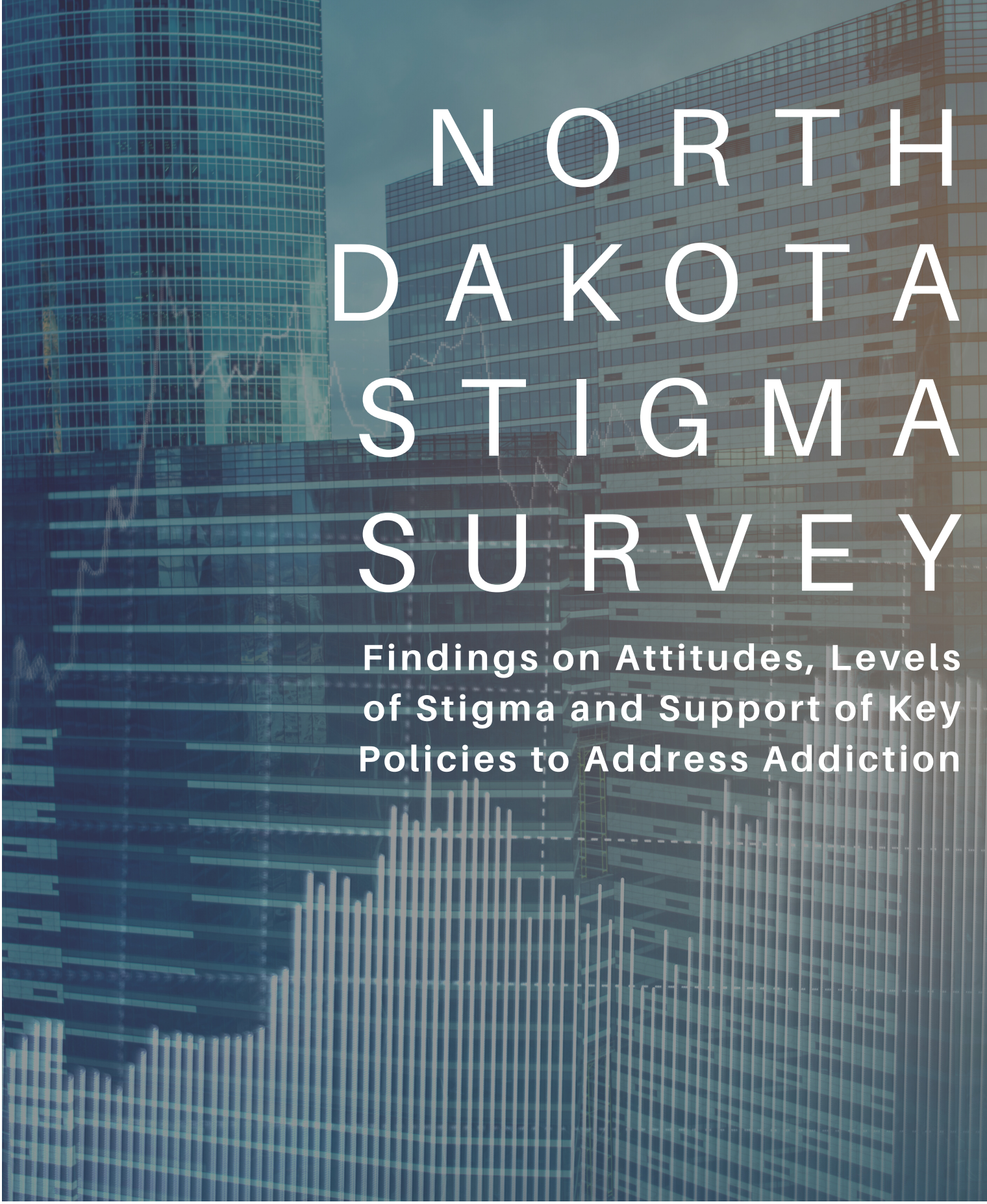
OCTOBER 2021



NORTH DAKOTA STIGMA SURVEY

Findings on Attitudes, Levels of Stigma and Support of Key Policies to Address Addiction

RECOVERY REINVENTED

UNIVERSITY OF DELAWARE

ADDICTION POLICY FORUM

Recovery Reinvented

Led by First Lady Kathryn Burgum, Recovery Reinvented is an ongoing series of innovative practices and initiatives to eliminate the shame and stigma of addiction in North Dakota. The initiative united North Dakotans to find solutions to help people in our state affected by the disease of addiction with proven prevention, treatment, and recovery approaches.

Addiction Policy Forum

Addiction Policy Forum works to combat the deadly consequences of addiction and help patients, families, and communities affected by the disease. The nationwide nonprofit organization is dedicated to eliminating addiction as a major health problem by helping patients, families, and communities affected by the disease, translating the science around addiction, expanding access to evidence-based prevention and treatment, and ending the stigma around addiction.

University of Delaware

Led by Dr. Valerie Earnshaw, University of Delaware Associate Professor and Faculty Scholar in the Department of Human Development and Family Sciences, the Earnshaw Lab aims to understand and intervene in associations between stigma and health inequities.

Acknowledgments

This project was a collaborative effort between the Addiction Policy Forum, Recovery Reinvented, and University of Delaware to shed light on the thoughts, feelings, and behaviors related to substance use disorder stigma and support for evidence-based policies to address addiction among North Dakota residents.

This survey and report are a collaborative effort based on the input and analysis of the following individuals:

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Addiction Stigma in North Dakota

Major Domains of Stigma Examined Across the State

North Dakota's Recovery Reinvented Initiative in the Office of the Governor, the University of Delaware, and the Addiction Policy Forum conducted a statewide survey to better understand the prevalence of substance use disorder (SUD) stigma in North Dakota. A web-based survey was administered to North Dakota residents between August 5, 2021, and August 31, 2021. A total of 2,336 individuals participated in the survey with a 98.5% completion rate.

