

Understanding and Combating Stigma

A Surry County Case Study on Addiction

**Surry County Office of Substance Abuse Recovery
September 2025**

Understanding and Combating Stigma: A Surry County Case Study on Addiction

Addiction is one of the most highly stigmatized health conditions globally, often viewed as a moral failing rather than a medical disease. Negative attitudes and behaviors toward individuals with a specific characteristic like substance use disorder (SUD), has serious consequences. It prevents people who are struggling from reaching out for help and can lead to barriers in obtaining healthcare, employment, housing, and navigating the criminal justice system. Ultimately, individuals who experience stigma due to a SUD are more likely to continue substance use, delay treatment, and drop out of recovery programs.

To better understand and combat this issue, the Surry County Office of Substance Abuse Recovery (SCOSAR), as part of the Addiction Policy Forum's Anti-Stigma Initiative, conducted a pilot survey July and August 2025. SCOSAR is dedicated to aiding in the development of a healthy and safe community by serving Surry County organizations and residents. We aim to empower the community through partnerships that advance health and safety.

SCOSAR provides valuable resources and support to individuals impacted by substance use and justice involvement, with the goal of fostering purpose-driven lives that lead to positive and lasting change. We achieve this by offering prevention, treatment, recovery support, and educational services within the justice system and the broader community. SCOSAR operates with a core set of values, including respect for the dignity and welfare of all people, promoting self-determination, and acting with humility, passion, unity, servanthood, and gratitude.

The survey, designed by the Addiction Policy Forum and the University of Delaware, measured the levels of stigma in the community, as well as general knowledge about addiction. It also gauged public support for policies aimed at addressing addiction and willingness to have treatment and recovery services in the community. The results of this study will be used to establish a baseline for measuring the effectiveness of future interventions and build the recovery community.

The survey defined three key domains of stigma: inaccurate beliefs, negative feelings and unjust treatment. The study's preliminary findings offer a picture of community attitudes, revealing both supportive viewpoints and lingering negative perceptions.

Summary of Findings

- **Understanding Addiction as a Disease:** The survey found that a significant majority of participants, 73% believe that addiction is a disease. In contrast, 21% believe it is a choice, and the remaining 6% were unsure. This is a crucial finding, as

understanding addiction as a health condition is a key factor in reducing stigma.

- **Stereotypes and Prejudice:** While many respondents expressed supportive and compassionate feelings toward people in recovery, a notable percentage still hold negative beliefs and feelings. For example, 37% of respondents agreed or strongly agreed that people in recovery are "unpredictable". A smaller but still present portion believed they were "dangerous" (6%) or "to blame for their own problems" (14%). Similarly, when asked about their feelings toward people in recovery, 54% of respondents felt slightly to extremely anxious, and 52% felt nervous.
- **Discrimination:** The survey gauged willingness to interact with people in recovery in various settings. A strong majority were willing to engage in professional or general social settings, with 81% willing or definitely willing to "work with someone in recovery" and 80% to "introduce someone in recovery to their friends". However, this willingness decreased significantly in more personal or vulnerable scenarios. Only 16% were willing or definitely willing to have someone in recovery be a "caretaker for your children," and 18% were willing or definitely willing to "rent a room in their home to someone in recovery".
- **Support for Public Health Policies:** Overall, the community demonstrated strong support for public health-oriented solutions over punitive ones. A large majority of respondents—80%—supported or strongly supported making naloxone available to friends and family, and 72% supported increasing government spending on addiction treatment. In contrast, a majority opposed punitive measures. Sixty-one percent (61%) opposed or strongly opposed the idea that all people who use drugs illegally should be arrested and prosecuted, 58% opposed the idea that employers should be able to fire or not hire people in recovery, and 69% opposed the idea that housing agencies should be able to deny services to people in recovery.
- **Addiction Knowledge:** The study measured "addiction literacy," or the ability to understand and use information about SUDs. The average score on the 56-item knowledge scale was 47 out of 56, which is an 86% or a B grade. The survey found that 74% of respondents agreed that Medications for Addiction Treatment (MAT) can be effective. Additionally, 83% agreed that there are medications to treat opioid use disorder (OUD), and 62% agreed there are medications to treat alcohol use disorder (AUD).

Conclusion

The preliminary findings from the Surry Community Stigma Survey offer valuable insights into local attitudes towards addiction and recovery. While a significant majority of respondents understand that addiction is a disease and support public health-oriented policies, alternative perspectives remain. This is particularly evident in the decreased

willingness to interact with people in recovery in more personal settings, as well as the feelings of anxiety and nervousness reported by a notable portion of the population.

These findings establish a critical baseline for SCOSAR and its partners to develop targeted anti-stigma interventions. By leveraging the community's existing knowledge and support for public health policies, future efforts can focus on dispelling the remaining myths and fostering greater comfort and trust in personal interactions with individuals in recovery.

A proactive approach, grounded in data, is essential for reducing stigma and ensuring that all residents feel empowered to seek and receive the life-saving services while building a sense of hope and trust in our community.

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September 15, 2025



Case Study: Community Stigma Survey

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

Prepared for Surry County Office of Substance Abuse Recovery

Background

As part of the Addiction Policy Forum's Anti-Stigma Initiative, Surry County Office of Substance Abuse Recovery deployed a pilot survey to measure levels of stigma across stereotypes, prejudice, and discrimination intent toward people with substance use disorder (SUD)/addiction or those in recovery. Addiction knowledge 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, as well as levels of support for public health responses to addiction and willingness to locate treatment and recovery services locally. The study aims to provide a better understanding of the social process of stigma and can be used to establish a baseline indicator to ultimately determine targeted interventions to address and reduce stigma.

What is Stigma?

Addiction is one of the most stigmatized health conditions on earth and is viewed as a more critically severe mental illness.¹ Individuals with SUD are subject to very harsh moral judgments and frequent discrimination, which prevents people who are struggling from reaching out for help and isolates families affected by the disease who fear being judged by their communities.^{2,3} These negative attitudes and behaviors toward individuals with a specific characteristic, like SUD or addiction, are also known as stigma.

Stigma also leads to discrimination in a variety of settings, including health care, criminal justice, employment, child custody, and housing, and creates barriers to accessing evidence-informed treatment and harm reduction services.⁴ The public and many professionals continue to view SUDs as a moral failing, which reinforces discriminatory policies and practices and further isolates and deters those struggling from seeking help. Individuals who experience stigma due to a SUD are more likely to continue engaging in substance use, and manifest greater delayed treatment access and higher rates of dropout.^{5,6}

The three major domains of stigma include:⁴

- Stereotypes: often inaccurate beliefs or thoughts about a particular group of people;
- Prejudice: negative feelings or emotions towards a particular group of people; and
- Discrimination: negative or unjust treatment of a particular group of people.

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 and encourages early intervention, access to the healthcare system, and better management of chronic health conditions.

Methods

A total of 259 individuals participated in the cross-sectional survey between June 2025 and August 2025 with 149 (58%) fully completing the survey. The survey was designed by the Addiction Policy Forum and the University of Delaware and administered by Surry County Office of Substance Abuse Recovery.

