

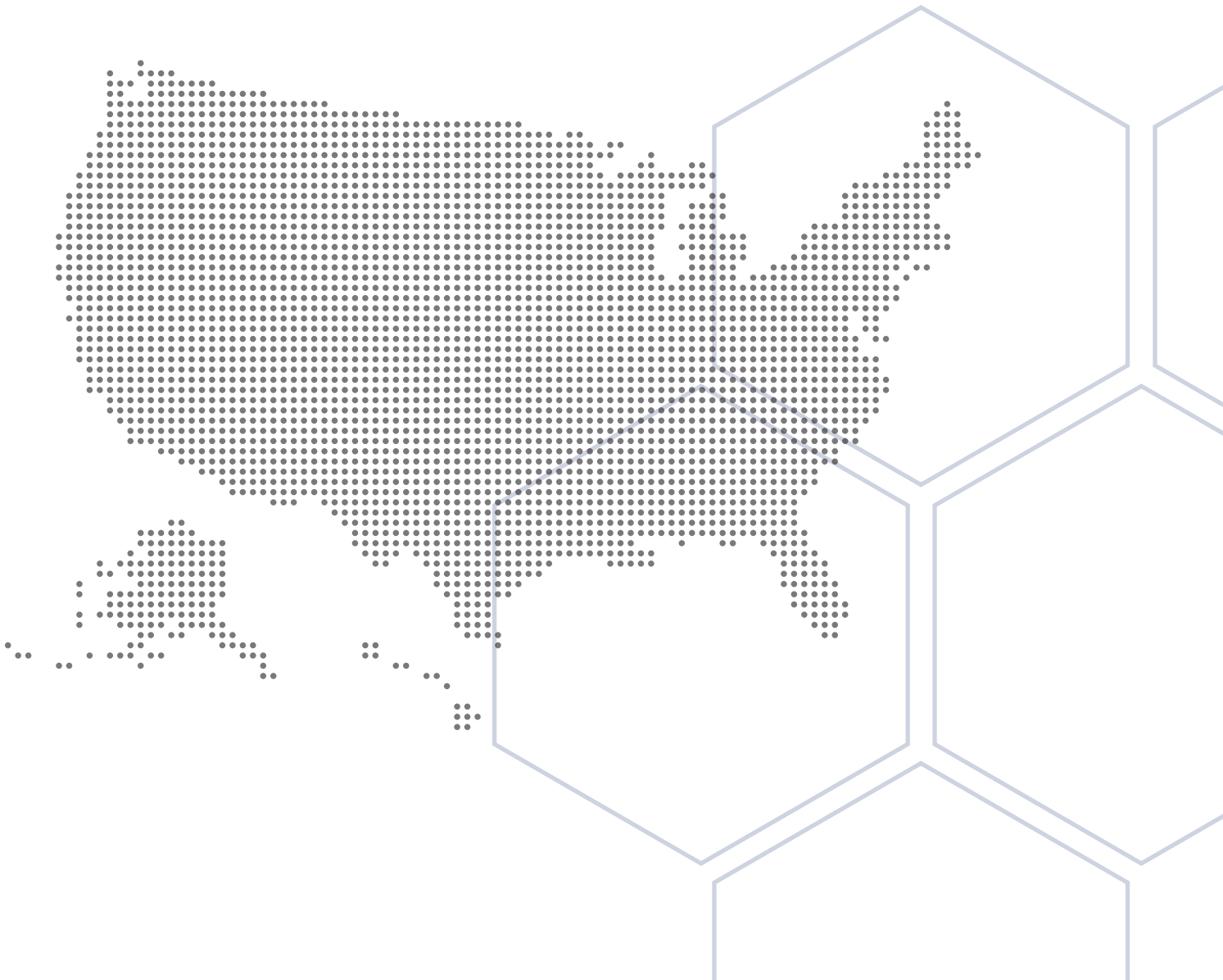


GALLUP®

# Addiction Stigma in America

How Public Knowledge Shapes  
Attitudes Toward Recovery

MAY 2026



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# Table of Contents

<b>2</b>	<b>Executive Summary</b>
2	Knowledge and Self-Efficacy
3	Stigma
3	Knowledge Can Reduce Stigma
<b>4</b>	<b>Addiction Literacy Among Americans</b>
4	Addiction Knowledge
7	Self-Efficacy
8	The Link Between Knowledge and Self-Efficacy
<b>9</b>	<b>Stigma Toward People in Recovery</b>
9	Stereotypes
11	Prejudice
12	Discrimination Intent
<b>13</b>	<b>Links Between Addiction Knowledge and Stigma</b>
<b>16</b>	<b>Addiction Knowledge and Policy Endorsement</b>
<b>17</b>	<b>Concluding Remarks</b>
<b>18</b>	<b>Methodology</b>

# Executive Summary

Despite the availability of accurate and science-backed information about addiction, or substance use disorders (SUDs),<sup>1</sup> misperceptions persist among some Americans. The lack of science-backed understanding of addiction contributes to stigma, which includes prejudice, stereotypes and discrimination toward individuals in recovery from SUDs. In turn, this stigma creates barriers to treatment and recovery.<sup>2</sup>

Measuring addiction literacy is thus the first step in understanding the state of public knowledge about addiction and what attitudes need to be addressed to reduce stigma.

Addiction literacy includes having accurate knowledge about SUDs and the ability to apply this knowledge in real-world situations. For example, individuals with high addiction literacy may understand addiction as a disease and know how to use that knowledge to empathetically help or support someone experiencing addiction.

This study, by the Addiction Policy Forum and Gallup, examines public knowledge about SUDs and perceptions of individuals in recovery. In the survey and throughout this report, the language “drug or alcohol addiction” is used in questions and narrative to reflect everyday language that is more familiar and accessible to the public while aligning with the clinical definition of SUDs.

## Knowledge and Self-Efficacy

Despite numerous leading health organizations classifying drug or alcohol addiction as a medical condition, 17% of Americans disagree they are health conditions, and 15% disagree they can be treated by healthcare professionals. Similarly, 16% disagree that there are genetic risk factors for SUDs. Americans working in the healthcare and social assistance sectors are more likely to be informed about the nature of SUDs. For example, 71% of those in healthcare and social assistance believe that medications can be an effective treatment for addiction, compared with 62% of all Americans.

The majority of Americans report that “if a close friend or family member were struggling with drug or alcohol addiction,” they would take the initiative to help (89%), but only a little over half say they would do the same for a neighbor or colleague (56%). However, willingness to help is not sufficient on its own — those who are willing to help others struggling with drug or alcohol addiction need to have access to accurate information. Yet three in 10 Americans say they don’t know where to find accurate information about addiction, and 12% report being unable to recognize the signs and symptoms of drug or alcohol addiction.

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1 Throughout the report, the terms “addiction” and “substance use disorder” are used interchangeably.