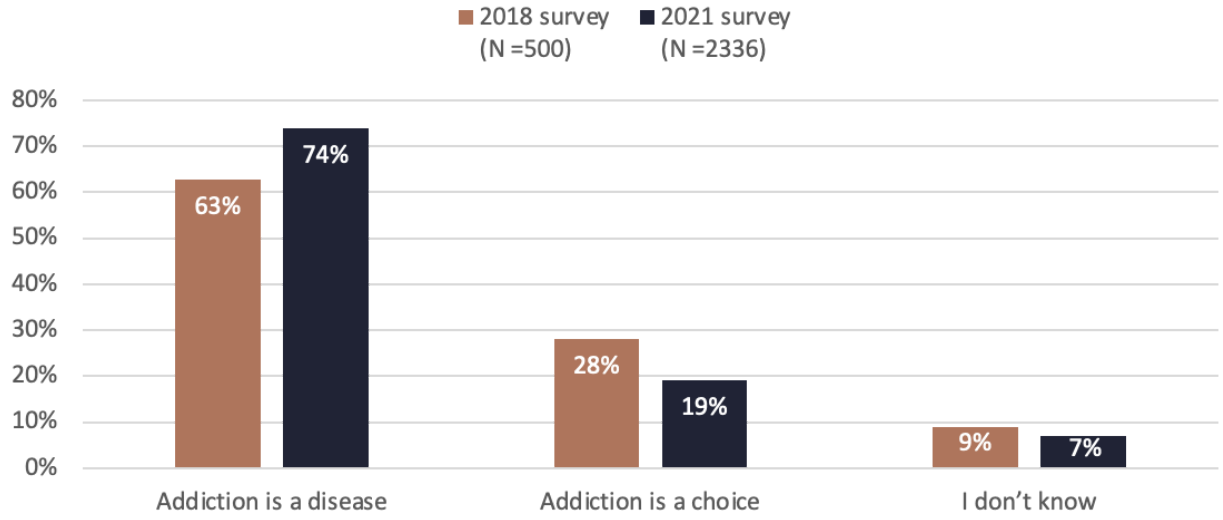
The study investigated the levels of stigma across stereotypes, prejudice, and discrimination intent towards people with an SUD or those in recovery. Addiction literacy was also measured, which is the degree to which people can understand, find, and use information and services to make an informed health decision related to SUDs. Levels of support of public health responses to addiction and willingness to locate treatment and recovery services locally were also measured across the state.

North Dakota Has Made Progress in Addressing Addiction Stigma

Results indicate that stigma across the state has improved over the last three years.

Data collected from a previous 2018 survey on attitudes and beliefs around addiction among North Dakota residents (N=500) showed that 63% of respondents agreed that addiction is a disease and needs to be treated as a health condition, 28% believed addiction is a choice, and 9% did not know. This 2021 survey (N=2,336) shows improvement, with 74% of North Dakota residents reporting that addiction is a health condition, 19% believing addiction is a choice, and 7% didn't know.

Improved understanding of addiction as a health condition, 2018 to 2021



A Brief Overview of Stigma

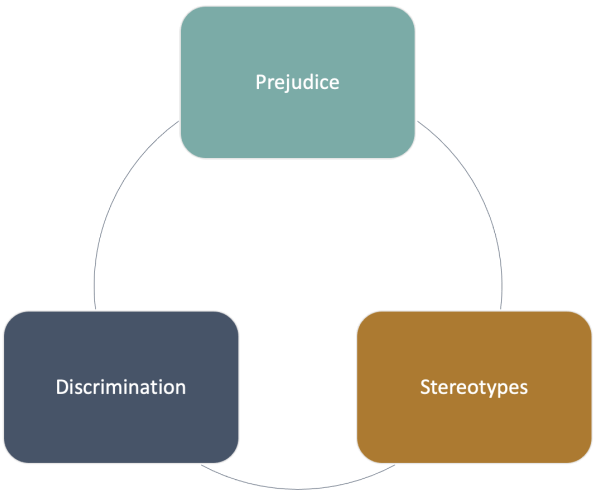
Individuals with an SUD are subject to very harsh moral judgments and frequent discrimination.[1] In fact, research shows that individuals with SUDs are viewed in a more critical way than those with severe mental illness.[2] Negative attitudes and behaviors towards individuals with a specific characteristic, like addiction, is also known as stigma. And while much stigma can be attributed to health conditions like mental illness, HIV, and obesity, SUDs are the most stigmatized health conditions in the world.[1,3] A multi-country study conducted by the World Health Organization (WHO) that examined levels of stigma associated with highly stigmatized conditions, such as homelessness and HIV, found that substance use was the most stigmatized condition while alcohol use was ranked fourth.[4]

The three major domains of stigma include 1) stereotypes, the inaccurate beliefs or thoughts about a particular group of people; 2) prejudice, negative feelings or emotions towards a particular group; and 3) discrimination intent that includes negative or unjust treatment of a particular group.[5] Discrimination towards individuals with an SUD or in recovery can be found in healthcare services and quality, employment opportunities, decisions around child custody, and housing.

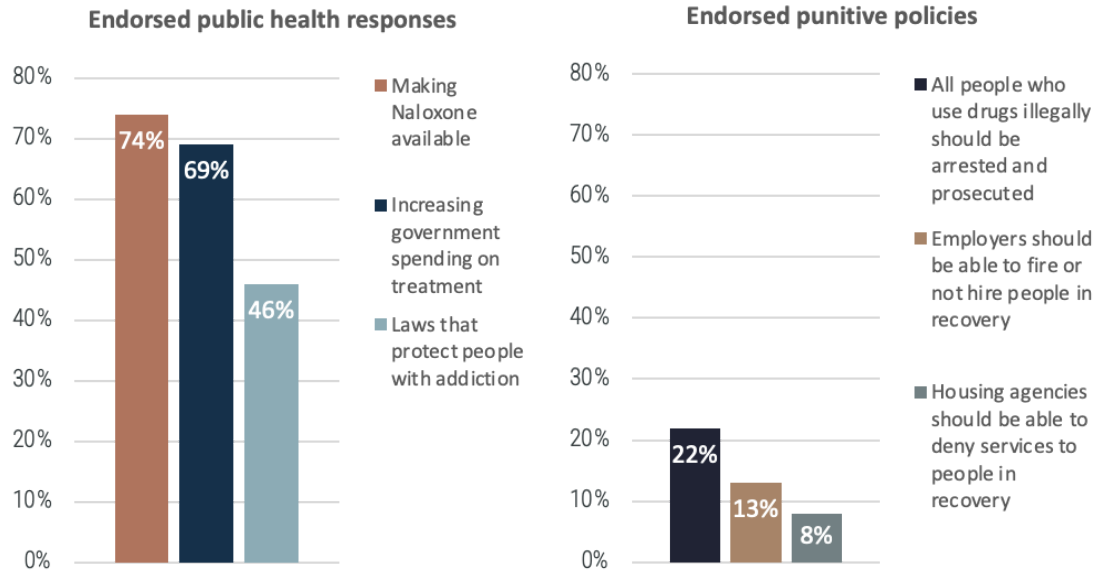
Research has found that individuals who experience stigma due to an SUD are more likely to continue engaging in substance use, and manifest greater delayed treatment access and higher rates of dropout.[6,7] For individuals experiencing stigma related to criminal justice involvement, research has consistently shown that sigma is associated with greater psychological distress, decreased self-esteem, and greater social isolation.[8,9]

Decreasing stigma involves increasing addiction literacy levels to counteract education gaps and misconceptions about SUDs. Beliefs about SUDs as a personal choice and not a health condition are an indicator of stigma. Understanding addiction as a health condition underscores its treatability, encourages early intervention and access to the healthcare system and better management of the chronic health condition.

