



Results from the Fall 2008 National Study of Public Attitudes toward Addiction

Center for Public Advocacy,
Hazelden Foundation

- National telephone survey with 1000 respondents
- Balanced by key demographic factors
- Focus on words consumers use to describe addiction and addicts.
- Attitudes toward addiction and its treatment.
- Consumer awareness and experience with treatment
- The impact of addiction on families
- The impact of addiction on the workplace



Demographic Factors

US regional distribution, with detail on Hazelden service areas



Hazelden Minnesota

- Minnesota/Wisconsin/Iowa/North and South Dakota – 54 respondents

Hazelden Springbrook

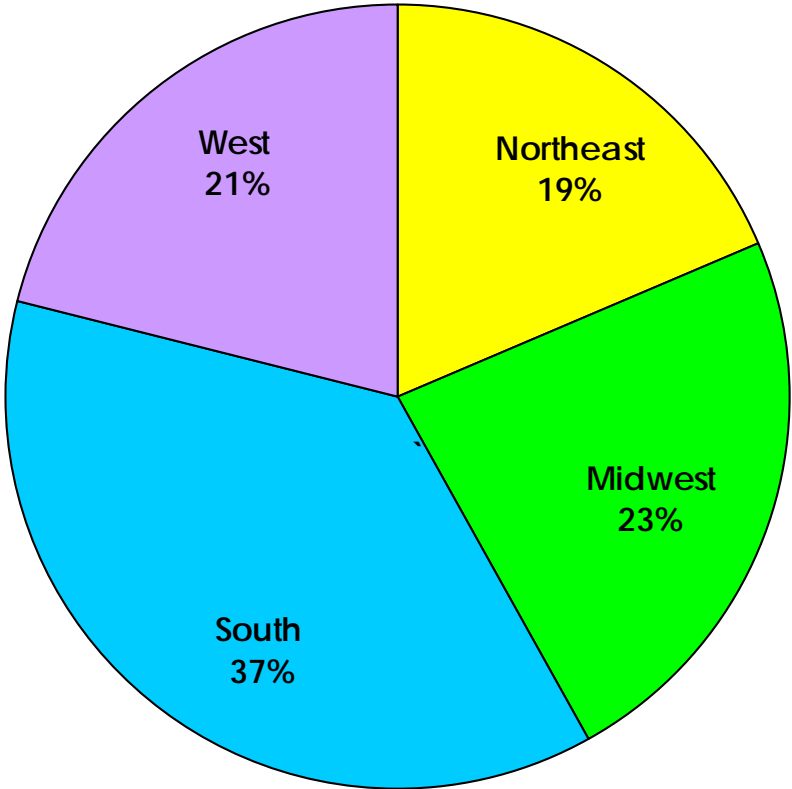
- California, Oregon, Washington – 145 respondents

Hazelden Chicago

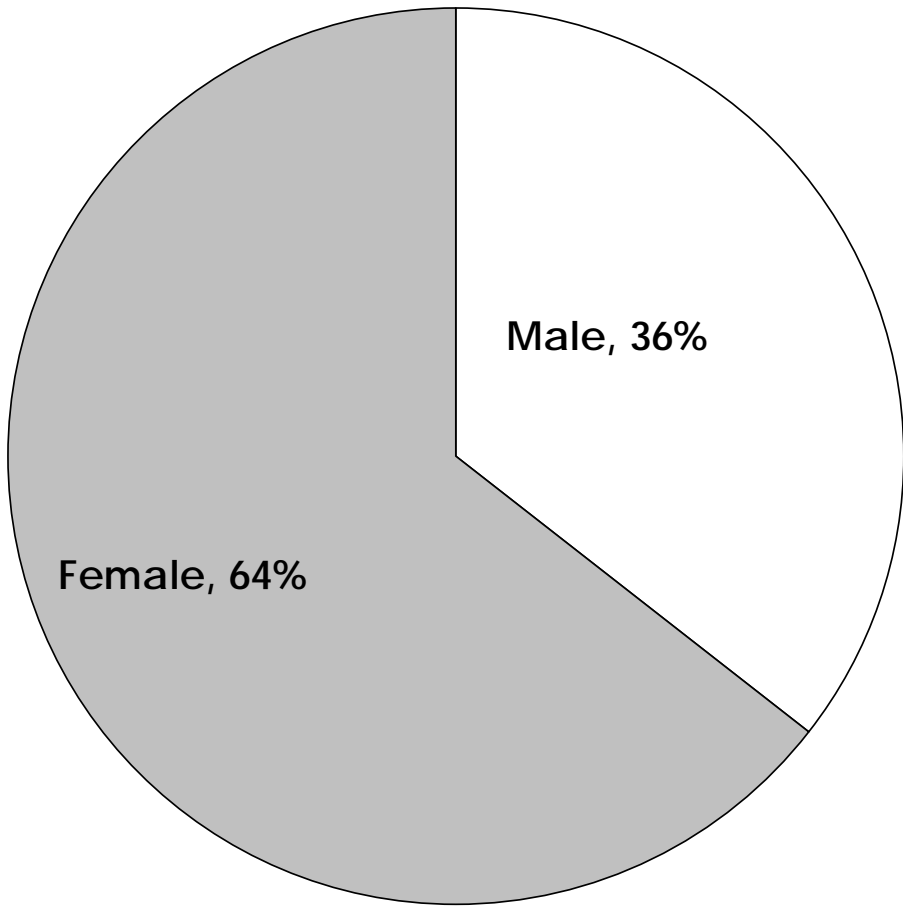
- Illinois, Indiana – 75 respondents

Hazelden New York

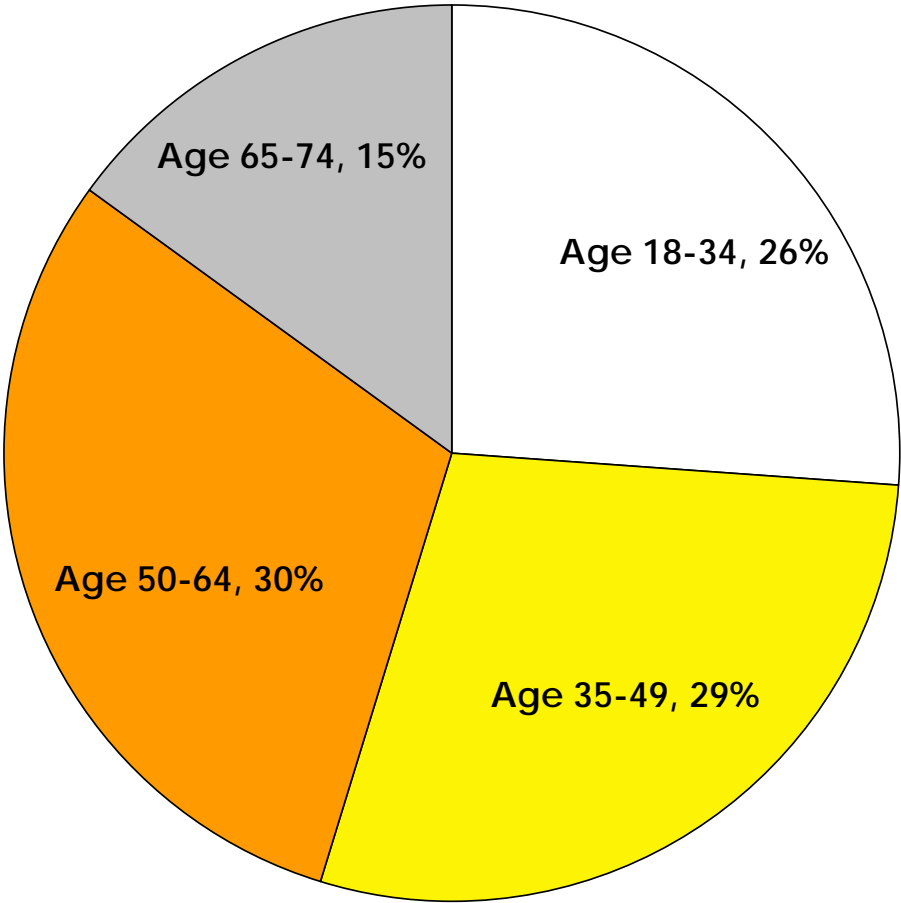
- New York, New Jersey, Connecticut – 106 respondents



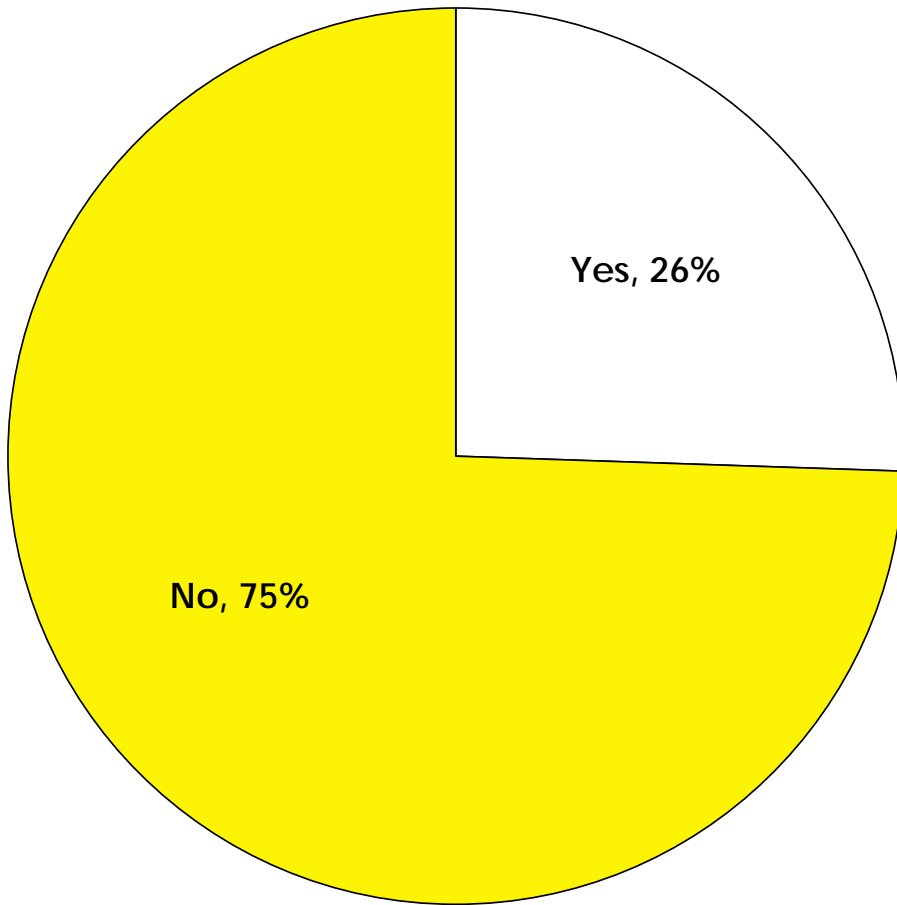
Gender



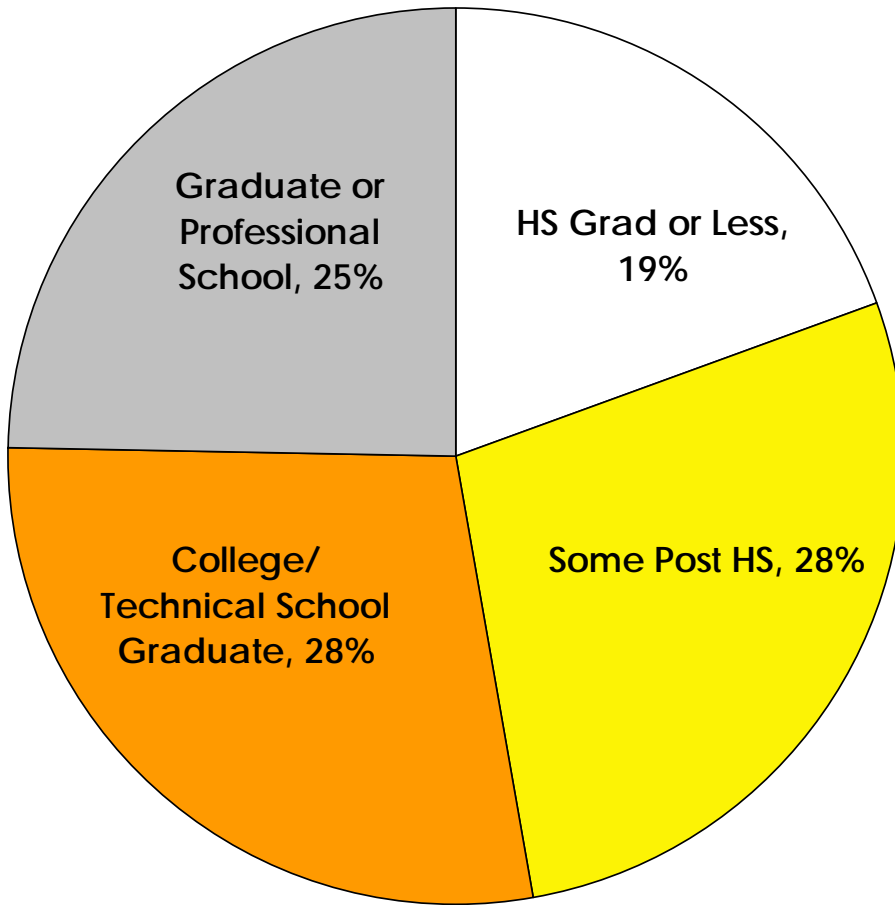
Age



Household member in health care industry



Highest level of education





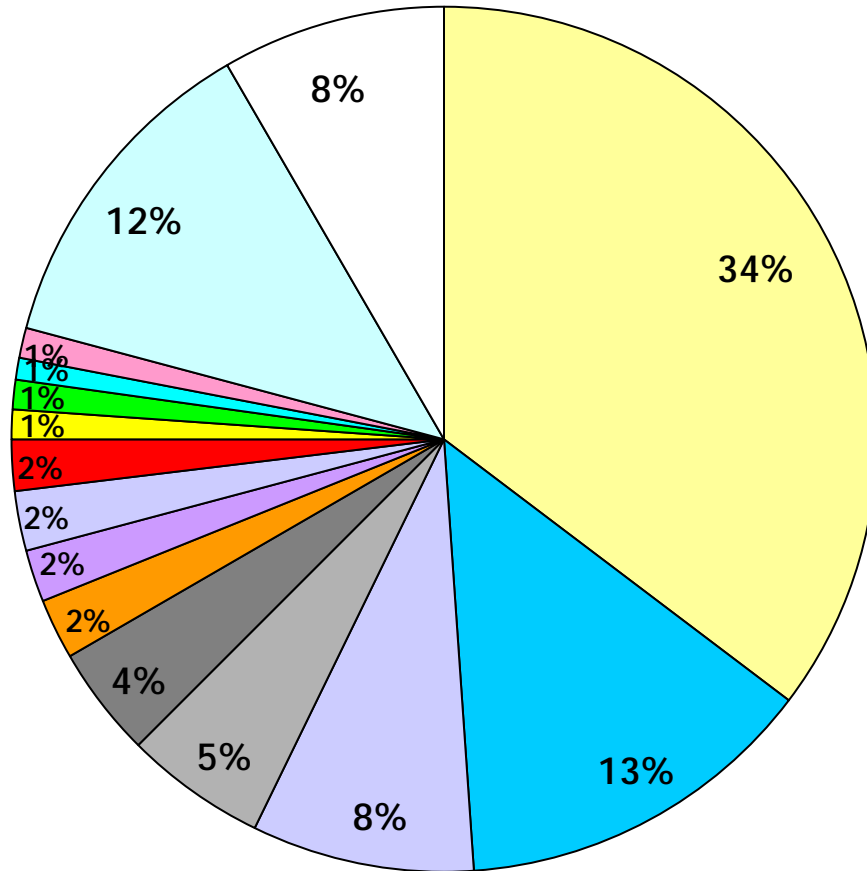
Words Consumers Use

Most common words describing addiction and recovery – all mentions



Someone with a problem with drugs or alcohol	Someone who has completed treatment and is no longer using	Meaning of the words "in recovery"
Addict 44% Alcoholic 22% Illness/disease 12% Needs help 8%	Recovering 35% Rehabilitated 13% Good/great 8% Successful 5%	Trying to get over it 17% In treatment 12% Getting help 9% No longer using 7%

Words used to describe someone with a problem with drugs or alcohol - first mention



- Addict
- Alcoholic
- Illness
- In Need
- Problematic
- Troubled
- Drunk
- Dependent
- Sad
- Abuser
- Substance Abuse
- Druggie
- Unfortunate
- Other Words
- Don't know

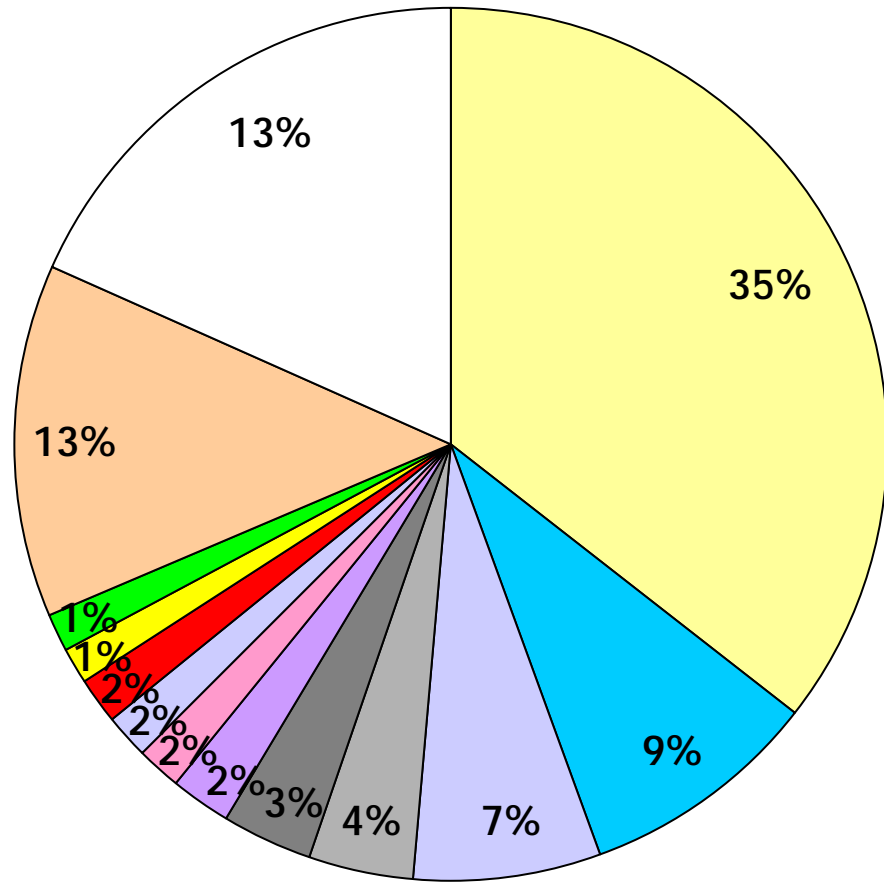
Other descriptive words for a person with a problem with drugs or alcohol