Stigma and policy support measures, including measures of prejudice, stereotypes, and discrimination, were adapted from previously validated scales.⁷⁻¹¹ Addiction knowledge items were created for the current study based on the team’s previous work and expertise and were reviewed by a panel of subject matter experts.

All research protocols, instruments, and communication materials were approved by the University of Delaware’s Institutional Review Board. Individuals had to be 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 approximately 15-20 minutes to complete.

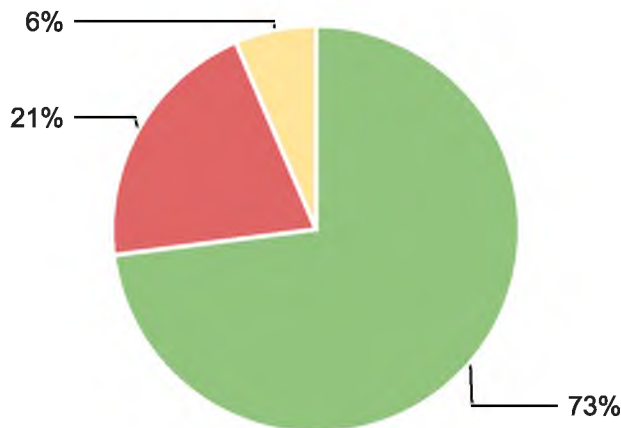
Results

Understanding Addiction as a Health Condition

Seventy-three percent (73%) of participants believe addiction is a disease, 21% believe addiction is a choice, and 6% didn’t know.

248 Responses

■ Addiction is a disease ■ Addiction is a choice ■ I don’t know

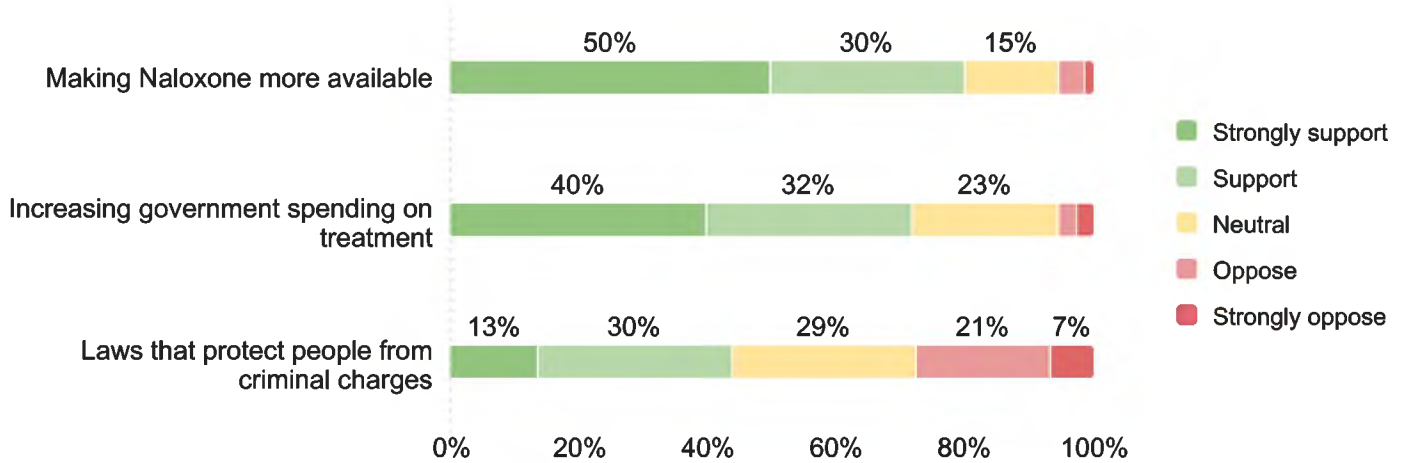


Endorsement of Public Health Responses to Addiction over Punitive Policies

Overall, respondents supported public health responses over punitive policies. Eighty percent (80%) supported or strongly supported making naloxone available to friends and family members of people with addiction, 72% supported increasing government spending on addiction treatment, and 43% supported laws that protect people with addiction from criminal charges for drug crimes if they seek medical help.

Endorsement of Public Health Policies

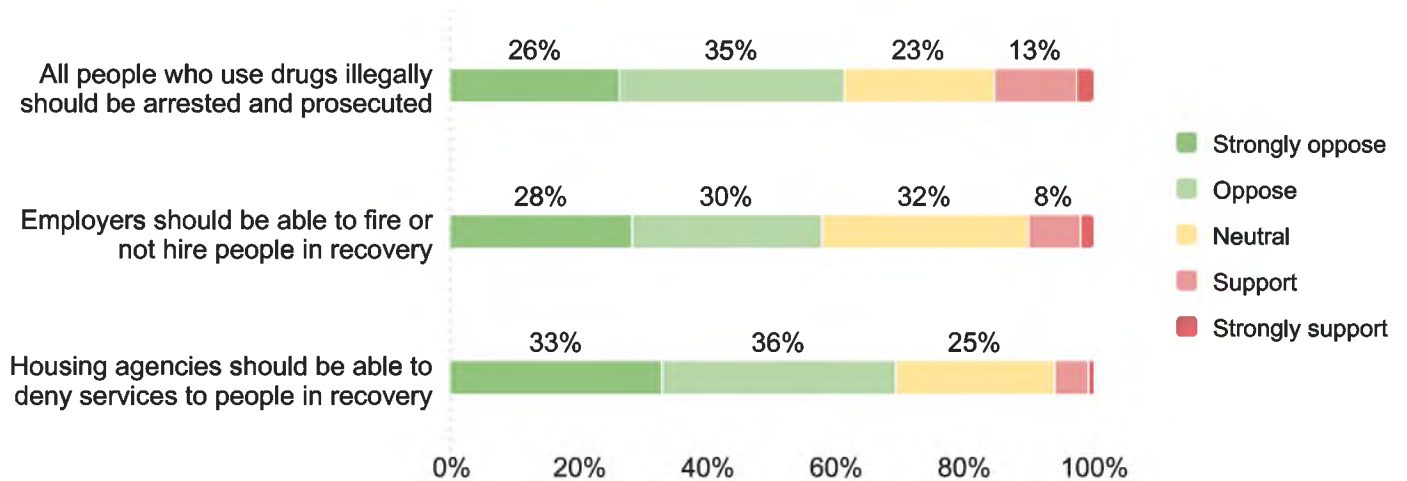
149 Responses



Sixty-one percent (61%) opposed or strongly opposed that all people who use drugs illegally should be arrested and prosecuted, 58% opposed that employers should be able to fire or not hire people in recovery, and 69% opposed that housing agencies should be able to deny services to people in recovery.

