LIVE

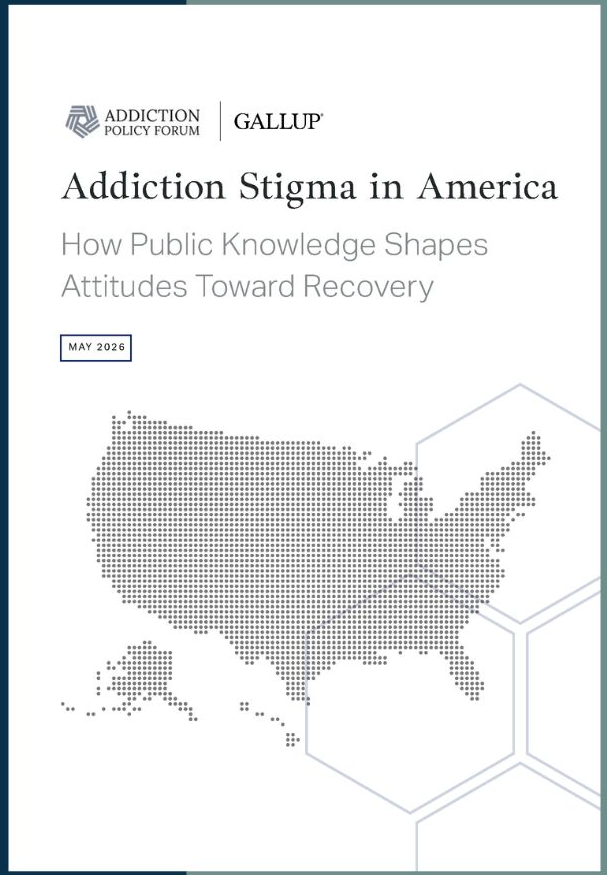
Webinar on Findings from the Addiction Policy Forum and Gallup Report

June 30 1:00 - 2:30 PM EST

Jessica Hulsey
Addiction Policy Forum

Dr. Valerie Earnshaw
University of Delaware

Stephanie Marken
Gallup



GALLUP®

Research Methodology Overview

Addiction Policy Forum | Gallup
June 2026

About Gallup

Gallup delivers analytics and advice to help leaders and organizations solve their most pressing problems.

Fill Data Gaps

1. Gallup's research methods ensure that all voices are represented in the conversation. Traditional research methods often miss hard-to-reach populations, further perpetuating disparities in representation and outcomes.

Inform Public Discourse

2. Gallup's brand is equated with trustworthy, unbiased research and benchmark metrics that contribute to national conversations. Our inhouse strategic communications teams help our clients earn media coverage, impact conversations, and inform policy that leads to real societal change.

Drive Outcomes

3. Gallup's research partnerships are designed for action and help leaders make decisions that are informed by the voices of their constituents. Gallup's strategic consultants develop an analysis plan that puts actionable insights as the central focus.

Who do you think is more likely to voluntarily take surveys?

The Gallup Panel

A probability-based panel designed to represent U.S. adults

100,000+

randomly selected U.S. adults

How Panel Members Are Recruited

- Random Digit Dialing (RDD)
- Address-Based Sampling (ABS)

Why This Matters

- Longitudinal
- Nationally Representative
- Not Opt-In
- Weighted

How many people are needed to represent the opinions of U.S. Adults?