2 Addiction Policy Forum. (2025, March 4). The Power of Knowledge: Why Addiction Literacy Matters. <https://www.addictionpolicy.org/post/the-power-of-knowledge-why-addiction-literacy-matters>

## Stigma

Stigma consists of negative attitudes, feelings and behaviors that are directed toward a social group. The existence of negative attitudes toward addiction is clear in that about one in four Americans think people in recovery from addiction do not make good decisions (27%) and more than one in 10 believe they are dangerous (13%).

Slightly more than half of Americans (53%) report experiencing negative feelings, like anxiety or nervousness, when interacting with people recovering from addiction. Forty percent report feeling fearful. Fewer say they feel disgusted (18%) or angry (17%) when interacting with individuals in recovery.

When it comes to how willing Americans are to support individuals in recovery with the process of social reintegration, majorities report only being willing to do so in some settings. For example, 84% are willing to work with someone who is in recovery and 77% are willing to have a neighbor who is in recovery. However, only 23% are willing to have someone in recovery take care of their child and only 35% report being willing to have their child marry someone who is in recovery.

## Knowledge Can Reduce Stigma

**Americans with more knowledge about addiction less often report biased attitudes, negative feelings and discriminatory behavior toward individuals in recovery.** For example, when asked whether individuals in recovery are irresponsible, those with higher science-backed knowledge about addiction less often agree than those with lower knowledge, a difference of 12 percentage points (13% vs. 25%). Those with lower knowledge consistently agree with misconceptions about individuals in recovery more often than those with higher knowledge. Americans with higher knowledge are also less likely to report negative feelings (e.g., anxiety) and more likely to report positive feelings (e.g., compassion) when asked about how they would feel if they were to interact with someone in recovery.

**Americans with science-backed knowledge about addiction are also more likely than those with low knowledge to endorse policies that facilitate effective treatment and social reintegration for individuals in recovery.** Support for insurance benefits for individuals in recovery, increased government spending and opening more local treatment centers is more common among high- than low-knowledge individuals, by 14 percentage points or more.

# Addiction Literacy Among Americans

Addiction literacy refers to accurate knowledge about addiction (addiction knowledge) and the ability to apply this information in real-world situations (self-efficacy). For example, understanding that addiction is a chronic health condition and that genetics are a risk factor for developing addiction can be classified as addiction knowledge. The confidence to identify resources for support and the intention to help are examples of self-efficacy.

## Addiction Knowledge

The survey measured addiction knowledge with seven questions that covered certain beliefs about addiction, risk factors and effective treatment options. Across the seven questions, the majority of Americans (more than 60%) have accurate knowledge of addiction as a health condition. However, between 10% and 17% have a scientifically inaccurate understanding of addiction, and many others are unsure or unaware, as indicated by “I don’t know” responses.

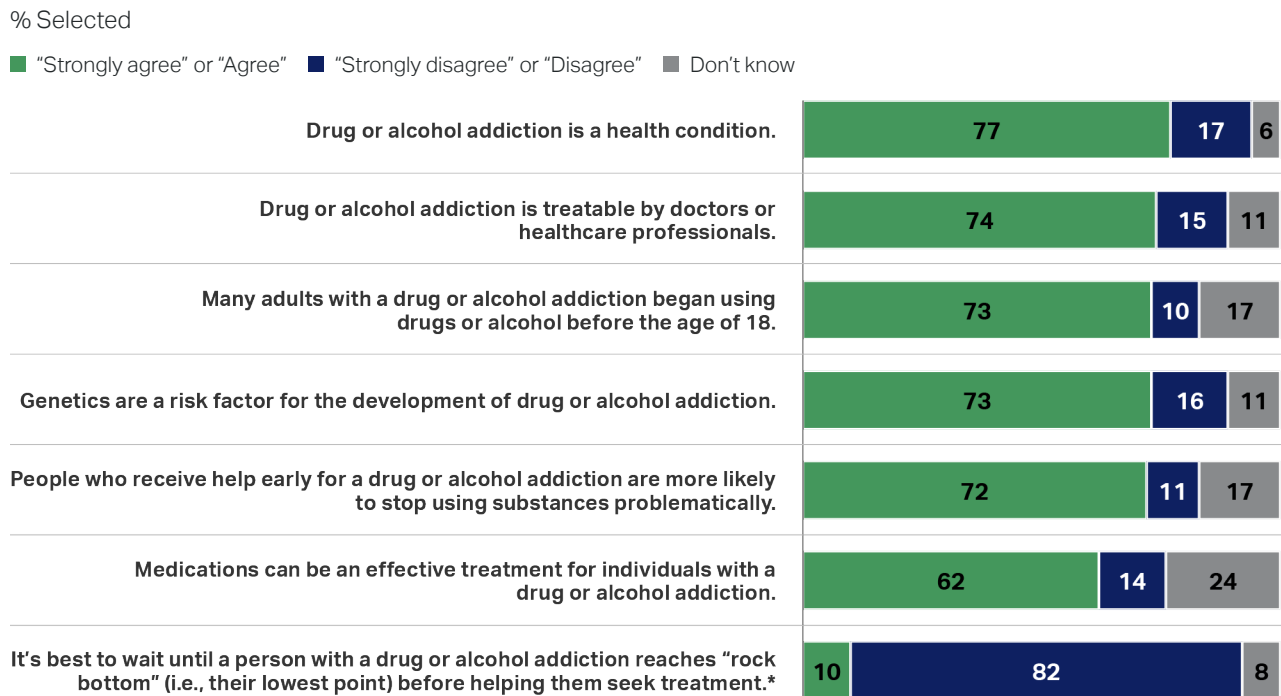
The addiction-related fact most familiar to Americans concerns when to help someone with addiction problems. Eighty-two percent disagree with the myth that a person with drug or alcohol addiction should reach their “rock bottom” before help or treatment would be useful. In fact, the majority (72%) correctly affirm that people who receive help early for addiction are more likely to stop using substances problematically.

More than 70% agree with other facts, including that addiction is a health condition (77%), most often developed before the age of 18 (73%), with genetics as a risk factor (73%) and treatable by healthcare professionals (74%). Slightly fewer know that medications can be an effective treatment for individuals with a drug or alcohol addiction (62%).

Despite accurate addiction knowledge among the majority of Americans, a notable minority do not believe that addiction is a health condition (17%), that genetics are a risk factor (16%), or that it is treatable by doctors or healthcare professionals (15%).

In addition to the segments who hold misconceptions about addiction, many Americans explicitly report lack of knowledge on the subject. Seventeen percent report not knowing whether many with a drug or alcohol addiction begin using drugs or alcohol before the age of 18 or whether those who receive help early are more likely to stop using substances problematically. Nearly one in four Americans indicate not knowing whether medications can be an effective treatment for drug or alcohol addiction.

**CHART 1**  
**The Prevalence of Addiction Knowledge**



Note: \* Indicates statements that are factually wrong; disagreement with these statements represents accurate knowledge.

