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Public Perceptions of Substance Abuse

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Abstract

Substance abuse, the misuse or overuse of a substance, often has many negative consequences to one's health. In addition, people with substance abuse may perceive stigmatization by society. This perceived stigma, resulting from the discriminatory or negative words, actions, and beliefs of others, may have serious deleterious effects on an individual (Ahern et al., 2007; Birtel et al., 2017; Can et al., 2015, Luoma et al., 2007). The internalized and perceived stigma felt by those who abuse substances may stem from negative societal perceptions of substance abuse. This study sought to investigate the public perception of individuals with substance abuse in order to further understand how societal stigma could play a role in the well documented internalized stigma in this population. Three hundred twenty seven participants took an online survey comprised of demographic information as well as the Social Distance Scale for Substance Use (SDS-SU), the Affect Scale for Substance Users (AS-SU), and two questions to assess previous contact level and the nature of previous contact with the population. Results indicated high mean SDS-SU and AS-SU scores demonstrating a significant amount of societal stigma towards people who abuse substances.

1. Introduction

Substance abuse is a widespread problem that can have various health consequences. In 2015, there were approximately 255 million illicit drug users in the world (United Nations Office on Drugs and Crime, 2017). Substance abuse is generally thought of as the misuse or overuse of a substance and in many cases this misuse can lead to negative effects. Beyond immediate ones, such as death or disease, substance abuse can come with many other consequences. It is well documented that abusing substances can lead to perceived stigma and discrimination from society as well as internalization of negative societal attitudes (Birtel et al., 2017; Can et al., 2015).

It could be argued that stigma may deter individuals from ever using illicit drugs in fear of social costs. Further, stigma towards individuals with substance abuse could be seen as the result of the harmful actions often associated with substance abuse. People who abuse substances may, in some cases, place an emotional or monetary burden on family and friends or participate in criminal activity. Societal stigma towards this population could be due in part to consequences of substance abuse that have an adverse effect on the lives of others. However, stigmatizing individuals who abuse substances punishes both those who engage in injurious behaviors and those who do not. Though in some situations stigma may seem justified towards this population, it ultimately serves as a barrier to seeking the help needed to recover (Luoma et al., 2007). Thus, the consequences of stigma likely outweigh the possible benefits.

For an individual with substance abuse, the internalization and perception of stigma can lead to negative consequences in many aspects of life, such as decreased well-being, poor health, or low social functioning (Ahern et al., 2007; Birtel et al., 2017; Can et al., 2015). This internalized and perceived stigma implies that public perception of substance abuse may be negative. However, there is currently little research on the nature of the public perception of substance abuse. This limits the understanding of how societal stigma and public perception could impact or lead to internalized and perceived stigma felt by this population as well as its consequences.

Focusing on the internalization of stigma in those who abuse substances neglects to acknowledge the possible role of society in perpetuating negative and harmful stereotypes about this population. It is important to understand not only how stigma can be internalized by those with substance abuse but also how public perception may impact the stigmatizing messages that are internalized. After understanding the role of the public in stigmatizing this population, barriers to treatment may be identified. If there is significant negative public perception of substance abuse, more research should be conducted to investigate the link between negative public perception and internalized stigma in those who abuse substances. The reduction of stigma at the societal level would bolster individual treatment methods for reducing internalized stigma.

1.1 Internalized and Perceived Stigma and Substance Abuse

Internalized and perceived stigma reported by individuals with substance abuse is likely due to negative public perception and its manifestation in attitudes, speech, and behavior. As a result, research on internalized and perceived stigma could promote knowledge of how substance abuse is viewed by the public. The internalization of stigma amongst those who abuse substances can result in shame, low evaluations of oneself, perceived alienation from society, and guilt. There is copious amounts of research to suggest that there are high levels of internalized and perceived stigma in this population (Ahern et al., 2007; Birtel et al., 2017; Can et al., 2015).