Survey Fielding Details

May 9–15, 2025

Field dates

Web Survey

Self-administered Interview

12,500

Panel Members Invited

5,097

Completed Surveys

Sampling Error and Weighting

+/- 1.65%

margin of sampling error

at 95% confidence level

Based on n = 5,097 completed surveys

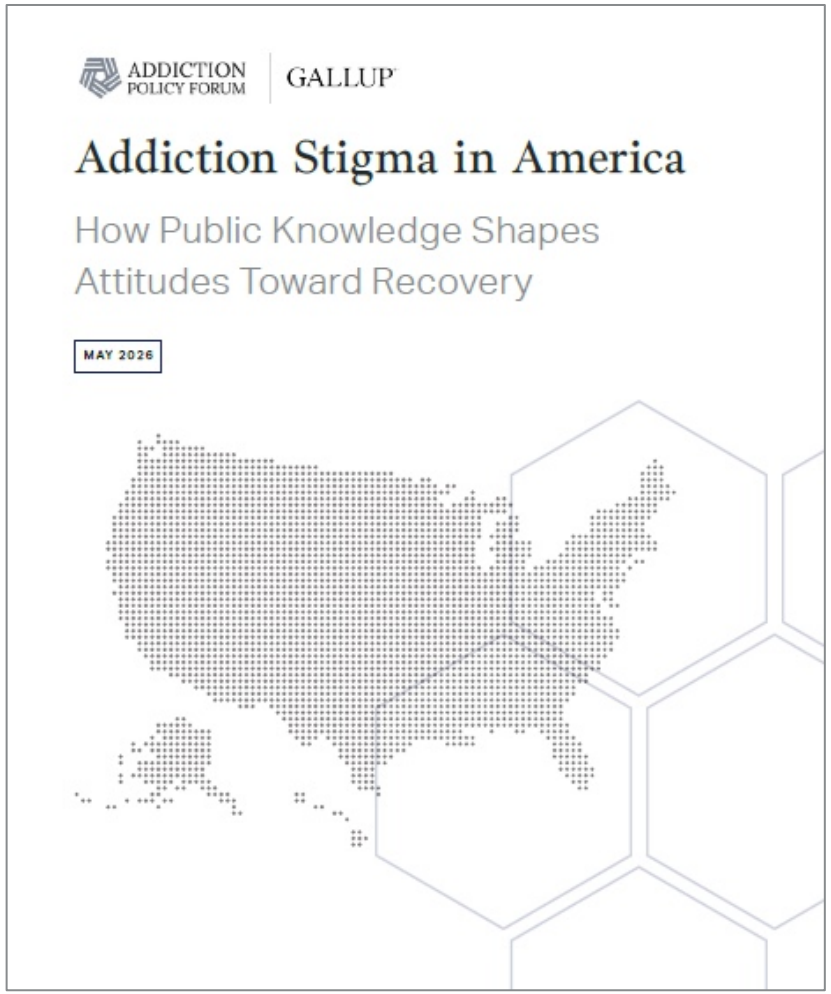
Post-Stratification Weighting Variables

- Age
- Sex
- Race/Ethnicity
- Education

Overview: Weighted Sample Profile

Category	Group	%	Category	Group	%
Gender	Female	**51%**	**Race / Ethnicity**	White	**64%**
	Male	**46%**		Hispanic	**17%**
	Non-Binary	**2%**		Black	**13%**
				Asian	**5%**
Employment	Employed full-time	**51%**	**Census Region**	South	**38%**
	Employed part-time	**14%**		West	**23%**
	Not employed	**30%**		Midwest	**21%**
	Unemployed	**3%**		Northeast	**17%**
Household	No children under 18	**73%**	**Marital Status**	Married	**49%**
	Has children under 18	**27%**		Single / Never married	**26%**

Download the Report



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Key Findings and Implications

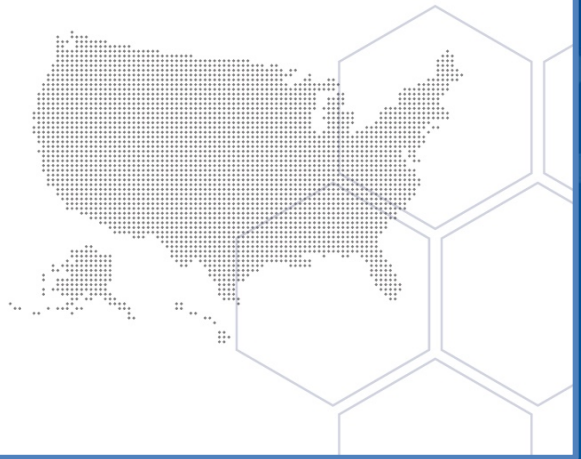
Valerie A. Earnshaw, PhD

ADDICTION POLICY FORUM | GALLUP

Addiction Stigma in America

How Public Knowledge Shapes Attitudes Toward Recovery

MAY 2026



ORIGINAL RESEARCH

OPEN

Do US Adults View Drug and Alcohol Addiction as a Health Condition?

Valerie A. Earnshaw, PhD, Telli Davoodi, PhD, Annie B. Fox, PhD, and Jessica Hulsey, BA

Objectives: The current study aimed to estimate the percentage of US adults who disagree or do not know that addiction is a health condition and explore associations between disagreement that addiction is a health condition with indicators of beliefs about addiction treatment and intentions to support loved ones with addiction.