Demographic characteristics, such as education level and industry of employment, are associated with level of addiction knowledge. For example, those with a college or graduate degree more commonly characterize addiction as a health condition than those with a high school diploma or less formal education. Eighty-five percent of Americans with a college degree, 88% of those with a few years of postgraduate education and 87% of those with a postgraduate degree believe that addiction is a health condition, whereas fewer, by almost 20 percentage points, do so among those with a high school diploma or fewer years of school (70% and 67%, respectively).

Americans' knowledge about addiction as a health condition also varies by industry, ranging as high as 91% among those employed in arts, media and entertainment to 68% among those employed in trade, transportation and logistics.

**Knowledge among Americans employed in healthcare and social assistance is particularly important because of their role in helping individuals who are living with addiction.**

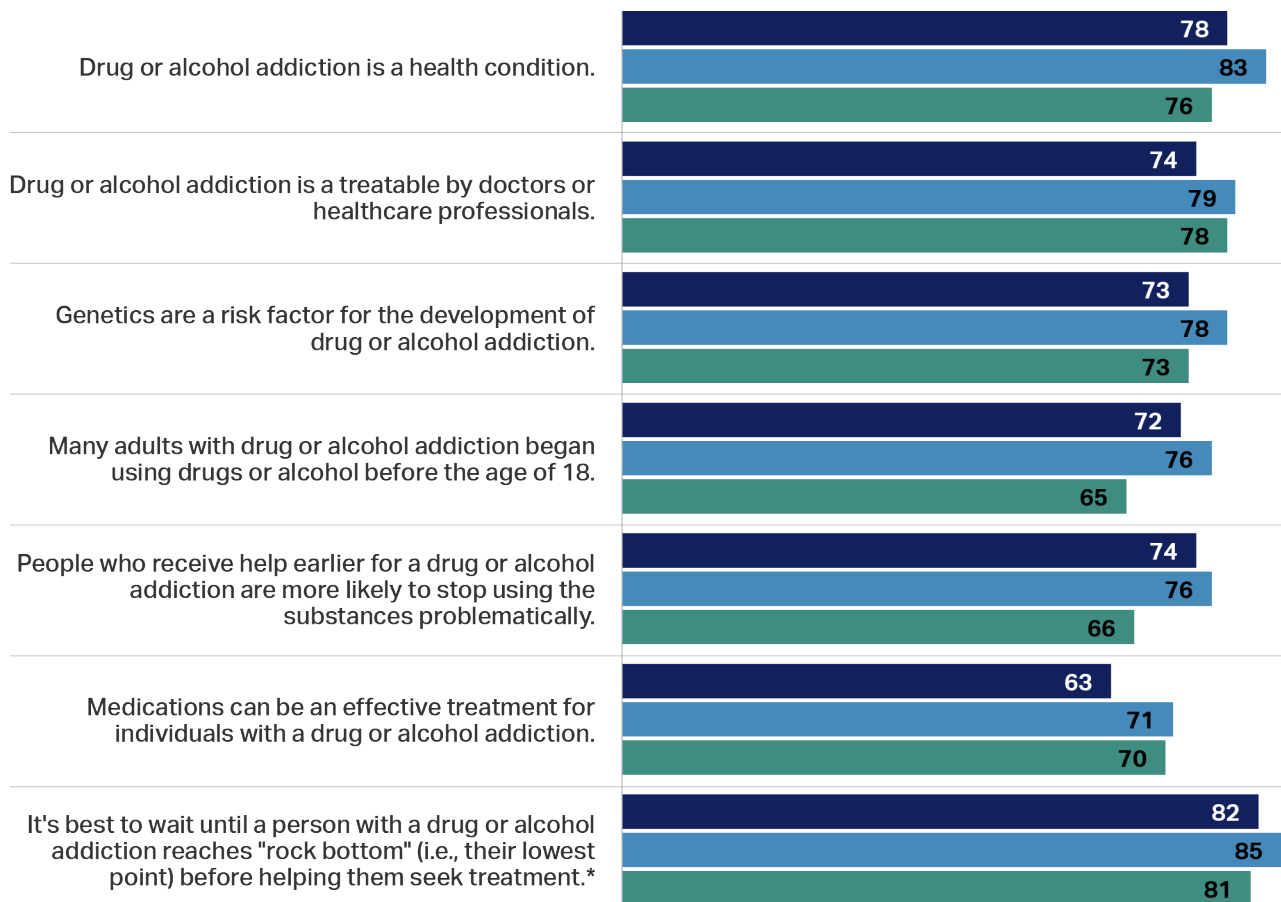
The study finds 83% of healthcare and social assistance professionals characterize addiction as a health condition, 78% believe genetics is a risk factor, 76% believe early treatment is effective, 79% believe addiction is treatable by healthcare professionals and 71% believe medication is an effective treatment. Most of these rates of knowledge exceed the national average.

The addiction knowledge of those working in law, criminal justice and public safety is generally comparable to the national average, but these respondents are less aware of the early onset of SUDs (65% vs. 73% overall) and less knowledgeable about the effectiveness of early intervention (66% vs. 72% overall). However, they are more likely to know about the effectiveness of medications (70% vs. 62% overall).

**CHART 2**  
**Percentages With Accurate Views, by Profession**

% "Strongly agree" or "Agree"

■ U.S. employees ■ Healthcare and social assistance ■ Law, criminal justice and public safety



Note: \* Indicates statements that are factually wrong; disagreement with these statements represents accurate knowledge. For items marked with an asterisk, data labels displayed represent % "Strongly disagree" or "Disagree."

## Self-Efficacy

Public knowledge about addiction can be especially helpful in reducing stigma and changing outcomes for individuals with an SUD when coupled with the intention and ability to put knowledge to practice. Many Americans say they would take the initiative to help if a close friend or family member were struggling with addiction (89%), but fewer indicate that they would take action to help a neighbor or colleague in the same situation (56%). Nearly one in three Americans are unsure what they would do in the case of a neighbor or colleague (31% indicate “don’t know”), but only 8% are unsure what they would do in the case of close friends and family members.

Those with fewer years of education are much more likely to say they would help a neighbor or colleague who may be struggling with addiction than those with more years of education. Among Americans with less than a high school diploma, 71% indicate that they would take this initiative, while 60% percent of those with a high school diploma agree. However, less than half (48%) of those with a postgraduate degree say they would do so. Willingness to help members of the community, coupled with accurate knowledge, can lead to improved outcomes for those living with addiction, lower stigma and facilitate treatment.

Given that Americans with fewer years of education are less likely to have accurate views about addiction (as discussed in the previous section) but are very likely to have the intention to help struggling neighbors or colleagues, campaigns that aim to increase knowledge among this group can particularly boost community support for those living with addiction.

