

HOW BAD IS IT, REALLY?

STIGMA AGAINST DRUG USE AND RECOVERY IN THE UNITED STATES

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Elevyst riwi



EXECUTIVE SUMMARY

Elevyst and PRO-A collaborated with RIWI to harness Random Domain Intercept Technology (RDIT) to conduct a large-scale survey of Americans' opinions regarding social stigma against people who use drugs or are in recovery. This report discusses the results of the survey, while providing social and political context to help account for trends in the data. Americans believe that stigma persists at a high rate, despite various efforts from the government and nonprofits attempting to reduce stigma. This is constant across a vast range of demographic factors, including age, race, and socioeconomic status. Moreover, the reduction of stigma is a goal that a wide range of addiction recovery and harm reduction advocates can support, making this a ripe area for new "big tent" advocacy efforts.

Elevyst is a comprehensive consulting group specializing in helping organizations of varying sizes further their community and public health initiatives.

PRO-A (Pennsylvania Recovery Organizations Alliance) is a statewide nonprofit grassroots advocacy organization dedicated to supporting individuals in recovery and educating the public on addiction and recovery.

RIWI is a leading provider of real-time global citizen sentiment data. Most recently, RIWI (in partnership with macroeconomist David Woo) launched The Compass Military Risk Index, which monitors Ukrainian and Russian citizen perception of military tension escalation and country leader support leading up to and during the current armed conflict.



On March 16, 2022, the Centers for Disease Control and Prevention (CDC) announced that there were over 105,000 drug overdose deaths in the United States during the 12-month period ending in October 2021.[1] Additionally, a one-year increase in alcohol consumption during the COVID-19 pandemic is expected to cause 8,000 additional deaths from alcohol-related liver disease, 18,700 cases of liver failure, and 1,000 cases of liver cancer by 2040.[2] These heartbreaking tallies have sparked a newfound urgency amongst public health professionals and advocates. While there are many potential causes, the isolation caused by the pandemic among them, the elephant in the room is the stigma expressed toward people who use drugs and alcohol or suffer from addiction, as well as those who identify as in recovery.

We know that this stigma is deadly.[3] Fear of stigma is a significant barrier to seeking help and participating in or staying engaged with drug and alcohol treatment programs.[4] Stigma also impedes the delivery of life-saving care in healthcare and criminal justice settings.[5] Sometimes, these deaths are the result of choices made by healthcare providers, and these choices feel eerily reminiscent to murders for which there is no accountability.[6]

Different segments of the drug advocacy community have historically focused on different negative aspects of stigma. The recovery community often cites privacy rights to protect people from having their information to be used to discriminate against them, disparate insurance and funding standards, and a lack of services as major concerns. For harm reductionists, drug criminalization is the biggest barrier to both healthcare and self-determination for people who use drugs.

However, concerns about stigma, and the desire to overcome it, provides a unifying thread. We can all work together to reduce stigma against people who use drugs, those seeking help, and those in recovery. Stigma is a shared enemy. To best fight that enemy, we must expose it, understand it, and use this knowledge to address it in a united manner.

To test just how prevalent this stigma remains today, Elevyst, RIWI, and Pennsylvania Recovery Organizations Alliance (PRO-A) launched the Collaborative Stigma Project. Using RIWI's patented and peer-reviewed Random Domain Intercept Technology, we engaged over 30,000 Web-users from across the United States on their perceptions of various aspects of social stigma against people who use drugs and alcohol or suffer from addiction, as well as those who identify as in recovery.

In doing so, we have sought to extend previous work on substance use stigma by measuring multiple components of substance use and recovery stigma across the US, and among a large, diverse population of respondents. Leaning on previous, validated substance use stigma research,[7] we created a survey instrument measuring diverse components of perceived public substance use and recovery stigma. These components spanned preferred social distance; negative character and personality perceptions; controllability, responsibility, and blame attributions; and stability/recovery perceptions.