Methods: A nationally representative sample of US adults was recruited from Gallup's probability-based panel. A total of n = 5250 (out of n = 12,500 invited) responded to a web-based survey including questions about beliefs about drug or alcohol addiction and treatment. Survey sample weights were applied to correct for unequal selection probability and nonresponse rates, and data were analyzed using descriptive statistics and regression.

Results: Close to one-quarter of US adults (23.0%) are estimated to either disagree or not know that addiction is a health condition. Respondents who disagreed or did not know that addiction is a health condition were less likely to believe that addiction is treatable by health care professionals (disagreed: OR = 0.33, 95% CI = 0.28–0.39; did not know: OR = 0.28, 95% CI = 0.21–0.36), early intervention for addiction is helpful (disagreed: OR = 0.57, 95% CI = 0.48–0.66; did not know: OR = 0.40, 95% CI = 0.31–0.53), or medications are effective treatments for addiction (disagreed: OR = 0.47, 95% CI = 0.40–0.55; did not know: OR = 0.28, 95% CI = 0.21–0.37). They were also less likely to indicate that they would help a loved one with addiction (disagreed: OR = 0.50, 95% CI = 0.40–0.63; did not know: OR = 0.65, 95% CI = 0.44–0.97).

Conclusions: US adults likely have heterogenous views on addiction, and more research is needed to further understand how US adults conceptualize addiction.

Key Words: addiction, health condition, nationally representative, substance use disorder.

(*J Addict Med* 2026;00:000–000)

In 2024, 52.6 million people aged 12 or older in the United States (18.2% of the population) were estimated to need treatment for drug or alcohol addiction.[1] Leading medical and public health organizations recommend that people with addiction receive evidence-based treatment from health care professionals.[2–6] Yet, addiction treatment rates are gravely low, with only 19.3% of people (10.2 million) who needed treatment receiving treatment in 2024.[1] Leading reasons for not accessing treatment include not perceiving that treatment is needed, feeling that one should be able to handle one's substance use on one's own, and not knowing how or where to access treatment.[1] Individuals who do not know or disagree that addiction is a health condition may be less likely to access addiction treatment from health care professionals.

There have been profound shifts in how the United States has conceptualized and treated drug and alcohol addiction over the past 2 centuries. Today's medical and public health communities tend to agree that drug and alcohol addiction is a health condition, disease, or disorder.[7–10] The American Medical Association first defined addiction as a disease ~4 decades ago, in 1987.[7] Current evidence-based approaches to treating addiction include medications and behavioral therapies often delivered by health care professionals.[2–6] Similar to many chronic health conditions, evidence suggests that early intervention is associated with better treatment-related outcomes.[11,12] Yet, many forms of addiction have been historically characterized as immoral and criminal.[7] As examples, the temperance movement associated alcohol consumption with immorality in the 18th to 20th centuries,[7] and laws criminalized drug and alcohol use in the late 19th and early 20th centuries.[13] The War on Drugs, which was declared in the United States in 1971, led to the mass incarceration of people for nonviolent,

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Received for publication November 26, 2025; accepted March 4, 2026.
Human subjects: Study procedures were approved by the Gallup Institutional Review Board, and all participants provided informed consent.
The authors report no conflicts of interest.

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Supplemental Digital Content is available for this article. Direct URL citations are provided in the HTML and PDF versions of this article on the journal's website, www.journaladdictionmedicine.com.

ISSN: 1932-0620/26/0000-0000
DOI: 10.1097/ADM.0000000000001686

UNIVERSITY OF DELAWARE

How knowledgeable are U.S. adults? Who is more knowledgeable?

ADDICTION KNOWLEDGE

CHART 1

The Prevalence of Addiction Knowledge

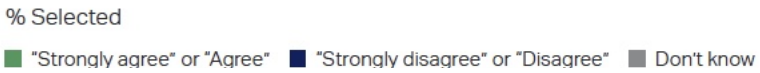
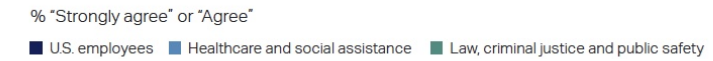