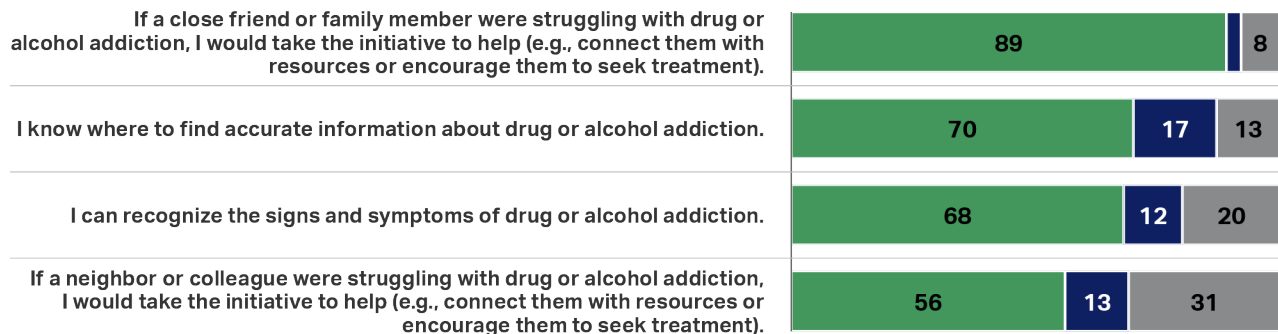
Complementing their intention to help, many Americans also feel enabled to do so. Sixty-eight percent report that they can recognize the signs and symptoms of addiction, and 70% know where to find accurate information. Yet one in five Americans do not know whether they can recognize the signs and symptoms, and 12% report being unable to do so. Three in 10 Americans do not know where to find accurate information about addiction.<sup>3</sup>

In specific industries, including education and healthcare, recognizing early signs and symptoms of addiction may be the first step to helping individuals struggling with addiction. Yet among those who are employed in the education and training industry, fewer than 60% indicate being able to recognize signs and symptoms (58%); this rises to 77% among healthcare and social assistance practitioners.

**CHART 3**  
**Self-Efficacy**

% Selected

■ Yes ■ No ■ Don't know



Note: Values ≤4% not shown

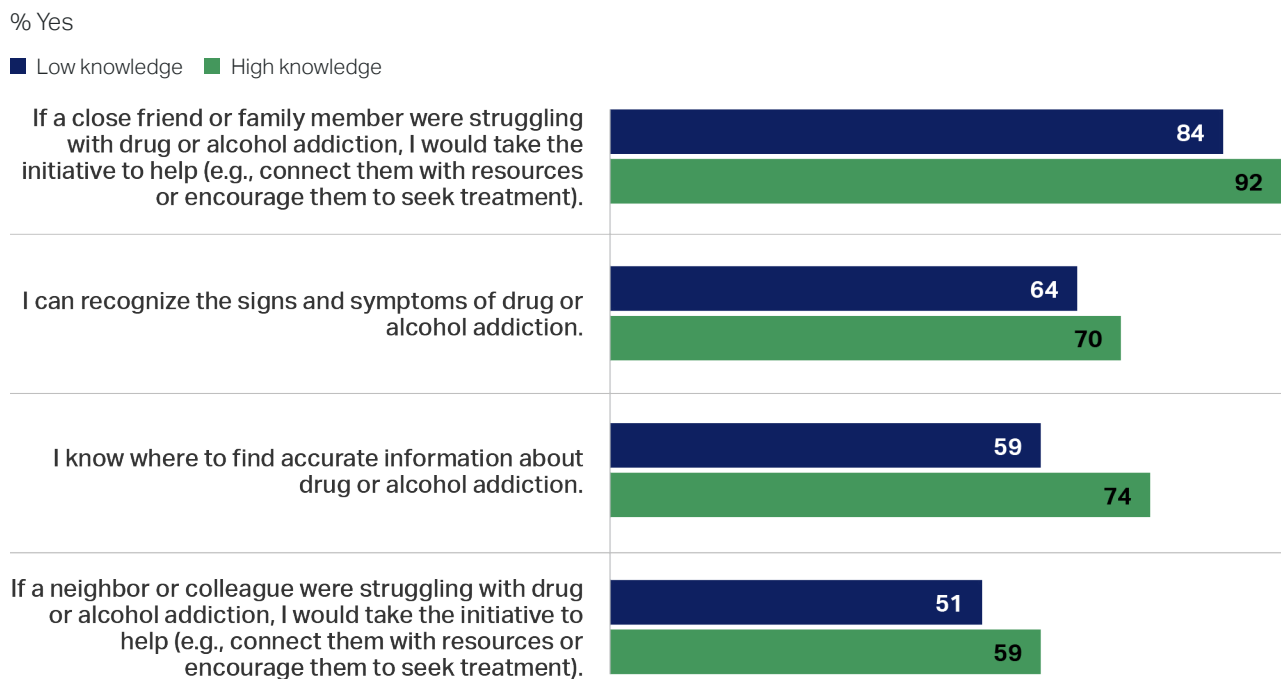
3 Seventeen percent say “no” when asked whether they know where to find accurate information, and 13% say “I don’t know.”

## The Link Between Knowledge and Self-Efficacy

Higher knowledge about addiction can motivate or enable people to effectively help those with SUDs.

In fact, those who have high levels of accurate knowledge about addiction are more likely than those with low knowledge to say they would take the initiative if friends or family were struggling with addiction (92% vs. 84%) and that they would take the initiative if neighbors or colleagues were struggling (59% vs. 51%).<sup>4</sup> The most notable difference between those with high knowledge about addiction and those with low knowledge is in knowing where to find accurate information about drug or alcohol addiction (74% vs. 59%), but those with high knowledge are also more likely to recognize the signs and symptoms of addiction (70% vs. 64%).

**CHART 4**  
**Addiction Knowledge and Self-Efficacy**



<sup>4</sup> "High knowledge" is defined as those who provide a correct response (agree on items without an asterisk in Chart 1 and disagree on the item with an asterisk) to five or more of the knowledge questions in Chart 1; "low knowledge" is defined as fewer than five correct responses.

# Stigma Toward People in Recovery

People in *recovery* from addiction often continue to experience pronounced stigma from others.

These experiences can include stereotypes, which are inaccurate thoughts or beliefs (e.g., the belief that a person who is in recovery cannot be trusted); prejudice, which is a negative feeling or attitude (e.g., being fearful or nervous when interacting with someone in recovery); and discrimination, which is unfair or unjust treatment (e.g., avoiding a neighbor who is in recovery).<sup>5</sup> People in recovery from addiction who experience more prejudice, stereotypes and discrimination from others have worse mental health, are more socially isolated and struggle more with their recovery (including by being less likely to engage in treatment and more likely to resume substance use).<sup>6,7</sup>

## Stereotypes

Stereotypes about people in recovery from addiction include inaccurate generalizations, such as the belief that people in recovery are dangerous, of poor moral character or irresponsible.

Although the majority of Americans explicitly disagree with stereotypical descriptions of individuals in recovery, between 9% and 27% endorse stereotypes such as “a person who is in recovery from drug or alcohol addiction does not make good decisions” (27%), “cannot be trusted” (20%), “is irresponsible” (17%), “is dangerous” (13%) or “has poor moral character” (9%).