Stereotypes, Prejudice, and Discrimination Comprise the Major Categories of Stigma



North Dakotans endorsed public health responses to addiction over punitive policies



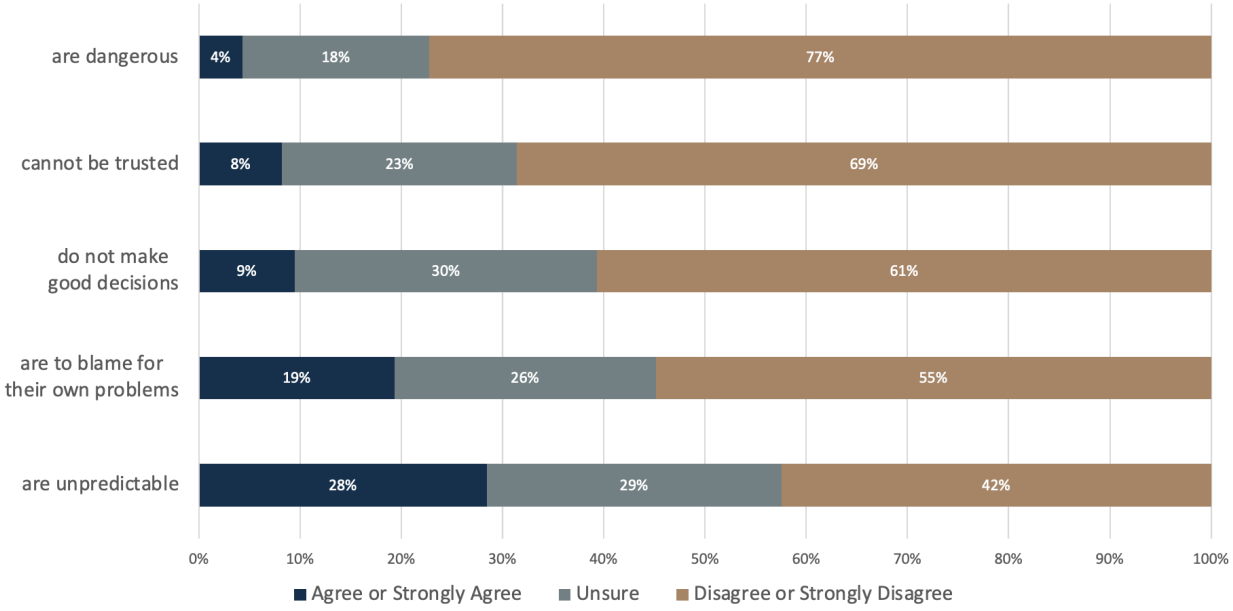
Overall, respondents supported public health responses over penalizing policies. The most favorable public health responses were making Naloxone (a lifesaving opioid reversal medication) available to friends and family members of people with opioid use disorder (74%), followed by increasing government spending on addiction treatment (69%). Laws that protect people with addiction from criminal charges for drug crimes if they seek medical help were the least favorable among the survey items related to public health responses, with 46% of respondents supporting these policies.

In comparison, there was low support for penalizing policies among all respondents. Twenty-two percent (22%) indicated that all people who use drugs illegally should be arrested and prosecuted, 13% support employers making hiring and firing decisions because a person is in recovery, and only 8% supported housing agencies denying services to people in recovery.

Stereotypes and discrimination relatively low throughout the state

Stereotypes, or inaccurate beliefs about people in recovery as a group, were relatively low among all survey respondents. Only 4% of respondents agreed that people in recovery are dangerous, 8% indicated they cannot be trusted, 9% responded they do not make good decisions, and 19% selected individuals in recovery are to blame for their own problems. However, 28% of the respondents believe that people in recovery are unpredictable.

Stereotype Results: I believe that people in recovery from addiction...

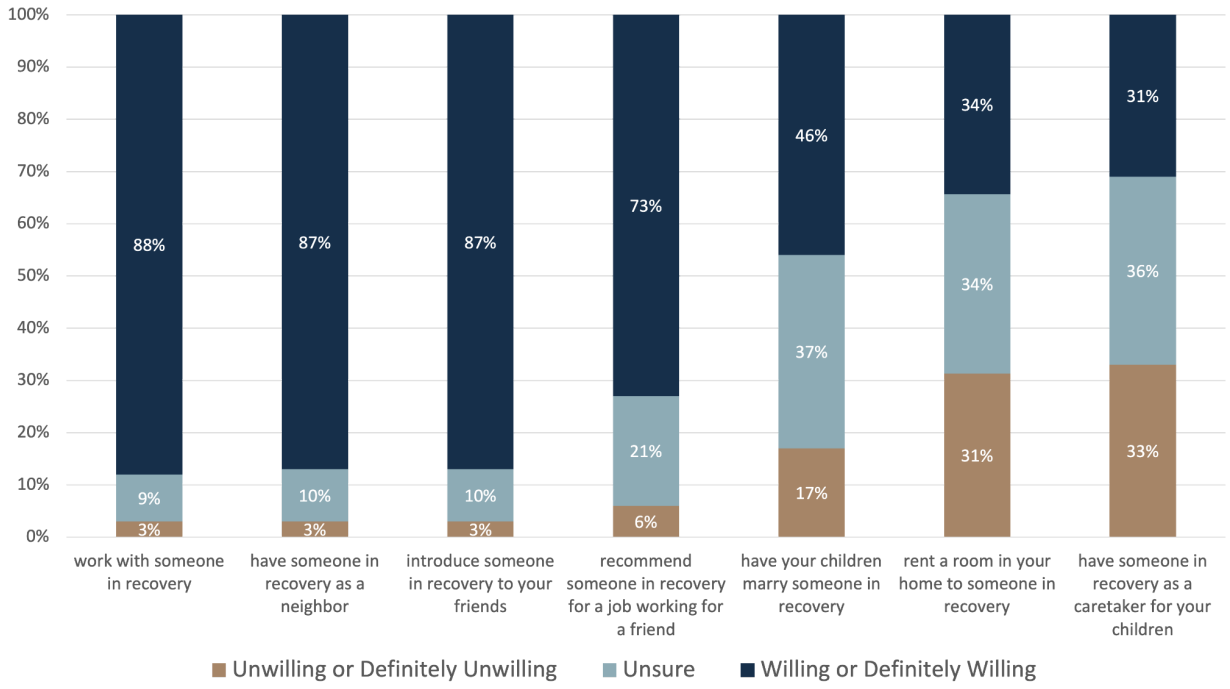


Low levels of discrimination were found in social contact categories of stigma

Social contact refers to the willingness and distance to which people feel comfortable interacting with someone or a group of people with a specific characteristic, such as individuals in recovery from addiction. Individuals that show higher levels of stereotypes and/or prejudice towards people with SUD tend to increase their social distance.