Internalized and perceived stigma can be a result of discrimination or stigmatizing attitudes from others. For instance, being rejected socially or being denied employment on the basis of one's current or past substance abuse (Luoma et al., 2007). To someone experiencing discrimination, these occurrences may reinforce the idea that society holds negative beliefs about those who abuse substances. Internalized and perceived stigma may also be caused by harmful stereotypes. Those with substance abuse often feel as though they are treated as dangerous, unreliable, or simply bad (Ahern et al., 2007). Additionally, this population reports being treated unfairly by others because of their substance abuse (Luoma et al., 2007). The actions or words of others can lead an individual to believe that they fit into these negative stereotypes.

Enrolling in treatment is often a way in which someone with substance abuse is officially labelled. Research suggests that once an official label of "substance abuser" is present, stigma can continue to occur even when a person no longer uses drugs (Luoma et al., 2007). The consequence of this is that the threat of stigma may deter those in need from seeking treatment even when it is necessary for physical and mental health.

Internalized and perceived stigma can also be a result of alienation or exclusion from society. Lack of social support, social rejection, and social withdrawal are often reported by individuals who abuse substances (Ahern et al., 2007; Birtel et al., 2017; Can et al., 2015). This may lead to an internalization of the message that substance abuse makes one undesirable to those around them.

While the amount of research on internalized and perceived stigma in those with substance abuse certainly suggests that the public perception of substance abuse is negative and stigmatizing, public perception of this population is under researched and thus not fully understood. By investigating public perceptions of substance abuse, the connection between internalized stigma and societal stigma can be better understood. Further, in order to know how best to decrease the internalized and perceived stigma felt by this population, the source must be known.

1.2 Implications of Internalized and Perceived Stigma and Substance Abuse

Stigma has many implications on the life of someone who abuses substances. Negative behaviors, attitudes, or words from others towards a particular group, when internalized, can impact self-concept, social life, as well as physical and mental health (Ahern et al., 2007; Birtel et al., 2017; Can et al., 2015).

One major consequence of internalized and perceived stigma is decreased social functioning. High internalized stigma has been shown to correlate with low social function. Particularly, internalized stigma can result in social withdrawal as well as decreased social and recreational activities. This can have severe negative consequences in many areas of life including personal relationships, workplace functioning, and overall well-being (Can et al., 2015). In addition, low social support is associated with high levels of internalized stigma. An increase in internalized stigma levels can increase its negative consequences including low self-esteem, high levels of anxiety and depression, and poor sleep. High social support, however, was associated with lower levels of internalized stigma and decreased negative effects (Birtel et al., 2017). Perhaps maintaining high levels of social support despite experiencing stigma could reduce internalization and its negative consequences. However, this may prove to be difficult due to the social rejection and withdrawal associated with perceived stigma.

In addition to lowered social functioning, the overall health and well-being of those with substance abuse may be decreased. Perceived discrimination, which can result in internalized stigma, is associated with poor physical health including the presence of negative health conditions. Lowered sleep quality has also been shown to correlate with internalized stigma. In illicit drug users, perceived alienation and discrimination are associated with poor mental health. This includes high depression and anxiety levels as well as lowered self-esteem (Can et al., 2015; Birtel et al., 2017).

Feeling internalized or perceived stigma can also be a barrier to treatment. Because seeking treatment is often a way in which individuals are officially labelled, some may avoid seeking or completing treatment in order to lower their risk of facing further stigma (Luoma et al., 2007). In addition, individuals with substance abuse may face discrimination from the healthcare providers providing their care which could deter them from successfully completing treatment. Alternatively, internalized and perceived stigma is associated with low self-esteem which can lead one to believe they will not be successfully rehabilitated (Ahern et al., 2007).