Endorsement of Punitive Policies

149 Responses

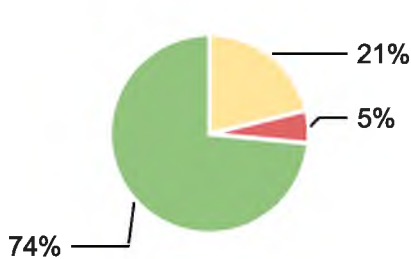


Knowledge of Medications for Addiction Treatment (MAT)

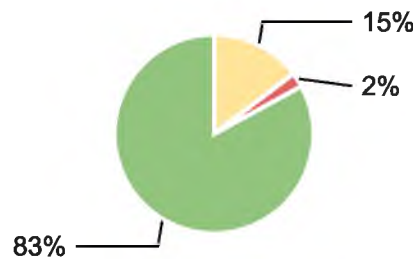
Many policies include the availability and knowledge surrounding MAT, which are effective in reducing substance use and improving recovery outcomes. The Food and Drug Administration (FDA)-approved medications include methadone, buprenorphine, and naltrexone for opioid use disorder (OUD), and naltrexone, acamprosate, and disulfiram for alcohol use disorder (AUD).¹²

Seventy-four percent (74%) of respondents agreed that MAT can be an effective treatment for people with SUD, 83% agreed that there are medications available to treat OUD, 62% agreed that there are medications available to treat AUD, 55% agreed that medications are not just a substitute for another drug, 62% agreed that people who take MAT can be in recovery, and 30% agreed that it's not harmful to take MAT long-term.

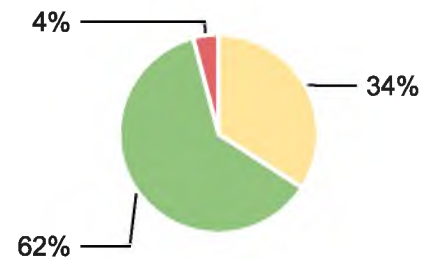
■ Agree ■ Disagree ■ Unsure



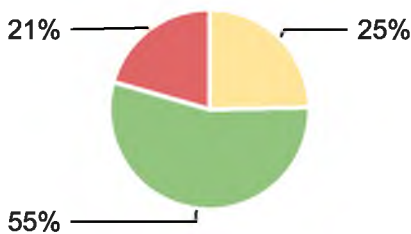
74% agreed that MAT can be effective treatment for addiction



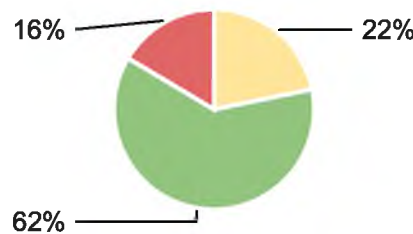
83% agreed that there are medications to treat OUD



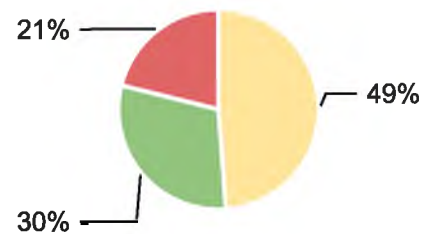
62% agreed that there are medications to treat AUD



55% agreed that MAT is not substituting one drug for another



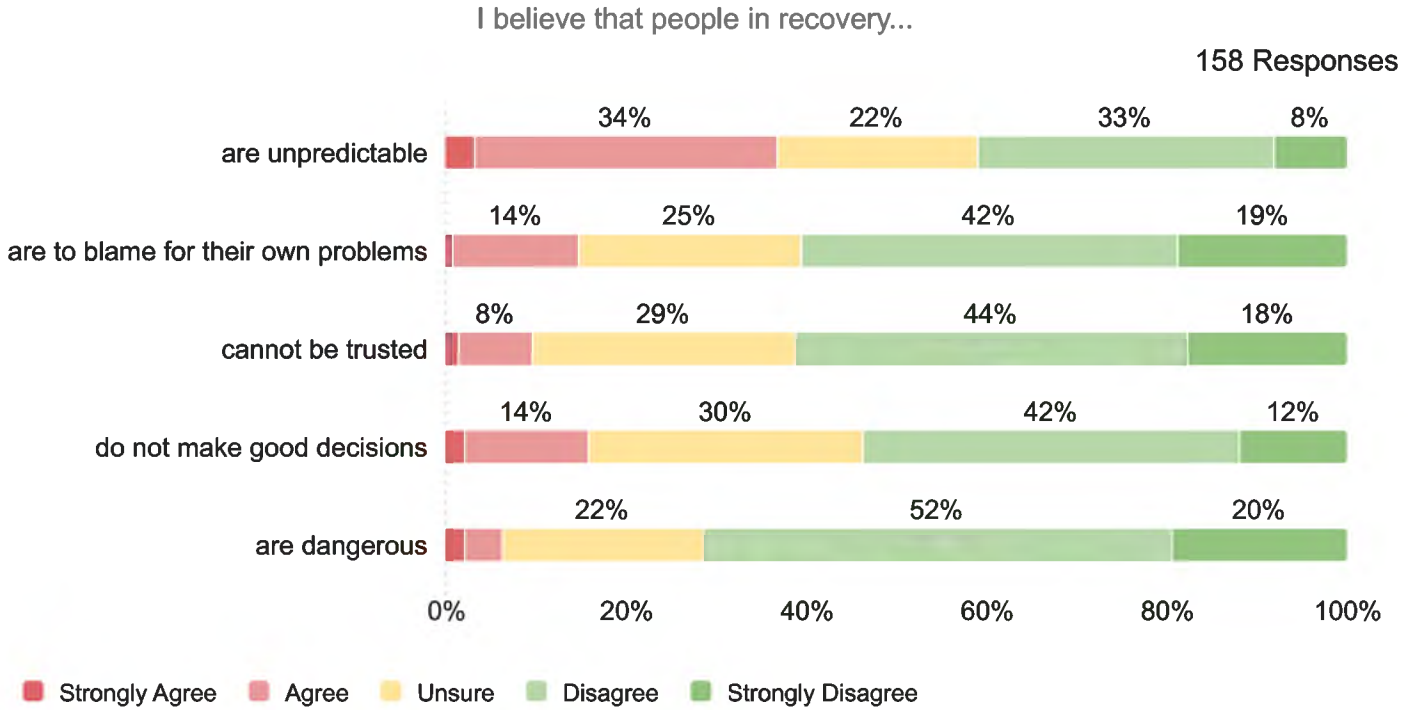
62% agreed that people who take MAT can be in recovery



