



# Only Human Campaign Report

Tackling addiction-related stigma in Wales

2022



# Table of Contents

Introduction	3
<i>Our Panel</i>	4-5
<i>Key Aims</i>	6
<i>Our Impact in Numbers</i>	7
<i>Our Survey</i>	8
Our Findings –	
<i>Respondent Profiles</i>	9-13
<i>Part A: Stigma Experiences</i>	14-16
<i>Part B: Stigma Perceptions</i>	17-19
<i>Challenging Harmful Stereotypes</i>	20 – 23
<i>Combating Addiction-Related Stigma in Wales</i>	24 – 27
<i>Additional Insights</i>	28 – 31
Summary and Recommendations	32 – 34
Resources	35

# Introduction

In the Summer of 2022, we launched our Only Human campaign which aimed to tackle the stigma associated with **substance-use disorders**, such as alcohol or drug dependency, and **behavioural addictions**, such as harmful gambling, gaming, or shopping.

**Addiction** is a compulsive need to use a substance or engage in a certain behaviour to the point where it becomes harmful. People suffering from addiction problems are often **unfairly labelled or stereotyped**, creating division between them and non-stigmatised people in the community.



This division can lead to discrimination or harmful stigma which often becomes internalised as **self-stigma**. This is when a person begins to view themselves in the same negative way as society does, resulting in feelings of shame and worthlessness.

Unfortunately, self-stigma presents a **major barrier** for people suffering from addiction who often feel undeserving of help or support. As a result, people often do not receive the treatment they so desperately need, and cope by retreating further into their addiction.

At Adferiad Recovery, we are **committed** to challenging the way that society views addiction by opening up dialogue, breaking down stigma, and supporting individuals in overcoming their addictions.

The aim of our campaign was to raise awareness about the harmful consequences of addiction-related stigma, and to encourage people to **question their beliefs** about addiction and the people who experience it.

As part of our campaign, we also developed the 'Only Human' survey, which aimed to **provide insight** into people's lived experience of addiction-related stigma and gather suggestions on how best we can **overcome this stigma** and **support** people struggling with addictions.



The following report summarises the findings of our survey and considers the overall **success** of our campaign.

# Our Panel

Our campaign was led by a panel of individuals with a range of **lived experiences of addiction**. Members of our panel know first-hand how stigma affects those experiencing addiction and wanted to help the campaign by sharing their experiences, knowledge, and views on this important issue. Here is what they had to say...

*"I believe tackling the stigma of addiction is important, as it then enables and gives addicts permission to speak up without fear of judgement" - Zoe Davies, Recovery Worker, 7 years in recovery*



*"Recovery is attractive, it's achievable, and it's available to everyone who wants it. Stigma can prevent people from experiencing these truths. I always wanted to find out who or what was doing the living and the dying in my name, so recovery for me became a journey of self-discovery - the most exhilarating journey known to mankind. Who am I? Well, I found out that I am nothing. Once I found that out, however, the 'nothingness' imploded, and I became everything. I had achieved wholeness!" - Wynford Ellis Owen, Specialist Counselling Consultant, 30 years in recovery*

*"Stigma prevents people from coming forward for help, it causes a significant amount of shame associated with the addictive behaviour and prolongs the agony for many" - Karen Ozzati, Trustee of Adferiad Recovery, 32 years in recovery*



*"The social stigma associated with addiction is recovery's greatest enemy. I didn't wake up one morning and decide to be an addict. However, I can say that my 15 years spent in active addiction were seriously prolonged because society made me feel even more worthless than I already felt at that time.*



*In the early stages of my drug use (aged 16) it was the stigma and discrimination that kept me from seeking help. When I finally decided enough was enough, no-one wanted to employ me, therefore it wasn't long before I relapsed back into drugs; that's stigma for you! What followed was years of disadvantage, social isolation, and poor physical and emotional health. Addiction is not a personal choice, it's a public health issue that urgently needs to be addressed. I and many others with lived experience were saying this back in the 90's. Imagine where we would be now if only we had listened" - Yaina Samuels, Project Development Officer, 35 years in recovery*



*"Addiction itself can rob you of ambition, of opportunity. The stigma around addiction means that you are generally denied the chance of reconnecting with your ambition and opportunity, because stigma almost brands you for life as unworthy, untrustworthy, underserving of opportunity, of wanting to progress. It's why I've never spoken about it publicly before. Stigma is the root cause of a distinct societal lack of empathy and understanding. We have to challenge that. If we shift the stigma, we shift recovery towards more meaningful, prosperous outcomes that reconnect people more to who they really are" - Richard Mylan, Company Director & Founding Member of Grand Ambition, over 10 years in recovery*

*"As people with **lived experience** of addiction we are proud to be leading Adferiad Recovery's Only Human campaign. We know personally how **stigma** affects those experiencing addiction and we want to share our experience, knowledge and views on this important issue and show that we're all only human and **addiction doesn't define us**"*



# Key Aims

## **To tackle the stigma associated with addiction**

- Through this campaign we hoped to challenge the stereotypical image of someone with an addiction and show that people are more than their addiction and worthy of our respect and support.