1.3 Current Solutions for Stigma

Some research has identified what efforts may decrease stigma both within society and within individuals who have internalized stigma. One way to possibly reduce internalized stigma in individuals with substance abuse is acceptance and commitment therapy (ACT). ACT was shown to have an effect on internalized stigma and negative consequences such as low self-esteem, poor mental health, feelings of shame, and low social support. Despite this, ACT did not appear to have an effect on perceived stigma. This could suggest that the negative effects of stigma are due mainly to internalization and not just the negative actions and beliefs of others alone (Luoma et al., 2008). Another way to reduce internalized stigma in those with substance abuse is through teaching treatment providers to be less stigmatizing in their language and behaviors (Phillips, 2011). This could reduce some of the stigma-related barriers to treatment that this population may face.

Corrigan & Calabrese (2005) researched treatment methods for internalized stigma in the mentally ill. The internalization of stigma has been shown to result in three possible outcomes. One either accepts negative attitudes and discrimination into their self-concept, becomes angered and energized to affect change, or is indifferent. Based on this, using empowerment or changing cognitive schemas could effectively treat internalized stigma. Changing a stigmatizing cognitive schema involves altering one's perception of themselves. This has been done effectively using Cognitive Behavioral Therapy (CBT). CBT can positively impact the self-concept of someone with internalized stigma as well as raise self-esteem. Using the personal empowerment method involves giving a client an active role in their treatment and promoting client self-determination (Corrigan & Calabrese, 2005).

Public stigma reduction is focused on reducing stigmatizing attitudes, behavior, and discrimination in the general populations towards individuals with substance abuse. Three main methods are considered: protest, education, and contact. Anecdotal evidence supports that public protest may help decrease stigma amongst certain groups or organizations. Another way that may possibly reduce substance abuse stigma in society as a whole is education. Providing the public with factual information about substance abuse and those experiencing it may affect how people see the population. This approach, however, requires more research and is not always shown to be effective. Contact with those who abuse substances is seen as reducing stigma through humanization. This is much more likely to occur when the behavior of the individual from the stigmatized group refutes stereotypes. One issue that could be present with the contact method is that it is hard to achieve all the conditions that may be necessary for stigma reduction. Research suggests that to be most effective contact should involve both individuals being equal in the situation, a shared goal or effort, and support from authority (Phillips, 2011).

2. Method

2.1 Participants

Three hundred twenty seven participants were recruited to take the survey using social media and email blasts. Additionally, some participants were recruited through the University of North Carolina at Asheville psychology department and received class credit for their participation. Participant age ranged from 18 years old to over 65 years old (17.8% were 18-24 years, 11% were 25-34 years, 22.0% were 35-44 years, 24% were 45-54 years, 18.8% were 55-64 years, and 6.2% were 65 years and older). Participants of the survey were 60.9% male, 38.5% female, and 0.6% identified as other.

2.2 Measures

For this study, data was collected through an anonymous online survey using Qualtrics. The survey was comprised of the Social Distance Scale for Substance Use (SDS-SU), the Affect Scale for Substance Users (AS-SU), and two questions to assess previous contact level with those who abuse substances as well as the nature of the contact (Brown, 2011; Link et al., 1987; Penn et al., 1994). In addition, demographic information was collected. Participants self-reported age and gender.

2.2.1 social distance scale for substance use

The SDS-SU is a seven item scale to assess the level of contact a person would be willing to have with someone with substance abuse. Each statement is rated from one, definitely willing, to four, definitely unwilling. Brown created the SDS-SU by modifying pre-existing scales for measuring mental illness stigma (Brown, 2011; Link et al., 1987; Penn et al., 1994).

2.2.2 affect scale for substance users

he AS-SU is ten items that measure how an individual reports they would feel while interacting with someone with substance abuse. Participants rate their feeling from one to seven. One number extreme is a positive feeling and the other is negative. For instance, rating from one being pessimistic to seven being optimistic. Brown also created the AS-SU by modifying pre-existing scales (Brown, 2011; Link et al., 1987; Penn et al., 1994).