30% agreed that it's not harmful to take MAT long-term

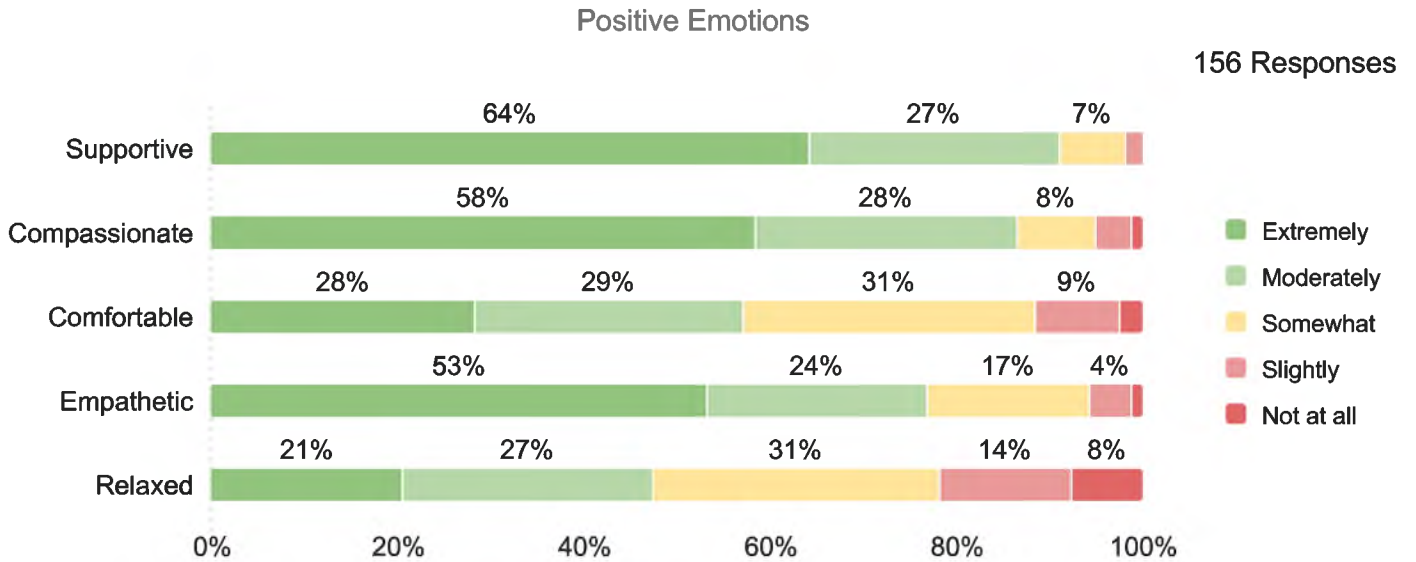
Levels of Stereotypes Towards Individuals with SUD and in Recovery

Stereotypes refer to inaccurate beliefs or thoughts about people in recovery as a group. Thirty-seven percent (37%) of respondents agreed or strongly agreed that people in recovery are unpredictable, 14% that they are to blame for their own problems, 9% that they cannot be trusted, 16% that they do not make good decisions, and 6% believe that they are dangerous.

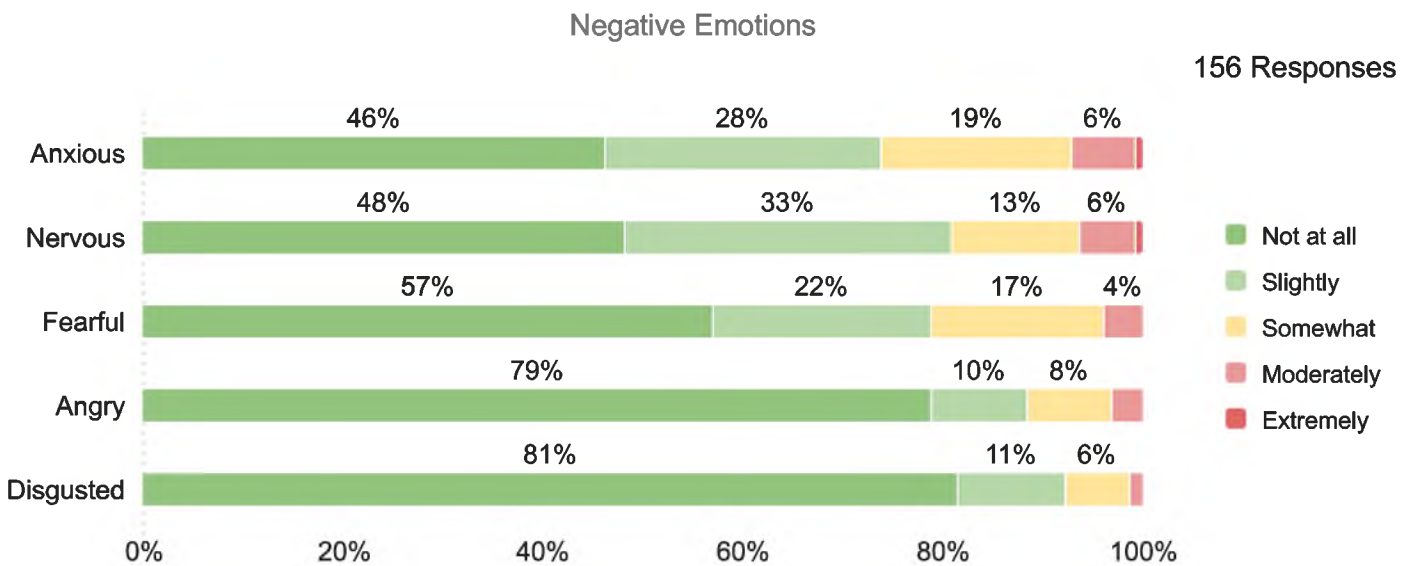


Levels of Prejudice Towards Individuals with SUD and in Recovery

Prejudice refers to the feelings or emotions experienced in response to interacting with someone in recovery. Ninety-one percent (91%) of respondents felt extremely or moderately supportive, 86% felt compassionate, 57% felt comfortable, 77% felt empathetic, and 48% felt relaxed if they were to interact with someone in recovery.