Abuser	Dope head	Makes bad decisions	Stoned
Afraid	Druggie	Mentally unstable	Stressed out
Bad	Drugs	Messed up	Struggling
Bad habit	Dumb	Meth head	Stupid
Boozer	Friend	Misguided	Substance abuse
Bum	Frustrating	Normal	Sympathy
Challenged	Habitual	Nut Head	Terrible
Concerned	Having fun	Pathetic	Tweaker
Confused	Intoxicated	Pitiful	Unbalanced
Crack head	Irresponsible	Poor	Uncaring
Crazy	Junkie	Recovering alcoholic	Undisciplined
Criminal	Lazy	Rejected	Unfortunate
Dead end	Lonely	Selfish	Uninformed
Denial	Loser	Shank	User
Depressed	Low Life	Sinner	Washed up
Derelict	Low self-esteem	Smashed	Weak
Desperate	Lush	Sorrow	Wino

First or second mention – only 1-10 total mentions from 1000 respondents

Someone who has completed treatment for drugs or alcohol and is no longer using them



- Recovering
- Rehabilitated
- Successful
- Good/Great
- Strong
- Sober
- Quitter
- Clean
- Reformed
- Normal
- Courageous
- Other Words
- Don't Know

Other words for someone who has completed treatment is no longer using

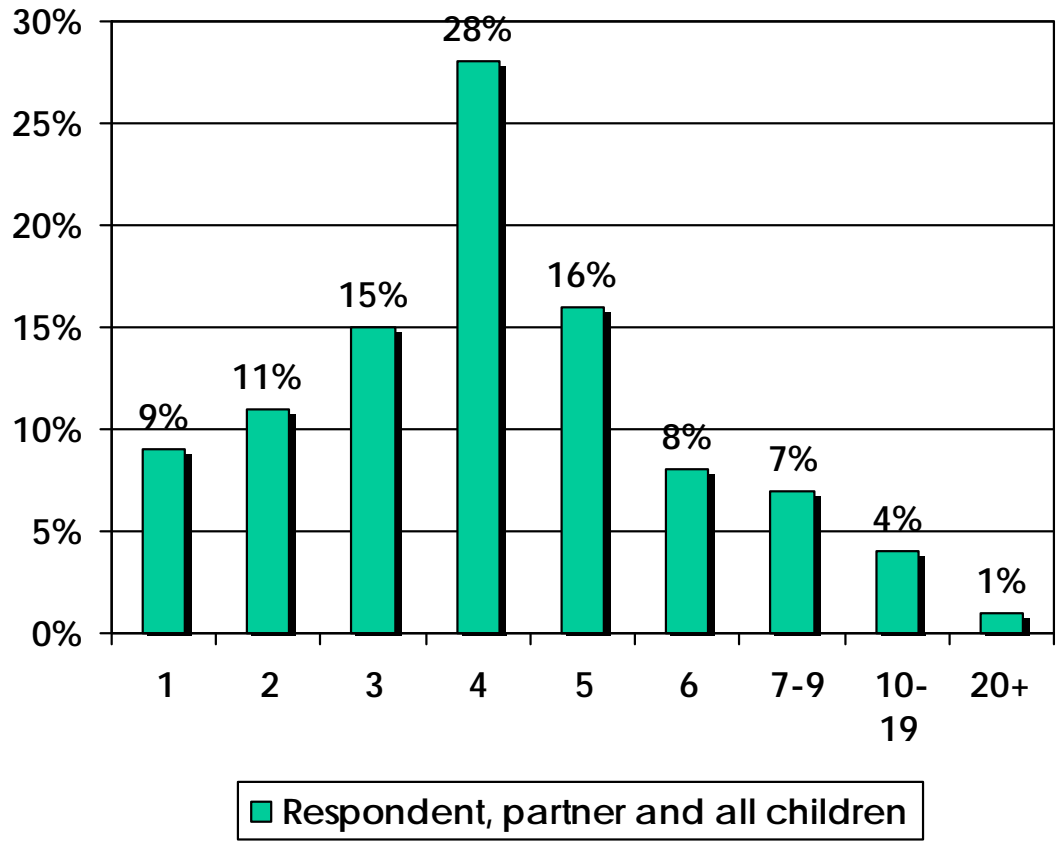


- Accomplished
- Admirable
- Capable
- Congratulations
- Cured
- Delivered
- Encouraged
- Former Addict
- Got Help
- Healing
- Honorable
- Human
- Lucky
- Over-comer
- Past User
- Pride
- Remission
- Respect
- Responsible
- Smart
- Survivor
- Vulnerable



The Scope of Addiction in Families

Number of members in immediate family of survey respondents

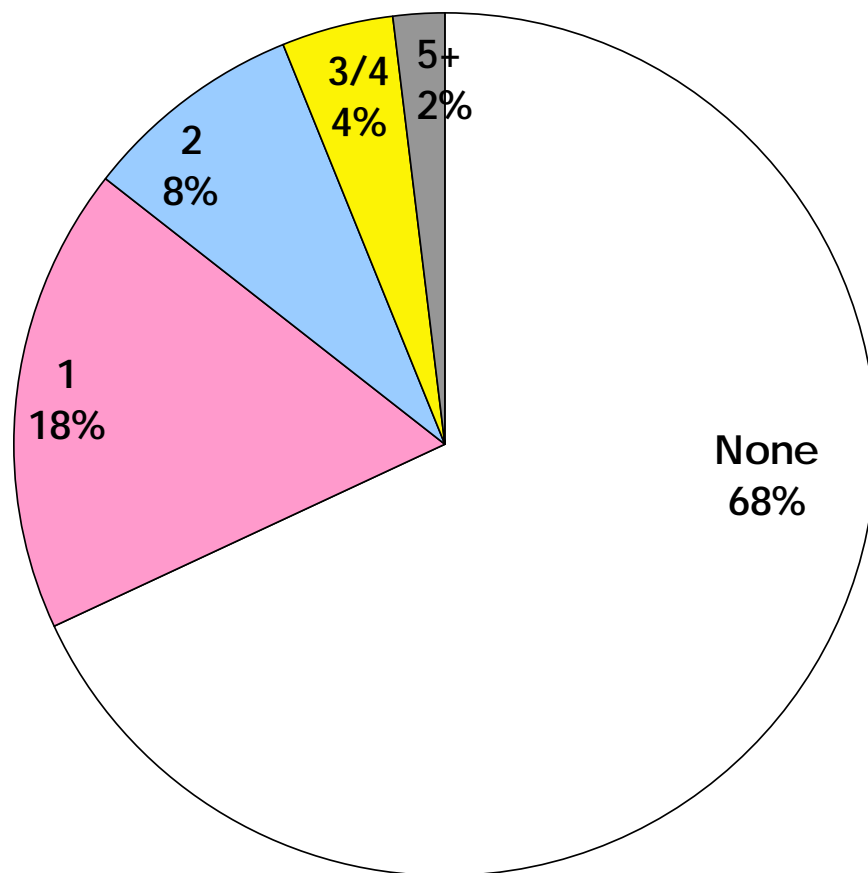


Observations:

The most common immediate family size is four – probably in most cases either two parents and two children or one parent and three children.

The relatively large number of larger families (36% have six or more members) may significantly relate to divorce, remarriage and step parenting.

Immediate family members with a problem with alcohol or drugs at any time in their lives



Observations:

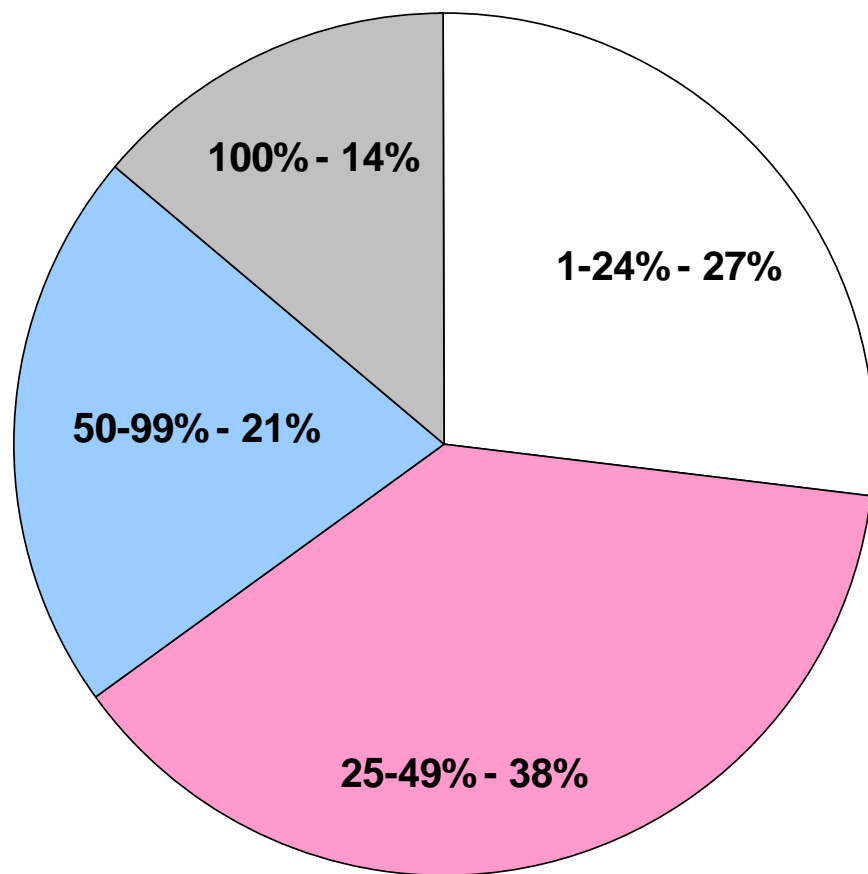
Nearly one third of all respondents reported past use of alcohol or drugs in their immediate family (respondent, partner and their children).

Of households with an immediate family member with a problem, 44% reported more than one individual with a problem.

Respondents with immediate family member with problem were more likely to:

1. Have less education – high school graduate or less (25% vs. 19%) and some college or technical school (33% vs. 28%)
2. Be female - 72% vs. 64%
3. Be age 50+ - 55% vs. 45%

Percent of immediate family with a problem with alcohol or drugs at any time in their lives



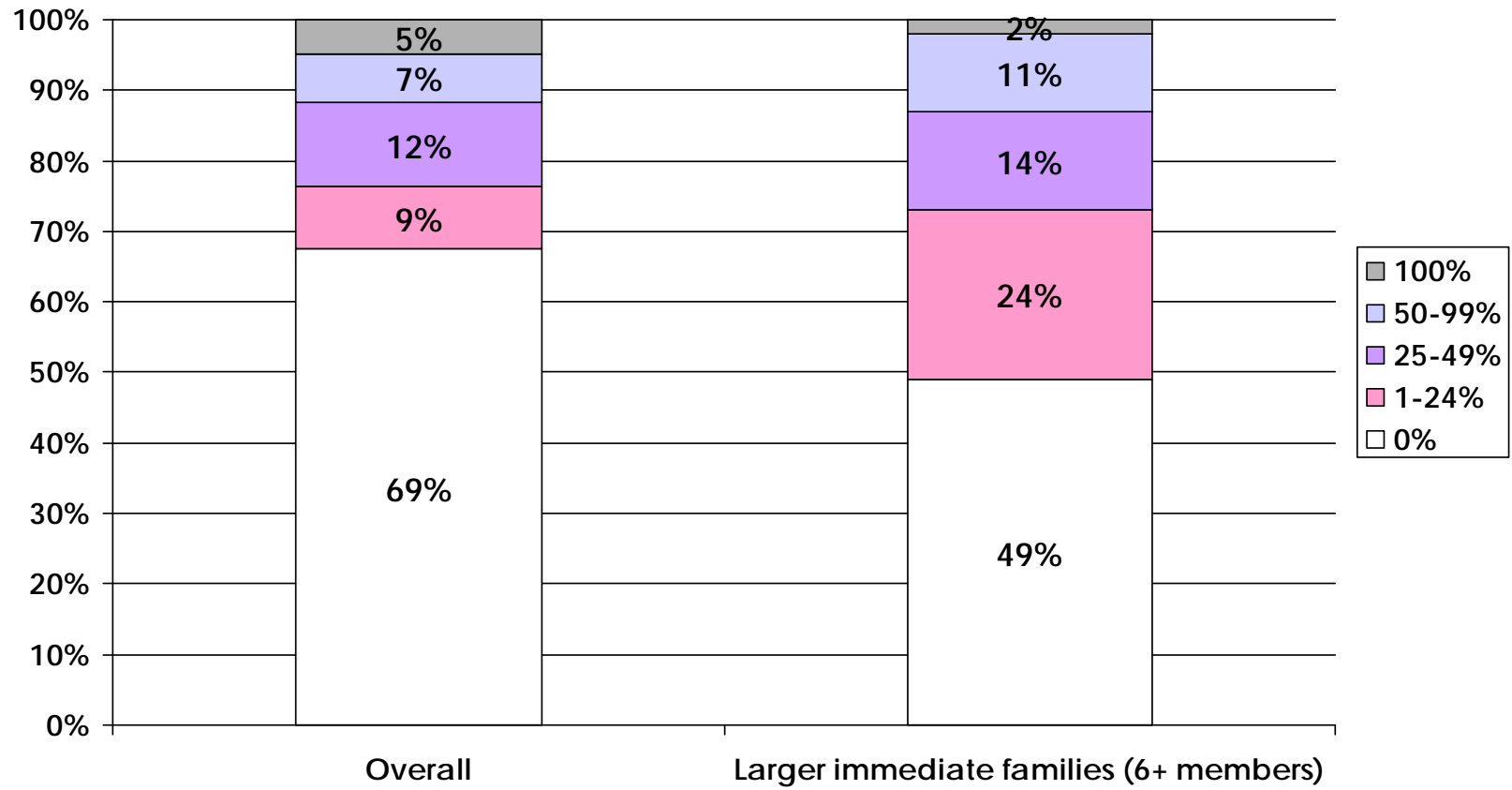
Observations:

This distribution is only for families who report that they have an immediate family member who has had a problem with drugs or alcohol.

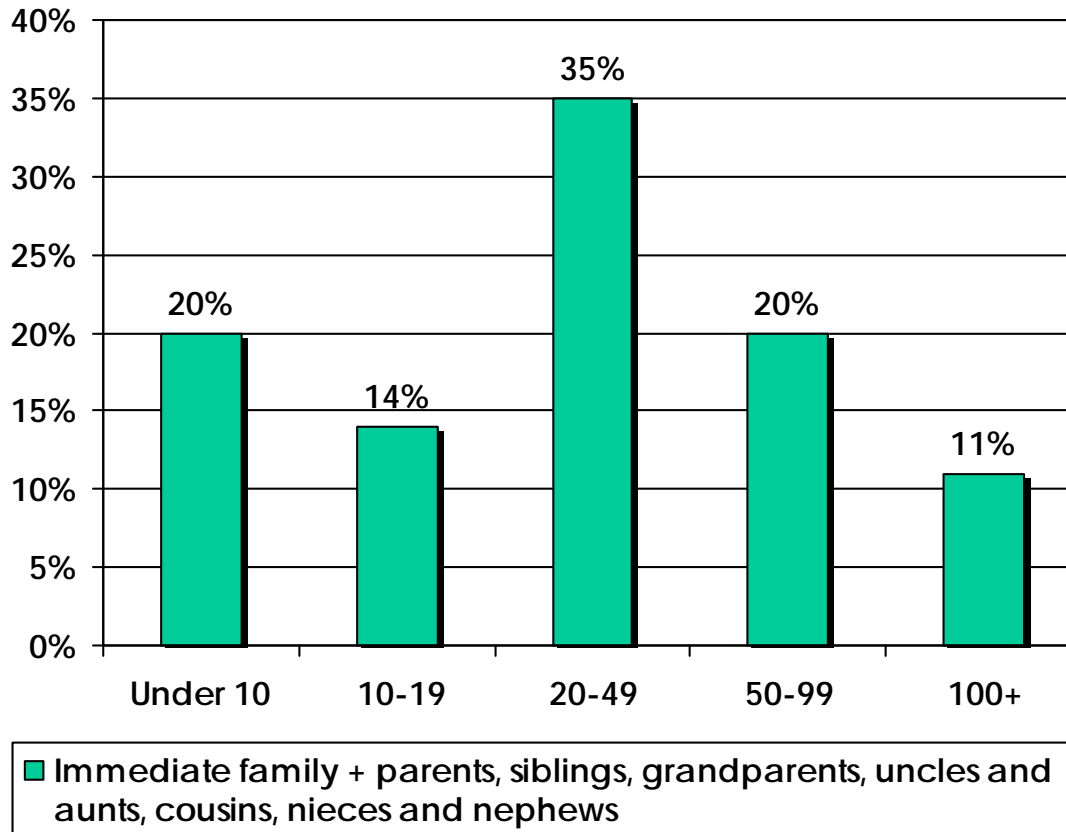
For more than a third of families, a majority of family members have had a problem.

Of immediate families impacted by alcohol or drugs, within almost one in six families, every family member has a problem with drugs or alcohol.

Percent of immediate family with a problem with alcohol or drugs at any time in their lives



Number of members in immediate and extended families

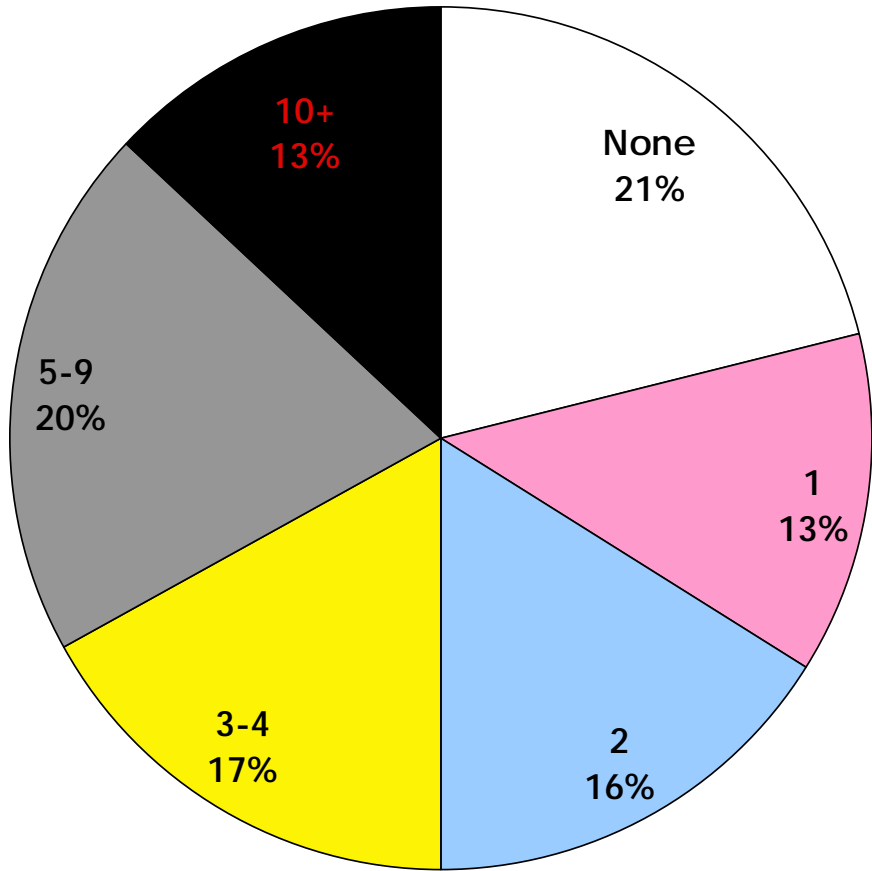


Observations:

The most common total (immediate and extended) family size is 20-49.

