

The Stigma of Substance Use Disorder in Comparison to Mental & Physical Illness

Faith Dunn & Dr. Tricia Witte
Prevention of Violence and Substance Use Research Lab

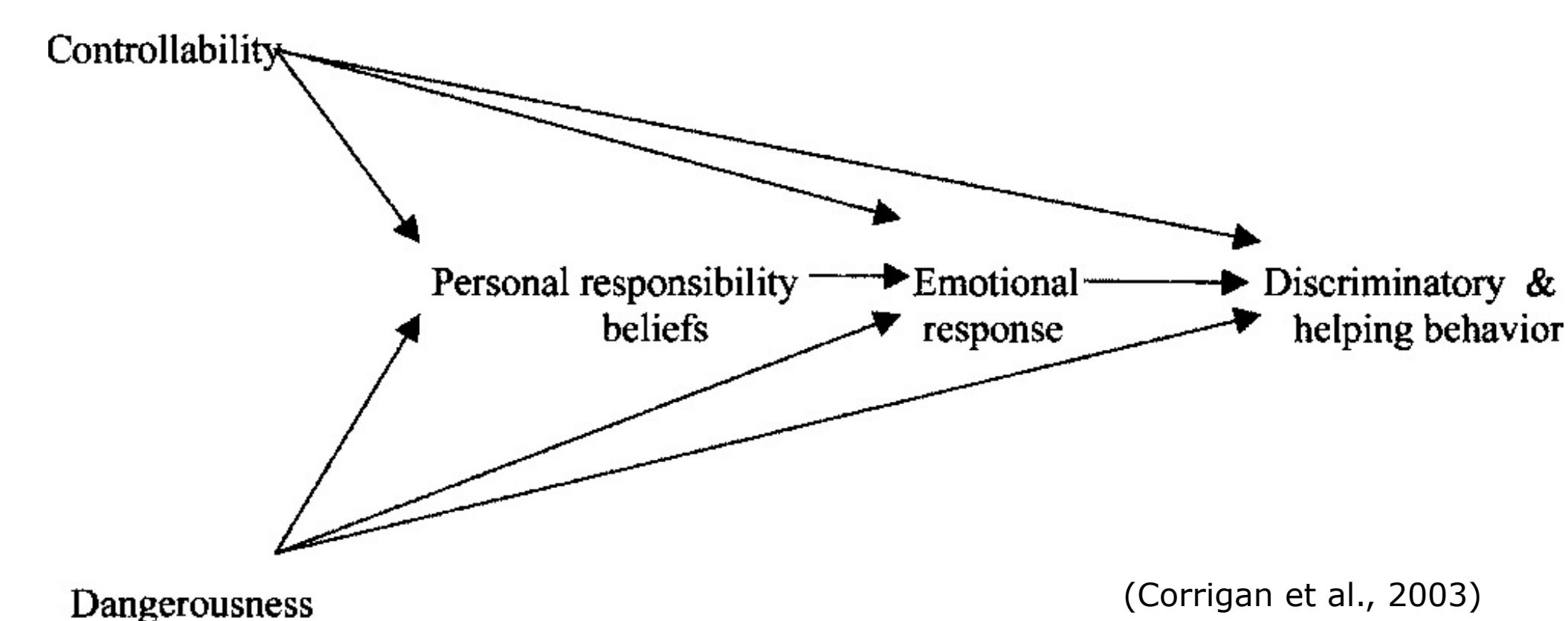
INTRODUCTION

The stigmatization of Substance Use Disorder (SUD) has affected seeking treatment, treatment outcomes and overall personal well-being.

PUBLIC STIGMA

- The projection of stereotypes and prejudice from a society towards a specific group, which can manifest to discriminatory acts

ATTRIBUTION THEORY (*theoretical orientation*)



(Corrigan et al., 2003)

GENETICS

- Previous research has shown if someone is genetically predisposed to an illness, less blame is put on them for having it
- This study alludes to the role of genetics in order to reduce the element of choice regarding SUD

HEALTHCARE PROVIDERS

- Due to substance use being so prevalent, it is inevitable that healthcare providers will encounter patients struggling with SUD
- Stigma affects providers' ability to effectively implement the best treatment for their patient

PURPOSE

- In this study we sought to identify the difference in public stigma, specifically in future healthcare providers, regarding SUD as compared to mental and physical illness, additionally tying in level of personal contact with people who have SUDs and the genetic predisposition of SUD

HYPOTHESIS

- Future healthcare providers would report more stigma towards the patient with SUD compared to the patients with mental or physical illness, even when alluding to genetics
- Level of contact will moderate this relationship

METHODS

Between-Subjects Design

Participants: Students on track for mental health/medical professions (i.e., Nursing, Social Work, Marriage and Family Therapy, Counseling, Psychology)

Measures:

- IV: Type of Illness (Cancer, Depression, Substance Use Disorder)
- DV: Public Stigma (AQ-9)
- CV: Genetic Predisposition
- Moderator: Level of Contact

Vignettes:

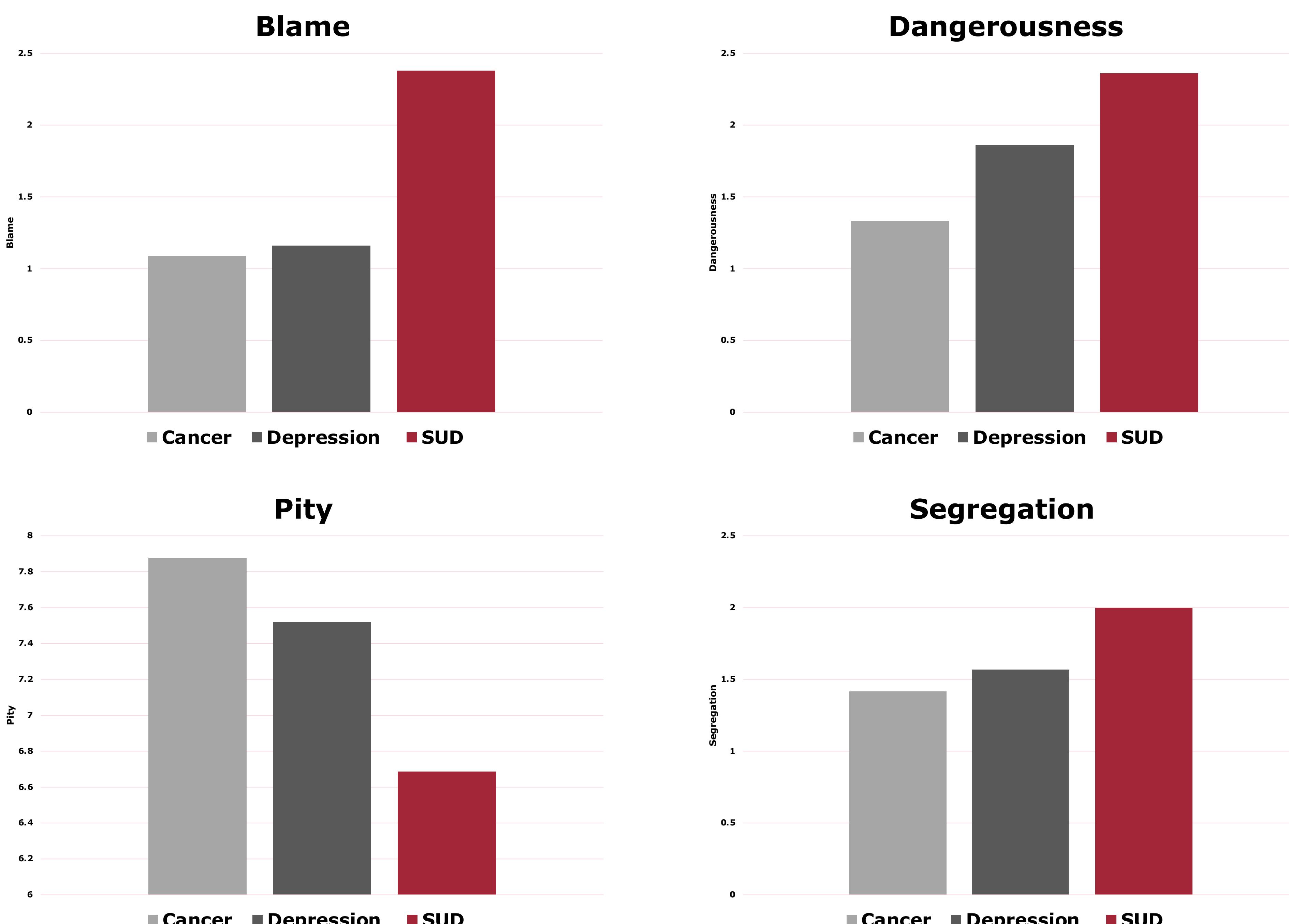
- Madison who has a genetic predisposition to [cancer/depression/addiction], was recently diagnosed with [breast cancer/major depressive disorder/SUD]. She is now seeking treatment.

Attribution Questionnaire-9 (AQ-9):

- Assesses public stigma where participants rate their level of agreeance from 1 (None at All) to 9 (Very Much)
- Made to address 9 components of stigma: *blame, dangerousness, pity, fear, anger, likelihood of helping/avoiding, segregation and coercion*

Level of Contact Scale:

- Measures previous levels of contact with people who have substance use problems (E.g., 'I have a relative who has an active substance use problem) with yes or no options



ANALYSIS/FINDINGS

268 total participants, and after data reduction, we had a total of 240 cases for data analysis

Analyses of the relationship between type of illness and AQ-9 subscales were conducted using MANOVAs

Level of contact was categorized into two subscales: low and high

Significant multivariate effects were found for type of illness for the following five subscales:

- Blame, dangerousness, pity, segregation, & coercion

NO statistically significant results were found for: fear, anger, avoiding and helping

NO statistically significant results were found for level of contact

CONCLUSIONS/FUTURE DIRECTIONS

THE FIRST STEP TO DECREASING STIGMA IS RECOGNIZING IT EXISTS!!!

This study demonstrated that future health care providers hold more stigma toward patients with SUD than patients with physical or mental illness. This is a concern due to stigma negatively affecting communication and honesty, in turn, interfering with effective treatment planning

FUTURE STUDIES

- Ecologically-valid methodology instead of hypothetical vignettes
- More diverse sample, as well as more professions
- Focus on pre-professionals in final years of training to see whether education effects levels of stigma
- Clarification as to what drug the person is using; adding more vignettes to see whether stigma varies in response to certain drugs

THE DISEASE OF ADDICTION DOES NOT DISCRIMINATE, SO WHY DO PEOPLE?