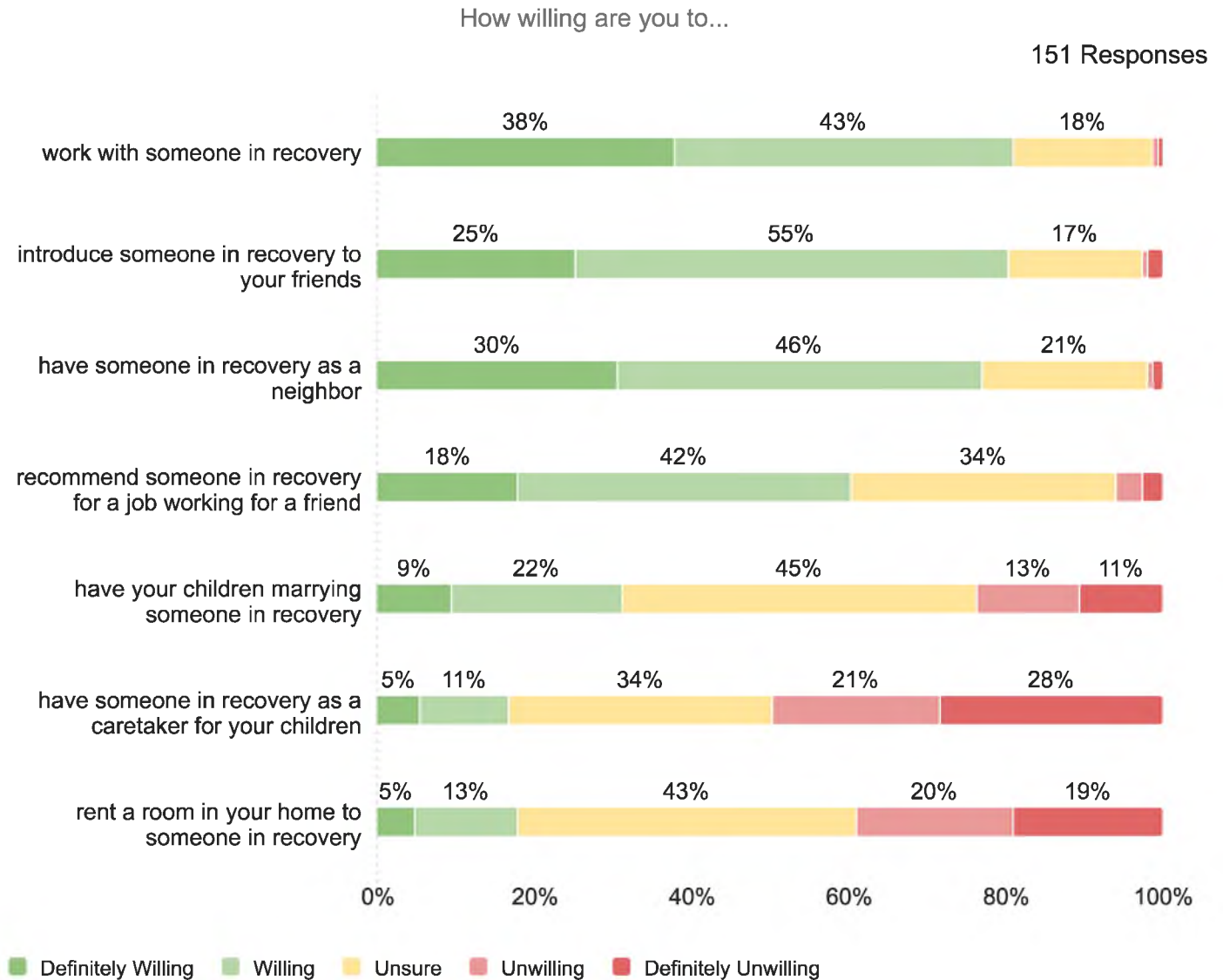


However, 54% of the respondents felt slightly to extremely anxious, 52% felt nervous, 43% felt fearful, 21% felt angry, and 19% felt disgusted about interacting with an individual in recovery.



Levels of Discrimination Towards Individuals with SUD and in Recovery

Discrimination intent refers to the negative or unjust treatment of people in recovery as a group. Eighty-one percent (81%) of respondents were willing or definitely willing to work with someone in recovery, 80% to introduce someone in recovery to their friends, 76% to have someone in recovery as a neighbor, 60% to recommend someone in recovery for a job working for a friend, 31% to have their children marry someone in recovery, 16% to have someone in recovery as a caretaker of their children, and 18% to rent a room in their home to someone in recovery.



Addiction Knowledge Overall

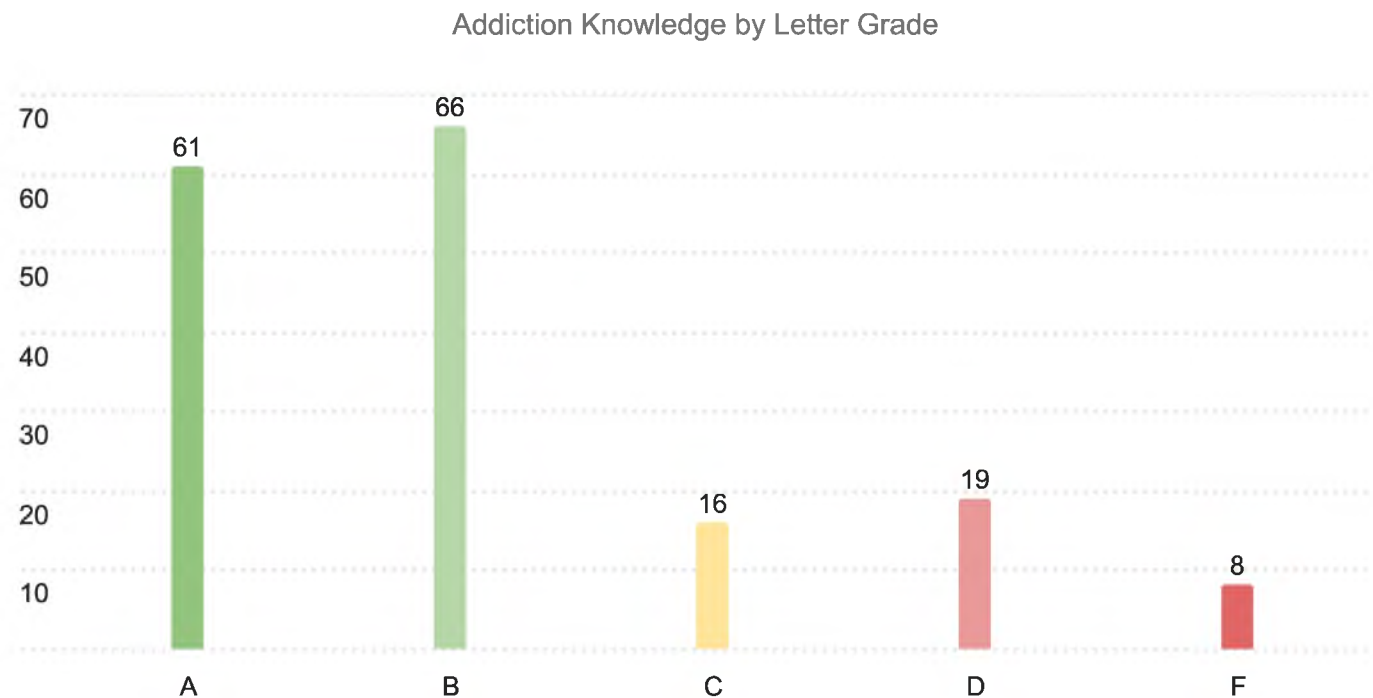
Addiction literacy is the degree to which people can understand, find, and use information and services to make an informed health decision related to SUDs. Research suggests that increasing knowledge about SUDs and treatment can deconstruct stereotypes and reduce prejudice and discrimination. Addiction literacy measured respondents' knowledge about SUD prevention and 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.

The Addiction Policy Forum and the University of Delaware created the 56-item scale to measure knowledge of SUDs. Scores include how many items participants got correct of the 56 total. Higher scores indicate more knowledge. Respondent knowledge scores were analyzed and compared to the United States standard academic letter grades (A grade is 90-100% or 51-56 items correct; B grade is 80-89% or 45-50 correct; C grade is 70-79% or 40-44 items correct; D grade is 60-69% or 34-39 correct; and F grade is 059% or 33 and fewer items correct).

Of the 259 respondents that answered each knowledge scale question, 24% scored an A grade (n=61), 26% scored a B grade (n=66), 6% scored a C grade (n=16), 7% scored a D grade (n=19), and 3% scored an F grade (n=8). Overall, respondents scored an average of 47 out of 56 (86% or a B) items correctly.