The impact of large families and remarriage is seen through total family sizes of 50-99 members (20%) and 100+ members (11%).

How many members of your immediate and extended family have had a problem with alcohol or drugs at any time in their lives?



Observations:

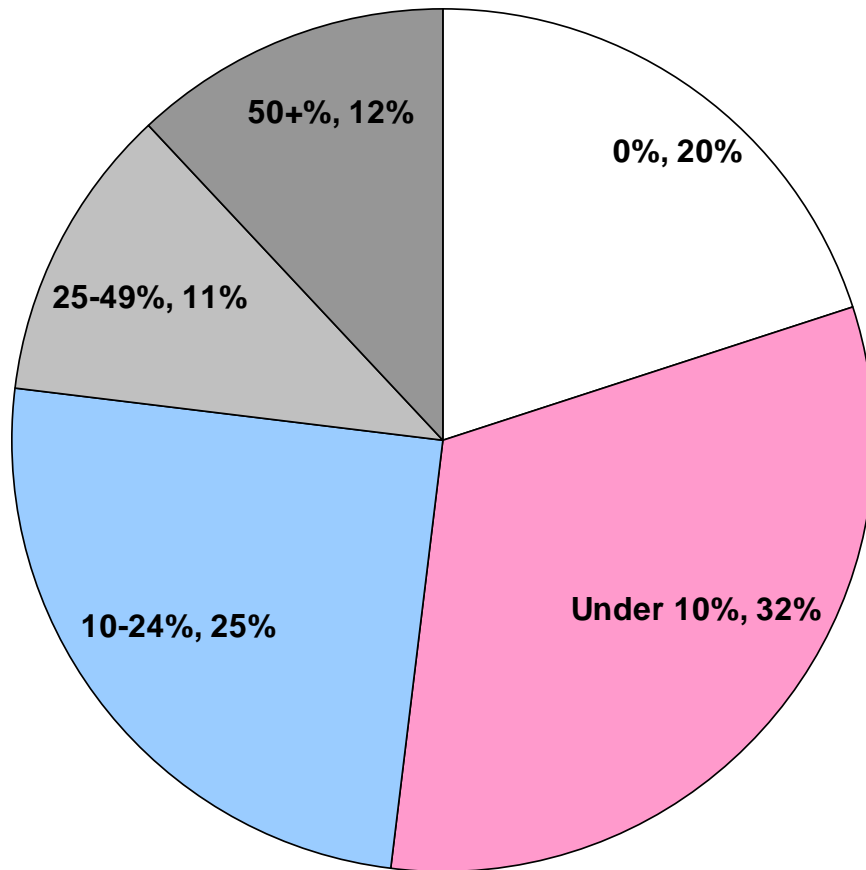
Only one in five respondents reported no immediate or extended family member with a problem.

Having only 1 immediate or extended family member with a problem is relatively uncommon (just as many reported 10+ family members)

Half the respondents reported 3+ family members with a problem, with one in three have 5+ family members.

The 131 respondents who reported 10+ family members with problems accounted to 2,900 family members with alcohol-drug problems, more than half of the 5,100 family members reported by all 1,000 respondents.

Percent of total family members who have had a problem with alcohol or drugs at any time in their lives

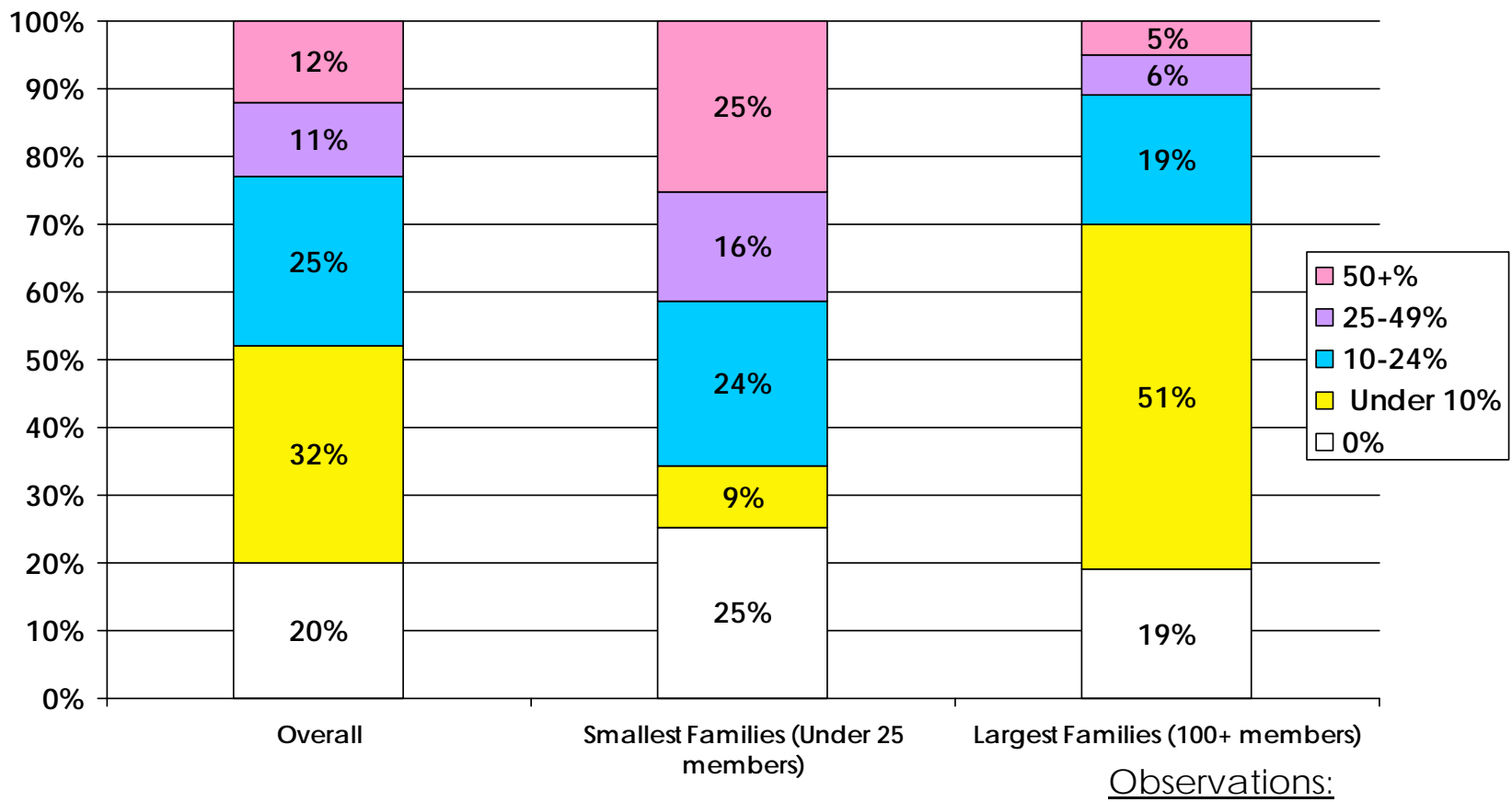


Observations:

About one of four families have one quarter of all their families members with a history of problems with drugs and/or alcohol.

Those families with more than 50% of their total family members with a history of problems with drugs and alcohol would be expected to have different attitudes from others.

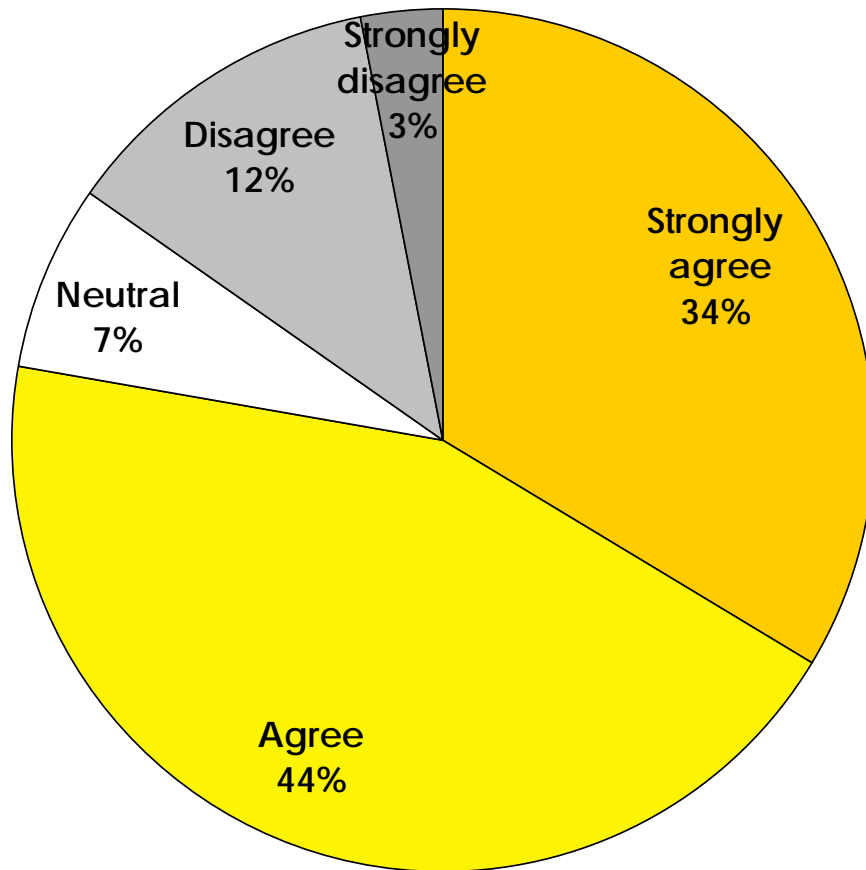
Percent of total family members who have had a problem with alcohol or drugs at any time in their lives





Attitudes toward Addiction

Addiction to drugs and alcohol is a disease – most agree.



Percent in agreement:

Overall – 78%

No immediate family member with a drug or alcohol problem – 72%

Most from total family with problem – 88%

Residents of five state area - MN, SD, ND, IA and WI - 87%

US Region – East (83%) vs. South (77%)

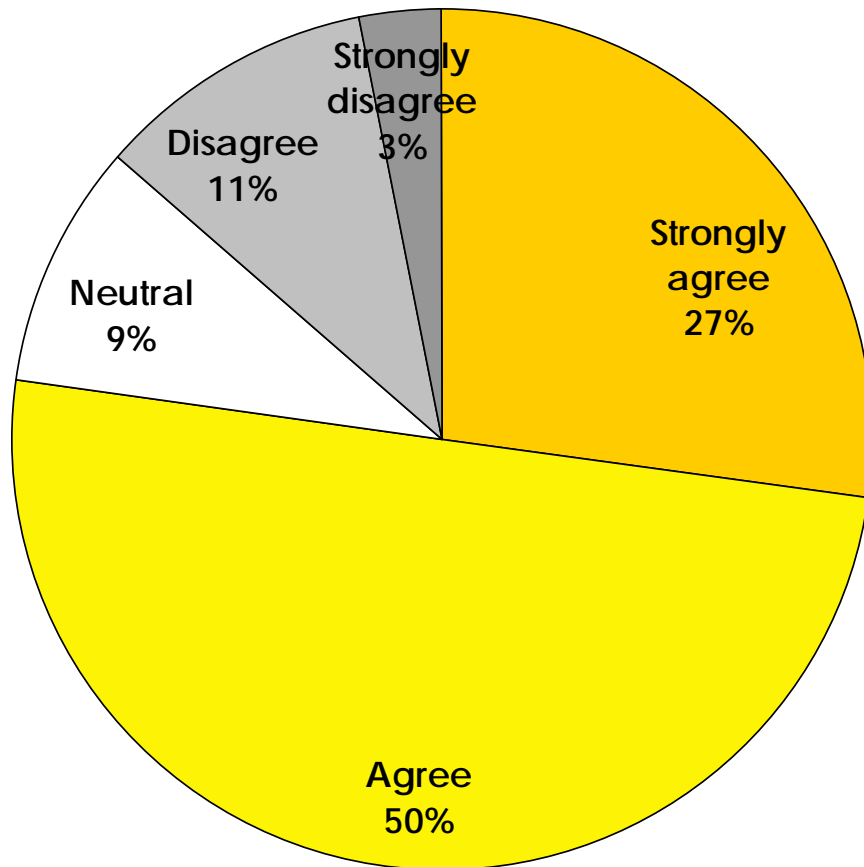
Gender – female (81%) vs. male (72%)

Age – 50-64 (83%) vs. 65+ (73%)

Outcome: Treated/not using (85%) vs. not treated/not a problem (78%)

No major difference – education, health care household, having an immediate family member with problem, person who is willing or unwilling to be open and speak publicly about addiction

Some are genetically more likely to become addicted.



Percent in agreement:

Overall – 77%

Immediate family member with a problem – yes (83%) vs. no (67%)

Residents of five state area - MN, SD, ND, IA and WI

US Region - NE (82%) vs. West (74%)

Education - college/tech school grad (80%) vs. HS or less (70%)

Gender – female (81%) vs. male (70%)

Age – 65+ (83%) vs. 18-34 (72%)

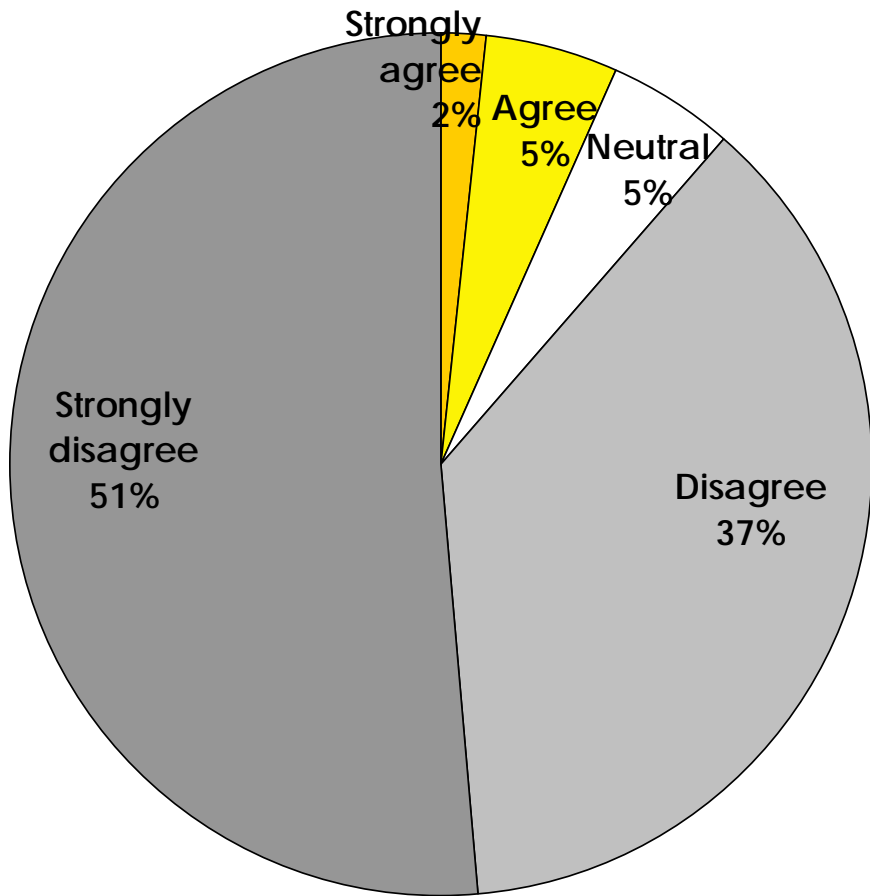
Healthcare household (80%)

Outcome: treated/no problem (82%) vs. treated/still using (74%)

Willing (80%) or unwilling (74%) to be public about addiction

No significant difference – education, most family members with problem

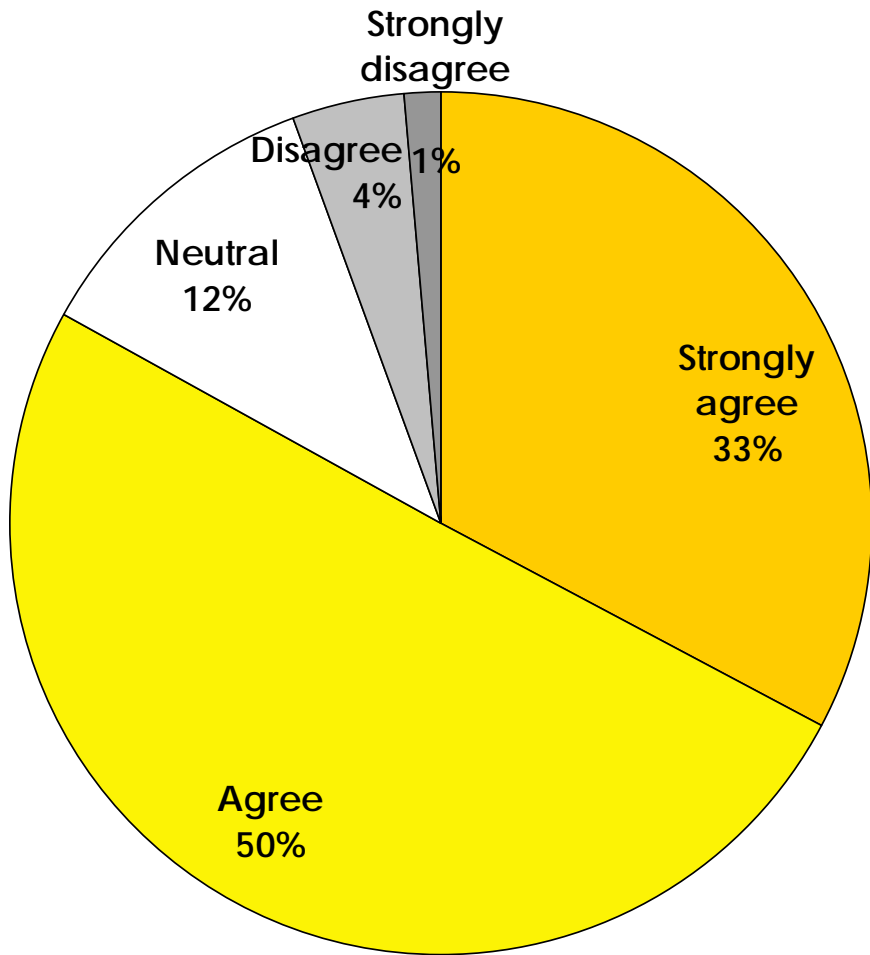
Underage drinking is generally harmless.