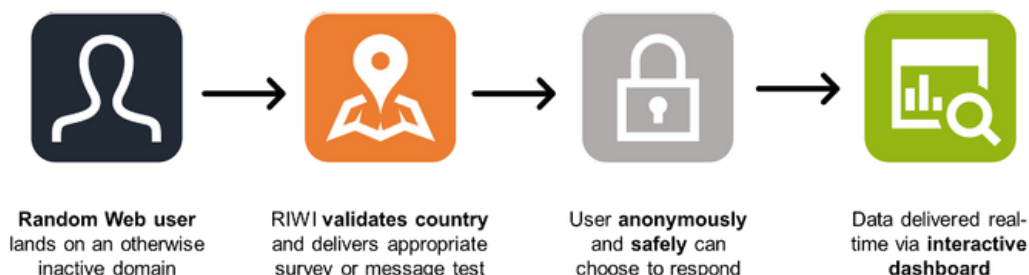
We decided to focus most of our attention in this study on respondents' perceptions of stigma, rather than personally endorsed stigma, for a few reasons. First, we wanted to proactively reduce social desirability bias.[8] Studies show that survey participants often want to answer questions in a manner that will be viewed favorably by others. If respondents felt that reporting high levels of personally endorsed stigma would make them look judgmental or cruel, then they would be less likely to report their views accurately. Secondly, we believe there is predictive power in perceptions of others' attitudes, perhaps even beyond personal attitudes. In other words, it is reasonable to assume that people's perceptions of others will impact their public behavior, making those perceptions a meaningful unit of analysis. Third, perceptions people have about society's beliefs are especially important in this context, because they will inevitably influence policymaking. Lastly, it is possible that perceptions reflect personal beliefs due to social psychological phenomena such as the false consensus effect, where individuals believe their attitudes are more commonly shared among others than they actually are. As such, this work sets a foundation for future work assessing both perceived and endorsed stigma.

When weighted to represent national opinion,[9] we found that 71 percent of Americans believed that society at large considers individuals who use drugs problematically to be outcasts or non-community members. This could deter people with severe substance use disorders from accessing lifesaving help. 74 percent believed that society at large views individuals who use drugs problematically as somewhat, mostly, or entirely responsible for their drug use. 73 percent believed that society at large views individuals who are dependent on drugs as having moderate, low, or no chance of maintaining recovery. We observed alarmingly high levels of perceived social stigma across demographic categories, including gender, race, age, political party, income level, region, and religion; yet, there were nonetheless individual differences of note that can help in understanding the development and prevalence of perceived stigma across populations.

Similarly, while some state populations report higher levels of stigma perceptions than others, respondents overall describe a level of stigma that presents an unacceptable barrier to a healthier society. But more than that, people who use drugs, struggle with addiction, or who identify as in recovery are people. They are mothers, daughters, sons, fathers. They are parents who love their children. They are doctors, lawyers, and university professors. Centering their humanity does not mean championing addictive drugs; substance use can and does have adverse health impacts. These people are loved, which is why we want to see more accessible and compassionate drug treatment options, less discrimination in the healthcare system, and other social reforms that are harder to achieve in a stigmatizing environment. Addressing societal stigma is a critical component of achieving these goals.

Procedure

This research harnessed RIWI’s patented Random Domain Intercept Technology (RDIT) to hear from a demographically diverse and regionally broad audience across the United States. RDIT is a form of online intercept sampling.[10] Individuals surfing the Web have a chance of landing on a dormant domain. If that domain is temporarily being managed by RIWI, the Web user is then “intercepted” and exposed to a RIWI survey. Upon exposure, RIWI uses RDIT to validate the country of the Web user and deliver an appropriate survey. Web users may choose to safely and anonymously participate in the survey. No identifiable information is collected (e.g., names, email), no incentives for participation are provided, and respondents may end their participation at any time. These security measures/methodological characteristics encourage individuals to respond honestly (avoiding social desirability bias and incentive bias).[11]



Note. Visualization of how RIWI’s patented Random Domain Intercept Technology works.

The teams involved in this research aimed to estimate both national levels of perceived stigma and Pennsylvania-specific levels of perceived stigma. As such, we over-sampled Pennsylvania to allow for the Pennsylvania-specific analysis. To estimate national levels of perceived stigma, we applied weights post-stratification using a raking algorithm at opt-in on gender (male and female), age, and state population size in accordance with the United States Census. All results in the current report are weighted on these metrics unless otherwise specified.