Low levels of discrimination intent, or the unjust treatment of people in recovery as a group, were found in social contact categories, such as contact in professional settings or contact outside of the immediate family. The majority of respondents expressed willingness to work with someone in recovery (88%), have someone in recovery as a neighbor (87%), and introduce someone in recovery to their friends (87%). Less than half of the respondents felt comfortable having someone in recovery as a caretaker of their children (31%), rent a room in their home (34%), or marry into their immediate family (46%).

Discrimination Results: How willing are you to...

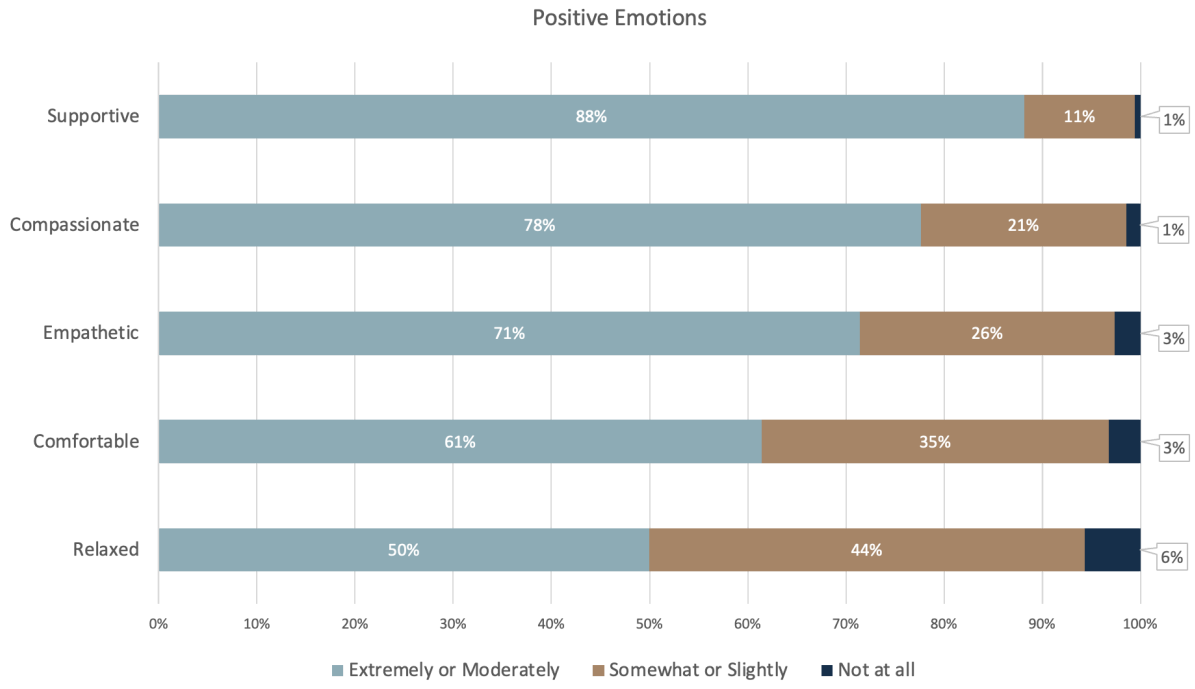


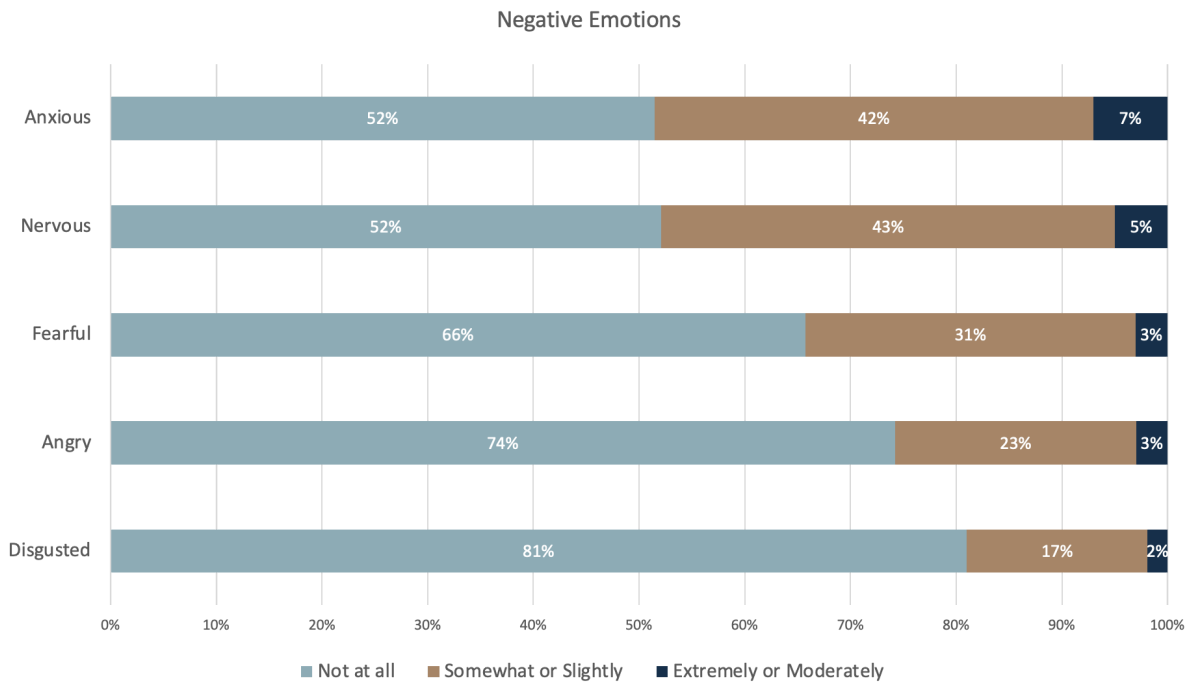
Higher levels of prejudice towards individuals with substance use disorders remain in the state

Prejudice, the feelings or emotions experienced in response to interacting with someone in recovery, were relatively split. The majority of respondents felt extremely or moderately supportive (88%), compassionate (78%), empathetic (71%), and comfortable (61%) when interacting with someone in recovery, while 50% of respondents reported feeling relaxed around someone in recovery. However, almost half of the respondents expressed feeling extremely to slightly anxious (49%) and nervous (48%), and many participants reported feeling extremely to slightly fearful (34%), angry (26%), and disgusted (19%) about interacting with an individual in recovery.