CHART 2

Percentages With Accurate Views, by Profession



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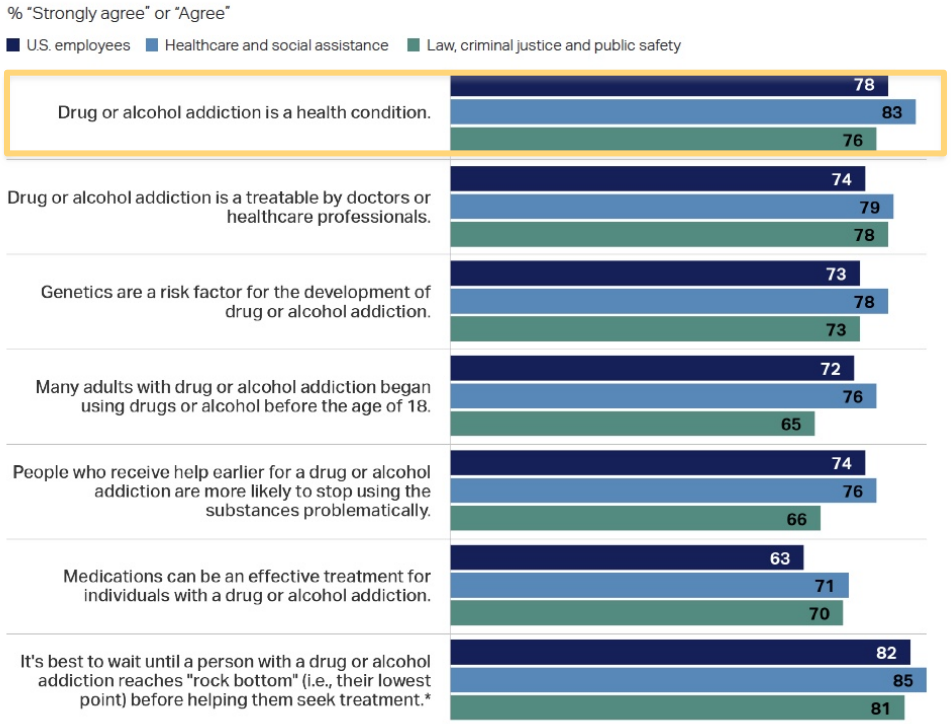


Note: * Indicates statements that are factually wrong; disagreement with these statements represents accurate knowledge. For items marked with an asterisk, data labels displayed represent % "Strongly disagree" or "Disagree."

TABLE 2. Multinomial Regression Predicting Disagreeing With or Not Knowing That Addiction is a Health Condition (Unadjusted and Adjusted Models)

	Adjusted	
	Disagree	
	B (SE)	OR (95% CI)
Personal experience		
No experience	Reference	
Have struggled with addiction, not in recovery	0.16 (0.13)	1.17 (0.92–1.51)
In recovery	−0.32 (0.19)	0.73 (0.51–1.04)
Gender		
Man	Reference	
Woman	−0.36 (0.09)†	0.70 (0.59–0.82)
Nonbinary	0.32 (0.35)	1.37 (0.70–2.70)
Hispanic	0.37 (0.12)†	1.45 (1.16–1.81)
Race		
White	Reference	
Black	0.26 (0.12)*	1.30 (1.03–1.64)
Asian	0.12 (0.20)	1.13 (0.76–1.67)
Other	0.01 (0.14)	1.01 (0.77–1.33)
Age	0.01 (0.01)	1.01 (1.00–1.01)
LGBT	−0.77 (0.16)†	0.46 (0.34–0.63)
Education	−0.15 (0.02)†	0.86 (0.83–0.90)
Income	−0.07 (0.02)†	0.94 (0.90–0.97)
Population Density	−0.16 (0.03)†	0.86 (0.81–0.91)
Constant	−0.22 (0.19)	

Unadjusted analyses examining bivariate associations between each sociodemographic characteristic and disagreement or not knowing that addiction is a health condition are on the top half of the table, and adjusted analyses examining multivariable associations between all sociodemographic characteristics and disagreement or not knowing that addiction is a health condition are on the bottom half of the table.

*$P < 0.05$.

†$P < 0.01$.