## **To give a voice to those with lived experience of addiction**

- Our campaign was led by individuals with lived experience of addiction who each have their own unique stories to tell. The campaign provided a platform for them to share their experiences, inspire others to seek recovery, and show that people with addiction don't all fit in to the same mould.

## **To celebrate and promote recovery**

- Recovery is a journey of self-discovery. We wanted to inspire those with an addiction problem to address their addiction and seek the help that they need to recover. We wanted them to see that recovery is a positive thing and that the judgement of others shouldn't pressure them to hide their addiction or suffer in silence.

# Our Impact in Numbers



We brought our campaign to

**27**

different events...

...across all

**22**

counties in Wales



We had survey responses from people of all ages, ranging from

**20 - 82**

years old

Over

**100**

members of staff and volunteers helped run our event days

Over the course of the campaign we had

**37,311**

visits to our website...

...and our social media pages reached over

**204,000**

people!



Adferiad Recovery has over

**30**

services dedicated to helping people with addiction...

...and since 2021 we have supported over

**4,500**

people with their addictions



# Our Survey



- Our survey was open to people across the **whole of Wales**, both with and without first-hand experience of addiction.
- The survey comprised **24** questions and was split into two sections; Part A for people with lived experience of addiction, and Part B for people who had no personal experience of addiction.
- Paper versions of the survey were available at all of our campaign event days and people could also complete the survey online through links posted on our website and social media pages.
- The survey was made available in both **Welsh** and **English** and a combination of **quantitative** and **qualitative** data sets were captured.
- **Quotes** are included throughout this report in order to highlight the unique perspectives of our respondents.
- The information following each quote shows the participants' unique survey number, gender, and age e.g., (P#41, F, 27).
- In total, **206** individuals took part in our survey.

**The next section of the report details our survey findings**

# Respondent Profiles

“

Some people find themselves  
in horrid circumstances, but  
that doesn't make them less  
human and they shouldn't be  
treated as less than

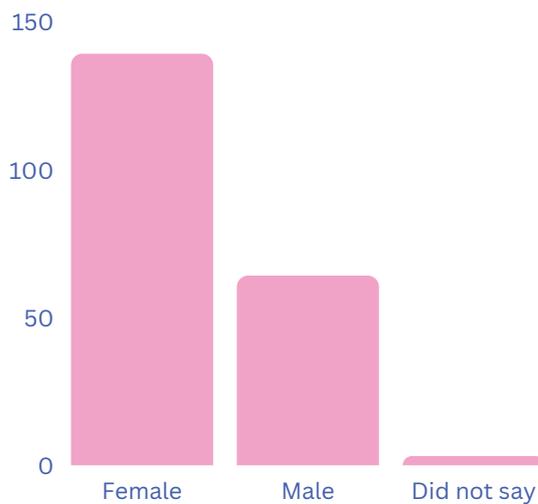
- (P#136, F, 41)

”

## Age

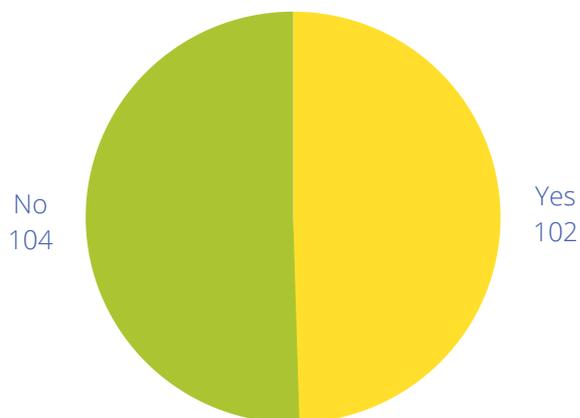
Respondents' ages ranged between **20 - 82** years, with an average age of **46.52** years (*SD* = 13.07).

