Victim and society blaming for addictions

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Background

- Feelings of shame are often reported by people with gambling problems
- Moral model of addiction vs. disease model of addiction (Pickard, 2017)
- Attribution (Weiner et al., 1972)
  - Actor or external factors
  - Unstable vs. stable factors
- “Belief in a just world” (Lerner, 1980)

Lerner (1980). The belief in a just world: A fundamental delusion. Plenum Press
Pickard (2017). Neuroethics, 10, 169-180
Weiner et al (1972). Journal of Personality and Social Psychology, 21, 239-248.

Reno-Model vs. Public Health Model

RENO-MODEL

- The gambler should be informed about gambling product (rules, odds etc.)
- The decision to gamble or not lies with the gambler
- Measures to prevent problem gambling should be nonintrusive
- Treatments and prevention) should target at-risk groups, without being intrusive toward the larger population (Shaffer et al., 2016)

PUBLIC HEALTH MODEL

- Guidelines promote healthy gambling, including large-scale public informational campaigns.
- Urges for public policy and governmental legislation to regulate gamblers' behavior in such a way so as to reduce the likelihood of gambling-related harm (e.g., mandatory loss-limits, mandatory breaks in play, and reduced accessibility during specific hours (Hancock & Smith, 2017)

Hancock and Smith (2017). International Journal of Mental Health and Addiction, 15, 1151-1176
Shaffer et al. (2016). American Journal of Ortopsychiatry, 86, 297-309

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Research report

Addiction and recovery: perceptions among professionals in the Swedish treatment system

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ABSTRACT

AIMS – The objective of the study was to explore perceptions of different addictions among Swedish addiction care personnel. DATA – A survey was conducted with 655 addiction care professionals in the social services, health care and criminal care in Stockholm County. Respondents were asked to rate the severity of nine addictions as societal problems, the individual risk to getting addicted, the possibilities for self-change and the perceived significance of professional treatment in finding a solution. RESULTS – The images of addiction proved to vary greatly according to its object. At one end of the spectrum were addictions to hard drugs, which were judged to be very dangerous to society, highly addictive and very hard to quit. At the other end of the spectrum were smoking and snuff use, which were seen more as bad habits than real addictions. Some consistent differences were detected between respondents from different parts of the treatment system. The most obvious was a somewhat greater belief in self-change among social services personnel, a greater overall change pessimism among professionals in the criminal care system and a somewhat higher risk perception and stronger emphasis on the necessity of treatment among medical staff. CONCLUSION – Professionals' views in this area largely coincide with the official governing images displayed in the media, and with lay peoples' convictions.

KEY WORDS – treatment, addiction general, surveys, social work, health/social services administration, probation services, Sweden.

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Introduction

Concepts such as *alcoholic, drug abuser,* or *addict* have various definitions and meanings in different historical, cultural and situational contexts. These definitions and meanings can in many ways influence the life of those defined. Not only are they likely to govern the reactions these people may encounter, but they may also be internalised in their self-definitions and influence their options of finding a stable path out of their predicaments (Blomqvist, 1998). In a sense these concepts may therefore act as powerful and self-perpetuating interactive categories (Hacking, 1999).

Acknowledgements

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- Survey to 655 addiction care professionals in Stockholm area in 2006.
  - Social services (n=250)
  - Health care (n=216)
  - Probation services (n=189)
- Asked to
  - Rate addictiveness (1-5) of various substances/ behaviors
  - Rate possibilities for self-change (1-5) from various substances/ behaviors

Samuelsson et al. (2013). Nordic Studies on Alcohol and Drugs, 30, 51-66.