- More likely to disagree?
  - Men
  - Hispanic individuals
  - Black individuals
  - Non-LGBT individuals
  - Less education
  - Less income
  - Less population dense areas

TABLE 2. Multinomial Regression Predicting Disagreeing With or Not Knowing That Addiction is a Health Condition (Unadjusted and Adjusted Models)

	Adjusted	
	Don't Know	
	B (SE)	OR (95% CI)
Personal experience		
No experience	Reference	
Have struggled with addiction, not in recovery	−0.91 (0.31)†	0.40 (0.22–0.73)
In recovery	−0.57 (0.33)	0.57 (0.30–1.08)
Gender		
Man	Reference	
Woman	−0.34 (0.14)†	0.71 (0.54–0.93)
Nonbinary	−0.11 (0.73)	0.90 (0.22–3.73)
Hispanic	−0.13 (0.21)	0.88 (0.59–1.33)
Race		
White	Reference	
Black	0.55 (0.17)†	1.74 (1.24–2.44)
Asian	−0.28 (0.35)	0.75 (0.38–1.50)
Other	0.46 (0.22)*	1.59 (1.03–2.44)
Age	0.01 (0.01)	1.01 (0.99–1.01)
LGBT	−1.10 (0.31)†	0.33 (0.18–0.61)
Education	−0.11 (0.04)†	0.90 (0.84–0.96)
Income	−0.11 (0.03)†	0.90 (0.85–0.96)
Population Density	0.01 (0.05)	1.01 (0.91–1.12)
Constant	−1.75 (0.31)†	

Unadjusted analyses examining bivariate associations between each sociodemographic characteristic and disagreement or not knowing that addiction is a health condition are on the top half of the table, and adjusted analyses examining multivariable associations between all sociodemographic characteristics and disagreement or not knowing that addiction is a health condition are on the bottom half of the table.

*$P < 0.05$.

†$P < 0.01$.

- More likely to not know?
  - No experience with addiction
  - Men
  - Black + Other race individuals
  - Non-LGBT individuals
  - Less education
  - Less income

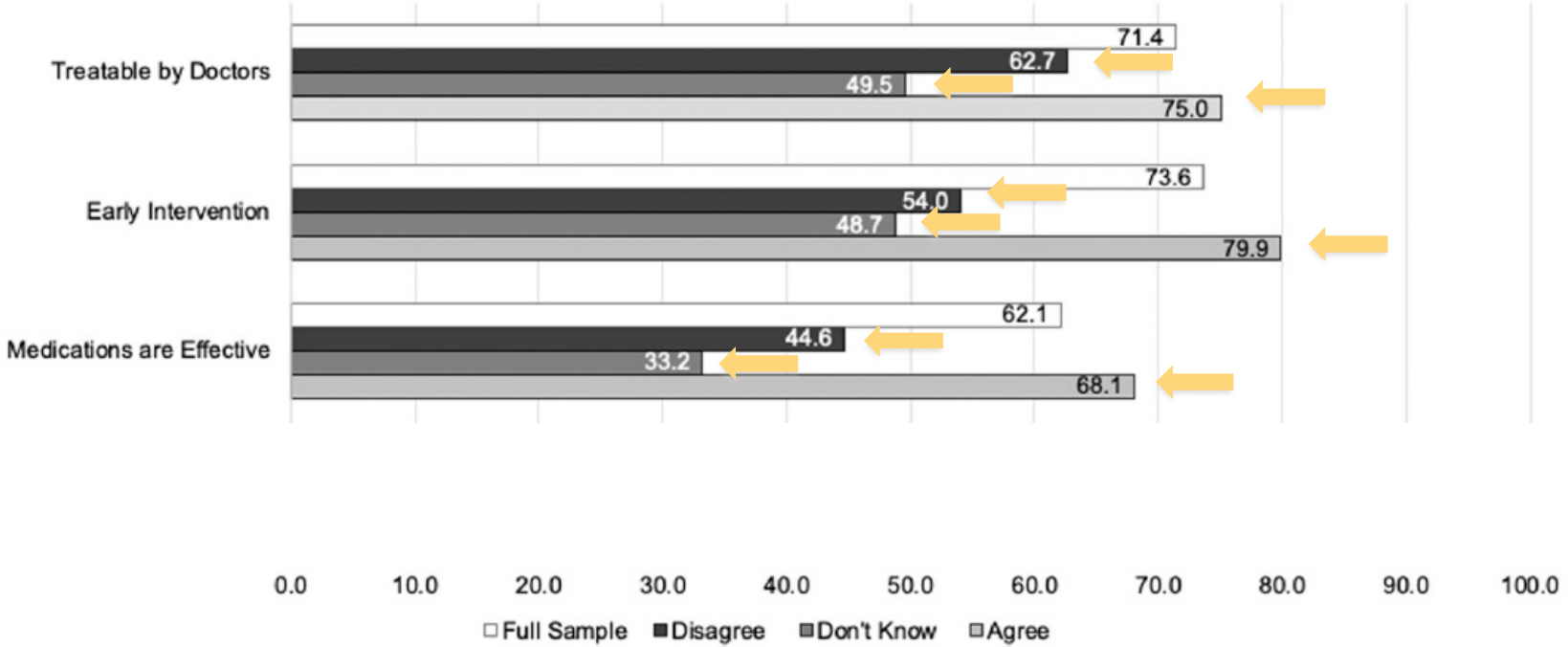


FIGURE 2. Knowledge about addiction and behavioral intentions toward someone with addiction stratified by agreement that addiction is a health condition (%).