Percent that **strongly disagree**:

- Overall – 51% (88% all who agree)
- No immediate family member with a drug or alcohol problem (only 38% strongly)
- Residents of five state area - 57%
- Education - College/tech school grad (57%) vs. HS grad (40%)
- Gender – female (55%) vs. male (46%)
- Age – 65+ (57%) vs. 18-34 (49%)
- Healthcare household (58%)
- Outcome: treated/not using (59%) vs. not treated/no problem (50%)
- Willing (54%) vs. unwilling (44%) to be public about addiction
- No significant difference – education, US region, immediate family member, most family members with problem

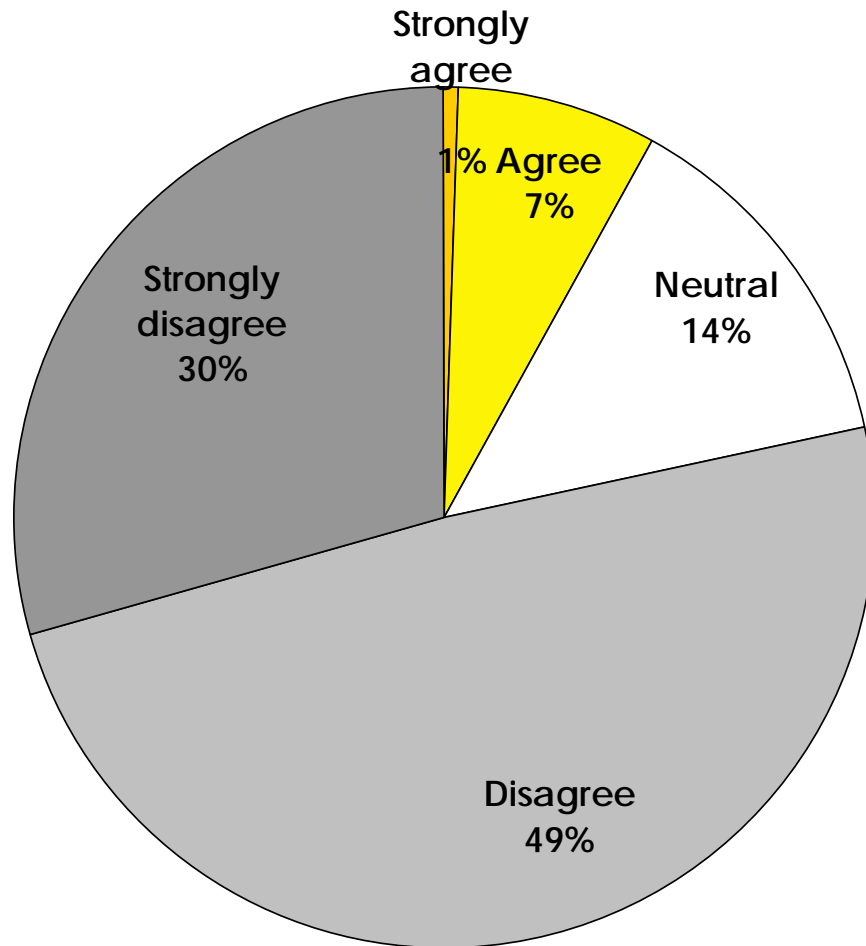
Much more should be done to prevent addiction – most agree.



Percent in agreement:

- Overall – 83%
- Immediate family member with a drug or alcohol problem (78%) vs. most of total family with problem (92%)
- Residents of five state area - MN, SD, ND, IA and WI (87%) vs. West Coast - CA, OR, WA (74%)
- US Region - South (88%) vs. West (72%)
- Education - HS or less (90+%) vs. graduate/professional school (80%)
- Gender – female (85%) vs. male (77%)
- Age – 65+ (90%) vs. 35-49 (72%)
- Outcome – Treated/not using (87%) versus family member deceased (77%)
- No major difference – health care households, no family member with problem, willing or unwilling to be public about addiction

The war on drugs has been successful – most disagree.



Percent that disagree:

Overall – 79%

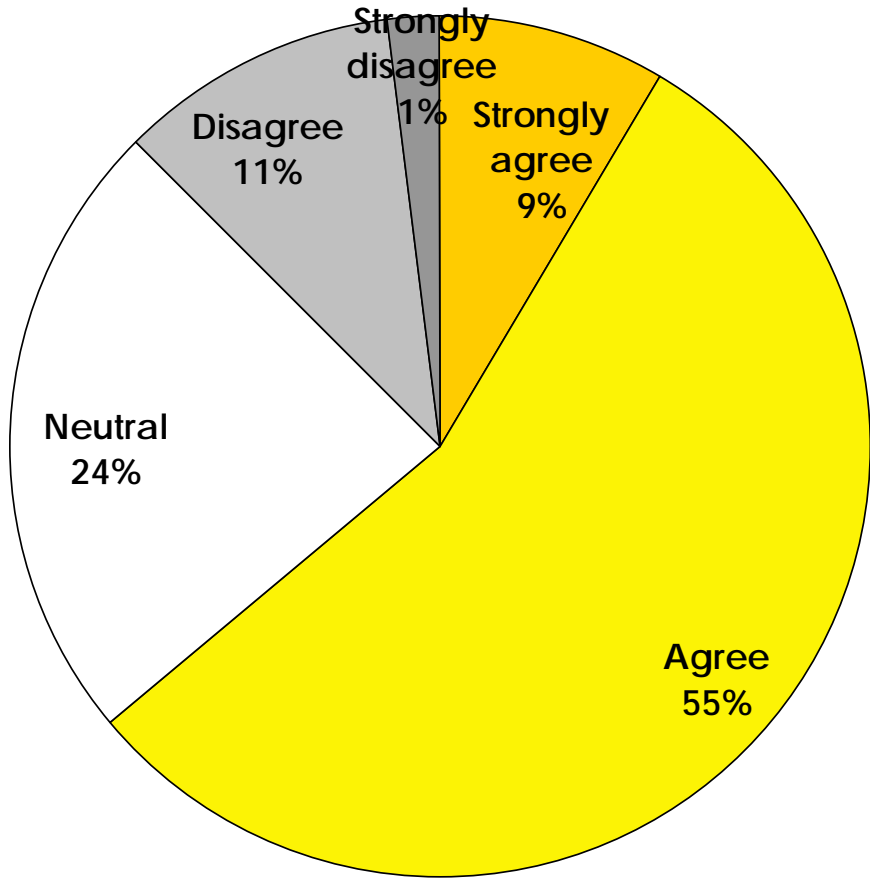
US Region - East and South (85%) vs. Midwest and West (76%)

Age – 65+ (90%) vs. 35-49 (72%)

Outcome: family member deceased (85%) vs. not treated/still using (75%)

No major difference – education, gender, health care household, five-state area or West Coast, immediate family member with a problem – yes or no, majority of entire family with problem, willing or unwilling to be public about addiction

Effective treatments exist for addiction – most agree, but not strongly.



Percent in agreement:

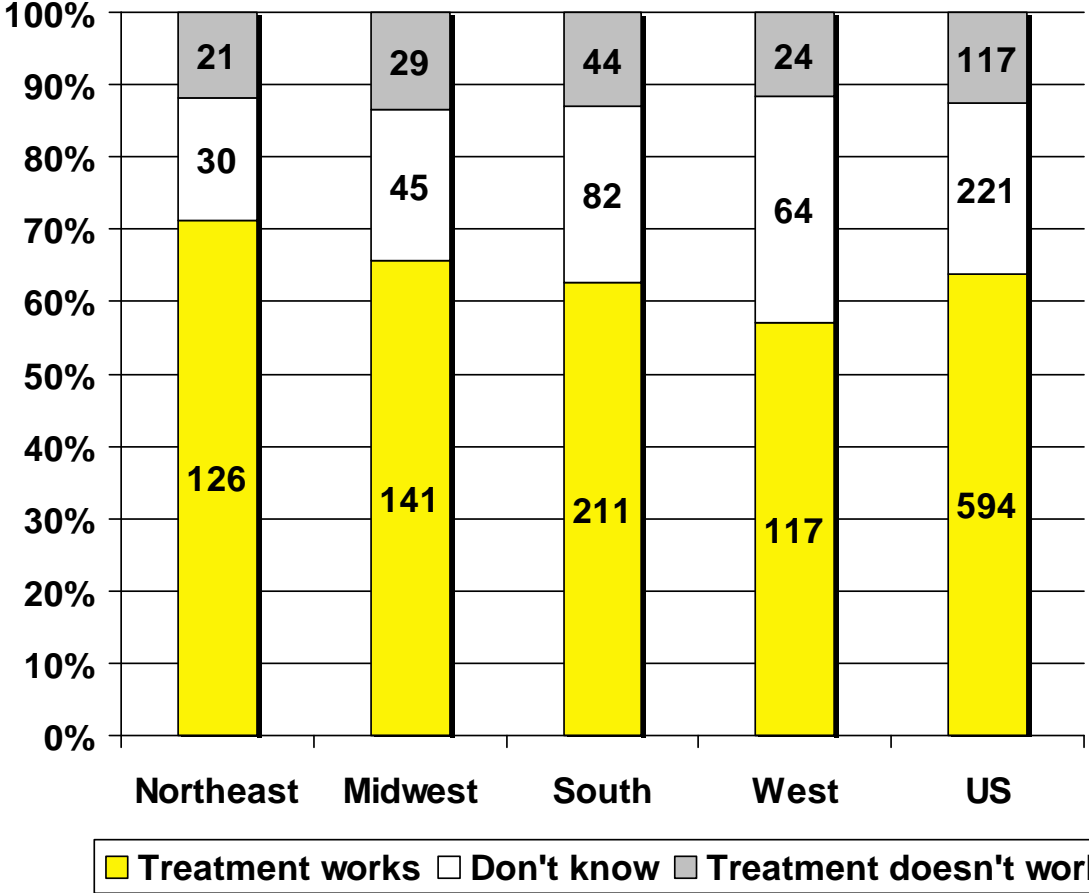
- Overall – 64% (strongly 9%, neutral 24%)
- No family member with a drug or alcohol problem - 58%
- Residents of five-state area (71%) vs. West Coast (59%)
- US Region - South (73%) vs. West (57%)
- Education – College/technical and graduate professional school (78%) vs. some college/tech school (56%)
- Gender – male (%) vs. female (%)
- Age – 18-34 (72%) vs. 65-74 (63%)
- Health care household (67%)
- Outcome: treated/not using (75%) vs. treated/still using (61%)
- No major difference – immediate family member with problem, most family members with problem, willing or unwilling to be public about addiction

One in four think addiction is a disease, but don't know or believe that treatment works.



<p>53% - True believers</p> <p>Addiction a disease and believe that treatment works</p>	<p>16% - Need convincing</p> <p>Addiction a disease, but don't know whether or not treatment works</p>	<p>9% - Mixed opinion</p> <p>Addiction a disease, but don't believe that treatment works</p>
<p>3% - need convincing</p> <p>Treatment works, but unsure whether addiction is a disease</p>	<p>4% - Truly undecided</p> <p>Don't know whether or not treatment works or addiction is a disease</p>	<p>0% - Contrarians</p> <p>Don't believe that treatment works and unsure whether addiction is a disease</p>
<p>8% - Mixed opinion</p> <p>Treatment works, but don't believe that addiction is a disease</p>	<p>3% - Contrarians</p> <p>Don't think addiction a disease and don't know whether treatment works</p>	<p>3% - Contrarians</p> <p>Don't believe addiction is a disease or that treatment works.</p>

In every region of the country, local residents believe that treatment can be effective

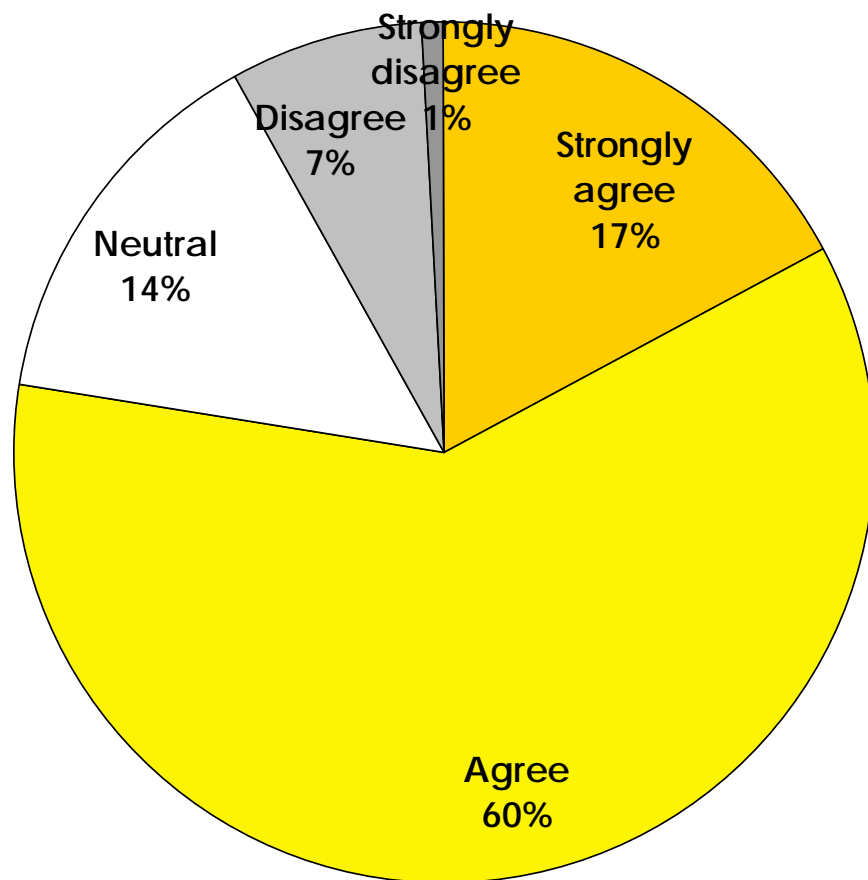


Residents of the Northeast are most likely, residents of the Western US least likely to believe this.

10-15% of residents of all regions of the country didn't agree with this statement.

Residents of the West were nearly twice as likely at those from the East to be unsure about this.

Many who complete treatment go on to lead useful lives – most agree, but not strongly.



Percent in agreement:

Overall - 77% (strong agreement 17%)

Residents of five state area (83%) vs. West Coast (78%)

Education - graduate/professional school (82%) vs. HS grad (60%)

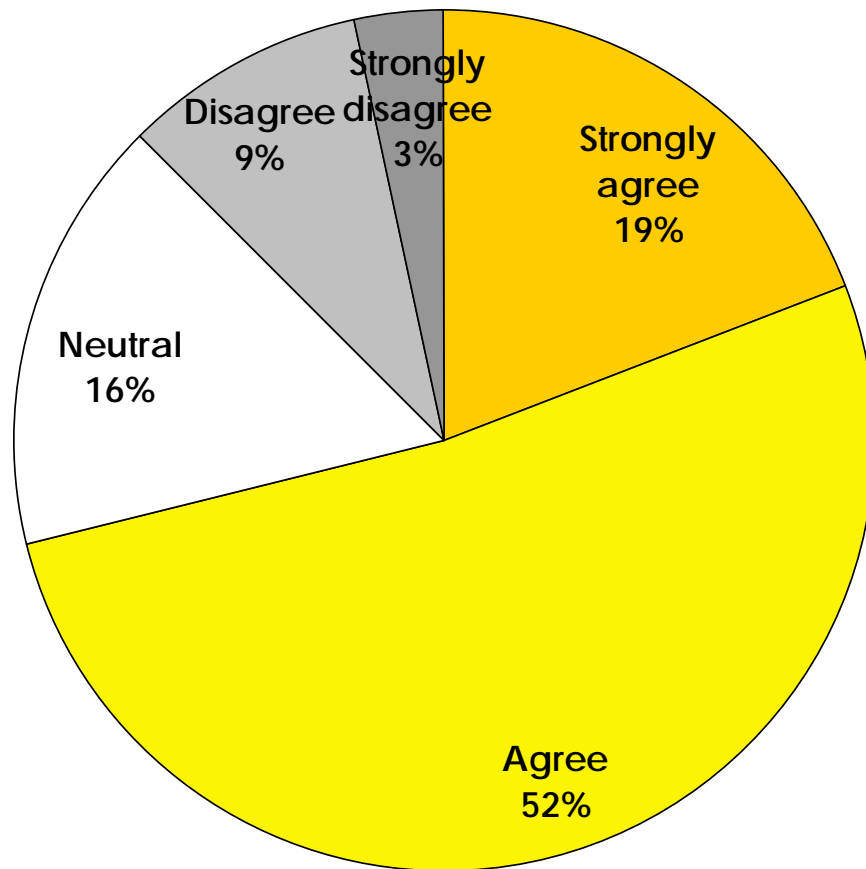
Age - 65+ (81%) vs. 18-34 (71%)

Outcome - treated/not using (87%) vs. treated/still using (67%)

Willing (82%) vs. unwilling (61%) to be public about addiction

No major difference - gender, health care household, US Region, immediate family member with or without with a problem, most of entire family with a problem

Special drug courts . . . are a good idea – most agree.



Percent in agreement:

Overall – 71%

Most total family members with a problem (75%)

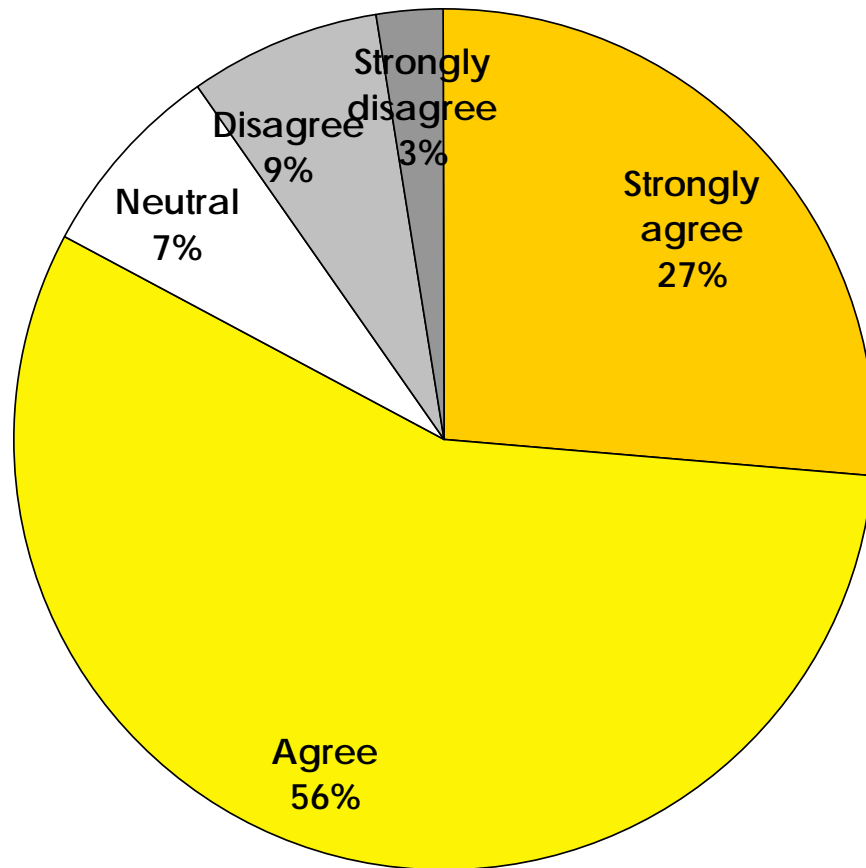
Residents of five state area - 77%

Education – HS grad (80%) vs. graduate/professional school (64%)

Age – 50-64 (77%) vs. 35-49 (64%)

No major difference – gender, health care households, West Coast, US Region, immediate family member with or without a problem, outcome, willing or unwilling to be public about addiction

First time offenders . . . should get treatment rather than prison time – large majority agree.