Respondents

30,057 respondents opted in to participate in the survey. As previously noted, respondents are not incentivized to remain through the end of the survey. As such, we observe drop-off throughout the survey as individuals who no longer would like to participate leave. Of those who opted in, 16% completed the entire 25-item questionnaire (an expected retention rate for this methodology and survey length). The application of weights excludes 3,167 individuals who identified as nonbinary at opt-in, resulting in an opt-in sample of 26,890 used for weighted insights (17% of this sample completed the entire questionnaire). Nonbinary respondents were excluded from the weighted analyses strictly because, at this time, there are no census data available to enable reliable re-weighting of the nonbinary group.[12]

To make the most of all respondent data, we implemented an available case analysis. In other words, we utilized the full respondent set available on each question, and did not limit our analyses to only those who completed the entire survey.

Below we outline the unweighted and weighted age and gender distributions of the opt-in sample.

VARIABLE	COUNT	UNWEIGHTED %	WEIGHTED %
Age			
13-24	7898	29.4	18.3
25-34	4746	17.6	16.6
35-44	4231	15.7	15.2
45-54	3461	12.9	14.2
55-64	3100	11.5	15.0
65+	3454	12.8	20.7
Gender			
Male	15,059	56.0	49.0
Female	11,831	44.0	51.0
Total	26,890		

Note. Distributions do not include nonbinary respondents, as nonbinary respondents were not included in the weighted analyses (see in-text description).

The Stigma Index

The stigma index was created by averaging responses across 11 perceived substance use stigma items (outlined in the following section). All questions were measured on a 5-point scale, where 1 = less perceived stigma and 5 = more perceived stigma. The order of presentation of the 11 items was fully randomized, except the shame perception item either came at the start or end of the question set. 15,148 individuals completed at least one of the 11 items and were included in the creation of the stigma index. Throughout the report, we highlight insights from the averaged index, as well as insights across the individual stigma items.



Passing Behavior:

8 in 10 Americans perceive society as believing that people who use drugs hide signs of addiction at least some of the time.

Why it matters: Stigma and secrecy exist in a self-perpetuating cycle. Passing is also a sign and a symptom of the disease of addiction. It is the lack of or loss of psychological and social connection creating the experience of alienation and invisibility that is a defining feature and driver of the disease. Because there is high stigma against people who use drugs, it is rational for people who use drugs to hide signs of their use, as they experience shame, profound guilt, and self-loathing. That makes it harder for people to seek the help they feel they need, whether that help is addiction treatment, mental health counseling, clean syringes, housing, or employment.

Shameful:

7 in 10 Americans perceive society as believing addiction is at least somewhat shameful.

Why it matters: People do not seek help for a condition they feel ashamed to talk about. Instead of people seeking help for substance use disorder before their lives spiral out of control, they often only obtain treatment when it is coerced, such as when it is a court-ordered condition of a criminal justice sanction. Studies show that coerced abstinence or short-term treatment is actually less effective long-term. In many cases, it can create the risks of a fatal drug overdose.

At the same time, much of drug use by adults is arguably not problematic in the sense that it does not interfere with people's functioning in daily life.[13] Nonetheless, people who use drugs non-problematically often will not disclose that use because of negative social perceptions. This can be dangerous if their use patterns become problematic or cause harm in the future, because they may not be willing to seek help.

Unpredictable:

7 in 10 Americans perceive society as at least somewhat fearing that people who use drugs will behave unpredictably.

Why it matters: When people who use drugs are seen as fundamentally irrational or unpredictable, they are stereotyped as dangerous or violent.[14] That helps justify discrimination toward people who use drugs in a variety of settings. This perception could also promote discrimination and decrease support for policies and practices that help maintain the health and well-being of people who use drugs and alcohol or suffer from addiction, as well as those who identify as in recovery.

Unreliable:

6 in 10 Americans perceive society as believing people who use drugs are less reliable than most people.

Why it matters: Perceived reliability is a prerequisite for a fully-functioning adult life. People perceived by society as unreliable lose or do not obtain employment, lose custody of their children, and are treated poorly in the healthcare and criminal justice systems. They can also absorb these devaluing messages, diminishing their personal feelings of self-worth and belonging, as well as actually encouraging more unreliable behaviors.

Responsible:

7 in 10 Americans perceive society as believing people who use drugs or alcohol problematically are at least somewhat responsible for their use.

Why it matters: When people who use drugs are blamed and/or considered responsible for their own drug use, their hardships are dismissed as simply products of poor choices. That leads to reduced empathy and more opportunities for dehumanization, especially in the healthcare and law enforcement sectors. Such attributions about cause and controllability of a stigmatized identity can impact the extent to which individuals support policies and programs aimed at promoting the health and well-being of people who use drugs or who are in recovery.