Do U.S. adults know what to do? Is knowledge associated?

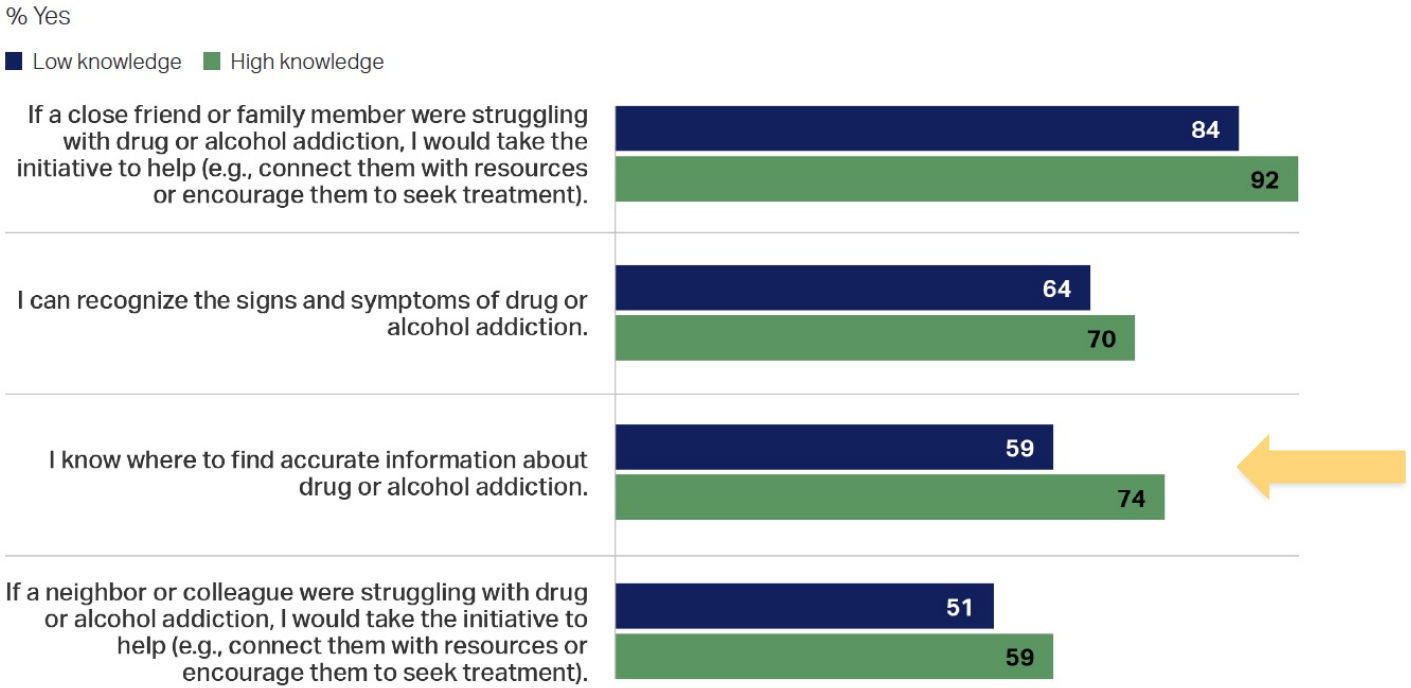
SELF-EFFICACY

CHART 3

Self-Efficacy

CHART 4

Addiction Knowledge and Self-Efficacy



How popular is stigma? Is knowledge associated?