2.2.3 previous contact

Two questions were asked to understand a participants previous contact with individuals who abuse substances. To address contact level, participants were asked to rate contact from one, no contact, to five, you yourself have a substance use problem. The survey also included a question asking participants to describe the nature of the contact as either negative, positive, or neutral.

2.3 Method

Consenting participants took an anonymous online survey through Qualtrics containing the AS-SU, SD-SU, and previous contact questions as well as demographic information. Results were recorded through Qualtrics maintaining participant confidentiality. Data was analyzed using SPSS software to determine level of stigma using mean SDS-SU and AS-SU scores. A one-way ANOVA statistical test was used to determine the correlation between age, gender, previous contact, or nature of previous contact and scores on the SDS-SU and the AS-SU.

3. Results

The mean scores for the SDS-SU and AS-SU were both high showing substantial levels of stigma in public perception of those with substance abuse. Mean SDS-SU score was 21.89 out of a possible 28 and mean AS-SU score was 41.13 out of a possible 52 (Figure 1 and 2). High SDS-SU scores indicate that participants were generally unwilling to associate or interact with individuals with substance abuse. High AS-SU scores suggest that participants anticipate that interactions with individuals who abuse substances would yield more negative emotions.

Figure 1. Individual Social Distance Scale for Substance Use (SDS-SU) Score Frequencies

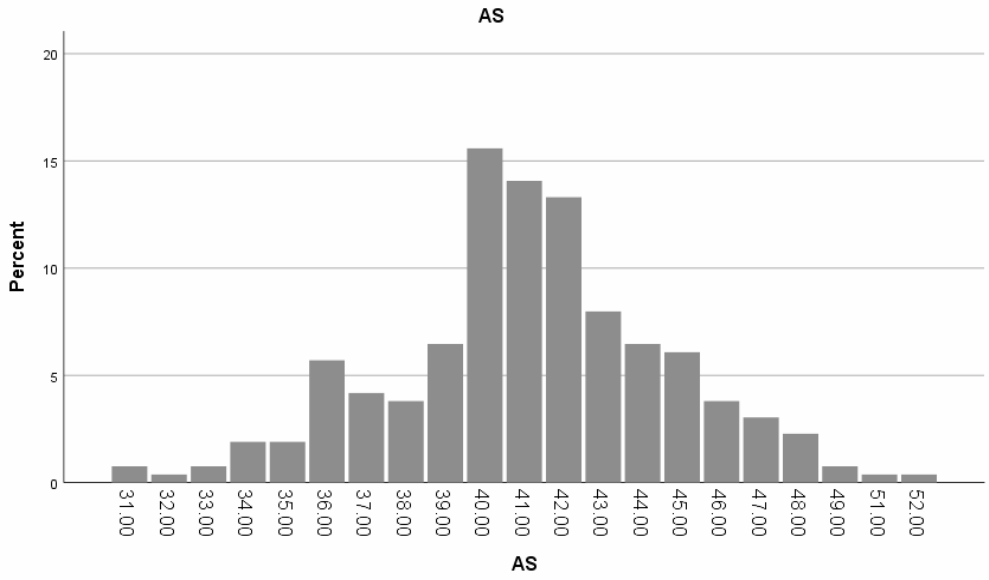
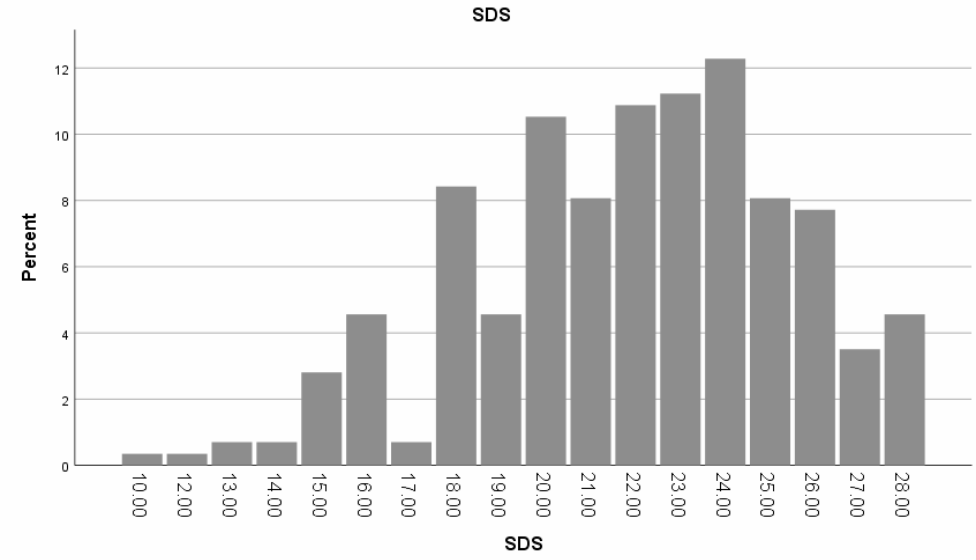