These mischaracterizations and generalizations about people are not inconsequential as they can feed into emotional and behavioral bias against individuals with SUDs in the form of prejudices and discrimination. In addition to presenting barriers to treatment and interrupting optimal care, these biases can shape cultural norms, laws and policies, creating an environment that further harms individuals with SUDs.<sup>8</sup>

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5 National Academies of Sciences, Engineering, and Medicine. (2016). Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change. The National Academies Press. <https://doi.org/10.17226/23442>

6 Earnshaw, V. A. (2020). Stigma and substance use disorders: A clinical, research, and advocacy agenda. *American Psychologist*, 75(9), 1300-1311. <https://doi.org/10.1037/amp0000744>

7 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, Nov. 26). Stigma as a fundamental hindrance to the United States opioid overdose crisis response. *PLOS Medicine*, 16(11). <https://doi.org/10.1371/journal.pmed.1002969>

8 Ibid.

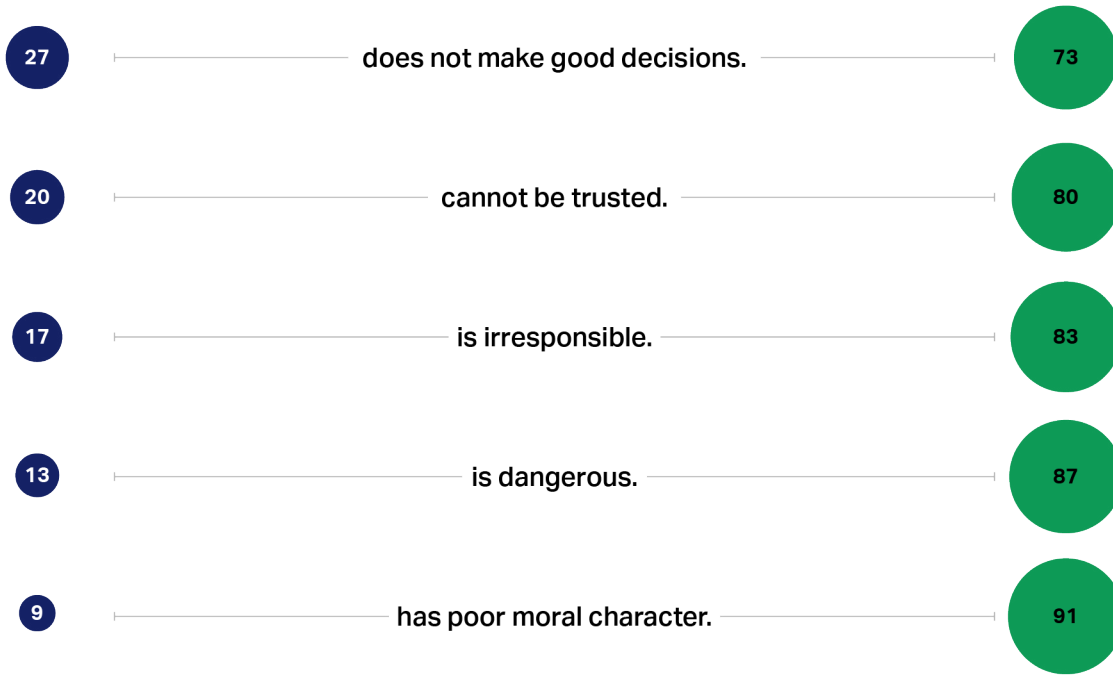
### CHART 5

## The Prevalence of Addiction Stereotypes

% Selected

■ "Strongly agree" or "Agree" ■ "Strongly disagree" or "Disagree"

I believe that a person who is in recovery from drug or alcohol addiction...



## Prejudice

Generalizations and stereotypes can turn into negative feelings about groups of people, including those in recovery from addiction. These feelings, in turn, can translate into negative interactions and discriminatory behaviors that present barriers to treatment.

**More than half of Americans report feeling at least “a little” anxious (53%) or nervous (53%) when interacting with someone who is in recovery from addiction, and 40% report feeling fearful.**

On the other hand, majorities report feeling “not at all” disgusted (82%) or angry (83%).

While negative feelings about individuals in recovery reflect stigma and undermine treatment efforts, positive feelings can be leveraged to reduce stigma at the individual level and to support people in recovery.

Sixty-five percent of Americans report feeling very supportive of people in recovery, and more than half (53%) report feeling very compassionate toward them. Fewer report feeling very empathetic (48%), very comfortable (30%) or very relaxed (25%) around those in recovery. The good news is that very few Americans feel “not at all” supportive (1%), compassionate (2%), empathetic (4%), comfortable (4%) or relaxed (7%) when considering these individuals.

CHART 6

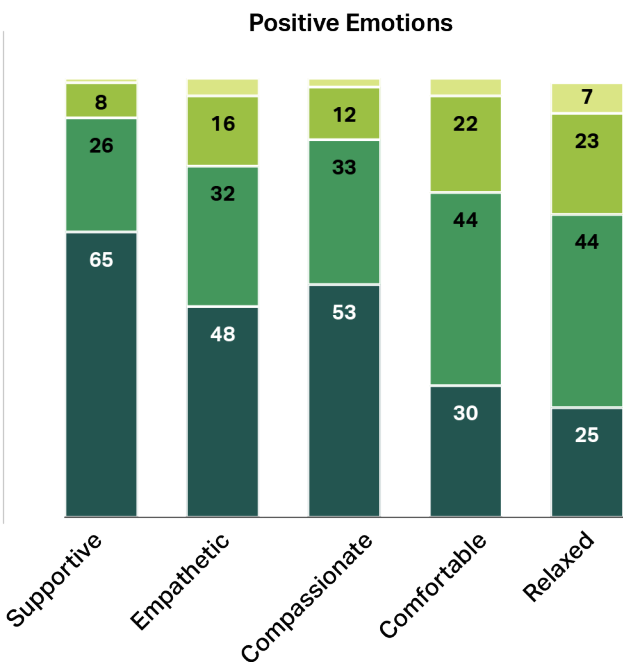
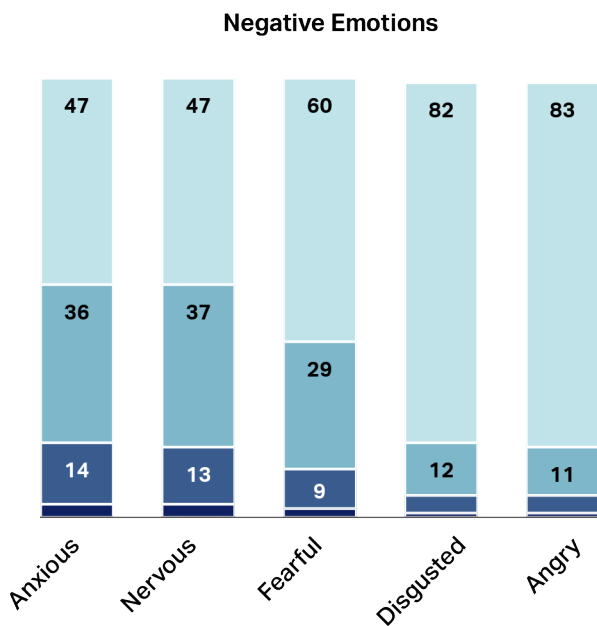
### The Prevalence of Prejudice

If you knew that someone you were interacting with was in recovery from drug or alcohol addiction, to what extent would you feel each of the following ... ?