STIGMA

CHART 5

The Prevalence of Addiction Stereotypes

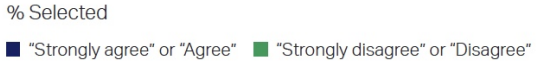


CHART 8

Addiction Knowledge and Stereotypes

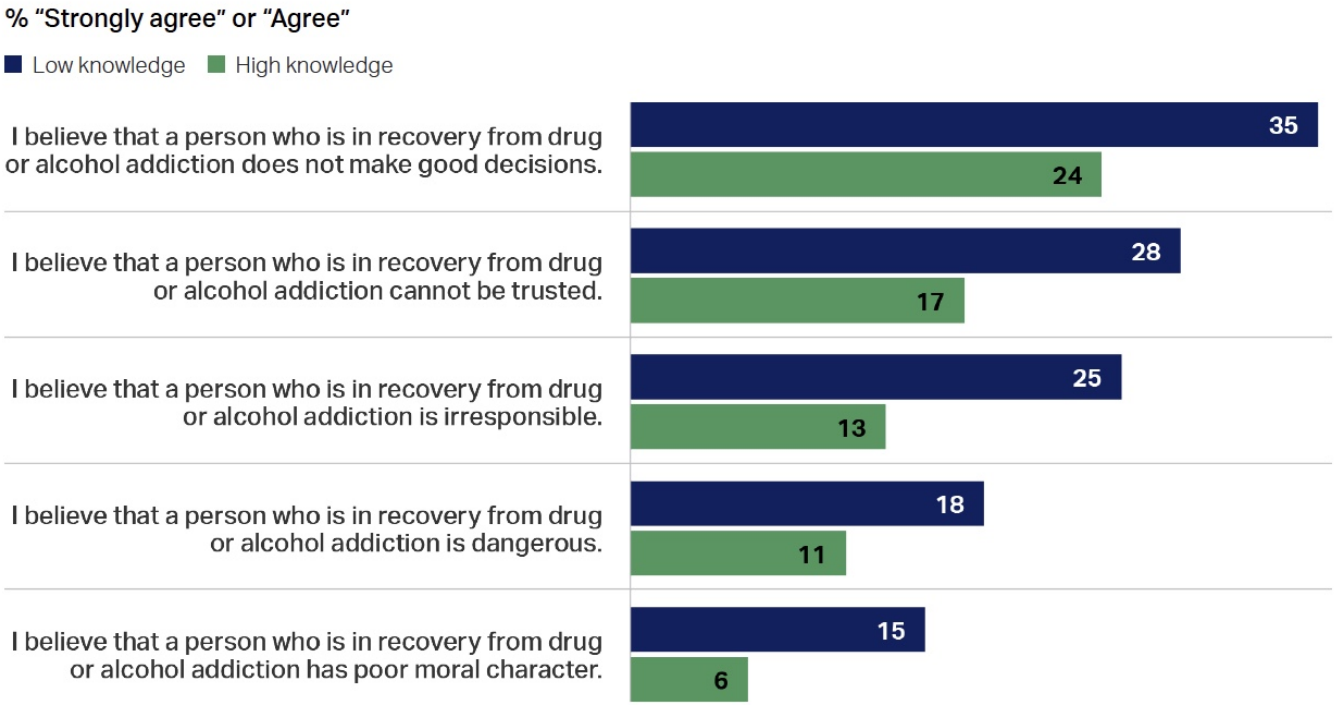


CHART 6

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 ... ?

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"