In other words, if society believes that people are responsible for their drug use, they will not support services for those individuals, or, if they believe their substance use is uncontrollable due to a character flaw, they might still not support those services. Beliefs about cause and controllability often go hand-in-hand and are a double-edged sword—if you can control your drug use, you are responsible for it and will be stigmatized, but if you can't control your drug use, you may be viewed as less responsible, but you also will be viewed as having the aforementioned character flaw.[15]

Incompetent:

5 in 10 Americans perceive society as believing people who use drugs are slightly or highly incompetent.

Why it matters: When people who use drugs are seen as incompetent, they are offered less opportunities to improve their lives. In addition, if they seek treatment for substance use disorder, the professionals overseeing those programs may invest less effort in the people they are trying to help.

Immutable:

7 in 10 Americans perceive society as believing people who use drugs cannot improve their situation.

Why it matters: : If society sees people who use drugs and alcohol or suffer from addiction as not being capable of change, then people in that demographic will believe that recovery is an unlikely outcome. There is also a reduced incentive for government officials and service providers to provide assistance because it will most likely be seen as futile. In addition, healthcare workers will be less interested in supporting people who use drugs to assist in developing their own recovery plans, as they might believe that recovery plans are unsuitable for someone who is unable to change their behavior. Previous studies have shown that framing alcohol dependence as a disease garnered support for services, but it did not reduce stigma.[16]

Lack of Willpower:

7 in 10 Americans perceive society as believing that people's continued drug use is caused by a lack of willpower.

Why it matters: Drug and alcohol addiction is now widely understood by experts to be a disease.[17] One does not choose a disease; the cause and ability to control the course of an individual's disease has little to do with willpower. The chronic, progressive nature of addiction requires multifaceted solutions like any other disease. The idea that people who use drugs or alcohol lack willpower leads to the idea that an individual is not trying hard enough and does not want recovery bad enough. It also relieves our systems of care and policymakers of the responsibility to find and support effective solutions to a challenging disease process. The difference between perceptions of addiction and conditions such as diabetes is a matter of stigma. On the other side of the coin, many adults who use drugs or alcohol do so unproblematically, live healthy and productive lives, and have no wish to stop. Finally, there are also people whose lived experiences falls in between non-problematic and problematic chronic use. Over time, the experiences of people who use drugs or alcohol may move across this continuum.



Unemployable:

7 in 10 Americans perceive employers as being less likely to hire people who use drugs than other people, or would not hire them at all.

Why it matters: When people perceive society as being hostile toward hiring people who use drugs, it deters them from hiring people who use drugs themselves. Interestingly, many professionals in the fields of medicine, law, and finance have high rates of drug misuse and substance use disorders. The reality is that drug use is ubiquitous and it is stigma that keeps it hidden. People who disclose their use, past struggles, or current struggles face this stigma head on and are discriminated against. This discrimination is often amplified by the impact of criminal justice system involvement that is often a consequence of drug use, especially in Black and brown communities. This form of employment discrimination makes people who use drugs and often those in recovery financially insecure, leading to food and housing insecurity, less access to treatment, and a lower quality of life, which then is used by those who harbor negative attitudes to assert that people who use drugs inherently have a lower quality of life and are worth less as human beings.

Inferior:

7 in 10 Americans perceive society as believing people who use drugs are inferior.

Why it matters: When this view is widely present, more come to believe that people use drugs because they are immoral or bad, even criminal when illicit drugs are involved. This supports the idea that a weak or flawed character may be the cause of addiction and unchangeable in the individual. If society views the person who uses drugs as inferior it may also lead to devaluation and dehumanization, and less support for and investment in policies and practices that support health. It also increases the risk of discrimination, and causes people who use drugs to see themselves as unworthy of help. This often triggers shame and self-hatred leading to self-stigma and changes in identity that lead to more substance use and self-sabotage.[18]

Social Distance:

5 in 10 Americans perceive most people in society as wanting to keep their distance from people who use drugs.