Table 3. Perceived addictiveness of various substances/behaviours (scale 1–5)

Organisation: Addiction to:	Social services		Health care		Probation services		All		p-values
	M (sd)	Rank	M (sd)	Rank	M (sd)	Rank	M (sd)	Rank	
Heroin	3.24 (0.8)	1	3.38 (0.9)	1	3.38 (0.6)	1	3.33 (0.8)	1	ns
Cocaine	2.94 (0.5)	2	3.11 (0.8)	2	3.07 (0.6)	2	3.04 (0.8)	2	ns
Amphetamines	2.68 (0.8)	3	2.86 (0.8)	3	2.78 (0.5)	3	2.77 (0.8)	3	< .05
Cannabis	2.35 (0.8)	5	2.47 (0.8)	6	2.45 (0.5)	4	2.44 (0.8)	4	ns
Cigarettes	2.40 (0.9)	4	2.56 (0.9)	4	2.32 (0.8)	6	2.43 (0.9)	5	< .05[1]
Medical drugs	2.35 (0.8)	5	2.52 (0.8)	5	2.42 (0.7)	5	2.41 (0.8)	6	ns
Snuff	2.10 (0.7)	7	2.17 (0.8)	7	2.02 (0.5)	7	2.10 (0.7)	7	ns
Gambling	2.00 (0.6)	8	2.12 (0.7)	8	1.99 (0.5)	8	2.04 (0.7)	8	ns
Alcohol	1.94 (0.6)	9	2.06 (0.7)	9	1.89 (0.6)	9	1.96 (0.6)	9	< .05[1]
Grand mean	2.44 (0.6)		2.59 (0.6)		2.48 (0.5)		2.50 (0.6)		< .05[2]

Samuelsson et al. (2013). Nordic Studies on Alcohol and Drugs, 30, 51-66.

Table 4. Perceived possibilities for self-change from various addictions (scale 1–5)

Organisation: Addiction to:	Social services		Health care		Probation services		All		p-values
	M (sd)	Rank	M (sd)	Rank	M (sd)	Rank	M (sd)	Rank	
Snuff	4.19 (1.0)	1	3.98 (0.9)	1	4.12 (0.9)	1	4.08 (1.0)	1	ns
Cigarettes	3.97 (1.0)	2	3.84 (0.9)	2	3.99 (1.0)	2	3.94 (1.0)	2	ns
Gambling	2.85 (0.6)	3	2.82 (0.9)	3	2.67 (0.9)	3	2.79 (1.0)	3	ns
Cannabis	2.73 (1.0)	5	2.70 (1.0)	4	2.62 (1.0)	4	2.69 (1.0)	4	ns
Alcohol	2.76 (0.7)	4	2.40 (0.9)	5	2.58 (0.9)	5	2.59 (1.0)	5	$< .001^{1}$
Amphetamine	2.47 (1.0)	6	2.39 (1.1)	6	2.15 (0.9)	6	2.35 (1.0)	6	$< .005^{2}$
Cocaine	2.30 (1.0)	7	2.28 (1.0)	7	1.97 (0.9)	8	2.20 (1.0)	7	$< .005^{2}$
Medical drugs	2.12 (0.9)	8	2.10 (0.9)	8	2.01 (0.9)	7	2.08 (0.9)	8	ns
Heroin	1.74 (0.9)	9	1.70 (1.0)	9	1.49 (0.8)	9	1.66 (0.9)	9	$< .05^{3}$
Grand mean	*2.78 (0.8)*		*2.70 (0.7)*		*2.63 (0.6)*		*2.71 (0.7)*		$< .05^{3}$

Samuelsson et al. (2013). Nordic Studies on Alcohol and Drugs, 30, 51-66.

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PUBLIC STIGMA OF DISORDERED GAMBLING: SOCIAL DISTANCE, DANGEROUSNESS, AND FAMILIARITY

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Disordered gambling stigma was examined. University students (117 male, 132 female) rated vignettes describing males with five health conditions (schizophrenia, alcohol dependence, disordered gambling, cancer, and a no diagnosis control with subclinical problems) on a measure of attitudinal social distance. A mixed ANOVA revealed that, in keeping with hypotheses, disordered gambling was more stigmatized than the cancer and control conditions. Interactions suggested that stigma may be influenced by context (i.e., order of vignette appearance) and participant characteristics (i.e., sex and ethnicity), although follow–up analyses revealed this was not the case for disordered gambling. Perceived dangerousness attributions and familiarity (previous experience with a disordered gambler) were also examined. As predicted, perceived dangerousness was positively correlated with social distance scores. Familiarity ratings were unrelated to social distance.

