.40, 0.85], p < .001; b_1 path: b = -0.47, $CI_{95\%}$ [0.55, -0.39], p < .001; ab_1 path: b = -0.30, $CI_{95\%}$ [-0.42, -0.19], p < .001), but not through blameworthiness attributions (a_2 path: b = -0.85, $CI_{95\%}$ [-1. .16, -0.53], p < .001; b_2 path: b = 0.01, $CI_{95\%}$ [-0.05, 0.07], p = .683; ab_2 path: b = -0.01, $CI_{95\%}$ [-0.06, 0.04], p = .689). The total effect was significant (c path: b = -0.30, $CI_{95\%}$ [-0.48, -0.12], p = .001); however, the direct effect became non-significant when accounting for mediators (c' path: b = 0.01, $CI_{95\%}$ [0.15, 0.16], p = .936). Thus, the data were consistent with a model wherein attenuated positivity impressions, but not blameworthiness attributions, helped explain the greater desired community social distance from the target using opioids for emotional pain versus the target using opioids for recreation.

Overall, the pattern of results reported here differ somewhat from the analyses reported in the main text. Whereas positivity impressions consistently helped explain the effect of vignette condition on desired social distance across comparisons, blameworthiness attributions primarily helped explain desire for PSD rather than CSD. This pattern suggests that attributional processes may be particularly influential in interpersonal contexts that implicate one's personal boundaries. General positivity impressions, in contrast, may drive desire for social distance in broader community-level interactions.

Profile-Assessment Phase Ratings

Desired PSD varied significantly based on vignette condition, $F(2, 394.29) = 21.89$, $p < .001$, $\eta_p^2 = .02$, $CI_{90\%}$ [.01, .04]. Participants desired greater PSD from profiles of targets using opioids for recreation than from profiles of targets using opioids for physical pain, $b = 0.33$, $CI_{95\%}$ [0.23, 0.43], $t(395.14) = 6.53$, $p < .001$, and profiles of targets using opioids for emotional pain, $b = 0.11$, $CI_{95\%}$ [0.02, 0.21], $t(397.23) = 2.28$, $p = .023$. Furthermore, desired PSD from profiles of targets using opioids for emotional pain was greater than that from profiles of targets using opioids for physical pain, $b = 0.22$, $CI_{95\%}$ [0.12, 0.32], $t(398.09) = 4.37$, $p < .001$.

Similarly, desired CSD significantly differed based on vignette condition, $F(2, 394.71) = 19.58$, $p < .001$, $\eta_p^2 = .02$, $CI_{90\%}$ [.01, .04]. Participants desired greater CSD from profiles of targets using opioids for recreation than from profiles of targets using opioids for physical pain, $b = 0.34$, $CI_{95\%}$ [0.23, 0.45], $t(395.52) = 6.19$, $p < .001$, and profiles of targets using opioids for emotional pain, $b = -0.20$, $CI_{95\%}$ [-0.31, -0.10], $t(397.06) = -3.86$, $p < .001$. Furthermore, desired CSD from profiles of targets using opioids for emotional pain was greater than that from profiles of targets using opioids for physical pain, $b = 0.13$, $CI_{95\%}$ [0.03, 0.24], $t(395.15) = 2.48$, $p = .013$.

Pilot Study and Vignettes for Experiment 4

As referenced in the main text, Experiment 4 was preceded by a pilot study to validate the efficacy of the blameworthiness attributions manipulation. We outline the pilot study here.

Method

Participants

In total, 135 adults participated for pay. We excluded data from participants who did not pass the attention check (n = 6) or complete the entire survey (n = 12). Our final sample comprised 117 participants (54.7% men, 43.59% women, 1.71% nonbinary; M_{age} = 42.99, SD_{age} = 12.26; 74.36% White or European American, 9.4% Black or African American, 6.84% Asian, Asian American, or Pacific Islander, 4.27% Latino/a/x/e or Hispanic, 2.56% Mixed or Multiracial, 0.85% Native American, 0.85% another category, 0.85% preferred not to respond).

Materials and Procedure

Participants were randomly assigned to read one of two vignettes describing a target who had been addicted to opioids for the past five years. Both vignettes stated that the target began using opioids after receiving a prescription from a doctor to manage pain resulting from severe injuries sustained in a car accident. The vignettes differed in how they portrayed the target's behavior following the initial event. First, all participants read the following:

> **[Redacted]** has been addicted to opioids for the past five years. They first started using opioids after receiving a prescription from a doctor to manage chronic pain from severe injuries they sustained in a car accident.

Then, participants in the high-blameworthiness condition read:

> **[Redacted]** continued to take the medication for longer than recommended and at higher doses than prescribed, ignoring their doctor's warnings about the risks of long-term opioid use and the potential for addiction. **[Redacted]** dismissed alternative pain management options recommended by their doctor, such as physical therapy and non-opioid medications, and became increasingly dependent on opioids.

> After their prescription expired, **[redacted]** continued to seek out opioids from other sources due to their dependence on the drug while still dealing with chronic pain. They've had multiple opportunities to get help for addiction but have consistently chosen not to do so, valuing their desire for the drug over their health and well-being.
>
> **[Redacted]'**s addiction has caused significant problems in their personal and professional life, but they deny the negative impacts of their actions and refuse to take any responsibility for their situation.