% Selected

Very Somewhat A little Not at all

Very Somewhat A little Not at all



Note: Values ≤4% not shown

## Discrimination Intent

Wrongly generalizing about people in recovery can lead to societal bias and discrimination against individuals with SUDs, resulting in social isolation. Such behavior can also hinder treatment efforts and enable the enactment of discriminatory policies or laws.<sup>9</sup>

Most Americans have inclusive intentions when interacting with people in the community who are in recovery from addiction. This includes 84% who report being willing to work with someone in recovery and 77% who report being willing to have a neighbor who is in recovery. Additionally, 68% are willing to recommend someone in recovery for a job to a friend.

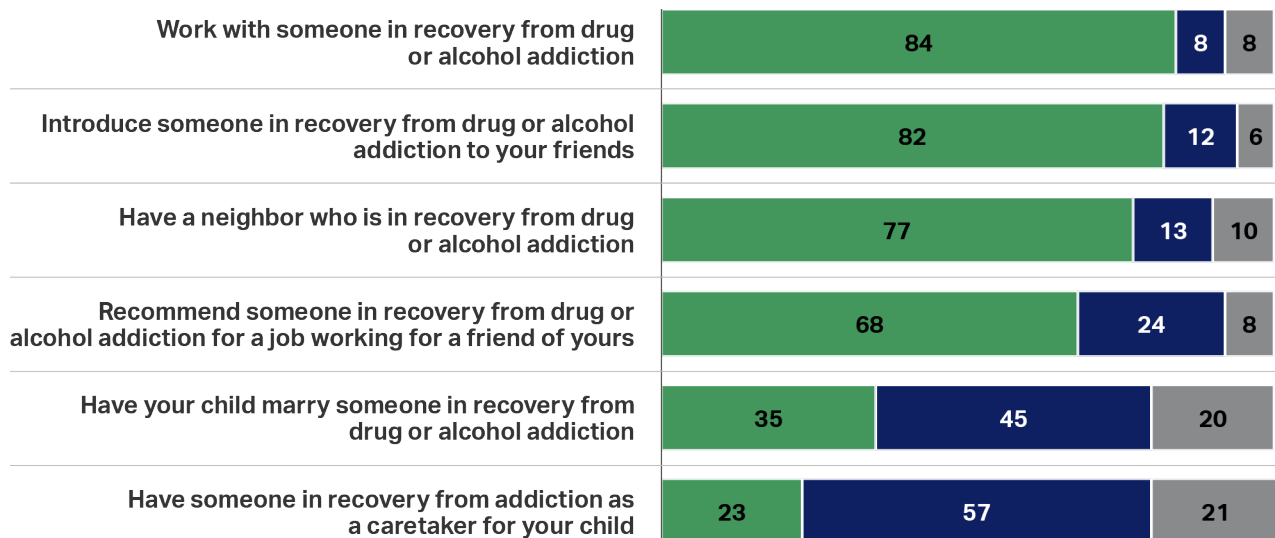
Yet, substantially fewer report being inclusive when it comes to interactions between a child of theirs and individuals in recovery. Specifically, only 23% report being willing to have someone in recovery take care of their child, and only 35% report being willing to have their child marry someone in recovery.

**CHART 7**  
**The Prevalence of Discrimination Intent**

Please indicate how willing or unwilling you would be in the following situations involving someone in recovery from drug or alcohol addiction.

% Selected

■ "Very" or "Somewhat" willing ■ "Very" or "Somewhat" unwilling ■ Does not apply



<sup>9</sup> 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, Nov. 26). Stigma as a fundamental hindrance to the United States opioid overdose crisis response. *PLOS Medicine*, 16(11). <https://doi.org/10.1371/journal.pmed.1002969>

# Links Between Addiction Knowledge and Stigma

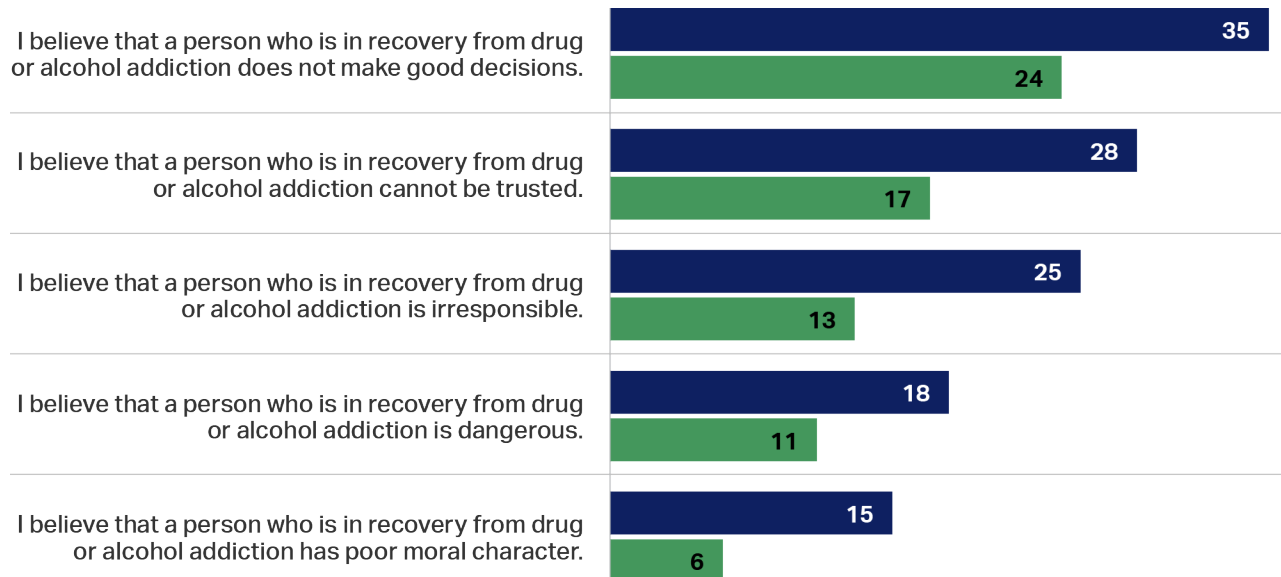
Communitywide knowledge about addiction is essential to addiction recovery because it is a key barrier against the stigma of addiction.

The more that community members — including patients, caregivers, nurses, teachers, family members and law enforcement — know about the medical underpinnings of substance use disorders and their treatment, the less likely it is that negative attitudes and the associated stigmas will creep into society, undermining the progress of individuals who are in recovery. People’s level of knowledge about addiction is, in fact, associated with all dimensions of stigma. Higher knowledge is consistently coupled with fewer negative attitudes, feelings and reported behaviors that feed into stigma.