Nearly half the participants expressed that they would feel anxious or nervous about interacting with an individual in recovery.

Emotions experienced in response to interacting with someone in recovery

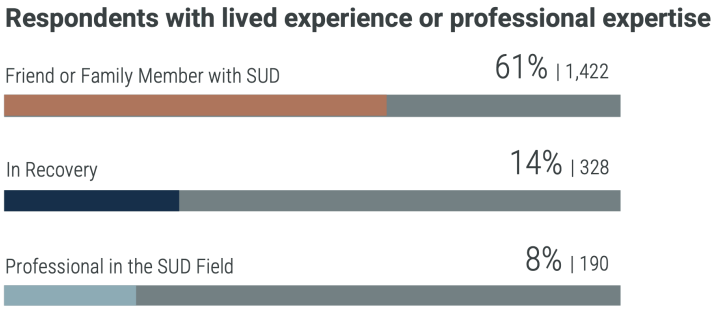



Negative Emotions
Anxious
Nervous
Fearful
Angry
Disgusted
52%
42%
7%
52%
43%
5%
66%
31%
3%
74%
23%
3%
81%
17%
2%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Not at all
Somewhat or Slightly
Extremely or Moderately

Lived experience and professional expertise are key factors in lower levels of stigma

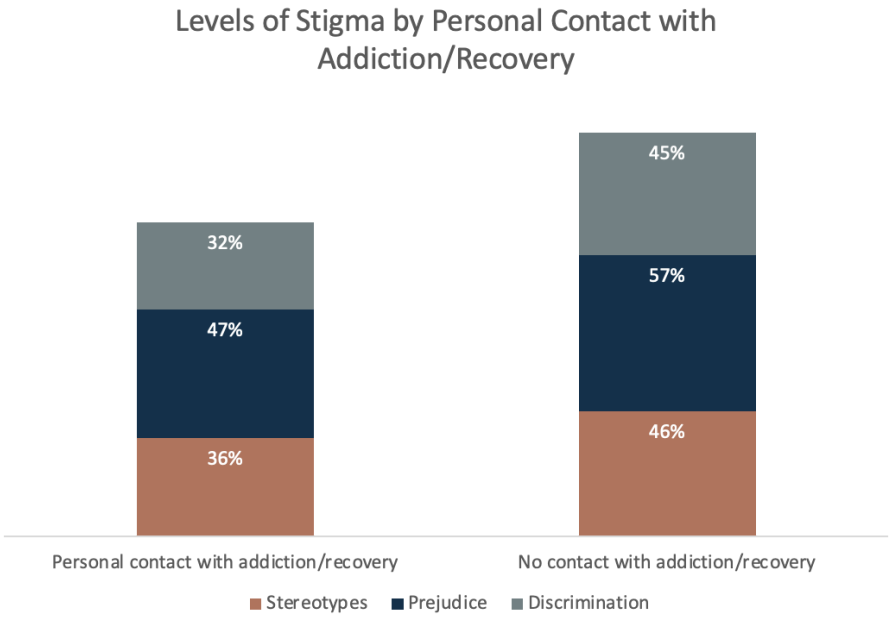
Respondents who have a loved one impacted by addiction, are in recovery themselves, or are professionals in the addiction field show significantly lower rates of stigmatizing feelings, thoughts, and behaviors across all three stigma domains (stereotypes, prejudice, and discrimination intent).

Over half of the respondents reported knowing a friend or family member with an SUD (61%), 14% self-reported as being in recovery, and 8% reported working in the addiction field. Most respondents selected multiple categories to describe their personal SUD impact and history.



Overall, impacted respondents endorsed 36% of stereotypes, 47% of prejudice, and 32% of discrimination items. In comparison, non-impacted respondents endorsed 46% of stereotypes, 57% of prejudice, and 45% of discrimination survey items.

Respondents with personal and professional contact with addiction showed significantly lower levels of stereotypes, prejudice, and discrimination than respondents with no impact.



Individuals with lived experience and professional expertise also showed higher support of public health responses (68%) and lower support of penalizing policies (12%), compared to non-impacted respondents who supported 53% of public health responses and 19% of penalizing policies.

Results highlight knowledge gaps around medications for addiction treatment (MAT)

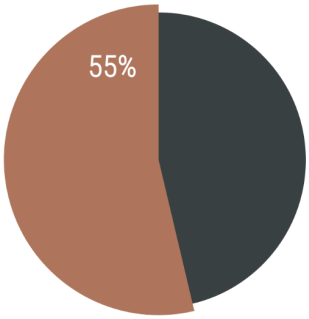
Survey respondents showed mixed views about the use of medications as an effective treatment for addiction, such as methadone, buprenorphine, and naltrexone. Fifty-five percent of respondents (55%) agreed that these medications can be effective in treating addiction, and 86% agreed that people who take medications for addiction treatment (MAT) can be in recovery. However, 36% of respondents think MAT is "substituting one drug for another".

Medications for addiction treatment (MAT) are considered the "gold standard" of treatment for opioid use disorder, and reduce the risk of overdose death by 50%.[10]

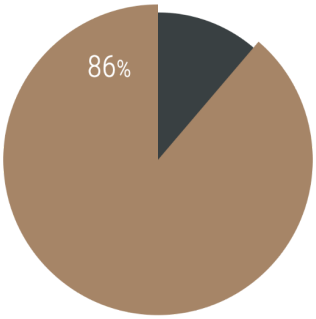
Ninety-five percent of respondents (95%) agreed that treatment that includes behavioral and psychological therapies (such as intensive outpatient programs [IOP] and partial hospitalization programs [PHP]), help treat addiction, and 84% agreed that individuals with an SUD should get an assessment to determine the severity of the illness and level of care.