Addiction Knowledge (range: 0-56)

| Field | Max | Mean | Responses |
|-------|-----|------|-----------|
| Score | 56 | 47 | 170 |



Respondent Demographics and Characteristics

| Age | % | n | |
|--|-----|-----|--|
| 18-29 | 5% | 8 | Five percent (5%) of respondents were aged 18-29, 31% were 30-44, 47% were 45-59, and 17% were 60 or older. |
| 30-44 | 31% | 46 | |
| 45-59 | 47% | 69 | |
| 60+ | 17% | 25 | |
| Race | % | n | |
| American Indian or Alaska Native | 0% | 0 | Eighty-two percent (82%) identified as female and 18% as male. |
| Asian | 0% | 0 | |
| Black or African American | 4% | 6 | Seven percent (7%) reported having a high school diploma or GED, 21% some college or technical school, 53% a college degree, and 18% some graduate school or higher. |
| Native Hawaiian or Other Pacific Islander | 0% | 0 | |
| White | 95% | 140 | |
| Other (Specify): | 2% | 3 | |
| Gender Identity | % | n | |
| Male | 18% | 27 | Eighty-seven percent (87%) reported living in a rural or somewhat rural area, 10% in a suburban or somewhat urban area, and 3% in an urban area. |
| Female | 82% | 121 | |
| Education Level | % | n | |
| Completed High School or GED | 7% | 11 | |
| Some College (no degree) or Technical School | 21% | 31 | |
| College Degree (AA, BA, MA, etc) | 53% | 78 | |
| Some Graduate School or more | 18% | 26 | |
| Geographic Area | % | n | |
| Rural | 59% | 86 | |
| Somewhat rural | 28% | 41 | |
| Suburban | 7% | 11 | |
| Somewhat urban | 3% | 4 | |
| Urban | 3% | 5 | |

Professional and Occupation Characteristics

| Occupations | % | n | |
|--|-----|----|--|
| Protective service / Criminal justice / Legal | 3% | 4 | The occupation breakdown among survey respondents included criminal justice (3%), government (11%), community services (16%), healthcare (20%), and business (2%). Fifteen percent of respondents (15%) made up the other occupations. |
| Government | 11% | 17 | |
| Community/nonprofit and social services | 16% | 23 | |
| Healthcare practitioners, support, and technical | 20% | 30 | |
| Business and financial operations | 2% | 3 | |
| Other | 15% | 22 | |

Respondents with Lived Experience or Professional Expertise in Addiction Services

Twenty-one percent (21%) of the respondents reported working in the addiction field, 63% reported knowing a friend or family member struggling with addiction, and 16% self-reported as being in recovery.

| | |
|--|----|
| A family member or friend of someone struggling with addiction | 93 |
| An individual in recovery from addiction | 23 |
| A professional in the addiction field | 31 |
| N/A | 37 |

References

1. Corrigan PW, River LP, Lundin RK, Wasowski KU, Campion J, et al. Stigmatizing attributions about illness. *J Com Psychol.* 2000;28:91–102.
2. Room R. (2005). Stigma, social inequality and alcohol and drug use. *Drug and alcohol review*, 24(2):143–155. <https://doi.org/10.1080/09595230500102434>
3. Committee on the Science of Changing Behavioral Health Social Norms, Board on Behavioral, Cognitive, and Sensory Sciences, Division of Behavioral and Social Sciences and Education, & National Academies of Sciences, Engineering, and Medicine. (2016). *Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change*. National Academies Press (US). <https://www.ncbi.nlm.nih.gov/books/NBK384915/>
4. Earnshaw V. A. (2020). Stigma and substance use disorders: A clinical, research, and advocacy agenda. *The American psychologist*, 75(9), 1300–1311. <https://doi-org.proxygw.wrlc.org/10.1037/amp0000744>
5. Tsai, A. C., Kiang, M. V., Barnett, M. L., Beletsky, L., Keyes, K. M., McGinty, E. E., Smith, L. R., Strathdee, S. A., Wakeman, S. E., & Venkataramani, A. S. (2019). Stigma as a fundamental hindrance to the United States opioid overdose crisis response. *PLoS medicine*, 16(11), e1002969. <https://doi.org/10.1371/journal.pmed.1002969>
6. Corrigan, P. W., Watson, A. C., & Barr, L. (2006). The self-stigma of mental illness: Implications for self-esteem and self-efficacy. *Journal of Social and Clinical Psychology*, 25(8), 875–884. <https://doi.org/10.1521/jscp.2006.25.8.875>
7. Yang, L. H., Grivel, M. M., Anderson, B., Bailey, G. L., Opler, M., Wong, L. Y., & Stein, M. D. (2019). A new brief opioid stigma scale to assess perceived public attitudes and internalized stigma: Evidence for construct validity. *Journal of substance abuse treatment*, 99, 44–51. <https://doi.org/10.1016/j.jsat.2019.01.005>
8. Brown, S. A. (2011). Standardized measures for substance use stigma. *Drug and alcohol dependence*, 116(1), 137– 141. <https://doi.org/10.1016/j.drugalcdep.2010.12.005>
9. Link, B. G., Cullen, F. T., Frank, J., & Wozniak, J. F. (1987). The social rejection of former mental patients: Understanding why labels matter. *American journal of sociology*, 92(6), 1461–1500.
10. Penn, D. L., Guynan, K., Daily, T., Spaulding, W. D., Garbin, C. P., & Sullivan, M. (1994). Dispelling the stigma of schizophrenia: What sort of information is best? *Schizophrenia bulletin*, 20(3), 567–578. <https://doi.org/10.1093/schbul/20.3.567>
11. Kennedy-Hendricks, A., Barry, C. L., Gollust, S. E., Ensminger, M. E., Chisolm, M. S., & McGinty, E. E. (2017). Social stigma toward persons with prescription opioid use disorder: Associations with public support for punitive and public health-oriented policies. *Psychiatric services*, 68(5), 462–469. <https://doi.org/10.1176/appi.ps.201600056>
12. National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Sciences Policy; Committee on Medication-Assisted Treatment for Opioid Use Disorder, Mancher, M., & Leshner, A. I. (Eds.). (2019). *Medications for Opioid Use Disorder Save Lives*. National Academies Press (US). <https://pubmed.ncbi.nlm.nih.gov/30896911/>

English

Consent



Thank you for considering participating in this short survey on the topic of addiction. We are asking you to share your feedback and experiences on the impact of substance use disorder and addiction within your community. In this survey, substance use disorder includes all types of alcohol and drugs.

Key Information:

- This online survey is completely anonymous; no identifying information will be collected, and all information we gather from the survey will be confidential.
- The survey is voluntary; you can choose whether or not to take it, and you can stop taking the survey at any

time.

- The purpose of the study is to measure knowledge and attitudes about addiction.
- This project will also help communities identify where addiction literacy and targeted interventions need to be implemented.
- This survey does not qualify as an Institutional Review Board study, so its findings will not be published in a journal article.
- This survey will take about 15–20 minutes to complete, depending on your answers.

Do you agree to participate in this study?