In contrast, participants in the low-blameworthiness condition read the following:

> **[Redacted]** followed their doctor's instructions carefully, but they found that the prescribed dosage was not sufficient. They communicated their concerns to their doctor, who gradually increased the dosage to help them find relief. **[Redacted]** made numerous efforts to manage their pain through alternative means, such as physical therapy and non-opioid medications, but still became increasingly dependent on opioids.
>
> After their prescription expired, **[redacted]** continued to seek out opioids from other sources due to their dependence on the drug while still dealing with chronic pain. They've had multiple opportunities to get help for addiction and have consistently chosen to do so, valuing their health and well-being over their desire for the drug.
>
> **[Redacted]**'s addiction has caused significant problems in their personal and professional life, and they acknowledge the negative impacts of their actions and have accepted some responsibility for their situation.

After reading the vignette, participants rated the target on the same three items assessing attributions of responsibility, fault, and controllability of their addiction (e.g., “How personally responsible for their addiction is [redacted]?”) from Experiment 3 (1 = *not at all*, 7 = *completely*; $\alpha = 0.93$, $CI_{95\%}$ [0.91, 0.95]). Finally, participants completed an attention check on the content of the vignette and reported demographic information.

Results

Blameworthiness attributions were higher in the high-blameworthiness condition (M = 4.96, SD = 1.47) than in the low-blameworthiness condition (M = 3.69, SD = 1.74), $t(109.60) = -4.32$, $p < .001$, $d = -0.80$, $CI_{95\%}$ [-1.18, -0.42]. These results document the vignettes’ efficacy in

manipulating attributions of responsibility, controllability, and fault for the target's addiction, supporting their use in the main experiment.

Supplemental Analyses for Experiment 4

As in Experiment 2, we conducted supplemental analyses of desired social distance using two different factor structures for desired social distance (PSD and CSD subscales). The first analysis used a two-factor structure (PSD: $\alpha = 0.89$, $CI_{95\%}$ [0.87, 0.91]; CSD: $\alpha = 0.85$, $CI_{95\%}$ [0.81, 0.89]). Desired PSD was greater in the high-blameworthiness condition ($M = 2.51$, $SD = 0.71$) than in the low-blameworthiness condition ($M = 2.00$, $SD = 0.66$), $t(226.57) = -5.66$, $p < .001$, $d = -0.75$, $CI_{95\%}$ [-1.01, -0.48]. Desired CSD was also greater in the high-blameworthiness condition ($M = 1.83$, $SD = 0.77$) than in the low-blameworthiness condition ($M = 1.04$, $SD = 0.76$), $t(227.79) = -7.84$, $p < .001$, $d = -1.03$, $CI_{95\%}$ [-1.31, -0.76].

The second analysis used an alternate factor structure due to an item cross-loading onto both PSD and CSD. Accordingly, we recalculated PSD ($\alpha = 0.87$, $CI_{95\%}$ [0.83, 0.87]) and CSD ($\alpha = 0.88$, $CI_{95\%}$ [0.85, 0.90]) with this alternate factor structure. Desired PSD was greater in the high-blameworthiness condition ($M = 2.53$, $SD = 0.75$) than in the low-blameworthiness condition ($M = 2.08$, $SD = 0.68$), $t(225.15) = -4.76$, $p < .001$, $d = -0.63$, $CI_{95\%}$ [-.89, -0.36]. Desired CSD was also greater in the high-blameworthiness condition ($M = 2.04$, $SD = 0.70$) than in the low-blameworthiness condition ($M = 1.28$, $SD = 0.71$), $t(227.99) = -8.16$, $p < .001$, $d = -1.08$, $CI_{95\%}$ [-1.35, -0.80].

Together, the results of these supplemental analyses fully align with, and do not alter the conclusions of, the analyses reported in the main text. Desired social distance from the target was greater in the high-blameworthiness condition than in the low-blameworthiness condition.

Descriptive Statistics Tables

Table S1

Descriptive Statistics (Experiment 1)

	Vignette Condition			
	Opioids for Recreation	Opioids for Pain	OTCM for Pain	Control
Trustworthiness	3.21 (1.34)	4.61 (1.13)	4.93 (1.23)	5.38 (0.94)
Dominance	2.98 (1.27)	3.68 (0.94)	4.09 (0.84)	3.58 (0.95)
Threat	3.99 (1.26)	3.36 (1.33)	3.33 (1.35)	2.61 (1.28)
Perceived Suffering	4.95 (1.72)	5.83 (1.04)	5.58 (1.20)	3.03 (1.29)
Deservingness of Compassion	4.57 (1.73)	6.02 (1.06)	6.06 (1.05)	5.64 (1.08)

Note. Values in parentheses are standard deviations. OTCM = over-the-counter medication.

Table S2

Descriptive Statistics (Experiment 2, Profile-Generation and Profile-Assessment Phases)

	Vignette Condition		
	Opioids for Recreation	Opioids for Emotional Pain	Opioids for Physical Pain
Experiment 2 (Profile-Generation Phase)			
Positivity Impressions	3.46 (1.00)	4.09 (0.96)	4.96 (0.93)
Blameworthiness Attributions	5.17 (1.32)	4.32 (1.48)	3.52 (1.53)
Desired Social Distance	2.24 (0.56)	1.99 (0.59)	1.55 (0.67)
Desired PSD	2.54 (0.53)	2.32 (0.59)	1.83 (0.73)
Desired CSD	1.63 (0.80)	1.33 (0.76)	0.98 (0.71)
Experiment 2 (Profile-Assessment Phase)			
Trustworthiness Impressions	2.64 (1.44)	3.15 (1.37)	3.41 (1.54)
Desired Social Distance	2.15 (0.81)	2.01 (0.78)	1.81 (0.86)
Desired PSD	2.36 (0.81)	2.26 (0.81)	2.03 (0.91)
Desired CSD	1.94 (0.95)	1.75 (0.92)	1.59 (0.96)

Note. Values in parentheses are standard deviations.