**CHART 8**  
**Addiction Knowledge and Stereotypes**

% “Strongly agree” or “Agree”

■ Low knowledge ■ High knowledge



In terms of attitudes, Americans with high addiction knowledge are less likely than those with low addiction knowledge to agree with stereotypical descriptions of people in recovery, hold prejudiced feelings toward them or have discriminatory intent when interacting with them.

For example, only 6% of Americans with high addiction knowledge believe that individuals have poor moral character, while 15% of those with low knowledge do.

With respect to feelings, although only a small share of Americans report having negative feelings toward individuals in recovery, slightly fewer Americans with high knowledge do so than do those with low knowledge. For example, while 19% of those with low addiction knowledge report feeling “somewhat” or “very” anxious when interacting with those in recovery, only 16% of those with high knowledge do so. In fact, high-knowledge Americans much more often report feeling supportive (93% vs. 85% of low-knowledge individuals), empathetic (84% vs. 70% of low-knowledge individuals) and compassionate (89% vs. 79% of low-knowledge individuals) toward those in recovery.

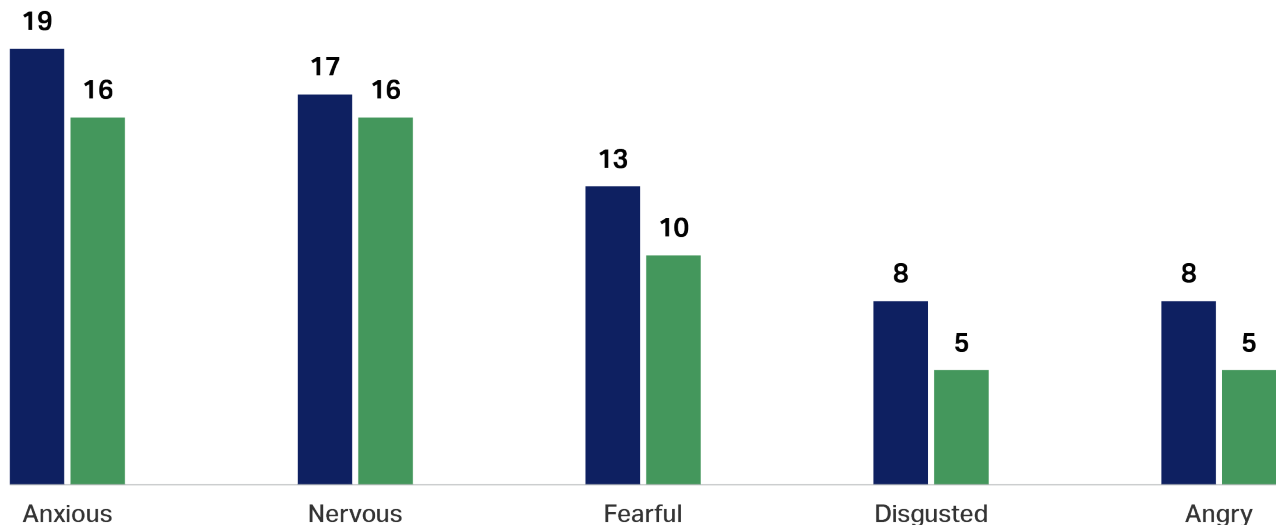
**CHART 9**

**Addiction Knowledge and Negative Feelings**

**If you knew that someone you were interacting with was in recovery from drug or alcohol addiction, to what extent would you feel each of the following ... ?**

% “Somewhat” or “Very”

■ Low knowledge ■ High knowledge



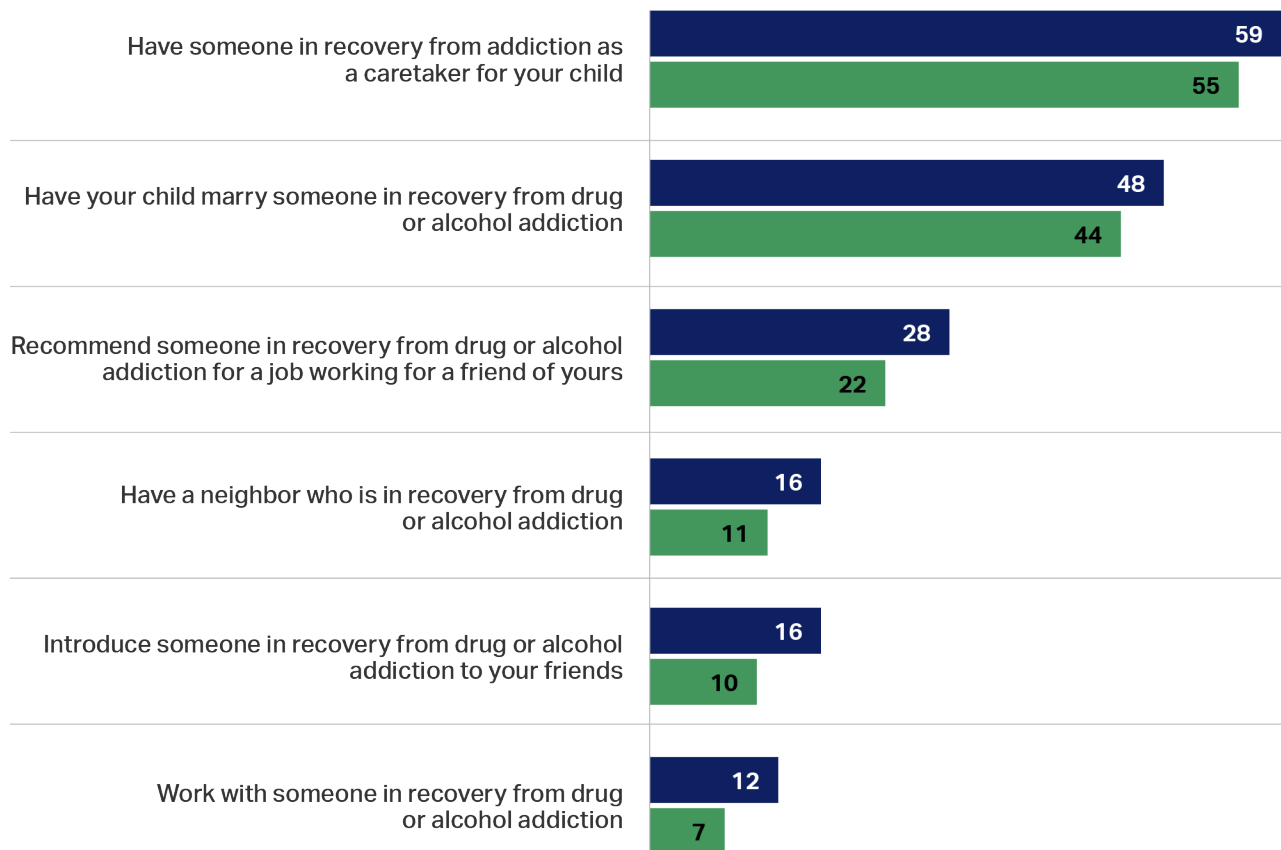
And on the behavioral side, the unwillingness to leave one’s child in the care of someone in recovery — which is common among Americans (57% overall) — is slightly lower among those with high addiction knowledge (55%) than among those with low knowledge (59%). Unwillingness to work with someone who is in recovery is much more uncommon among high-knowledge than low-knowledge Americans (7% vs. 12%).