## Gender



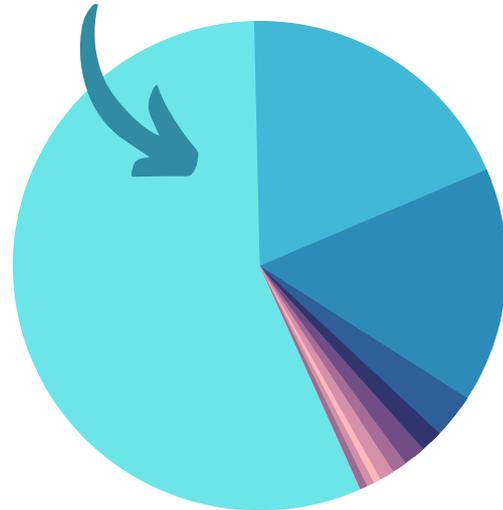
The majority of respondents were female (**n = 139**) and just under a third were male (**n = 64**). **3** respondents did not specify their gender.

## Addiction Experience



## Ethnicity

The majority of respondents identified as White - Welsh (**116, 56.3%**)



The remaining respondents identified as;

White - British = **39 (18.9%)**

White - English = **32 (15.5%)**

Any other White background = **6 (2.9%)**

White - Irish = **3 (1.5%)**

Black/Black British - African = **3 (1.5%)**

Mixed - White and Black Caribbean = **2 (1%)**

Any other Mixed background = **2 (1%)**

White - Scottish = **1 (0.5%)**

White - Northern Irish = **1 (0.5%)**

Any other ethnic group = **1 (0.5%)**

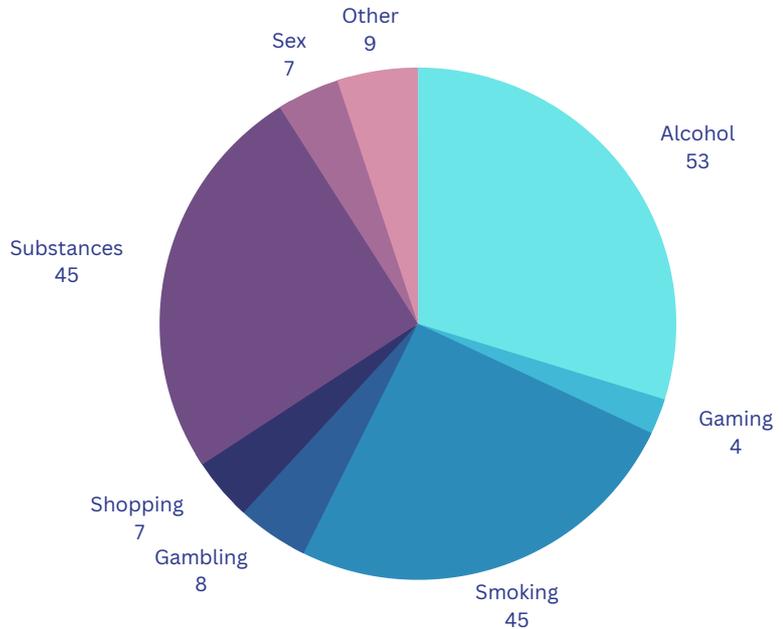
When respondents were asked whether they had lived experience of addiction, **49.5%** of people answered 'Yes' and **50.5%** of people answered 'No'.