Recent consensus identifies stigma as the greatest problem facing the entire field of mental health (Hinshaw, 2006). Stigma is a barrier to treatment seeking and adherence (Sirey et al., 2001). Approximately two thirds of individuals with mental illness do not seek treatment (Kessler et al., 1996). Stigma has also been suggested as a barrier to treatment for individuals struggling with disordered gambling (Hodgins & el–Guebaly, 2000; Rockloff & Schofield, 2004; Tavares,

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- Vignette study with 249 students
- Describing males with five health conditions (schizophrenia, alcohol dependence, disordered gambling, cancer and no diagnosis control)
- Assessed with Perceived Causes (very unlikely (1) to very likely (4)

Horch and Hodgins. (2008). Journal of Social and Clinical Psychology, 27, 505-528.

Perceived Cause	Alcohol Dependence	Disordered Gambling	Schizophrenia	Control Condition	Cancer	*df*	*F*	*p*
Own bad character	2.9 $(0.9)_{a\ z}$	3.0 $(0.9)_{a\ z}$	1.8 $(0.9)_{b\ z}$	2.2 $(0.9)_{c\ z}$	1.2 $(0.5)_{d\ z}$	3.56, 883.53	348.40	<.001
Chemical imbalance in the brain	2.7 $(0.9)_{a\ z}$	2.4 $(0.8)_{b\ y}$	3.7 $(0.6)_{c\ y}$	2.8 $(0.9)_{a\ y}$	1.7 $(0.9)_{d\ y}$	3.39, 840.83	230.93	<.001
Way the person was raised	2.9 $(0.7)_{a\ z}$	2.7 $(0.7)_{b\ x}$	2.2 $(0.9)_{c\ x}$	2.7 $(0.8)_{b\ y}$	1.3 $(0.6)_{d\ z}$	3.66, 904.43	243.56	<.001
Stressful circumstances in the person's life	3.4 $(0.6)_{a\ y}$	3.1 $(0.7)_{b\ z}$	3.2 $(0.8)_{b\ w}$	3.4 $(0.7)_{a\ x}$	2.3 $(0.9)_{c\ x}$	3.56, 882.72	126.04	<.001
Genetic or inherited problem	2.5 $(0.9)_{a\ x}$	2.1 $(0.9)_{b\ w}$	3.0 $(0.9)_{c\ w}$	2.4 $(0.9)_{a\ z}$	3.2 $(0.8)_{c\ w}$	3.61, 895.57	97.96	<.001
God's will	1.3 $(0.7)_{ab\ w}$	1.3 $(0.6)_{a\ v}$	1.5 $(0.9)_{c\ v}$	1.4 $(0.8)_{bc\ w}$	1.6 $(1.0)_{d\ y}$	2.96, 734.06	28.32	<.001
df	3.64, 902.06	3.98, 986.92	3.69, 910.97	4.28, 1061.97	4.25, 1054.02			
F	220.37	219.01	290.89	180.98	249.71			
p	<.001	<.001	<.001	<.001	<.001			

Note. $N = 249$. Likelihood was rated on a 4–point scale ranging from 1–4. Means with different subscripts differ significantly at $p < .05$ based on Bonferroni–corrected pairwise comparisons. Subscripts a–d denote significant differences across conditions for each cause. Subscripts z–u denote significant differences within each condition for the six causes. The Greenhouse–Geisser correction was applied for all *F* tests due to sphericity.

Horch and Hodgins. (2008). Journal of Social and Clinical Psychology, 27, 505-528.