Nearly all respondents (96%) agreed that it is not best to "wait for rock bottom" before getting help for addiction and that people can recover from addiction (89%). However, only 64% of respondents agree that addiction is treatable by a healthcare provider.

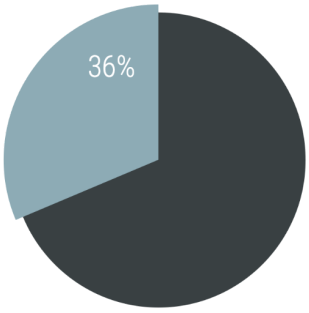
Over half of respondents believe that medications can be an effective treatment for addiction, yet one in three also believe that MAT is substituting one drug for another.



55% agreed that medications can be an effective treatment for addiction



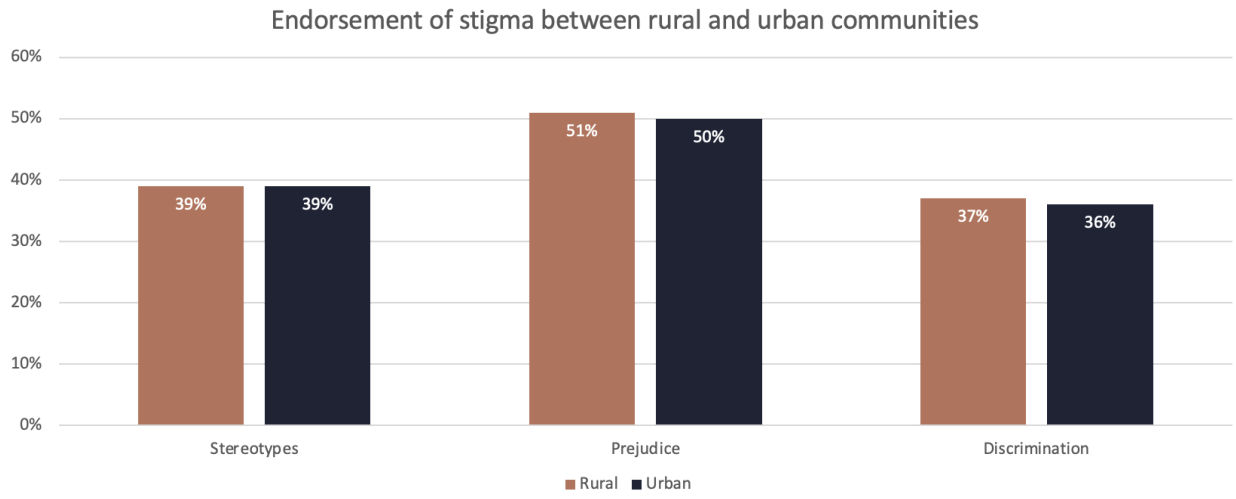
86% agreed that people who take MAT can be in recovery



36% think MAT is "substituting one drug for another".

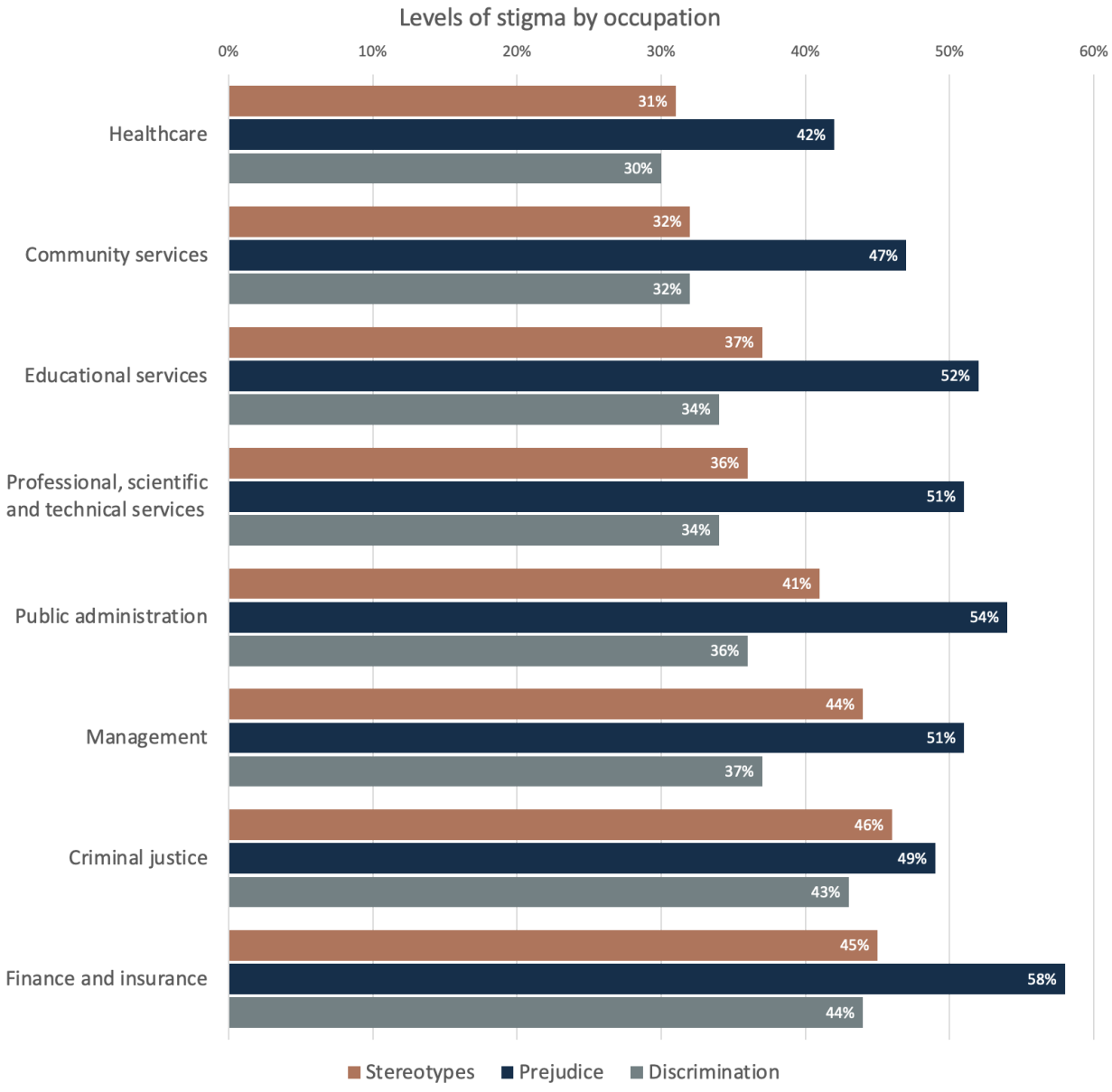
Levels of stigma consistent across rural and urban communities

While studies suggest that rural communities demonstrate higher levels of stigma than urban areas,[11] North Dakota survey respondents from rural geographic areas show similar levels of stereotypes, prejudice, and discrimination as those live in urban areas. Rural respondents endorsed 51% of prejudice and 37% of discrimination items compared to urban respondents who endorsed 50% of prejudice and 36% of the same items. Levels of stereotypes were identical between the two geographic areas at 39% of items endorsed.