- Yes - I agree
- No - I do not agree

Follow up From 2018 Survey

When it comes to addiction and recovery, which comes closest to your opinion:

- Addiction is a choice and addicts suffer as a result of their choice

- Addiction is a disease and needs to be treated as an illness
- I don't know

Prevention Knowledge Scale

Please indicate whether the following items about **risk factors** for substance use are true or false, or if you're unsure of the answer.

| | True | False | Unsure |
|--|-----------------------|-----------------------|-----------------------|
| Risk factors increase the risk of developing a substance use disorder. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Delaying the onset of substance use is key to preventing addiction. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The adolescent brain fully matures by age 18. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Genetics are a risk factor for developing a substance use disorder. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The adolescent brain is uniquely vulnerable to substance use. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

True

False

Unsure

Using drugs during adolescence has more potential to disrupt brain function in areas critical to motivation, memory, learning, judgment, and behavior control than using drugs during adulthood.

Preventing early use of drugs or alcohol reduces the risk of developing a substance use disorder.

Early use of drugs or alcohol does not affect brain development.

Early involvement with alcohol, tobacco, and drug use does not increase the risk of drug dependency later in life.

The age at which a teen begins alcohol or drug use is a risk factor for substance use disorder.

Please indicate whether the following items about **risk factors** for substance use are true or false, or if you're

unsure of the answer.

| | True | False | Unsure |
|---|-----------------------|-----------------------|-----------------------|
| You can address risk factors to prevent substance use disorder. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Risk of drug use increases greatly during times of transition, including moving, a family divorce, changing schools, or loss of a job or experiencing loss. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Having a parent with a drug or alcohol use disorder is a risk factor for addiction. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Inadequate parental supervision is a risk factor for substance use disorder. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Loneliness and depression are risk factors for developing a substance use disorder in teens. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Learning disabilities and differences are risk factors for substance use disorder. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

True

False

Unsure

Poorly defined and poorly communicated rules and expectations about substance use is a risk factor for substance use disorder/addiction.

The most common substances that teens first use are alcohol, nicotine and marijuana.

Parents providing alcohol to teens can increase unsafe behaviors and alcohol use long-term.

Please indicate whether the following items about **protective factors** for substance use are true or false, or if you're unsure of the answer.

True

False

Unsure

Effective prevention of substance use disorders focuses on reducing risk factors, and strengthening protective factors.

True

False

Unsure

Building positive coping skills to handle stress can help prevent substance use disorders.

Parental involvement can prevent the development of substance use disorder.

Parents and caregivers can reduce the risks of developing a substance use disorder by communicating their concerns about substance use.

Parents and caregivers can reduce the risks of developing a substance use disorder by setting clear expectations for behavior.

There is nothing that parents and caregivers can do to prevent substance use among teens.

Please rate how much you **agree or disagree** with each statement.

| | Strongly disagree | Disagree | Neither disagree nor agree | Agree | Strongly agree |
|---|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| I have confidence that I can have a conversation with <u>my child (/youth)</u> about substance use. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I'm able to set expectations around drug and alcohol use with <u>my child (/youth)</u> . | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I'm able to set clear consequences around substance use. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I'm able to follow through with consequences if expectations about substance use are not met. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have the skills to prevent <u>my child (/youth)</u> from developing a substance use disorder. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Tx & Recovery Knowledge Scale

Please indicate whether the following items about the **characteristics of addiction** are true or false, or if you're unsure of the answer.

| | True | False | Unsure |
|---|-----------------------|-----------------------|-----------------------|
| Substance use disorder is a health condition. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| People with a substance use disorder often want to cut down on substance use but are not able to. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| People with a substance use disorder can easily choose to stop using substances if they experience problems with their substance use. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Alcohol use disorder is the most common substance use disorder in the U.S. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Substance use disorder does not affect people's behavior. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Substance use disorder is a chronic illness. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

True

False

Unsure

Substance use disorder can damage people's brain tissue.

Please indicate whether the following items about **addiction risk** are true or false, or if you're unsure of the answer.

True

False

Unsure

Most people with a substance use disorder began using substances before the age of 18.

Genetics is not a risk factor for the development of a substance use disorder.

People who live in places with greater drug availability have a higher risk of developing a substance use disorder.

Please indicate whether the following items about **addiction** are true or false, or if you're unsure of the answer.

| | True | False | Unsure |
|---|-----------------------|-----------------------|-----------------------|
| People can recover from a substance use disorder. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Individuals with a substance use disorder need only 28 days of treatment to be cured. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Relapse is common during recovery from a substance use disorder. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| People who relapse never get better. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please indicate whether the following items about **addiction treatment and recovery** are true or false, or if you're unsure of the answer.

| | True | False | Unsure |
|---|-----------------------|-----------------------|-----------------------|
| People who receive early intervention for substance use disorder have better recovery outcomes. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

True

False

Unsure

Substance use disorder is treatable by healthcare providers.

It's best to wait for rock bottom to get help for a substance use disorder.

Getting an assessment is recommended to determine the severity of the illness and recommended level of care for an individual with a substance use disorder.

Treatment settings – like intensive outpatient treatment (IOP), partial hospital programs (PHP), and residential or inpatient programs – can be helpful in treating substance use disorder.

Treatment for substance use disorder can include behavioral or psychological therapies.

Faith-based activities can be helpful for individuals struggling with a substance use disorder.

True

False

Unsure

Support groups can be helpful for individuals struggling with substance use disorder.

Community-based recovery programs can be helpful for individuals struggling with substance use disorder.

There are many different pathways to recovery available.

Please indicate whether the following items about **addiction medications** are true or false, or if you're unsure of the answer.

True

False

Unsure

There are medications available to treat opioid use disorder.

People who take some medications to treat opioid use disorder aren't truly in recovery.

| | True | False | Unsure |
|---|-----------------------|-----------------------|-----------------------|
| Medications can be an effective treatment for people with a substance use disorder. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There are no medications available to treat alcohol use disorder. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medications for addiction treatment are just substituting one drug for another. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There are multiple FDA-approved medications to treat alcohol use disorder. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| It's harmful to take medications for addiction treatment long-term. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please rate how much you **agree or disagree** with each statement.

| | Strongly disagree | Disagree | Neither disagree nor agree | Agree | Strongly agree |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| I know where to seek information about substance use disorder. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Strongly disagree Disagree Neither disagree nor agree Agree Strongly agree

I don't know where to find information online about substance use disorder.

I know who I could talk to in order to find information about substance use disorder.

I don't feel confident in my ability to respond to a friend or family member with a substance use disorder.

I am confident in my ability to develop an action plan to engage a friend or family member with a problem with substance use disorder.