Aim

- Investigate how people suffering from gaming disorder, gambling disorder, alcohol use disorder, drug use disorder and prostate cancer are perceived in terms of attribution to
  - Victim blame (unstable)
  - Victim blame (stable)
  - Society blame (unstable)
  - Society blame (stable)

Hypotheses

- H1: Victim blaming (both unstable and stable) will be higher for the addictions than for prostate cancer
- H2: Victim blaming (both unstable and stable) will be higher for gambling and gaming disorder compared to alcohol use disorder and drug use disorder
- H3: There will be no group differences (neither for unstable and stable) for society blame

Method; participants

- Recruited via Prolific (UK-based provider for respondents to web-based studies)
- A total of 2053 responded
  - 66 were excluded due to invalid answers
    - For this statement select response option 3
    - Answer this statement with “Disagree”

- Sample characteristics (N=1987)
  - Age (18-80 years; mean age was 42.5 years (SD=13.0))
  - Gender: 56.9% were females
  - Ethnicity: 87.2% were Caucasian

Method; experiment (independent variables)

- Subjects read the following story
  - "Paul sips his coffee by the window on an early Tuesday morning. Outside, the rain is tapping against the windows. Like every other day, he reaches for the newspaper on the kitchen table, freshly retrieved from his mailbox. He quickly glances over the headline and lets out a frustrated sigh. “Another week of bad weather”, he mutters. Paul has really missed the sunny days when he could sit on the grass in the park or go hiking without getting soaked. He's had less free time to go hiking and camping this year, and this only serves as a reminder of how much he misses hiking with his mates on Sundays. After catching up on the news, he checks the time - 08:45. Time to get dressed. He must let the dog outside before he can leave. This doctor's appointment is too important to miss. He puts on a green raincoat and his best smile. Today is the day Paul and his doctor are going to discuss further treatment for his (**condition**). Paul is more determined than ever to return to work and reclaim his sense of normalcy.”
- Conditions
  - **Gambling disorder**
  - **Video game disorder**
  - **Alcohol use disorder**
  - **Drug use disorder**
  - **Prostate cancer** **(control)**

Method; dependent variables

- To what extent do you think his health issue can be caused/explained by the following statements:
- Victim-Blaming and Society-Blaming Scales for Social Problems (Mulford et al., 1996)
  - **Victim-blaming unstable** (e.g., "Sometimes Paul don't try hard enough")
  - **Victim-blaming stable** (e.g., "Paul has a poor personality")
  - **Society-Blaming unstable** (e.g., «Sometimes social problems have strong influence so that people like Paul can't help themselves"
  - **Society-Blaming stable** (e.g., «Human service agencies are too slow to help persons like Paul")
- Each subscale has 3-4 items – each answered on a 5-point Likert scale (highly disagree = 1, highly agree = 5)

Mulford et al. (1996). Journal of Applied Social Psychology, 26, 1324-1336.