Figure 2. Individual Affect Scale for Substance Users (AS-SU) Score Frequencies



Using a one-way ANOVA statistical test it was determined that scores on the SDS-SU and AS-SU have a significant positive correlation. Additionally, previous contact was found to have a significant negative correlation with both SDS-SU and AS-SU scores (Table 1). However, nature (positive, negative, or neutral) of the previous contact had no significant correlation with either SDS-SU or AS-SU scores. This may suggest that stigma levels are lowered by contact with individuals who are experiencing or have experienced substance abuse whether contact is positive or negative. Age had a significant positive correlation with SDS-SU scores suggesting a possible generational difference in levels of stigma toward this population (Table 2).

Table 1. Comparison between SDS-SU, AS-SU, and previous contact scores and corresponding Pearson's r and significance values.

SDS-SU Score x AS-SU Score
Pearson r = .397**
Sig (2 tailed) = .000

SDS-SU Score x Previous Contact
Pearson r = -.142*
Sig (2 tailed) = .016

AS-SU Score x Previous Contact
Pearson r = -.185**
Sig (2 tailed) = .003

SDS-SU Score x Nature of Previous Contact
Pearson r = .066
Sig (2 tailed) = .267

AS-SU Score x Nature of Previous Contact
Pearson r = .085
Sig (2 tailed) = .168

Table 2. Comparison between SDS-SU, AS-SU and demographic variables and corresponding Pearson's r and significance values.

SDS-SU Score x Age
Pearson r = .245**
Sig (2 tailed) = .000

AS-SU Score x Age
Pearson r = .045
Sig (2 tailed) = .465

SDS-SU Score x Gender
Pearson r = -.055
Sig (2 tailed) = .359

AS-SU Score x Gender
Pearson r = -.032
Sig (2 tailed) = .606

4. Discussion

Among participants in this study, there were significant amounts of stigma towards individuals with substance abuse. As evidenced by the mean SDS-SU and AS-SU scores, participants were generally unwilling to associate or interact with those who abuse substances and they reported that interactions with them would likely lead to more negative feelings than positive. The significant positive correlation between SDS-SU and AS-SU scores indicates that participants who were less willing to interact with this population also anticipated more negative feelings in interactions with them. It is possible that high levels of stigma in the public perception of substance abuse contributes to the internalized stigma found in those with substance abuse that has been evidenced in previous research. Such internalized stigma has been shown to have deleterious effects on an individual's mental and physical health, quality of life, social functioning, and successful treatment (Ahern et al., 2007; Birtel et al., 2017; Can et al., 2015). Given that both experiencing stigma from the general public and internalizing this stigma can serve as a barrier to seeking

treatment or completing treatment, stigma reduction efforts may increase treatment seeking behavior and even successful treatment completion.