Percent in agreement:

Overall - 83%

Immediate family member with a problem - yes(88%) vs. no (78%)

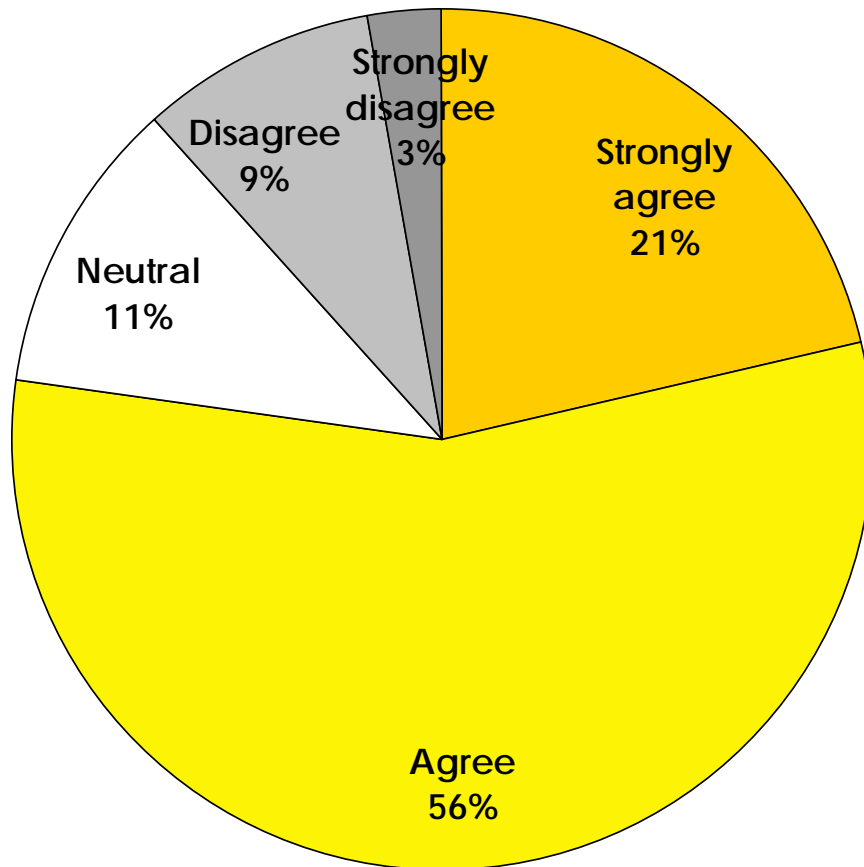
Most family members with problem – no higher overall, but much more likely to strongly agree (44% vs. 27%)

Residents of five state area (only 15% strongly agree) vs. West Coast (25%)

Age – 65+ (94%) vs. 18-34 (74%)

No major difference – education, gender, health care households, US Region, outcome, willing or unwilling to be open about addiction

Addiction should be part of healthcare reform – most agree.



Percent in agreement:

Overall – 77%

Immediate family member with a drug or alcohol problem yes (84%) vs. no (69%)

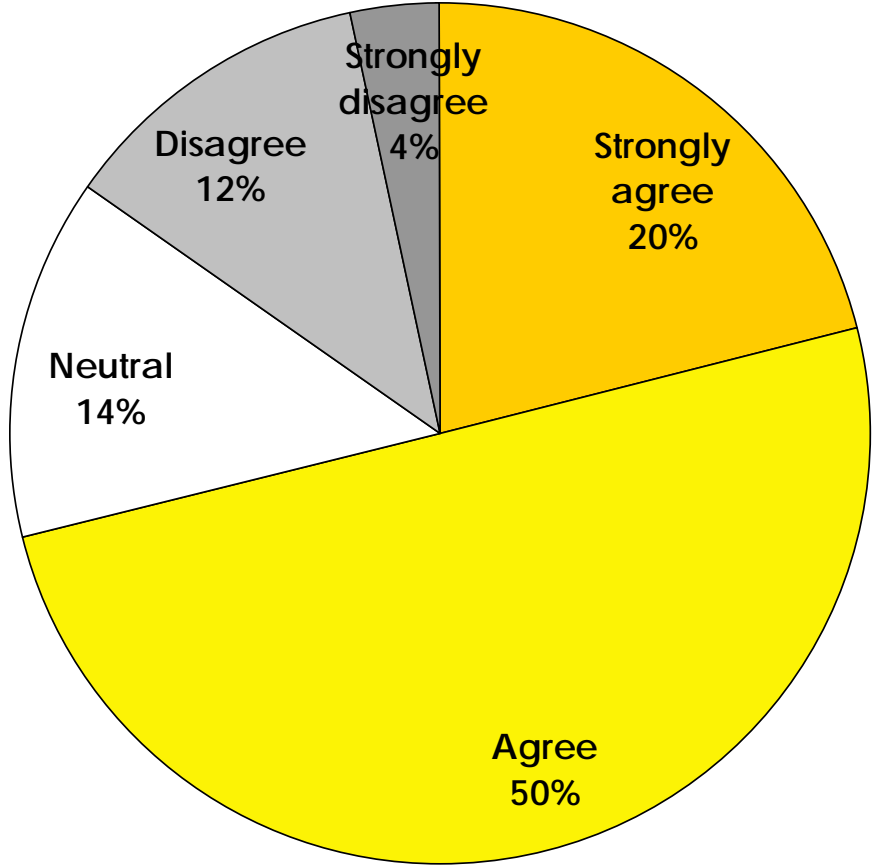
Gender – female (82%) vs. male (68%)

Age – 65+ (82%) vs. 18-34 (72%)

Willing (81%) vs. unwilling (71%) to be public about addiction

No major difference – education, five state region, West Coast, US Region, health care household, most total family members with problem, outcome

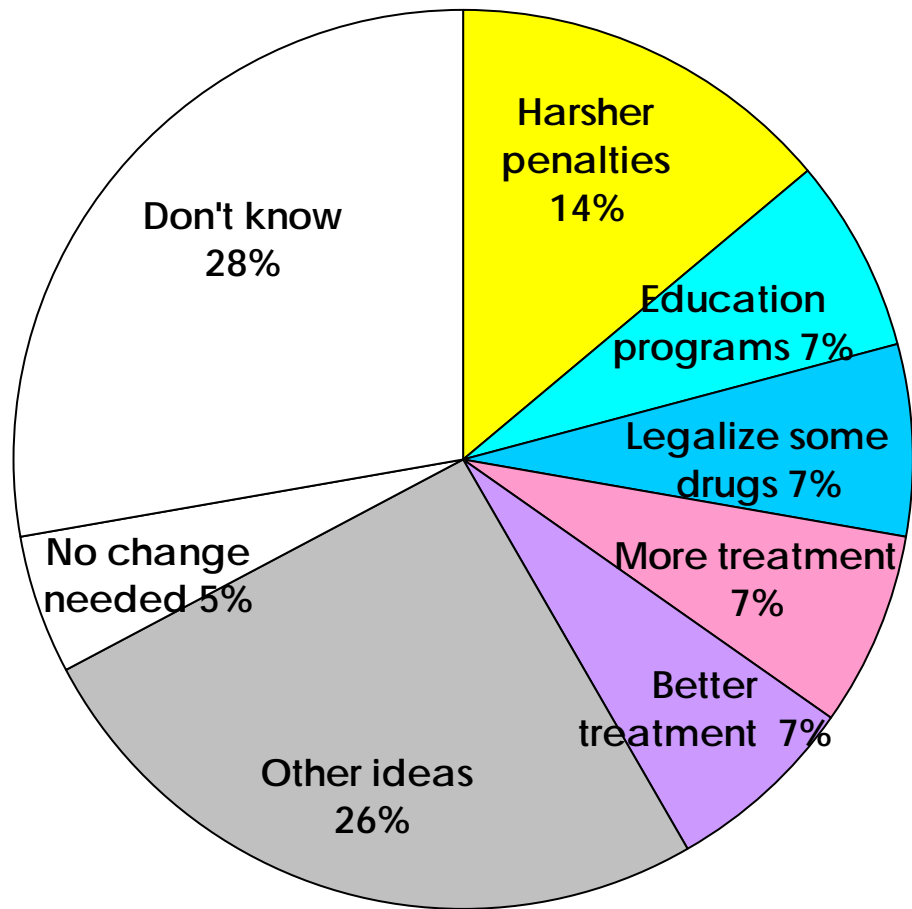
Insurance should cover addiction treatment – most agree, with differences observed.



Percent in agreement:

- Overall – 71% (almost 1/3 neutral/disagree)
- Immediate family member with a drug or alcohol problem – yes (79%) vs. no (59%)
- Most family members with problem – 76%
- Residents of five state area - (31% strongly agree) vs. West Coast (21%)
- Health care households - 75%
- Gender – female (77%) vs. male (60%)
- Age – 50-64 (76%) vs. 18-34 (64%)
- Outcome – treated/not using (87%) vs. treated/still using (67%)
- Willing (76%) vs. unwilling (60%) to be public about addiction
- No major difference – education and US region

New government approach to problems with the illegal use of drugs and alcohol



Regional differences:

- Penalties – South 15% vs. West 10%
- Education – West 11% vs. South 6%
- More treatment – East 9% vs. Midwest 5%
- Better treatment – Midwest 9% vs. East 5%
- Legalize drugs – West 11% vs. Midwest 5%
- No change – South 6% vs. West 3%

Education differences:

- HS grads – more in favor of penalties, less in education, treatment and legalization
- Post graduate study – more in favor of education, treatment and legalization, less in favor of penalties
- College and tech school attendees and graduates fell in-between

Other suggested government actions related to addiction

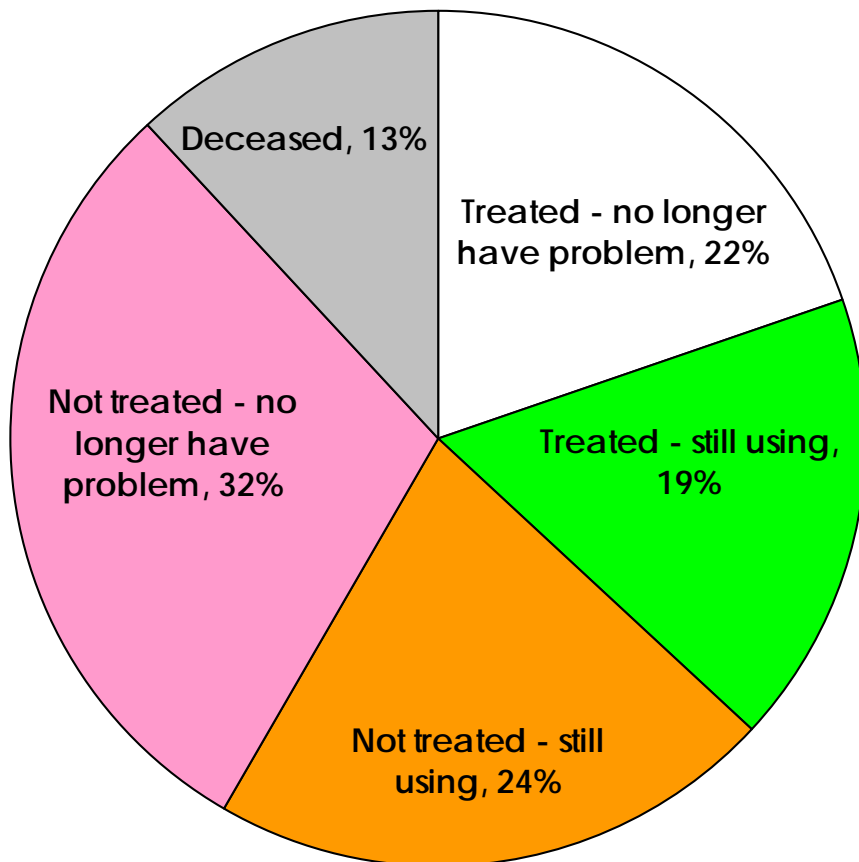


- Alcohol should be illegal
- Better insurance coverage
- Border control
- Community outreach programs
- Consistent laws in each state
- Don't jail first-time offenders
- Go after the drug dealers
- Higher age limits for consumption of alcohol
- Less funding for programs
- Less racist/biased Penalties
- Lessen the penalties
- Look at it as an illness
- Lower age limit for consumption of alcohol
- Mandatory drug testing
- More faith-based programs
- More family support
- More funding for programs
- More law enforcement
- More research
- More sympathy
- Reevaluate current laws
- Regulate media
- Regulate prescription drugs
- Shouldn't lose jobs over addiction
- Stop importing from drug producing countries
- Treat each case individually



Impact of Drug and Alcohol Problems on Families

Outcome of Closest Family Member with a Drug or Alcohol Problem



Percent in agreement:

Overall – 71% (726 answered question)

Most total family members with a problem (75%)

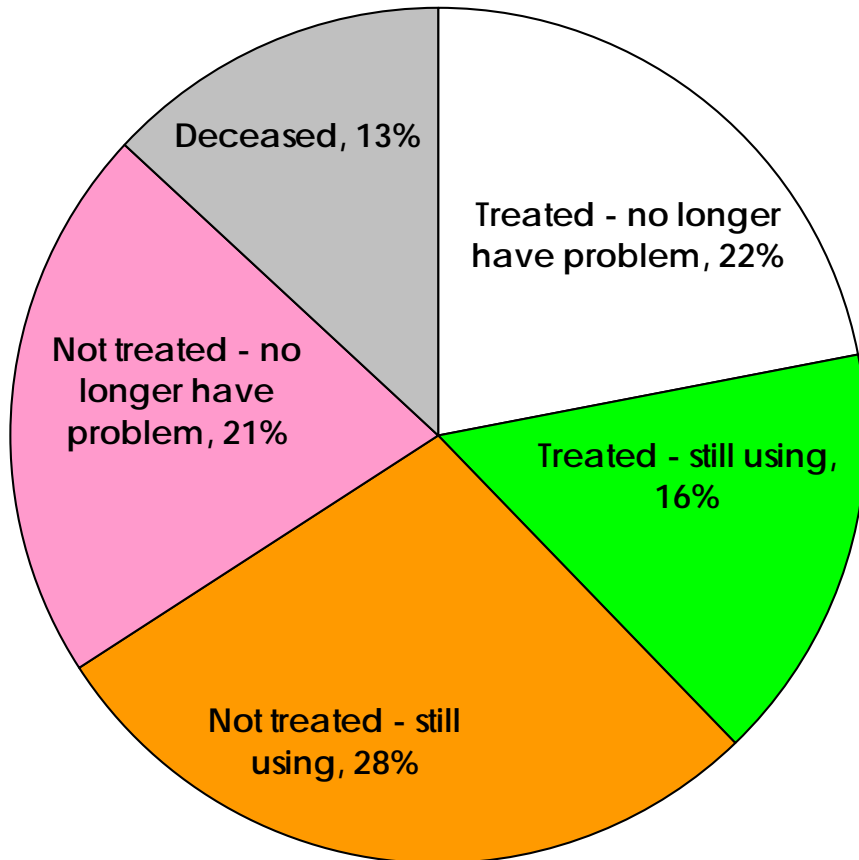
Residents of five state area - 77%

Education – HS grad (80%) vs. graduate/professional school (64%)

Age – 50-64 (77%) vs. 35-49 (64%)

No major difference – gender, health care households, West Coast, US Region, immediate family member with or without a problem, willing or unwilling to be public about addiction

Outcome of Second Closest Family Member with a Drug or Alcohol Problem



Percent in agreement: XX

Overall – 71% (581 answered question)

Most total family members with a problem (75%)

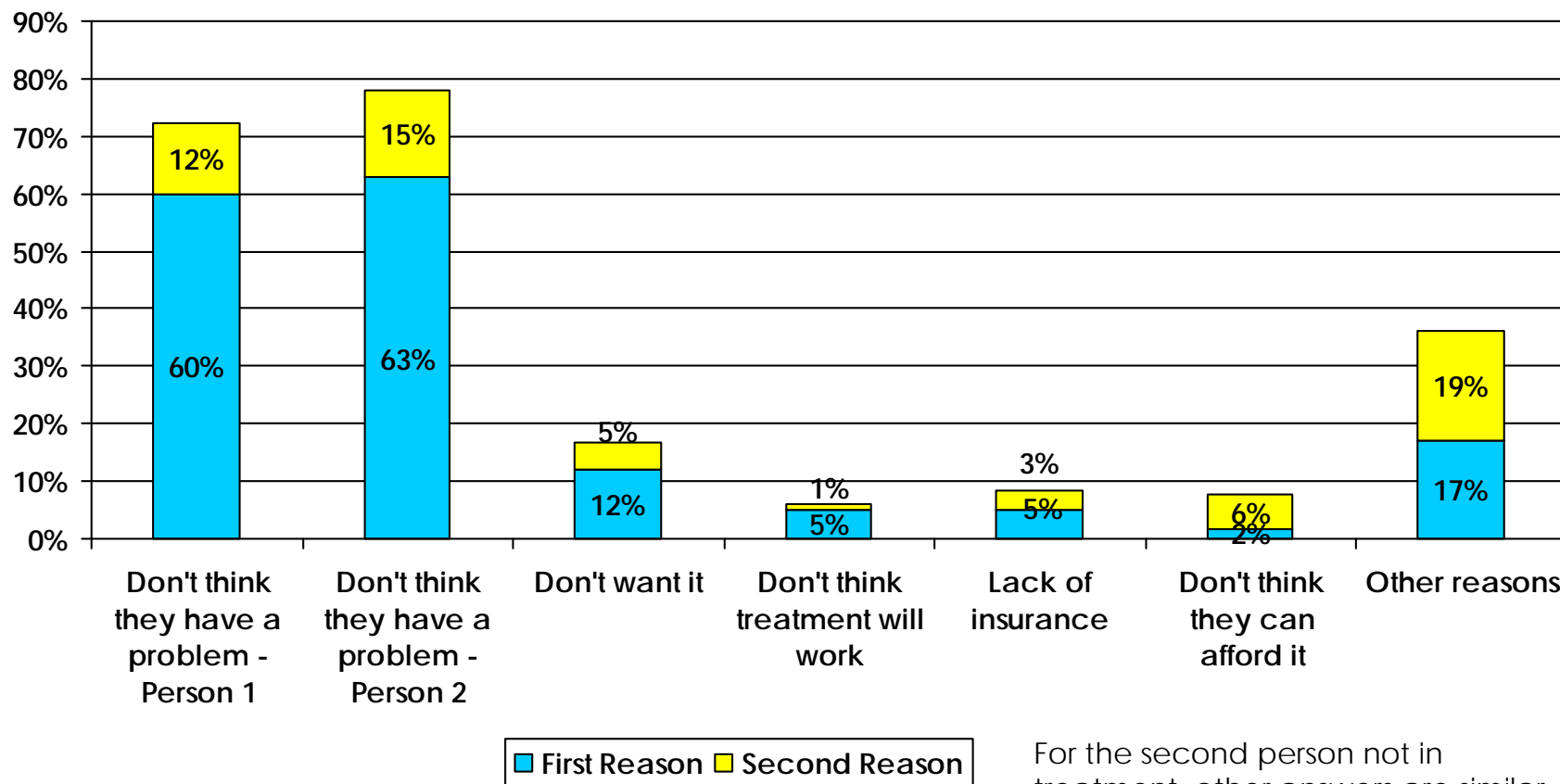
Residents of five state area - 77%

Education – HS grad (80%) vs. graduate/professional school (64%)

Age – 50-64 (77%) vs. 35-49 (64%)

No major difference – gender, health care households, West Coast, US Region, immediate family member with or without a problem, willing or unwilling to be public about addiction

Why are these persons not receiving treatment?