Statistics

- 4 ANOVAs were run, with Bonferroni post hoc test

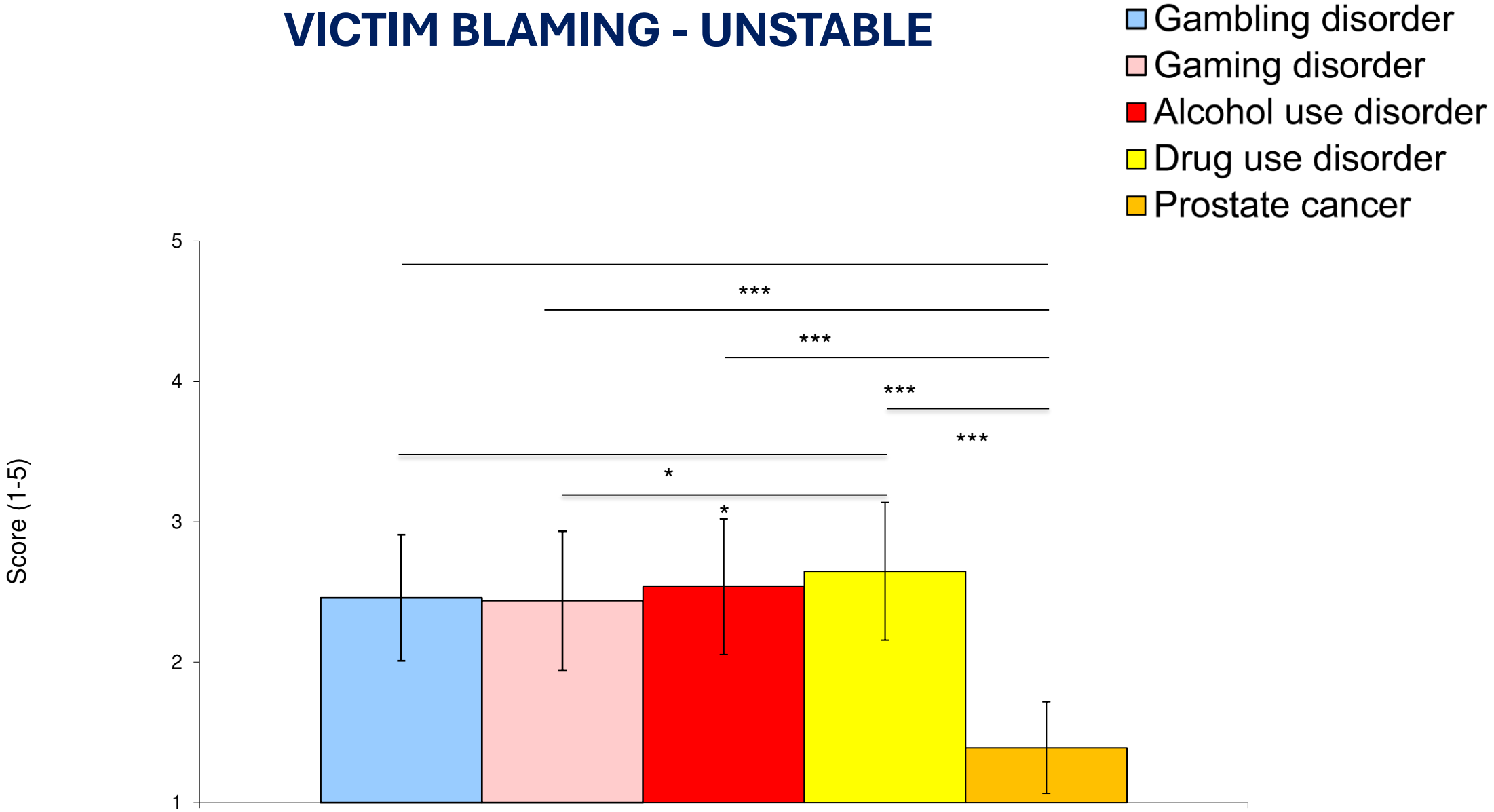
- Power analysis: Small effect size (f=.10), alpha = .05/4=0.0125, power =.80, 5 groups → 1620 participants (Faul et al., 2007)

Faul et al. (2007). Behavioral Research Methods, 39, 175-191.

Results

	Gambling disorder	Gaming disorder	Alcohol use disorder	Drug use disorder	Prostate cancer
N	398	397	380	408	404
Sex					
Male	39.9%	46.3%	45.0%	41.7%	42.6%
Female	60.1%	53.7%	55.0%	58.3%	57.4%
Education					
Low	29.9%	28.7%	27.1%	27.7%	24.3%
Medium	50.0%	47.6%	52.4%	50.0%	50.5%
High	20.1%	23.7%	20.5%	23.3%	25.2%
Age (SD)	41.5 (12.8)	43.6 (13.2)	43.1 (13.0)	42.1 (13.3)	42.2 (12.9)
Marital status					
In relationship	69.8%	69.0%	69.7%	70.1%	71.5%
Not relationship	30.2%	31.0%	30.3%	29.9%	28.5%
Ethnicity					
White	84.7%	89.4%	86.1%	87.5%	88.1%
Non-white	15.3%	10.6%	13.9%	12.5%	11.9%