Why it matters: Addiction affects everyone, and knows no socioeconomic, racial, or geographical boundaries. We cannot solve one of society's most significant public health problems by simply avoiding and ignoring the people who most acutely experience it. We also know that reducing social distance and increasing opportunities for interpersonal contact is an important and effective strategy to reduce stigma for mental health and substance use disorders.[19] The COVID-19 pandemic has further exacerbated the issue of social disconnectedness for people who use drugs and alcohol or suffer from addiction, as well as those who identify as in recovery.

CORRELATION BETWEEN ATTRIBUTES

The 11 components of stigma were strongly and positively correlated with one another, allowing for the computation of the Stigma Index (see Methodology). On average, the observed national stigma was around the midpoint of the 5-point scale (3.2), with individual scores ranging across the full 5-point scale. In other words, whereas some perceived very low stigma, others perceived very high stigma. Documenting the national stigma in 2021 provides us with a national stigma benchmark, of which we can use to monitor changes in stigma over time. The creation of the Stigma Index also allows for further investigation into demographic and regional trends, which can shed light on the development and presence of stigma across various populations.

Demographic Trends

Women Perceive Higher Levels of Stigma than Men

Women perceived slightly higher levels of societal stigma (3.2) than men (3.1), with gender differences emerging across various individual stigma constructs. For example, while most males believed that society viewed people who use drugs problematically as unreliable (58.3%), over 10% more females harbored that perception (68.9%). Similarly, whereas under half of males believed that society viewed people who use drugs problematically as incompetent (47.6%), over half of females harbored that same perception (54.0%). Extending to perceptions of recovery stigma, nearly 8 in 10 male respondents believed that society viewed people in recovery as always or sometimes needing help (78.2%), relative to nearly 9 in 10 female respondents (86.2%). On the contrary, perceptions did not differ on metrics such as perceived preferences for social distance, lack of willpower, and responsibility/blame beliefs. Identifying where gender differences in perceived stigma exist will direct further investigation into why they exist, which in turn can inform targeted intervention programs to address the causes and consequences of perceived substance use and recovery stigma.

White People Perceive Higher Levels of Stigma than Non-White People

White people perceived significantly higher levels of societal stigma (3.5) than non-white people (3.2). Indeed, white people reported higher levels of perceived stigma than those who identified as Latinx (3.3), Black (3.2), Asian (3.2), Native American (3.1), and Alaskan Native (3.0). These trends again extended to individual stigma items. For example, 69.8% of non-white respondents believed that society viewed people who use drugs or alcohol problematically as outcast or non-community members, as compared to 76.6% of white respondents. This difference is reflected in social distance measures with 46.9% of non-white respondents (versus 56.9% of white respondents) believing that most others preferred to keep their distance from people who use drugs or alcohol problematically.

The perceived desire for social distance can have vast implications when it comes to hireability. These potential implications are alluded to in our data, where 78.6% of white respondents believed that employers were less likely or would not hire a person who uses drugs or alcohol problematically as compared to 56.7% of non-white respondents. The most recent Annual Business Survey found that only 18.7% of all U.S. businesses were minority owned—that is, the vast majority of businesses are owned by a group of people who report higher levels of perceived desire for social distance.[20] This reality could pose a significant barrier to employment and to acquiring the recovery capital that is vital to long term success.

Older People Perceive Higher Levels of Stigma than Younger People

Younger generations perceived lower levels of societal substance use stigma than older generations—indeed, respondents aged 13 to 17 perceived a similar level of stigma (3.1) to those aged 18-49 (3.1), whereas those from both age brackets perceived significantly less stigma than people aged 50+ (3.3). Less than half (41.9%) of those aged 13-17 perceived society as believing that people who use substances problematically are incompetent, relative to over half (55.0%) of those aged 50+. Similarly, 64.2% of those 13-17 years old perceived society to view individuals as at least somewhat, if not entirely, responsible for their drug use, whereas a much larger 78.4% of those 50+ harbored that same belief. It is important to unpack these differential perceptions in further work. For example, the differences could be a function of environmental/cultural changes (e.g., young individuals are exposed to different substance use education programs), changes in the role/experience of drugs and alcohol across age groups (e.g., younger individuals might be more likely to use drugs for recreation or to fit in with peers), and/or differences in lifetime experience (e.g., older individuals might have had more negative exposure to problematic substance use). Regardless of the factors that produce the differential perceptions, there are likely associated implications for people who use substances problematically or who are in recovery, especially in relation to employment and other relevant opportunities (e.g., promotion, home ownership).