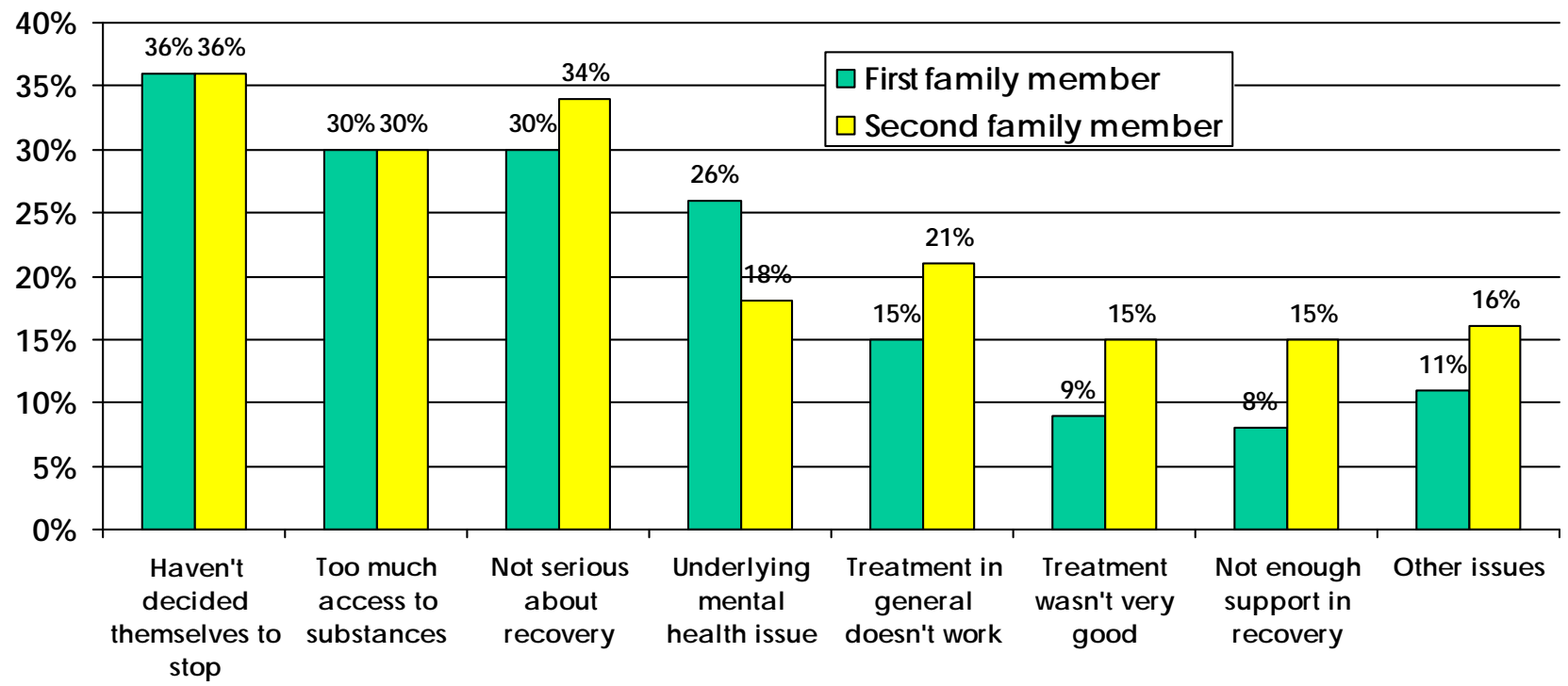
For the second person not in treatment, other answers are similar.

Other reasons for not getting treatment

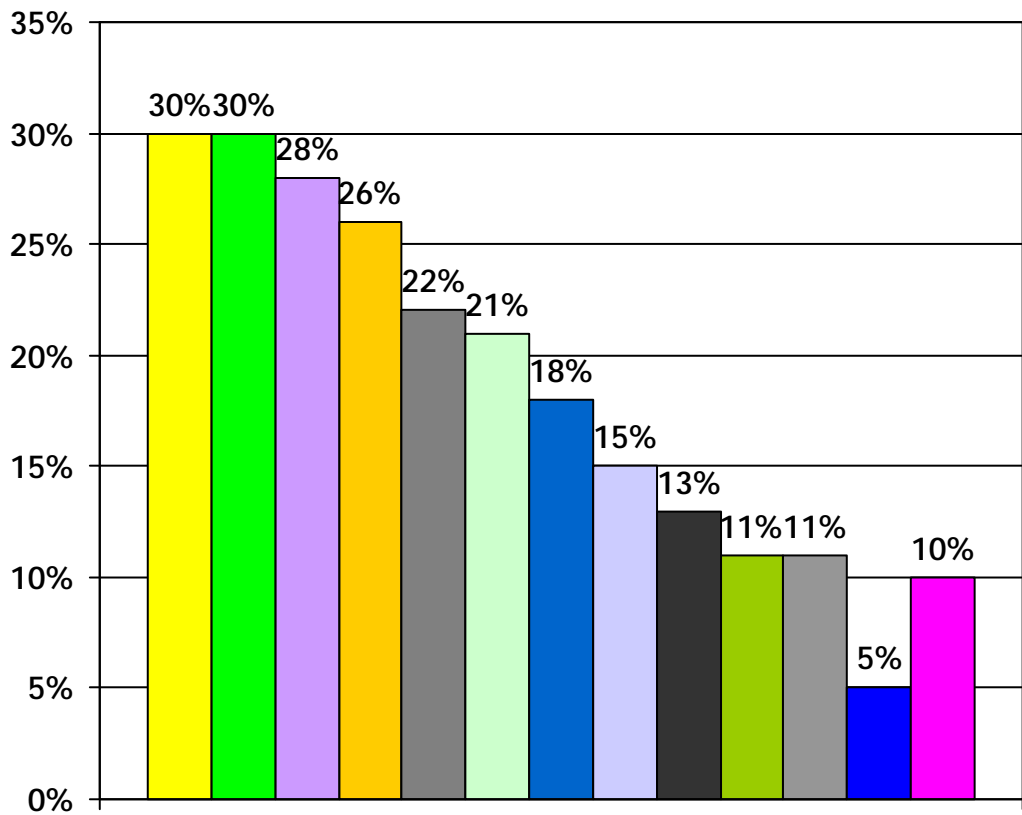


- Close friends and family discouraged them from treatment
- They are in prison
- Inconvenient location
- Lack of religious involvement
- Other mental health issues
- They don't know how or where to access services
- They feel too ashamed to seek help
- They haven't been confronted
- They think they would be arrested because of their use
- Treatment didn't work for them before

Reason still using after treatment?



Negative consequences for immediate or extended family as a result of alcohol or drug problems are intense



- Embarrassment/social stigma
- Financial problems
- Separation or divorce
- Estrangement from family
- Loss of job/professional license
- Arrest for criminal charge
- Serious medical problem
- Jail or prison time
- Premature death
- Eviction of loss of housing
- Loss of child custody
- Problem pregnancy
- Other problem

Note: respondents reported an average of 2.4 consequences.

Factors related to these consequences

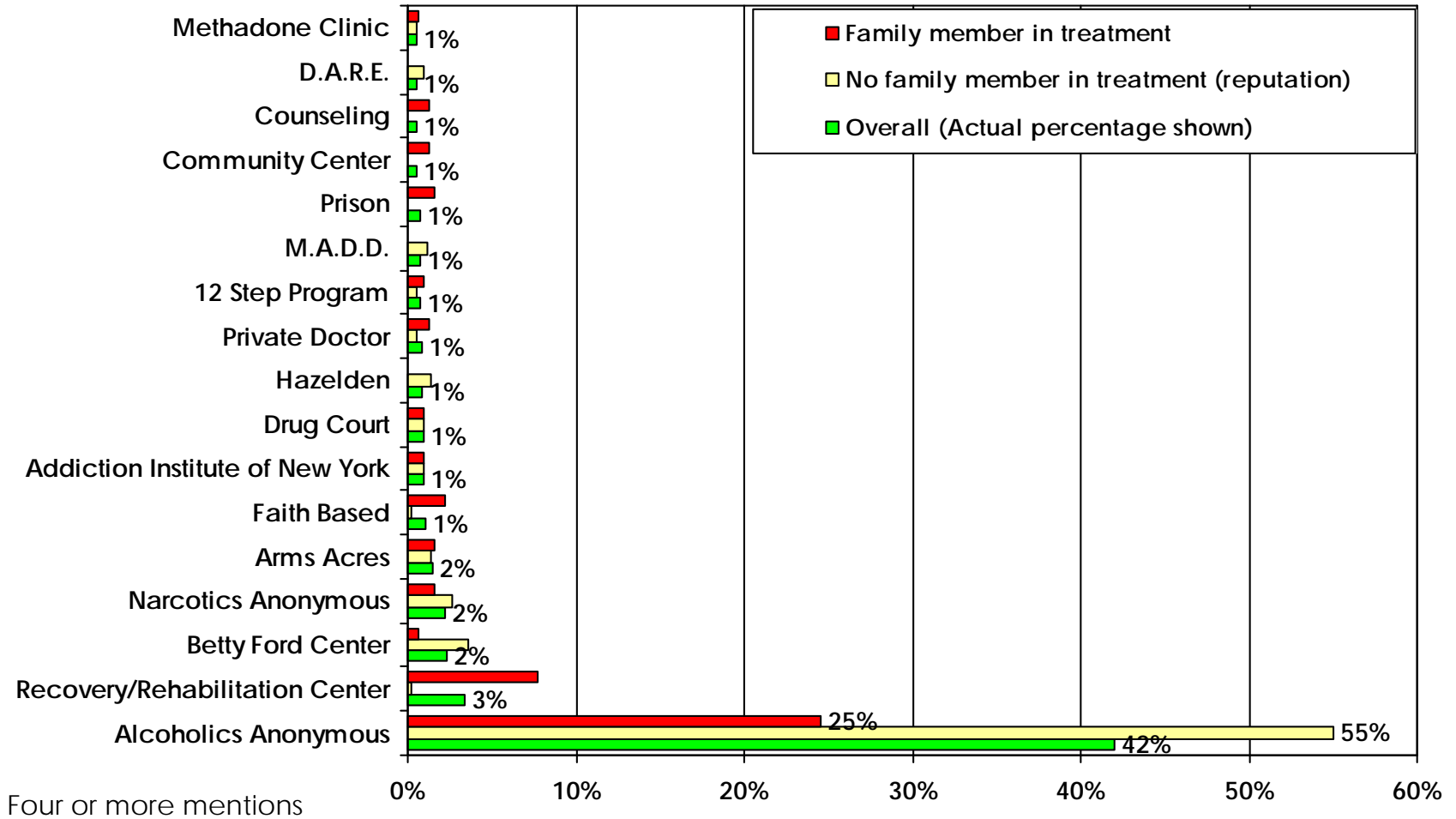


<u>Embarrassment or stigma</u>	<u>Jail or prison time</u>	<u>Premature death</u>	<u>Separation or divorce</u>
<u>Financial problems</u>	<u>Arrest for criminal charge</u>	<u>Serious medical problem</u>	<u>Estrangement from family</u>
<u>Eviction or loss of housing</u>	<u>Loss – job or professional license</u>	<u>Problem pregnancy</u>	<u>Loss of child custody</u>



Treatment and Recovery

"Treatment program" – unaided awareness - with or without a family member in treatment

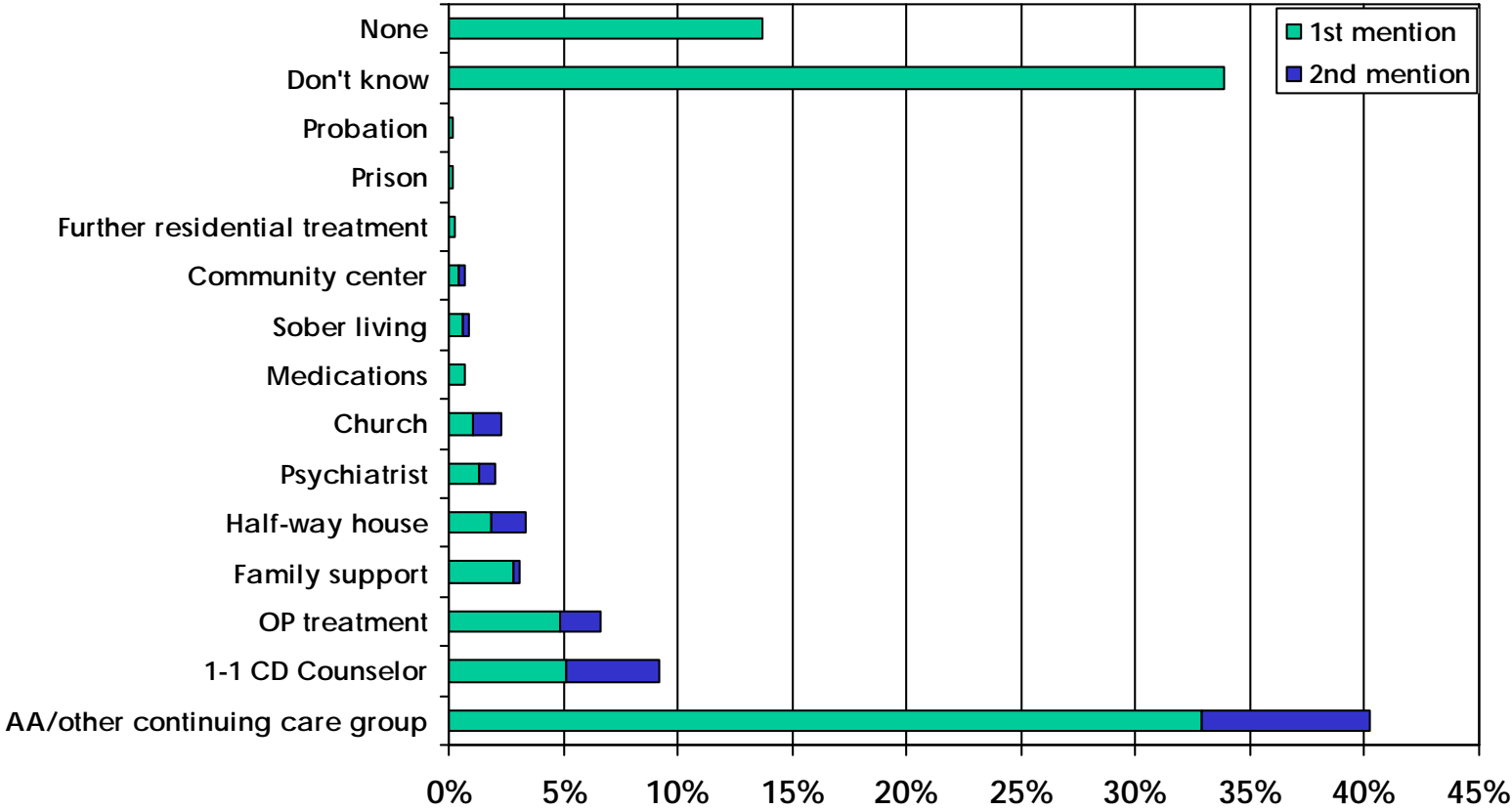


Other "treatment program" mentions

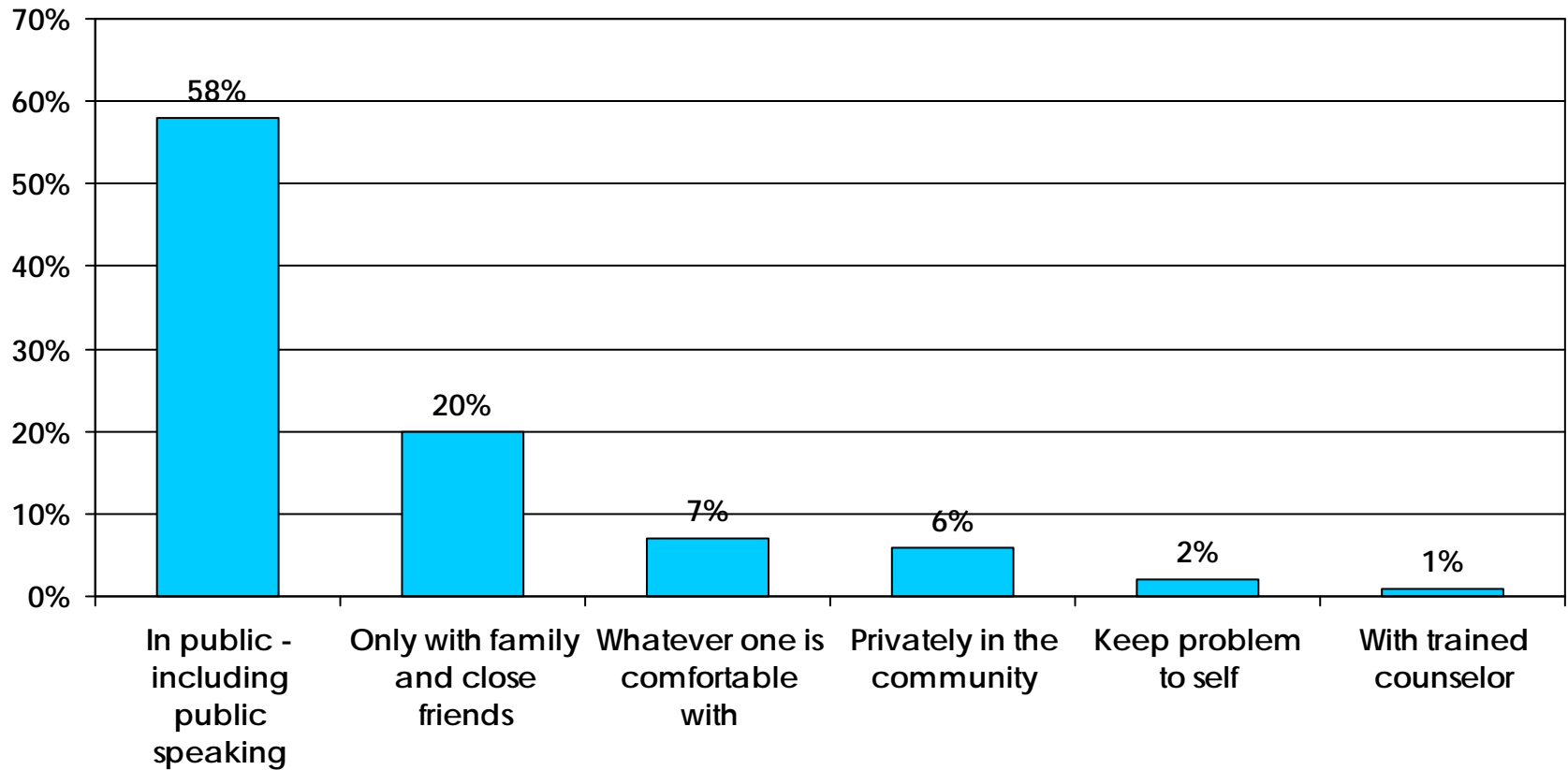


- AODA
- Baptist Health Care
- Barth
- Behavioral Health Palm Beaches
- Bellan Health
- Black Hawk Mental Health Center
- Bowling Green
- Boys Homes
- BRADFORD
- Brunswick Hospital
- CARING CENTER
- Caron Foundation
- Catholic Charities
- Catholic Community Services
- Chestnut Health Care
- Chippewa Falls
- Community Care of Oklahoma
- Cooper Clinic
- Cri-Help
- Detox Center
- DSHS
- Fairview Recovery
- Family Intervention
- Father Young
- Fountain Centers
- Four County Counseling Center
- Four Winds
- Franklin Square
- Giant Steps
- Glenmore Recovery Center
- Gray's Harbor Health and Rehab
- Green Briar
- GREENLEAF
- Healing Place
- Horizon
- Jane Adams Center
- Joplin
- KEYSTONE
- Kirkcride
- Lakeview
- Malvern Institute
- Maple Leaf
- Maplewood
- Marion Hill
- Marshfield Clinic
- Marworth
- Merit
- Mi Casa
- Military
- Ministry Healthcare
- Mountainside
- New Leaf
- No Butts
- OAKDALE
- Padrap
- PAL Rehab
- Palmer Drug Abuse Program
- Parkside Lodge
- Parole
- Pathways
- Pazwood
- Prestigious
- Raleigh Hills
- Recovery Resources
- Red Ribbon Company
- Renfrew Center
- River Oaks
- Sacred Heart
- Saint Mary's
- Salvation Army
- Schick Shadel
- Seacliff
- Second Genesis
- Serenity Lane
- Sigma House
- Social Services
- Springfield
- St. Anthony's Behavioral Center
- St. Helena Center
- St. John
- St. Rita's
- STARS PROGRAM
- Tarzana Treatment Center
- Tay Top Village
- Teen Challenge
- Together Against Drug Abuse
- Troy
- Tully Hill
- Turning Point
- TWIN LAKES
- Veterans Affairs Medical Center
- Whatcons Co. Psychiatric Clinic
- White Oaks Center
- Wise Avenue Treatment Center