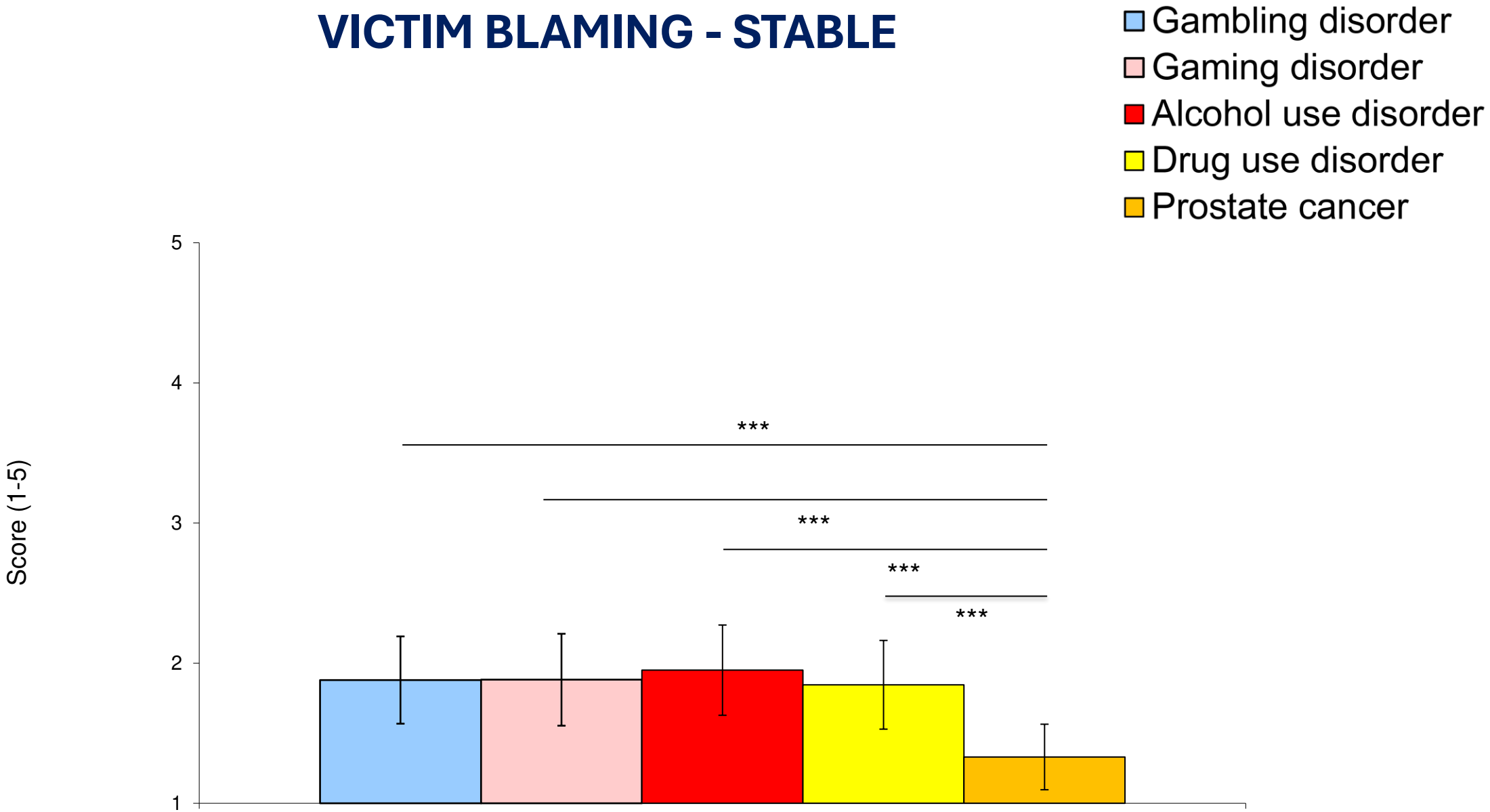
VICTIM BLAMING - UNSTABLE



Error bars show SD

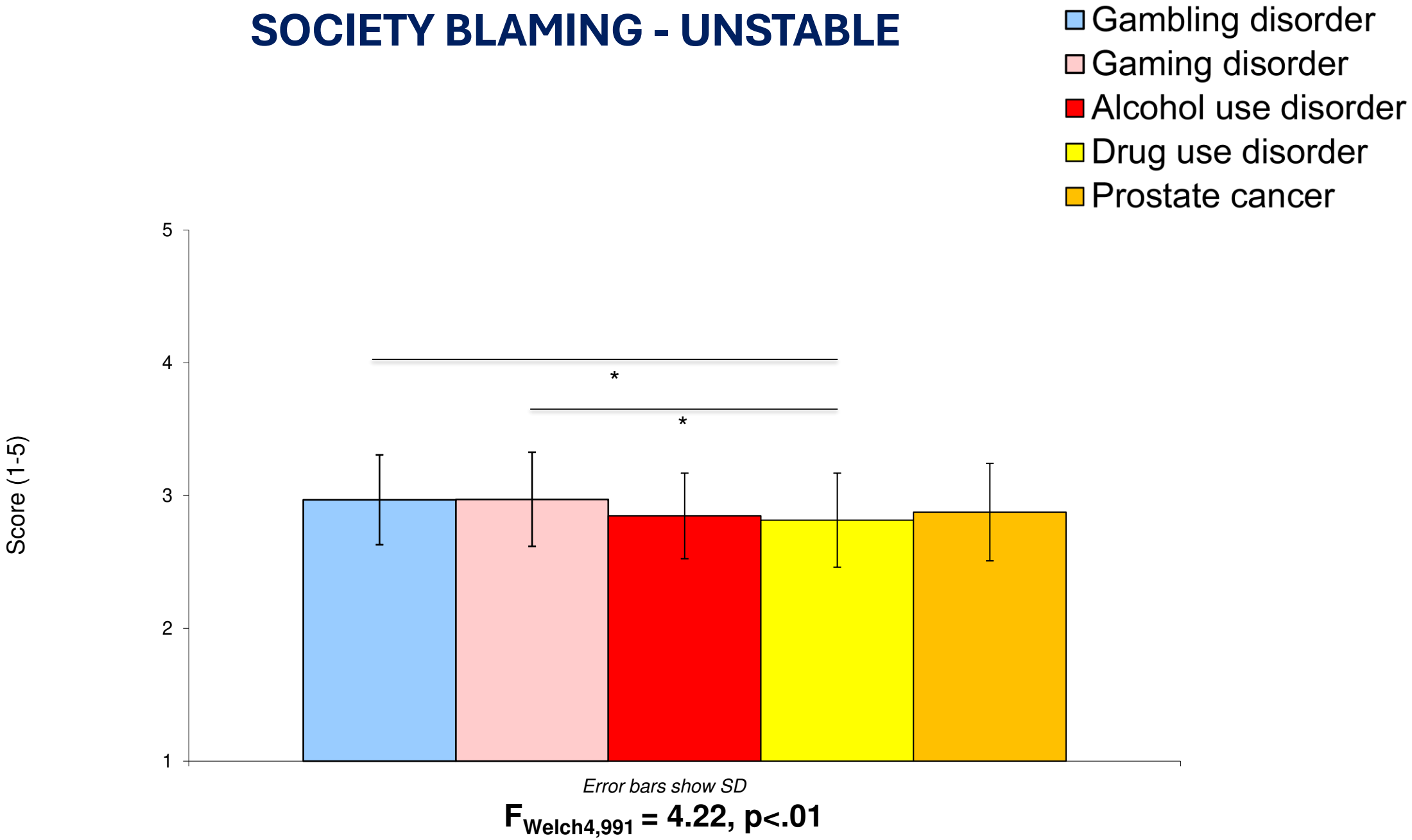
$F_{Welch4,980} = 197.07, p<.001$

VICTIM BLAMING - STABLE



$F_{Welch4,983} = 98.38, p<.001$

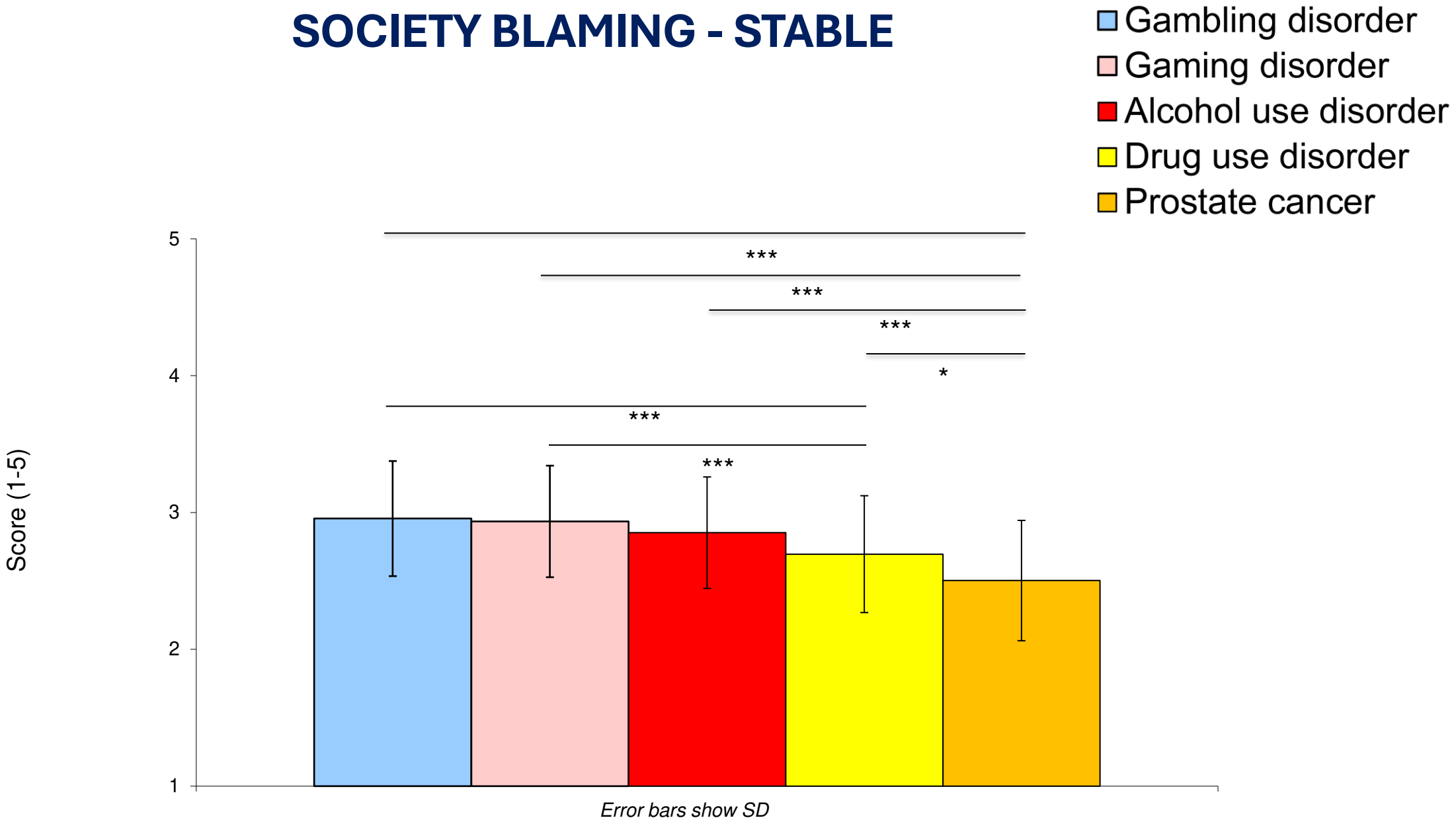
SOCIETY BLAMING - UNSTABLE



Error bars show SD

$F_{Welch4,991} = 4.22, p<.01$

SOCIETY BLAMING - STABLE



$F_{4,1982} = 20.36, p<.001$

Conclusions

- Addicts are blamed more than those in the control condition (prostate cancer) – H1 supported
  - Suggesting more blame for cancer than addictions
- Tendency for more victim blaming in drug use disorder than in gambling and gaming disorder - H2 not supported
- Tendency for more society blaming for gaming and gambling disorder than drug use disorder and prostate cancer – H3 not supported.
  - Suggestive of public opinion of poor treatment opportunities for gambling and gaming disorder?

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