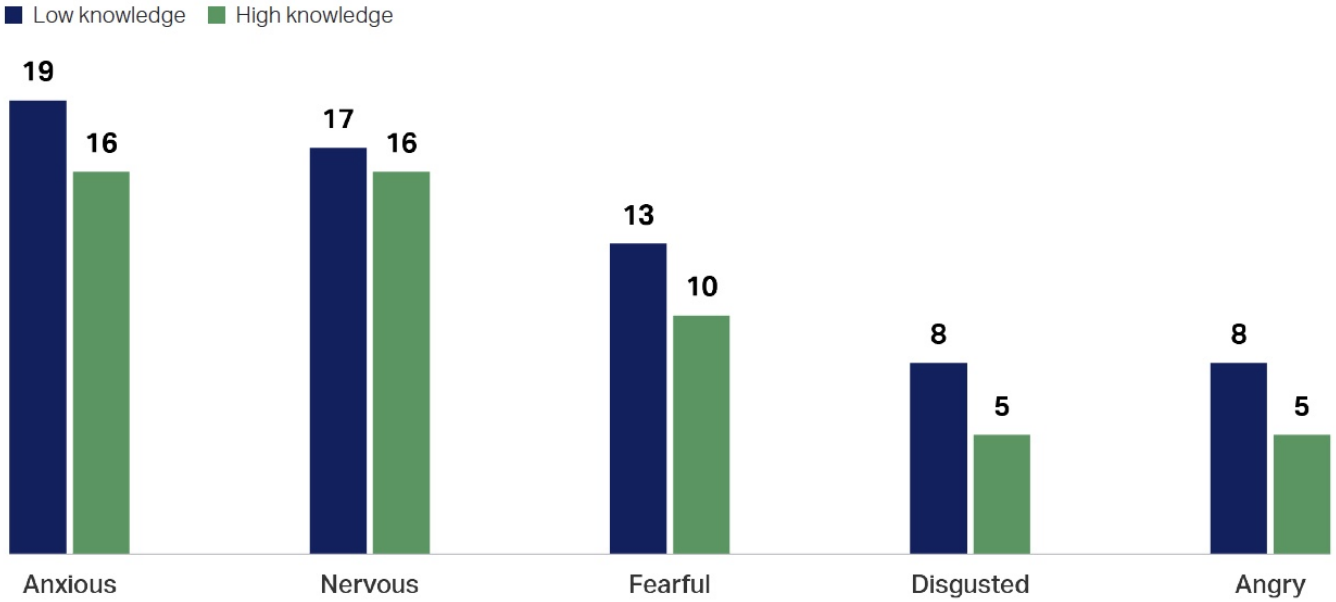


CHART 7

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

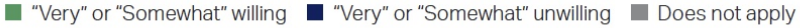
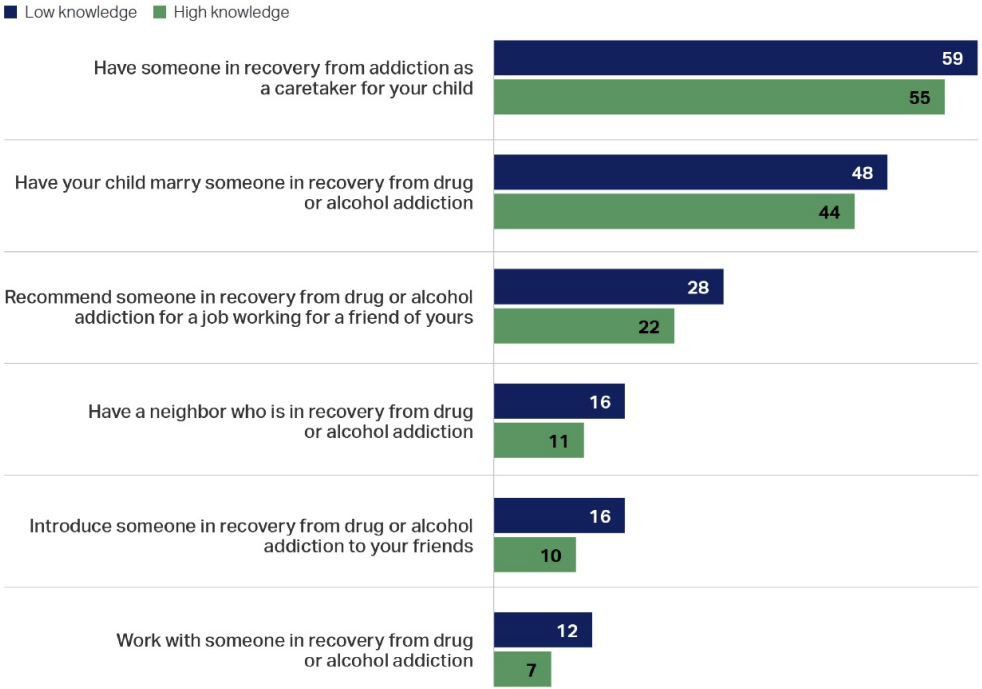


CHART 10

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

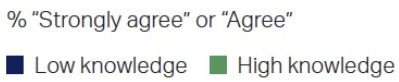


Is knowledge associated?

SUPPORT FOR POLICIES

CHART 11

Addiction Knowledge and Support for Policies



KEY FINDINGS + FUTURE RESEARCH

Key Findings

- Close to 1 in 4 U.S. adults disagree or don’t know if addiction is a health condition
- Knowledge is associated with:
  - Self-efficacy
  - Stigma
  - Policy support
- Many U.S. adults are uncomfortable with the idea of interacting with someone in recovery, especially in close relationships