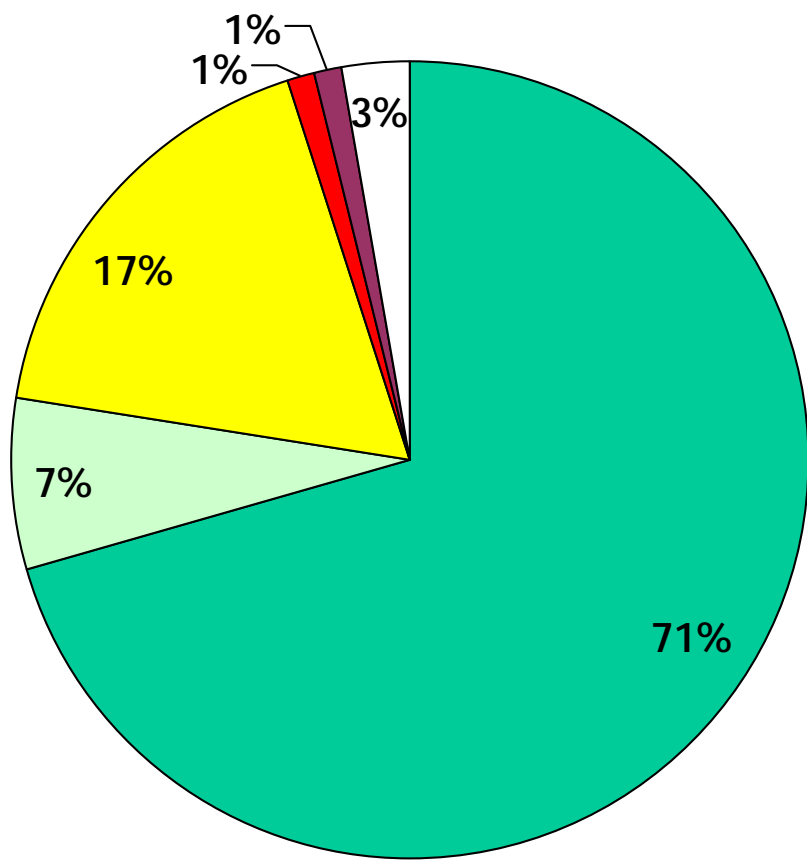
Aftercare services used by family member



Where person should discuss drug and/or alcohol problems – less than one third believe in keeping it private.



What statement best reflects your attitude toward the confidentiality of a person's problems with drugs and alcohol?

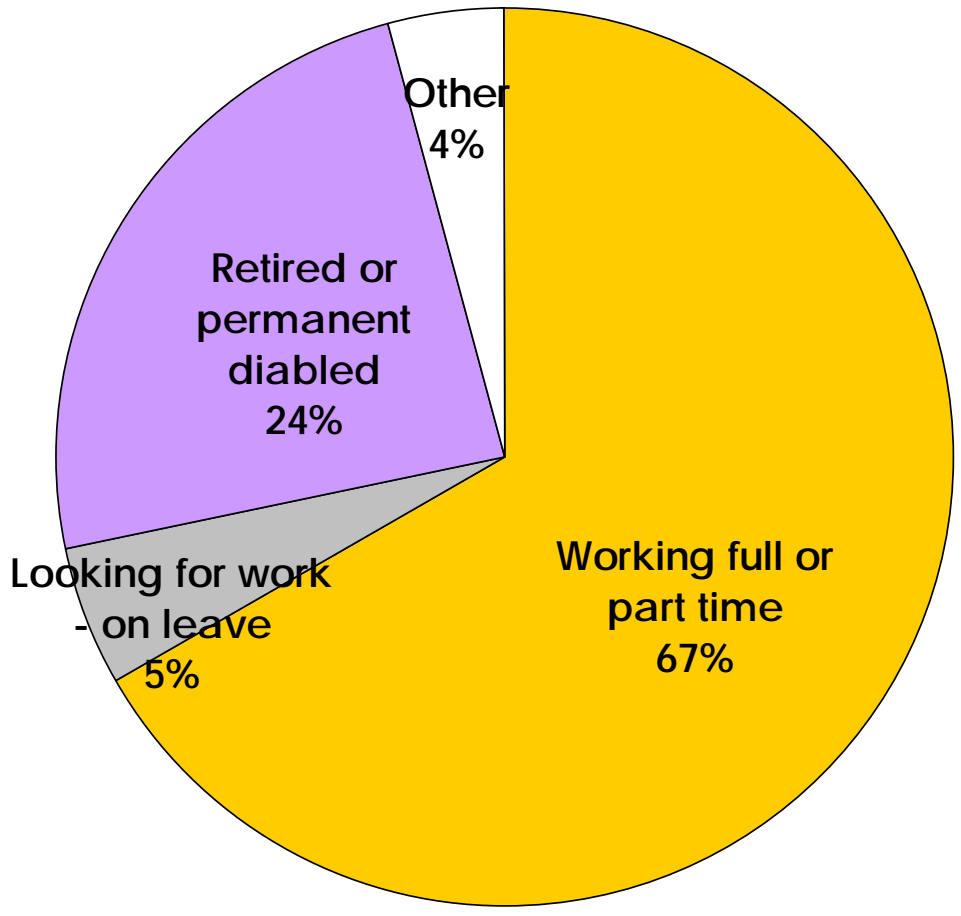


- OK to talk publicly, including doing educational talks
- OK to talk privately at work, church or other places
- Only OK to talk with family/close friends
- Only OK to talk with spouse or partner
- Person should keep problem to themselves
- Don't know

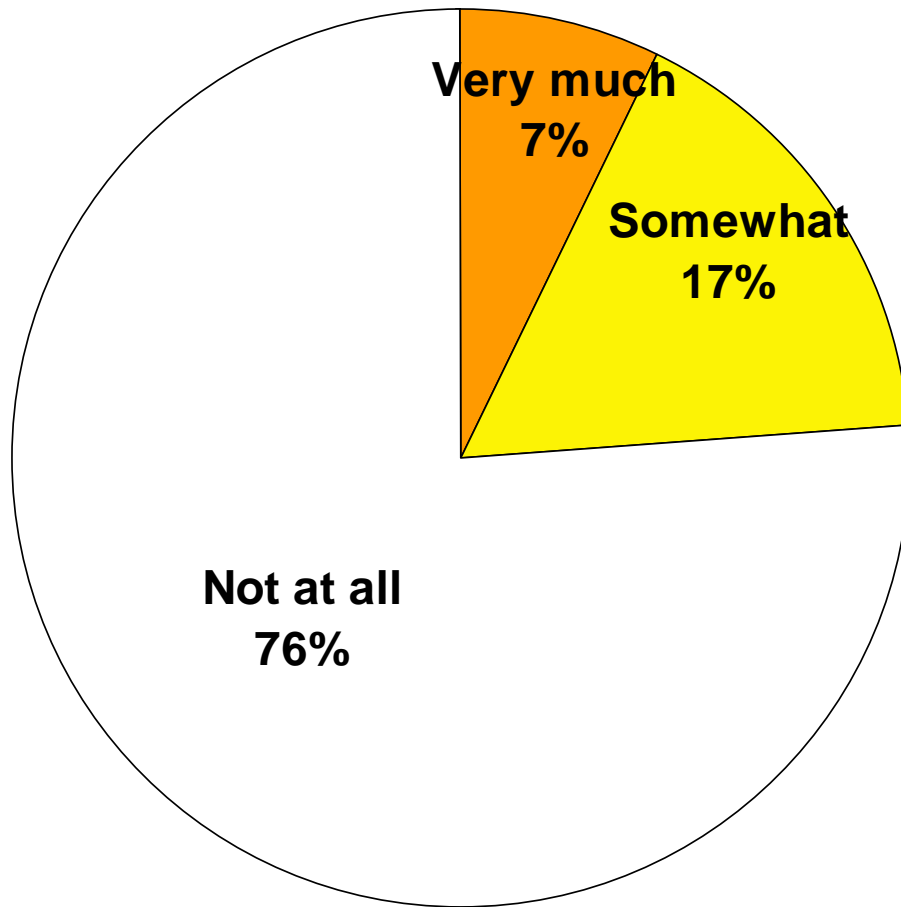


Addiction and the Workplace

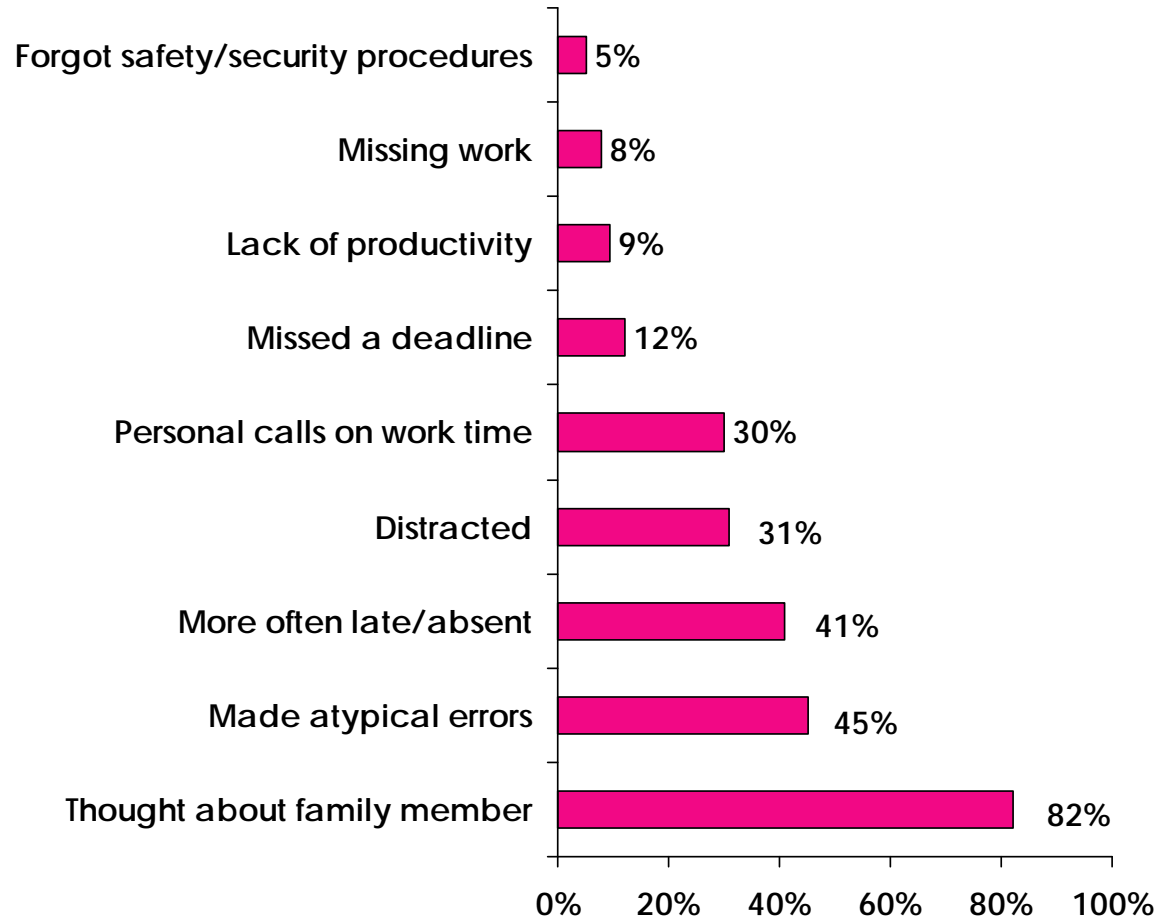
Employment Status



Actual impact of drug or alcohol problems in family on work



Specific impact reported by those with an impact



Other factors:

Poor quality

Bad Attitude

Laziness

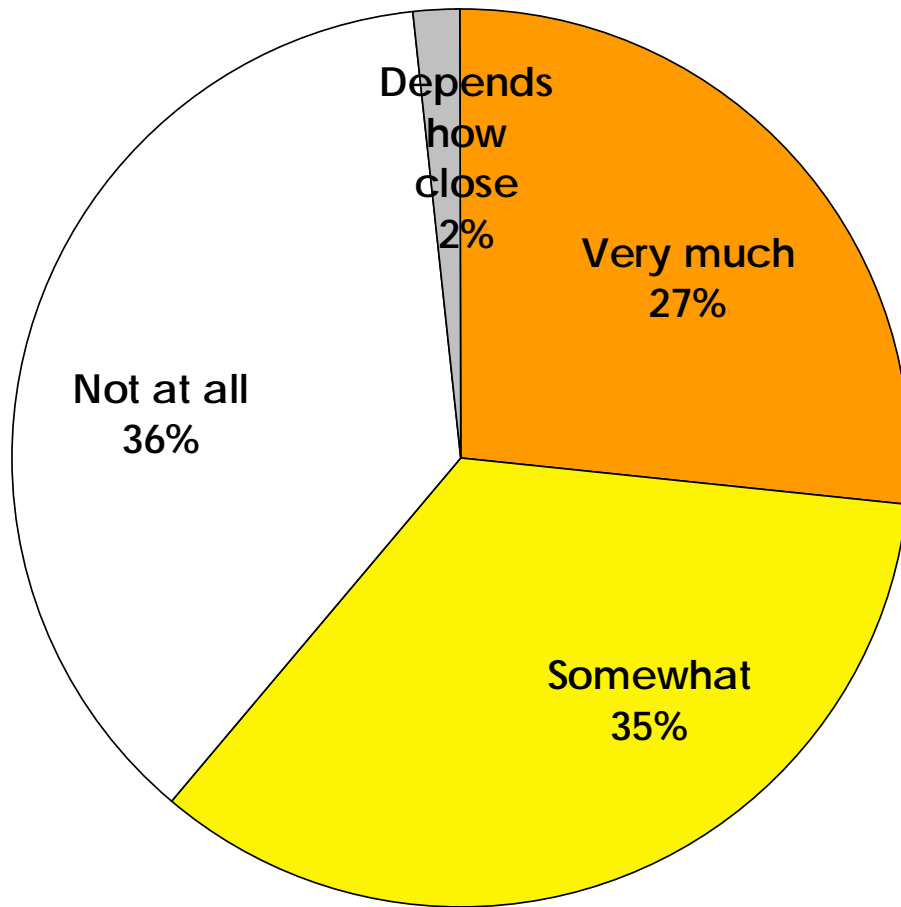
Lost job/reprimanded

Stealing form work

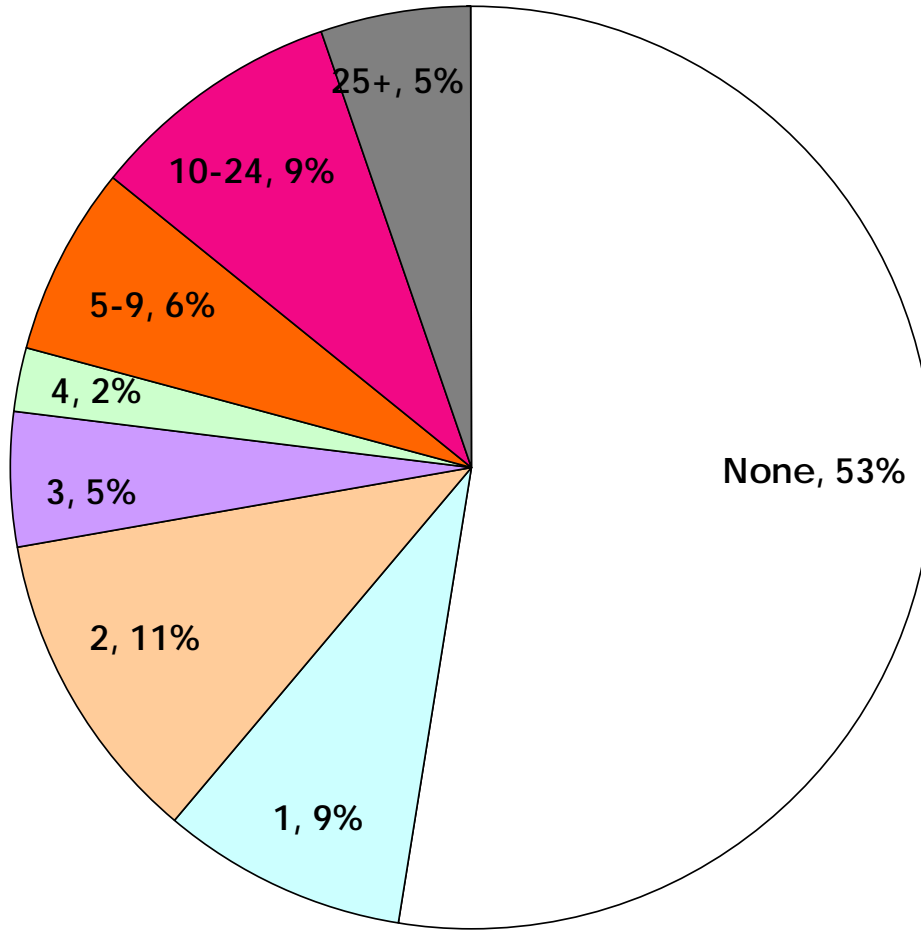
Stressful

Lack of transportation

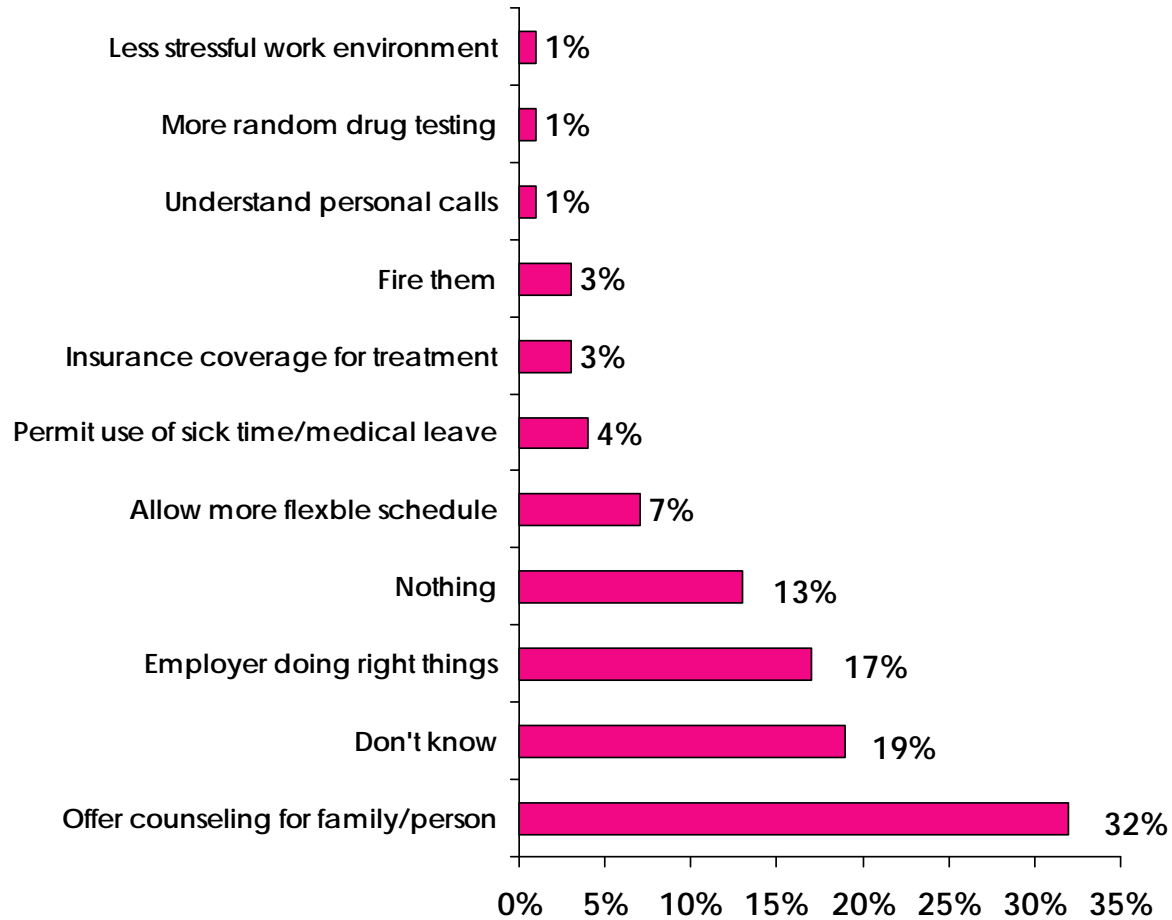
Potential impact of drug or alcohol problems in family on work