Conservatives Perceive Higher Levels of Stigma than Liberals

Self-identified conservatives reported higher perceived stigma (3.6) than both moderates (3.4) and liberals (3.1). The divide extended to every substance use stigma item. For example, 56.3% of liberals (versus 79.2% of conservatives) perceived society to view a person who uses drugs or alcohol as less reliable than most or completely unreliable. This perception has significant consequences when working to close the social distance gap, humanize, and decrease stigma directed at people who use drugs. If individuals who use drugs are seen as unreliable, then they could more readily face barriers to building the social connections that can assist in healing.

Reliability also plays a significant role in hireability, another critical piece to the recovery process. As expected, a larger proportion of conservatives (76.2%) relative to liberals (60.5%) believed that employers would be less likely to hire people who use drugs problematically than most people, or that they would not hire people who use drugs problematically at all.

Employment and a sense of purpose are often closely tied, and such purpose is a critical component to building recovery capital (i.e., the ability to live a self-directed and self-sustaining life delivers many of the rewards of recovery). We know that problematic drug use is prevalent across party lines. If individuals who use drugs problematically in conservative areas are more likely to be considered unhirable, they could face increased barriers to accessing the employment opportunities that will assist in their recovery. Moreover, it is critical to identify and address politically-based differences in perceived substance use stigma, as such differences could speak to why political will is often lacking when it comes to supporting health-centered drug policy that protects people who use drugs, those in recovery, and those who seek help for a substance use disorder.

Christians Perceive Higher Levels of Stigma than Other Religious Adherents

The largest gap in perceived societal stigma was between adherents of Christianity (3.5) and Buddhism (2.9). But there were also large gaps in stigma perceived by Christians and other faith groups, such as adherents of Judaism (3.2), Hinduism (3.1), and Islam (3.0). Relative to non-Christian counterparts, Christian respondents perceived especially high levels of stigma in relation to perceptions of societal beliefs surrounding passing, responsibility, unpredictability, and shame. For example, 91.5% of Christian respondents (who, of note, lean conservative) perceived society to think that people with addiction try to hide signs of addiction at least some of the time, relative to between 65.7-72.0% of those who identify with Judaism, Hinduism, Buddhism, and Islam. As another example, 83.0% of Christian respondents believed that society at least somewhat fears that people who use drugs or alcohol problematically will behave unpredictably, relative to between 58.1-66.9% of those who identify with another religion. It is important to examine the underlying drivers of stigma development within Christian-based communities. Religious undertones could have varying impacts on those seeking recovery. The idea of a higher power, admitting powerlessness, and prayer could prove deadly for some, but also lifesaving for many. Although these programs often provide a critical mix of connection, support, and community for many of those seeking recovery, the high levels of perceived stigma we observed could serve as a barrier to entering church-based or even recovery programs. A better understanding of these processes, barriers, and implications could lead to a more inclusive and improved recovery experience for all.

Lower and Upper Middle Classes Perceive the Highest Levels of Stigma

Unlike some of the other group comparisons on the stigma index, relatively small differences in socioeconomic status were observed. The lower middle class—members of families earning between \$20,000 and \$50,000 a year—reported the highest levels of perceived stigma (3.5), and the upper middle class—members of families earning between \$75,001 and \$125,000 a year—reported the second-highest levels of perceived stigma (3.4). In contrast, the wealthiest cohort—members of families earning over \$125,001 a year—reported the lowest levels of perceived stigma (3.2), and the poorest cohort—members of families making under \$20,000 a year—reported the second-lowest levels of perceived stigma (3.3). These trends (although comparatively small) once again extend to individual stigma items. For example, 70.2% and 72.7% of the lowest and highest income earners, respectively, perceived society to believe that people with problematic substance use were at least somewhat responsible for their substance use, relative to over 80% of the middle income groups. As another example, 69.5% and 69.8% of the lowest and highest income earners, respectively, perceived society to view addiction as shameful, relative to over 77% of the middle income groups.