**CHART 10**  
**Addiction Knowledge and Discrimination Intent**

Please indicate how willing or unwilling you would be in the following situations involving someone in recovery from drug or alcohol addiction.

% “Very” or “Somewhat” unwilling

■ Low knowledge ■ High knowledge



# Addiction Knowledge and Policy Endorsement

Another outcome of science-backed knowledge of addiction and recovery is that informed individuals are more likely to favor policies with known success in providing timely, effective and affordable treatment.

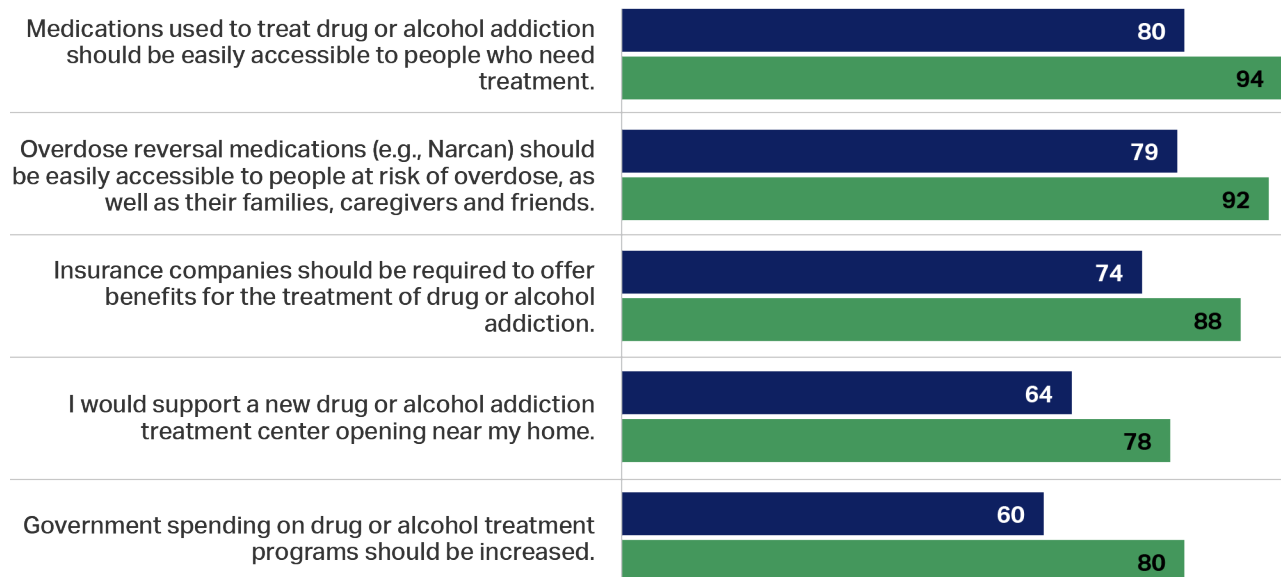
Overwhelming majorities of those with high knowledge agree that medications for treating addiction should be easily accessible to people who need treatment (94%) and that overdose reversal medications should be easily accessible to people at risk and to their families, friends and caregivers (92%). Fewer among those with low knowledge agree with these policies (80% and 79%, respectively).

Support for other policies is also more common among those with high knowledge compared with those with low knowledge; this includes support for insurance benefits for addiction treatment (88% vs. 74%), increased government spending for addiction treatment (80% vs. 60%) and the presence of new addiction treatment centers near their home (78% vs. 64%).

**CHART 11**  
**Addiction Knowledge and Support for Policies**

% "Strongly agree" or "Agree"

■ Low knowledge ■ High knowledge



These findings suggest that public awareness and effective dissemination of accurate knowledge about addiction as a health condition with specific genetic precursors and treatment options is an effective path to reducing the stigma of addiction and advocating for better outcomes for individuals with SUDs.

## Concluding Remarks

This study, by the Addiction Policy Forum and Gallup, is the first nationally representative survey to examine Americans' knowledge and perceptions of recovery from substance use disorders — not just active addiction. The findings show that, while many Americans express supportive attitudes and behaviors, stigma toward individuals in recovery remains prevalent.

This research finds that addiction knowledge varies among Americans, with notable gaps among those with less formal education or who work outside the healthcare and social assistance sectors. These gaps are associated with higher levels of stigma, including negative stereotypes, prejudiced feelings, and reluctance to engage with or support individuals in recovery.

**By contrast, Americans with science-based knowledge about addiction are more likely to reject biased attitudes and discriminatory behavior and support policies that expand treatment access, social reintegration and recovery infrastructure, like insurance parity, funding for treatment, access to medications and the presence of local treatment centers.**

These findings underscore the pivotal role of education in reshaping societal perceptions of addiction. Increasing addiction literacy — especially in communities and industries where stigma persists — may help dismantle harmful myths, foster empathy and reduce social exclusion. Ultimately, as Americans become better informed about addiction as a treatable medical condition with known risk factors and effective interventions, public support for inclusive policies is likely to grow. Bridging knowledge gaps will be essential to understanding recovery and reducing bias, ensuring that those affected by substance use disorders are not defined by stigma but supported in health and hope.

## Methodology

Results in this report are based on self-administered web interviews conducted May 9-15, 2025, with U.S. adults aged 18 and older who are members of Gallup’s probability-based panel, receiving small incentives for participation in each study. A total of 12,500 panel members were reached, yielding 5,097 completes. For results based on the total sample of 5,097 adults, the margin of sampling error is  $\pm 1.7$  percentage points at the 95% confidence level. Sampling error varies for different survey items based on the total number of respondents who saw and responded to each item.

Survey sample weights were applied to all results to correct for unequal selection probability and nonresponse rates. Samples are weighted to match the national demographics along the following dimensions: gender, age, race/ethnicity and education. All reported margins of sampling error include the computed design effects for weighting. In addition to sampling error, question wording and practical difficulties in conducting surveys can introduce error or bias into the findings of public opinion polls. These sources of error were minimized through several iterations of survey design choices and by following Gallup’s best practices for survey administration.

In survey items that referenced individuals “in recovery from drug or alcohol addiction,” respondents were shown the following definition: “‘In recovery from drug or alcohol addiction’ means that a person has stopped using drugs or alcohol problematically. Recovery can sometimes include things like feeling healthier, handling emotions better or having stronger relationships — but it can look different for everyone.”

The survey design was informed by prior work, and validated scales were adapted for the current research on discrimination intent,<sup>10</sup> stereotypes,<sup>11</sup> prejudice<sup>12</sup> and policy support.<sup>13</sup>

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