Stigma levels vary significantly among different stakeholder groups statewide

This survey measured the rates of stigma across occupations and stakeholder groups to better understand differences in stigma endorsement, addiction literacy, and views on policies and local intervention efforts.



The healthcare field showed the lowest levels of stereotypes statewide

The healthcare field (including emergency medicine, nurses, and behavioral health providers) and community services (including advocacy organizations and recovery support services) showed the lowest levels of stereotypes statewide, endorsing 31% and 32% of stereotype survey items, respectively. In contrast, finance and criminal justice industries indicated the highest scores for stereotypes, supporting 45% and 46% of the items. Healthcare and community services also showed the lowest levels of prejudice, endorsing 42% and 47% of survey items, while finance and public administration industries showed the highest levels, supporting 58% and 54% of survey items.

Discrimination, or the unjust treatment of people in recovery as a group, was also lowest among healthcare and community services (30% and 32%, respectively). The finance and criminal justice industries had the highest discrimination scores, endorsing 44% and 43% of items, respectively.

Community services and the healthcare field showed the highest levels of support for public health policies

Community services and the healthcare field showed the highest support for public health policies, such as making Naloxone available and increasing government spending on addiction treatment, endorsing 71% and 70% of items, respectively. In comparison, fields that showed the lowest support for public health responses were criminal justice (55%) and finance (58%).

Criminal justice stakeholders were more likely to support penalizing policies, endorsing 25% of penalty survey items. In comparison, community services endorsed 9% of criminalization policies and the public administration industry endorsed 11%. Survey items related to penalties included arrest and prosecution for individuals who use substances, firing practices and decisions not to hire individuals in recovery, and denial of housing to individuals in recovery.

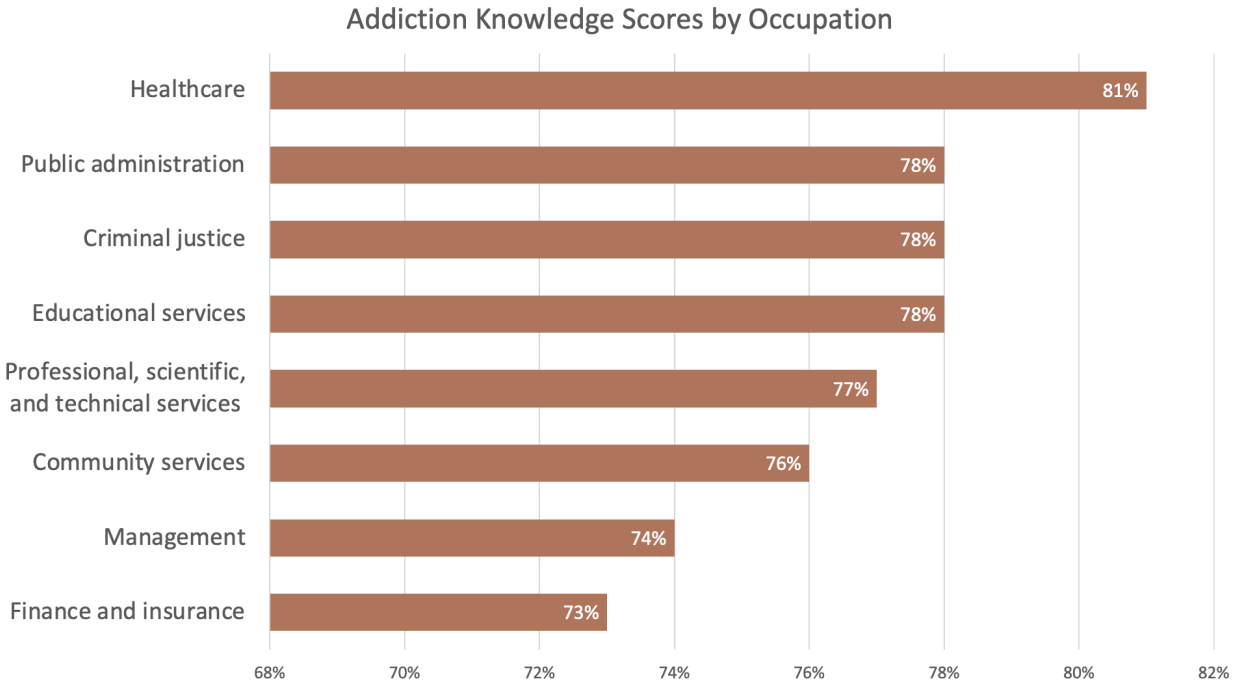
The education field showed the highest support for treatment and recovery services to be located close to their own homes and neighborhoods

Individuals in the education field (including teachers, principals, and school officials) showed the highest support for services for treatment and recovery to be located close to their own homes and neighborhoods. Whereas, criminal justice stakeholders showed the lowest levels of support for these services located in their communities. However, it’s important to note that criminal justice stakeholders had mixed views: Some stakeholders within criminal justice, such as defenders, showed high support for services to be located near their homes. Local service programs include access to medications for addiction treatment, support groups, and sober living homes.

High Levels of Addiction literacy found among all professions and stakeholder groups in North Dakota

Healthcare showed the highest levels of addiction literacy, followed by public administration and criminal justice, while the finance industry had the lowest addiction literacy rates in the state. The healthcare field scored an 81% on addiction literacy based on a 17-item scale.

Addiction literacy is the degree to which people can understand, find, and use information and services to make an informed health decision related to SUDs. Research suggests that increasing knowledge about SUDs and treatment can deconstruct stereotypes and reduce prejudice and discrimination.[5] Addiction literacy measured respondents' knowledge about treatment and recovery support services. Respondents' endorsement of misinformation, such as "waiting for rock bottom" and "only needing 28 days of treatment to be cured", was also measured.