Overall, the lowest levels of perceived stigma were observed among the two groups at each end of the income spectrum. It is possible that, although they both perceive lower levels of stigma, the factors influencing those perceptions differ greatly. Those in the highest income bracket have historically been insulated from harsh drug policy. The limited harms, coupled with comparatively more access to treatment and the ability to keep their drug use undercover when needed, might explain lower levels of perceived stigma in the population. On the other hand, those in the lowest income bracket have historically faced the most cruel and destructive forces when it comes to drug laws, comparatively less access to treatment, and, in turn, a reduced ability to hide one's drug use from others. The negative impacts are so widespread that they might just lead to more compassion, acceptance, and lower rates of stigmatization. Future research should continue to unpack why these trends in perceived substance use stigma across income brackets emerge, as this information could be useful in not only understanding the complex development of stigma, but also in identifying the necessary components of tailored stigma interventions.

Residents of Large Cities Perceive the Highest Levels of Stigma

Minimal differences emerged on the stigma index across living locations. Despite the fact that most large American cities have more liberal voters, urban residents actually perceive only slightly more stigma (3.4) than rural/farm residents (3.3), with those living in small towns/suburbs falling in the middle (3.4). However, a few differences did emerge on individual stigma items.

For example, 57.2% of respondents living in large cities perceived society to prefer to keep their distance from people who use substances problematically, relative to 53.6% of those in small towns/suburbs and 43.6% of those in rural/farm areas. Similarly, larger proportions of people living in large cities perceived society to view people who use substances problematically as less reliable (70.4%), less competent (58.7%), and less likely to be hired (73.5%) relative to those living in towns/suburbs (68.3%, 53.9%, and 68.6%, respectively) and those living in rural/farm areas (62.1%, 48.2%, and 63.1%, respectively). These findings suggest that there could be important differences across living locations that facilitate (or perhaps results from) differences in perceived societal stigma, and in turn are worthy of further investigation (e.g., differences in the extent of substance use, resource availability/access, education, and surveillance/criminalization of individuals who use drugs).

Major State Comparisons

Although we measured perceived substance use stigma across the entire US, six states (California, Texas, New York, Illinois, Florida, and Pennsylvania) had large enough sample sizes to confidently allow for cross-state comparisons on the stigma index (more than 500 respondents per state). Pennsylvania's average perceived stigma index score (3.3) was significantly greater than the other five states (all 3.1, with respondents in Illinois reporting the lowest levels of perceived societal stigma). We did observe some differences on individual stigma items. For example, 70.9% of Pennsylvania respondents perceived society to believe that others view people who use drugs as less reliable than most people or completely unreliable, relative to between 53.1–62.6% of those in the other five states. Similarly, almost three quarters (73.2%) of Pennsylvania respondents believed that society views addiction as at least somewhat shameful, relative to between 63.6–69.4% of those in the other five states. These differences indicate that there is more perceived stigma in Pennsylvania relative to other states; however, the stigma is nonetheless widespread, and in many cases there are no differences across states on individual stigma items. Interventions that are created, implemented, and tested in Pennsylvania very well could be modified, administered, and effective across the United States.

Importance of Understanding Demographic Trends

Understanding individual differences in substance use stigma are important for two primary reasons: (1) individual differences in substance use stigma can help us determine how substance use stigma develops and (2) uncovering such differences allows for the development of targeted interventions that address specific problematic perceptions within populations.

For Perceptions of Stigma Against People In Recovery

People who have an addiction and primary care providers (PCPs) for people who have an addiction or are in recovery share similar views about addiction treatment and perceived stigma. People who have an addiction and PCPs are about equally as likely (70% versus 68%) to believe that society views people who use drugs as having a moderate, lower, or no chance of recovery. Likewise, people who have an addiction and PCPs are about equally as likely (28% versus 27%) to believe that people who take medication for addiction are always in recovery. However, there was a slightly more substantial difference when it came to whether these groups believed that people with addiction sometimes, usually, or always need help. 74% of people who self-identified as having an addiction agreed with this statement, compared with only 67% of PCPs.[21]

DISCUSSION

Despite more compassionate rhetoric by some government leaders and significant differences between demographic groups, the majority of Americans across the board still perceive that society stigmatizes people for drug use and addiction. That is a serious problem, because stigma drives discriminatory policies and practices, and creates obstacles to addiction recovery and general wellness for people who use drugs problematically.

The survey results reflect the strategic priorities of major governmental agencies to reduce stigma in some ways. Some of the results raise important questions. For example, it is known that there are major barriers to accessing addiction treatment services for people of color because of their minority status.[22] Interestingly, people of color surveyed reported lower perceptions of stigma against people who use drugs than white respondents. That suggests that the barriers may exist for reasons that do not explicitly implicate stigma issues, such as lower average incomes and health insurance coverage. [23] Other issues that disproportionately affect communities of color, like drug criminalization, blur the line between one of stigma and one of poverty.