Additionally, reducing societal stigma may improve the mental and physical health, quality of life, and social functioning of individuals with substance abuse through decreasing internalized and perceived stigma. Although previous research has mainly focused on reducing self-stigma, also known as internalized stigma, it may be more effective to reduce the level of stigma in the general public. This is due to the possibility that stigmatizing beliefs held by many in society lead to an internalization of stigma by those who abuse substances. In other words, the negative beliefs and actions directed towards this population from the public could be a cause of such self-stigmatizing cognitions. Addressing stigma within public perception could both lower or eliminate self-stigma encountered by individuals with substance abuse thus avoiding the consequences that self-stigma has been linked with. These consequences include lowered mental and physical health, quality of life, social functioning, and treatment success (Ahern et al., 2007; Birtel et al., 2017; Can et al., 2015).

The significant negative correlation between level of previous contact and both SDS-SU and AS-SU scores indicates that the more previous contact a participant has, the lower the stigma level as indicated by SDS-SU and AS-SU scores will be. This means that participants who had more previous contact with individuals who abuse substances were more willing to interact or associate with them and anticipated feeling more positive feelings in interactions with them. The nature of previous contact rating (positive, negative, or neutral) had no significant correlation with either SDS-SU or AS-SU scores. This finding suggests that contact with this population may be an effective societal stigma reduction even if contact is not positive. It is possible that direct contact with a population humanizes members of that group leading to a lower level of stigma even when such contact is neutral or negative. Given this, contact between individuals with substance abuse and individuals from the general population may effectively change public perception and decrease the societal stigma. Further, since the nature of previous contact had no significant correlation to scores on the AS-SU or SDS-SU, contact used to reduce stigma levels may not have to be inherently positive. This finding disputes other research on the topic of stigma reduction methods. Other research suggests that there are multiple conditions that must be met in order to successfully reduce stigma with contact, including an interaction that is positive or refutes existing negative stereotypes (Phillips, 2011).

A significant positive correlation was found between age and SDS-SU scores suggesting that stigma levels towards this population may increase with age. Generational differences in willingness to interact or associate with individuals who abuse substances could indicate a shift in public perception. Perhaps stigmatizing beliefs held by the general population are gradually declining and thus younger generations may have lower levels of stigma or hold fewer negative beliefs about those who abuse substances. Cultural changes in drug education, drug policy, and media portrayals of substance abuse could impact such a generational shift in public perception. Alternatively, young adults may view substance use and abuse more favorably because they may be more likely to use substances themselves. Further research should be conducted to understand if this correlation is due to a shift in perception.

4.1 Limitations

Participants awareness of the general topic of the survey, public perception and substance abuse, before electing to participate could be a possible limitation. The method of recruitment used and the participants knowledge of the research topic could have impacted who chose to participate.

4.2 Future Research Directions

Further research is needed to understand how public perception can influence or even lead to internalized stigma in individuals with substance abuse. While high levels of internalized stigma in the population and societal stigma towards the population are supported in research, future research is needed to understand the relationship between the two. In order to reduce self-stigma and the negative consequences it is associated with in those who abuse substances, it is important to understand how public perception may possibly impact or cause self-stigma in some way. If self-stigma is due entirely to public perception than it would be intuitive to target societal stigma reduction in order to reduce the internalization of stigma.

The significant positive correlation between age and SDS-SU scores should also be investigated in order to understand if the generational difference in public perceptions towards individuals with substance abuse indicates that attitudes are shifting. Further understanding of how public perception may be changing over time could also lead to a better understanding of how to reduce societal stigma. On the other hand, if stigma just increases with age and the correlation is not due to decreasing stigma levels over time, it is important to understand what may lead to such an

increase. Considering more previous contact is likely with age and previous contact correlated with lower stigma levels, a decrease in stigma within public perceptions seems to be a more plausible explanation.

Additionally, more research should be conducted in order to understand the significant negative correlation between level of previous contact and SDS-SU and AS-SU scores. Further understanding of this relationship could help improve existing stigma reduction measures or create new more effective methods. If previous contact has the ability to lower stigma despite the nature of the contact, then this is a measure of stigma reduction that may be promising.

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