Respondent Demographics and Characteristics

Demographics

Overall Sample	N = 2336	
Socio-Demographics	**%**	**n**
Age		
18-29	8%	192
30-44	33%	762
45-59	34%	790
60+	25%	592
Race/Ethnicity		
Asian or Asian-American, non-Hispanic	<1%	16
Black of African-American, non-Hispanic	<1%	9
Native American, non-Hispanic	5%	119
White or European-American, non-Hispanic	88%	2,049
Multiple race, non-Hispanic	2%	53
Other, non-Hispanic	2%	58
Latinx		
Yes	1%	32
No	99%	2,304
Gender		
Female	64%	1,496
Male	35%	807
Other	1%	33
Education		
Some High School or less (no diploma or GED)	0%	8
Completed High School or GED	5%	119
Some College (no degree) or Technical School	18%	424
College Degree (AA, BA, MA, etc.)	45%	1,057
Some Graduate School or more	31%	728
Geographic Area		
Rural	39%	904
Urban	61%	1,432

Of the 2,336 survey respondents, 64% identified as female and 35% as male. Thirty-four percent of respondents (34%) were in the 45-59 age group, 33% were in the 30-44 age group, 25% were in the 60 and older age group, and 8% were in the 18-29 age group.

The race and ethnicity breakdown included: 88% non-Hispanic White or European-American, 5% non-Hispanic Native American, 2% non-Hispanic multiracial, 1% Latinx or Hispanic-American, and less than 1% non-Hispanic Asian or Asian-American and non-Hispanic Black or African-American, respectively.

Over half of the survey respondents reported living in an urban area (61%) and 39% in a rural area.

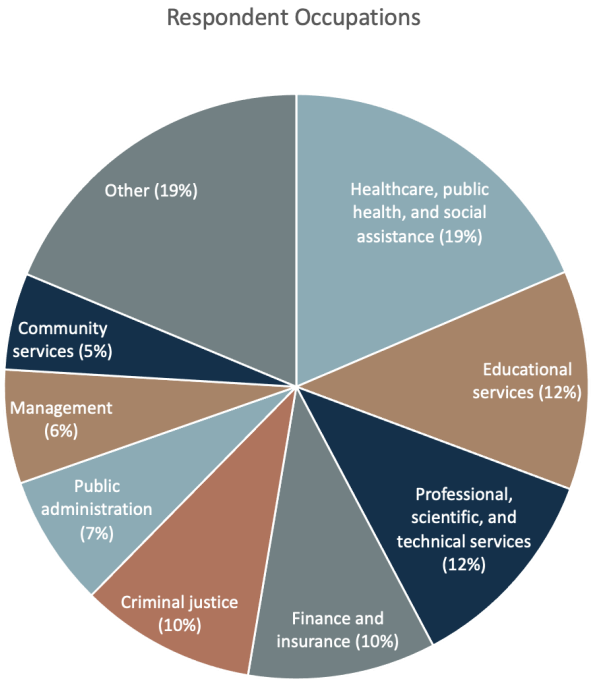
Professional and Occupation Characteristics

The occupation breakdown among survey respondents included healthcare (19%), educational services (12%), professional, scientific, and technical services (12%), finance and insurance (10%), criminal justice (10%), public administration (7%), management (6%), and community services (5%). Nineteen percent of respondents (19%) made up for other occupations, such as agricultural services, construction, real estate, and transportation.

Sixteen percent of respondents (16%) reported being an employer, of which 34% reported having an employee in recovery.

Eight percent of all respondents (8%) reported working in the addiction field, such as healthcare providers, concerned community members, and first responders.

Occupation Characteristics



Respondent Occupations and Professional Affiliations

Occupation Category	Affiliations / Stakeholder Groups	%	n
Healthcare	Addiction medicine, behavioral health, emergency medicine, EMS/fire, nurses, physicians, public health, treatment providers	19%	434
Educational Services	Teachers, principals, school officials, superintendents	12%	283
Professional, Scientific, and Technical Services	Legal services, architecture, engineering, computer systems/IT, technical consulting, scientific research/development, advertising/marketing	12%	270
Finance and Insurance	Monetary authorities/banks, credit intermediation, financial investments, insurance carriers, funds/trusts	10%	243
Criminal Justice	Community corrections, corrections, courts, defender, law enforcement, prosecutor	10%	227
Public Administration	Transportation, community/economic development, parks/recreation, housing, emergency management, disaster response, public works	7%	170
Management	Management of companies/enterprises	6%	147
Community Services	Advocacy organizations, children/family services, foundations, harm reduction, peer services, prevention, recovery supports, reentry services, veteran services	5%	125
Other	Accommodations/food services, agriculture, arts/entertainment, construction, faith-based communities/spiritual leaders, manufacturing, real estate, transportation/warehousing, utilities, wholesale trade	19%	437

Respondents with lived experience or professional expertise in addiction services

The survey included a range of North Dakota residents who have a family member or loved one impacted by addiction, are in recovery themselves, and are professionals who work in the addiction field.

Over half of all the respondents reported knowing someone who has struggled with addiction (61%), 14% self-reported being in recovery, and 8% are professionals in the addiction field. Most respondents selected multiple categories to describe their personal SUD impact and history.

Of the respondents who had a family member or friend who was impacted by addiction, 89% reported having an impacted friend, 49% a sibling, and 40% a parent.

Among the respondents who are in recovery, the most prevalent SUD was alcohol use disorder (45%), followed by stimulant use disorder (7.5%), and opioid use disorder (5%). Forty-one percent of respondents (41%) reported polysubstance use, meaning more than one substance was reported. The average length of time with an active SUD was 20 years and the average length of time in recovery was 27 years. Of these respondents, 63% received SUD treatment.

Methodology

This cross-sectional survey study was hosted by Qualtrics and conducted between August 5, 2021, and August 31, 2021. Participants were recruited through convenience sampling: Recruitment emails were sent to 158 groups.

The survey was designed by Addiction Policy Forum, University of Delaware, and Recovery Reinvented. Stigma and policy support measures, including measures of prejudice, stereotypes, and discrimination, were adapted from previously validated scales.[12-16] Knowledge items were created for the current study based on the team's previous work and expertise.

Approval of all research protocols, instruments, and communication materials was obtained by the University of Delaware's Institutional Review Board. Individuals had to be North Dakota residents and 18 or older to participate. Informed consent was obtained from all participants before the start of the survey, and no identifiable information was collected. No incentives were offered. The survey took participants an average of approximately 10 minutes to complete.

A total of 2,336 individuals participated in the survey with a 98.5% completion rate. Data were analyzed in Stata using descriptive statistics, analyses of variances and chi-square tests.

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