I feel confident in my ability to start a conversation with a friend or family member who has a problem with a substance use disorder.

| | Strongly disagree | Disagree | Neither disagree nor agree | Agree | Strongly agree |
|---|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| If I were concerned about a friend or family member's substance use, I wouldn't know what to say to them. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I can set healthy boundaries (or rules, guidelines, and limits to protect my own wellbeing) with a friend or family member with a substance use disorder. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I can set a self-care plan. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I'm not sure how to cope with stressful situations in a healthy way. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I can monitor my own substance use when dealing with stressful situations. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Stigma Scales Stereotypes, Prejudice, Discrimination

Please rate how much you **agree or disagree** with the following statements.

| | Strongly Disagree | Disagree | Unsure | Agree | Strongly Agree |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I believe that a person who is in recovery from addiction cannot be trusted. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I believe that a man who is in recovery from addiction is dangerous. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I think that a person who is in recovery from addiction is to blame for his or her own problems. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I believe that a person who is in recovery from addiction is unpredictable. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I believe that a person who is in recovery from addiction does not make good decisions. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If you were to **interact with someone** who is in recovery from addiction, how would you feel?

| | Not at all | Slightly | Somewhat | Moderately | Extremely |
|---------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Anxious | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | Not at all | Slightly | Somewhat | Moderately | Extremely |
|---------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Supportive | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fearful | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Empathetic | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Angry | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Nervous | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Comfortable | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Compassionate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Disgusted | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Relaxed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please indicate **how willing you would be** to do the following.

| | Definitely Unwilling | Unwilling | Unsure | Willing | Definitely Willing |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| How would you feel about renting a room in your home to someone in recovery from addiction? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How would you feel about working with someone in recovery from addiction? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | Definitely Unwilling | Unwilling | Unsure | Willing | Definitely Willing |
|---|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| How would you feel about having someone in recovery from addiction as a neighbor? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How would you feel about having someone in recovery from addiction as a caretaker for your children? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How would you feel about your children marrying someone in recovery from addiction? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How would you feel about introducing someone in recovery from addiction to your friends? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How would you feel about recommending someone in recovery from addiction for a job working for a friend of yours? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Support for Policies and Services

Please indicate how much you **oppose or support** the following policies.

| | Strongly oppose | Oppose | Neutral | Support | Strongly support |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Laws that protect people with addiction from criminal charges for drug crimes if they seek medical help. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Making Naloxone (a medication that reverses overdose) available to friends and family members of people with opioid addiction. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Increasing government spending on addiction treatment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| All people who use drugs illegally should be arrested and prosecuted. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Employers should be able to fire or not hire people in recovery from addiction. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Strongly
oppose

Oppose

Neutral

Support

Strongly
support

Housing agencies
should be able to
deny services to
people in recovery
from addiction.

Would you **support a clinic** that provides medications for addiction (like methadone or buprenorphine)? Please check all that apply:

- In my neighborhood
- In my town or city
- In my county
- In my state
- Nowhere – I don't support these services.

Would you **support having support groups** for people in recovery from addiction (like Alcoholics or Narcotics Anonymous)? Please check all that apply:

- In my neighborhood
- In my town or city
- In my county
- In my state
- Nowhere – I don't support these services.

Would you **support having group homes** where people who are in recovery from addiction can live together (like sober living homes or recovery residences)? Please check all that apply:

- In my neighborhood
- In my town or city
- In my county
- In my state
- Nowhere – I don't support these services.

Would you **support having a recovery high school**, or a high school that is specifically for adolescents in recovery from addiction? Please check all that apply:

- In my neighborhood
- In my town or city
- In my county
- In my state
- Nowhere – I don't support these services.

Socio-demographics + Occupation

Please answer the following questions about yourself.

How old are you?

- 18-29
- 30-44
- 45-59
- 60+

Are you of Hispanic, Latino, or Spanish origin?

- Yes
- No

What your race? Check all that apply:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other (Specify):

What terms best express how you describe your gender identity? Check all that apply:

- Male
- Female

Which of the following best describes the highest level of education you have completed? Please check one:

- Some High School or less (no diploma or GED)
- Completed High School or GED
- Some College (no degree) or Technical School
- College Degree (AA, BA, MA, etc)
- Some Graduate School or more

What is your zip code?

Which of the following best describes where you live?

- Rural
- Somewhat rural
- Suburban
- Somewhat urban
- Urban

Which of the following best describes your occupation or job field?

- Architecture and engineering
- Arts, design, entertainment, sports, and media
- Building and grounds cleaning and maintenance
- Business and financial operations
- Community/nonprofit and social services
- Computer and mathematical
- Construction and extraction
- Education
- Farming, fishing, and forestry
- Food preparation and serving-related
- Government
- Healthcare practitioners, support, and technical
- Installation, maintenance, and repair
- Life, physical, and social science
- Management
- Office and administrative support
- Personal care and service

- Production
- Protective service / Criminal justice / Legal
- Sales and related
- Transportation and material moving
- Other (please specify):

Which of the following best describes your occupation or job in the Community/nonprofit and social services field? Check all that apply:

- Advocacy
- Clergy
- Community Health
- Faith-based Services
- Family Services / Child Welfare
- Harm Reduction
- Prevention
- Recovery / Peer Support
- Reentry Services

Which of the following best describes your occupation or job in the Education field? Check all that apply:

- Pre-K

- Headstart
- Primary
- Secondary
- College
- Trades
- Library
- Other (please specify):

Which of the following best describes your occupation or job in the Government field? Check all that apply:

- Local/City
- Tribal
- State
- Federal

Which of the following best describes your occupation or job in the Healthcare practitioners, support, and technical field? Check all that apply:

- EMS/Fire
- Public Health
- Emergency Medicine
- Behavioral Health

- Addiction Medicine
- Treatment Provider
- Physician
- Nurse/Nurse Practitioner
- Hospitals
- Other (please specify):

Which of the following best describes your occupation or job in the Life, physical, and social science field? Check all that apply:

- Biologist
- Chemist
- Epidemiologist
- Medical Scientist
- Political Scientist
- Psychologist
- Sociologist
- Other (please specify):

Which of the following best describes your occupation or job in the Protective service / Criminal justice / Legal field?

Check all that apply:

- Law Enforcement
- Military
- Courts
- Corrections (e.g., Prison/Jail)
- Community Corrections (e.g., Probation/Parole)
- Lawyer
- Prosecutor
- Defender
- Other (please specify):

Which category describes you? Multiple categories can be selected.

- A family member or friend of someone struggling with addiction
- An individual in recovery from addiction
- A professional in the addiction field
- N/A

You described yourself as a family member or friend of someone struggling with addiction.

Who has struggled with addiction? Check all that apply:

- Your child
- Parent
- Spouse/Significant Other
- Sibling
- Aunt/Uncle
- Grandparent
- Friend
- Employee

You described yourself as an individual in recovery from addiction.

What substance was your primary substance of use?
Check all that apply:

- Alcohol
- Stimulants (cocaine/methamphetamine)
- Opioids
- Sedatives (benzos/valium)
- Marijuana
- Hallucinogens

For how long did you use alcohol and/or drugs? Please indicate your response in years:

For how long have you been in recovery? Please indicate your response in years:

Did you receive treatment?

- Yes
- No

You described yourself as a professional in the addiction field.

Which best describes you?

- A first responder
- A healthcare provider
- A concerned community member
- None of the above

Employer Questions

Are you an employer?

- Yes
- No

Are there people in recovery working in your organization?

- Yes
- No
- Unsure

Would you support training for your workplace to become more recovery friendly, or supportive of people in recovery?

- Definitely yes
- Possibly yes
- Unsure
- Possibly no
- Definitely no

Would you be willing to hire people in stable recovery to work in your organization?

- Definitely yes
- Possibly yes
- Unsure
- Possibly no
- Definitely no

Block 8

Thank you very much for your responses! Please **click the "Submit"** button at the bottom right of your screen to complete the survey.