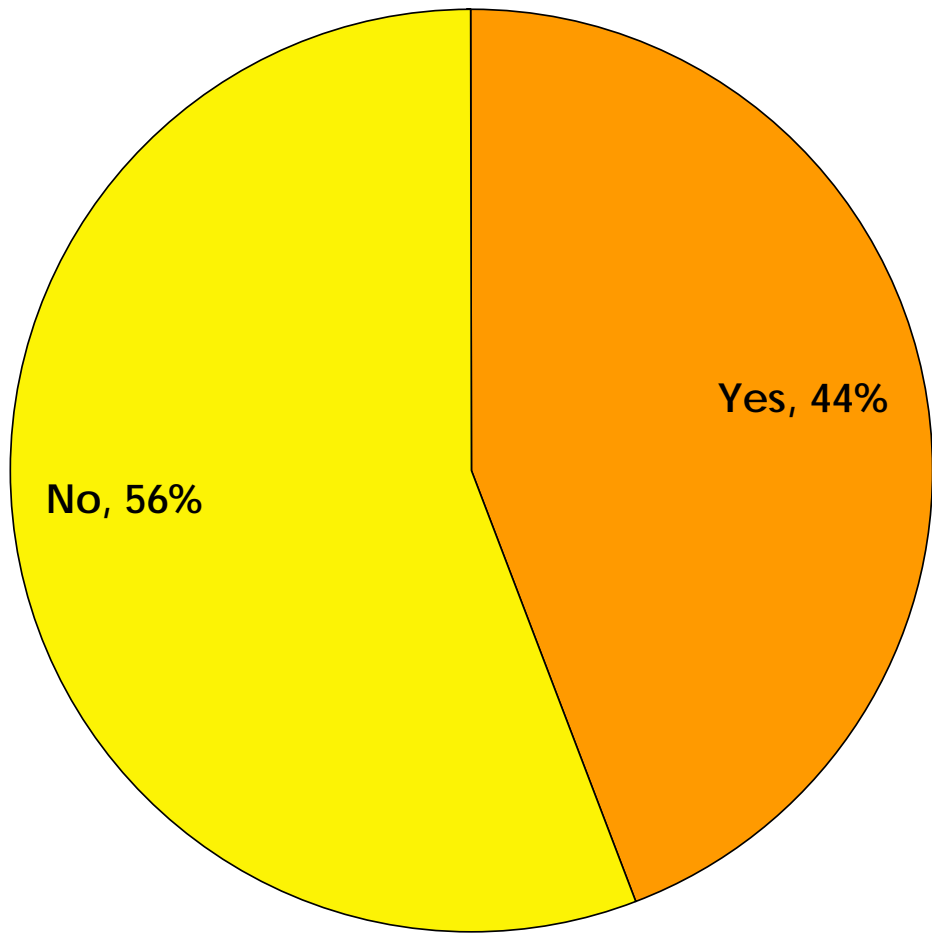
Times on has seen a co-worker distracted or less productive due to a alcohol or drug problem within their family



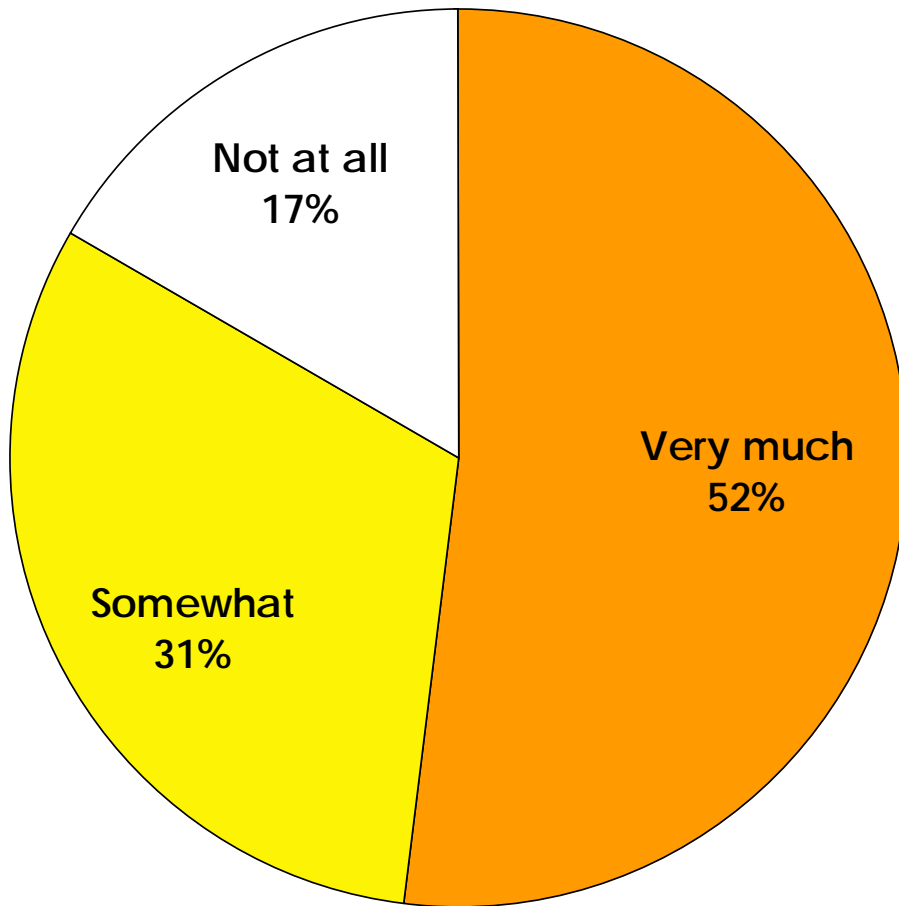
What employers could do to help employees deal with these distractions



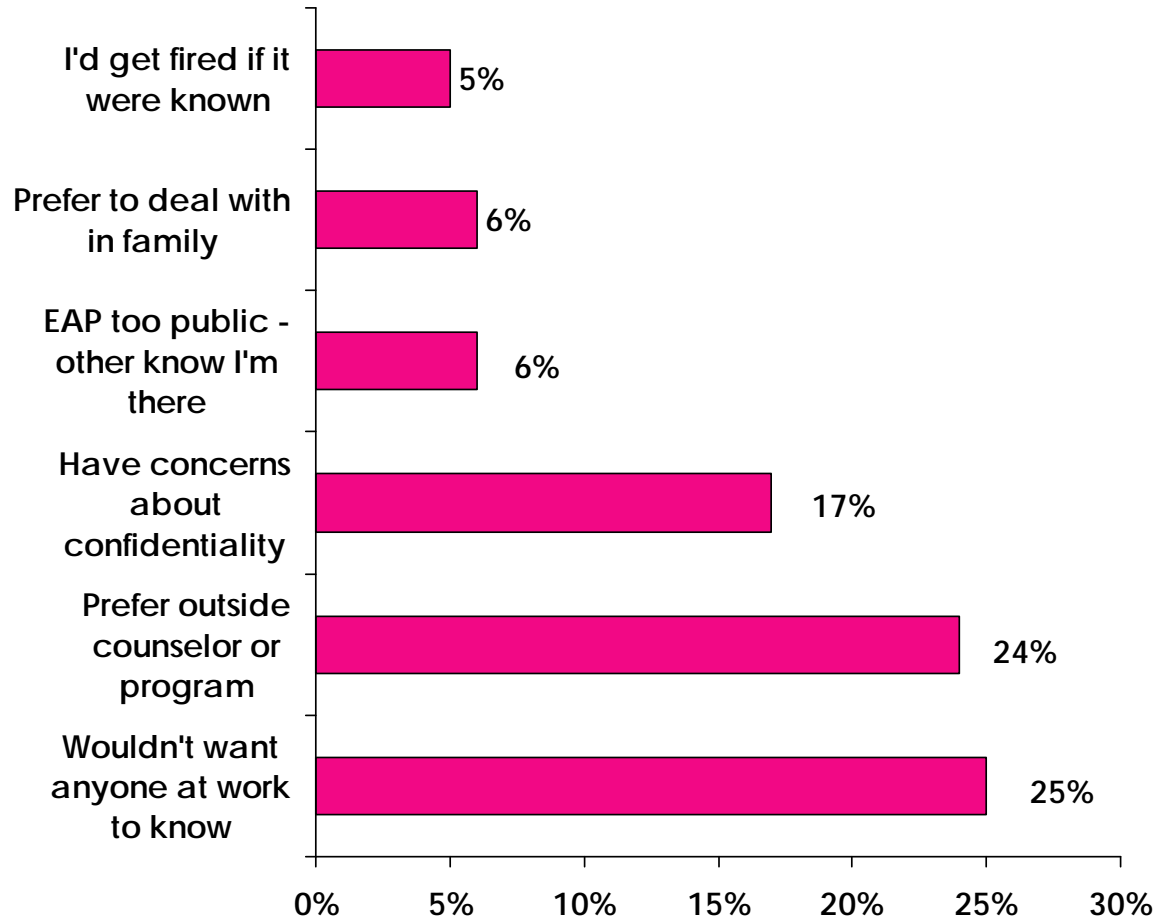
Company Employee Assistance Program to help family deal with alcohol-drug problems



Likelihood of using EAP for personal or family problem with drugs or alcohol



What employers could do to help employees deal with these distractions



Other factors:

EAP office too far from where I work

Not familiar with it

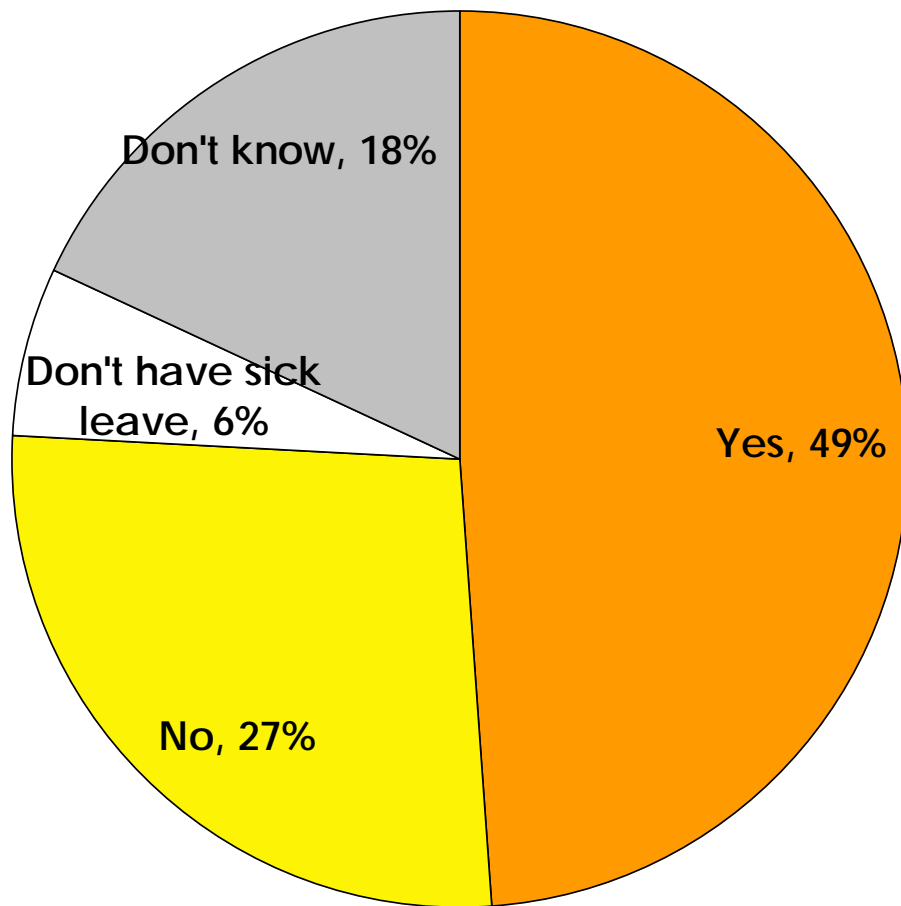
Not needed

Only covers employees, not families

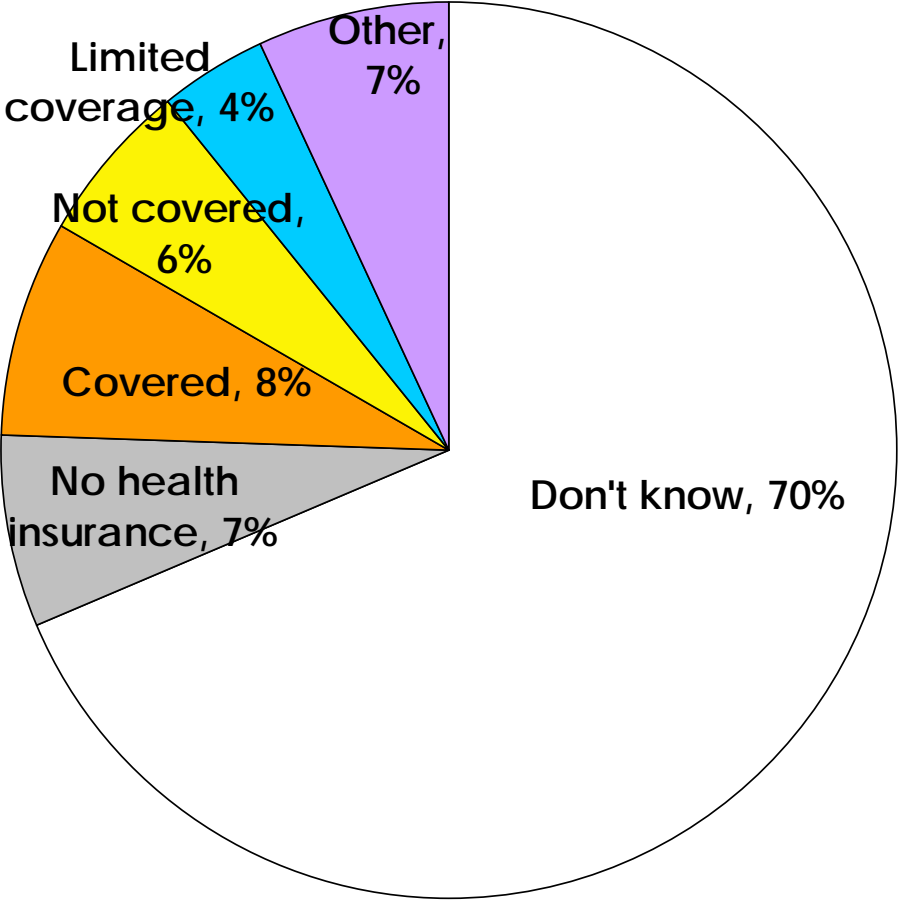
Poor availability

Quality of program

Use company paid sick leave to care for family member with drug/alcohol problem



How does health insurance cover addiction treatment



Other answers:

- 30 days
- 20%
- 40%
- 80%
- \$50 per visit/8 visits
- 100-120 days
- 120 hours annually
- 2 weeks
- 3-5 days
- 5 visits
- 8 visits
- Counseling
- Hospitalization
- Nursing care
- Psychiatric care
- Varies

- **Most Americans are impacted by alcohol and drug addiction, if not in their immediate family, in their extended family.**
 - These negative consequences are wide reaching
 - It is often many family members with problems, reaching across generations.
- **Most people support key positions of the treatment industry.**
 - Roughly half agree with most or all of our positions. They could be called the “true believers.”
 - We don’t need to change their minds, just continue to inform them and encourage them to share their experiences and perspectives with others.
- **Large majorities of the general public already believe that:**
 - Addiction is a disease
 - Much more should be invested in prevention
 - A law enforcement-based approach isn’t working
 - the war on drugs is not successful
 - first time offenders should not be sent to jail, but instead to treatment
 - new approaches such as drug courts should be used.

- **Most believe that individuals and families impacted by addiction should go public with their experiences.**
 - Having people in recovery talk about their life-transforming experiences will move those with neutral or mixed attitudes about addiction – “the fence sitters” – or more negative attitudes – “doubting Thomas's.”
 - Those experiencing the largest impact of addiction (those with most overall family members who have had a problem) most want to go public about this.
- **Very few people don't buy any of the thinking of the addiction industry – “the flat earth society,”**
 - For example, only three percent don't believe that addiction is a disease and that effective treatments exist for addiction.
 - However, it is common to believe one position, but not the other.
- **The most important attitudes for the industry to impact (where there is the most disagreement) are:**
 - Effective treatment for addiction exist.
 - Many people in recovery lead useful lives
 - Insurance should cover addiction treatment.

- **Problems with addiction are concentrated in some families**
 - These families have different attitudes and experiences from the rest.
 - They are more supportive of industry beliefs, except for insurance coverage and treatment effectiveness.
- **People have very little top of mind awareness of the treatment industry or how health insurance covers treatment.**
 - Educating consumers about their health insurance will address their confusion, while having more people talk about their treatment experience will increase awareness.
- **In the workplace, some people are very aware of the impact of addiction, others appear not to be tuned in.**
 - Not many will admit the impact a problem in the family has had on them.
 - Some people see that addiction has a large impact on the workplace
 - Most people will go for help from Employee Assistance if in need, but a significant number aren't comfortable with employers know about this.