Implications for the recovery community

Viewing the survey results by religious demographic may have particularly strong implications for the state of addiction treatment in the US. A 2019 study found that approximately 73 percent of recovery programs have a “spirituality-based element.”[24] This has been attributed to the popularity of 12-steps programs like Alcoholics Anonymous and Narcotics Anonymous, which were first developed in a Christian community context. And yet, Christians cite higher perceptions of stigma than any other religious adherents surveyed.

Though abstinence is not the only way to measure a program's success,[25] a systematic review of 12-steps facilitation as an addiction treatment approach found that 12-steps programming is more effective than Cognitive Behavioral Therapy (CBT) for achieving abstinence.[26] Since abstinence is what many who suffer from addiction wish to achieve, as well as what AA and NA advocate for, those who operate these programs may be interested in finding additional ways to reduce stigma. At the same time, operators of the programs may defend stigmatization due to the belief that it drives people to want to change.

In Christianity Today, Naomi DeBord Bivins, a pastor at The Foundation Church in Wilkesboro, North Carolina and a certified recovery coach, recently wrote, "How is someone supposed to react when a brother or sister in Christ brings an addiction to light? There isn't a flow chart to follow, and few resources exist, especially in the midst of a pandemic." [27] That lack of resources provides an opportunity to provide new resources to Christians that cultivate a different understanding of addiction than the prevalent "moral failing" framework.

Implications for healthcare professionals

In our survey, we found that three out of four professional care providers (PCPs) who treat people with addiction or in recovery believe that society views those who use drugs problematically as outcast members or not members of their community. And despite the fact that medication-assisted treatment (MAT), such as buprenorphine, is described as the "gold standard" in opioid addiction treatment by the federal government,[28] just over one in five healthcare providers surveyed believe that people who use MAT are still in active recovery. This view is relatively common in the lay population and 12 steps-oriented recovery circles, but healthcare workers might be expected to have a different view because of their science-based training. As a result, it may be prudent for medical and nursing schools to include better ways to address addiction and care for this patient population in their curricula. This knowledge can improve care and outcomes. It also gives healthcare professionals the information they need to advocate for improved policies and practices that address the social and political determinants of health underlying the disease of addiction.

Implications for city officials locating facilities

The stigma index scores show that white people perceive more stigma than non-white people, conservatives perceive more stigma than liberals, older generations perceive more stigma than younger generations, and Christians perceive more stigma than other religious adherents. This should sound familiar to municipal officials in larger cities interested in installing more drug treatment facilities. In big city environments, community activists regularly combat these facilities being placed close to where they live. These protesters are often middle-class white people, wishing to create social boundaries between themselves and those they may wish to exclude.[29]

People who use drugs, those seeking addiction treatment, and even those in recovery are generally part of the population to be excluded, which leads to fewer treatment options and more overdoses. City officials should endeavor to develop anti-stigma messaging specifically tailored to demographic groups that tend to perceive stigma to a greater degree.

Implications for the criminal justice system

Stigma against people who use drugs and in recovery impacts every aspect of the criminal justice system from top to bottom. That includes legislative decisions to criminalize drugs, how penalties are set by legislatures for various drug offenses, the maintenance of permanent criminal records for drug offenses, prosecutorial discretion, and what options are available to judges at sentencing. People who use drugs who are involved in the justice system are currently set up to fail, because full and immediate abstinence is required for people placed on probation or parole -- regardless of whether drug or alcohol use was part of the offense. Even when people on court supervision are committed to abstinence long-term, judges can and do remand them back to prison for a recurrence of use, despite this being understood by healthcare professionals as a normal part of the recovery process.

The twist here is that addiction is a disease of isolation. It thrives on the psychosocial disconnection the criminal justice system uses to demand compliance. What people who suffer from addiction need is recovery capital: connection, hope, and purpose. Engagement with any part of the criminal justice system diminishes this capital. The punishment and social alienation associated with any level of criminal justice system involvement is ongoing and frequently never-ending. While stigma on its own has not created the status quo in this area, achieving a lower level of stigma may be a prerequisite to meaningful change.

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