## Addiction Type

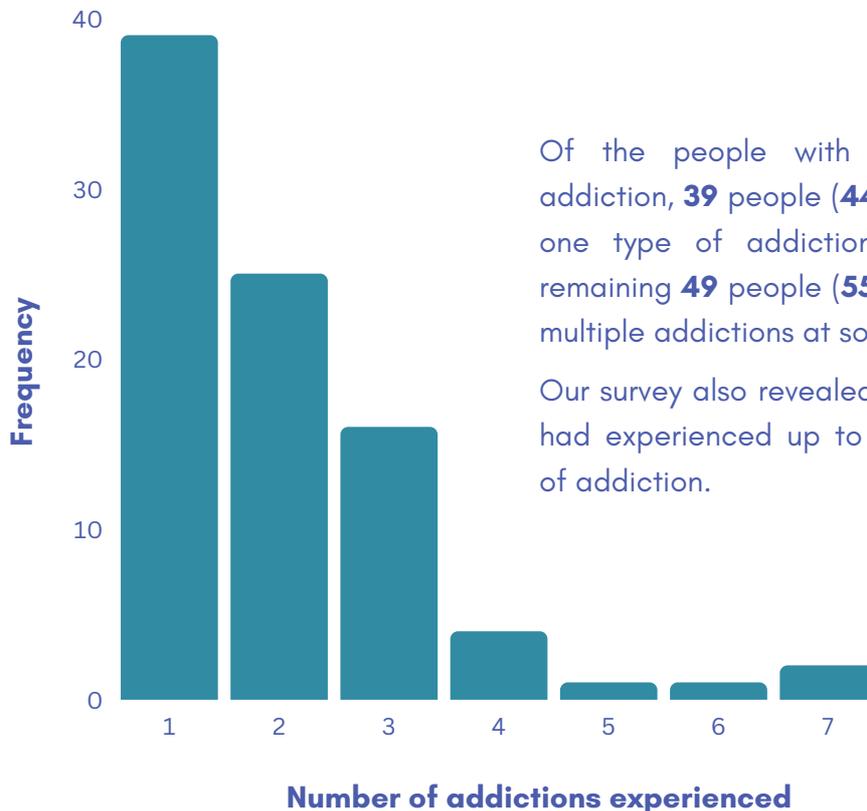
Our survey found that the most commonly reported addiction was **alcohol use**, followed by **smoking** and **substance use** addiction. Instances of behavioural addictions, such as gambling and shopping, were relatively high considering the modest sample size.

**Nine** individuals also reported having an '**other**' type of addiction. These included addictions to:

- Sugar
- Food
- Work
- Approval
- Self-injury



## Addiction Tally

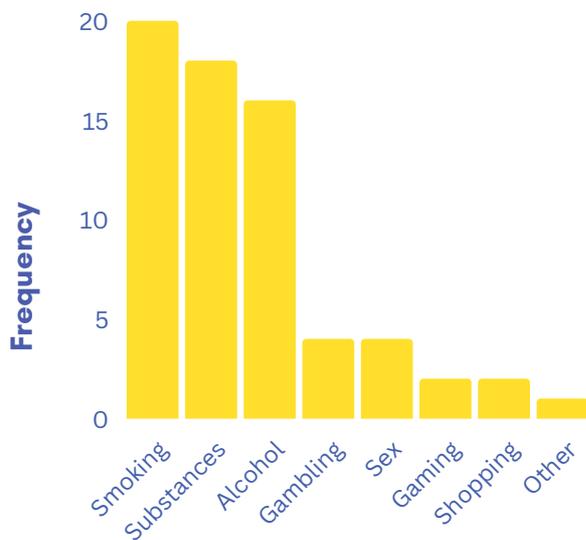


Of the people with lived experience of addiction, **39** people (**44.3%**) had experienced one type of addiction only. However, the remaining **49** people (**55.6%**) had experienced multiple addictions at some point in their lives. Our survey also revealed that some individuals had experienced up to **seven** different kinds of addiction.

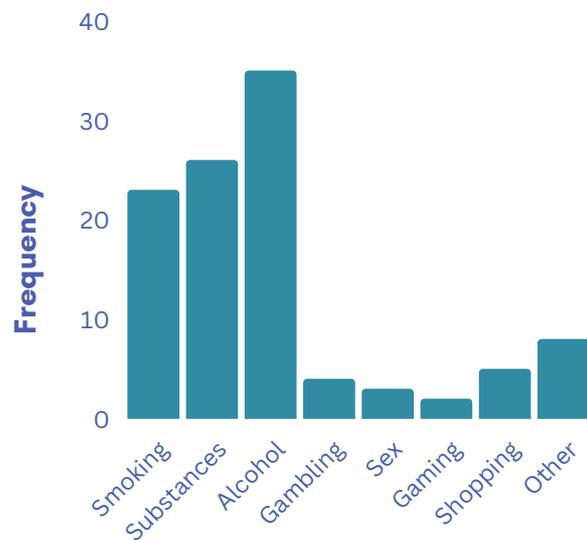
## Addiction and Age

A chi-square test of independence showed that there was a statistically significant association between age and whether or not a person experienced addiction;  $\chi^2(1, N = 202) = 9.83, p < .01$ . The results suggest that **older adults (aged 46+)** were significantly more likely to have experienced addiction compared to younger adults (20 - 45).

Respondents aged  
**60 - 69**  
were the age group most likely to have lived experience of addiction



Younger (20 - 45)



Older (46+)

The graphs above show how types of addiction vary between the different age groups. Both graphs show that **substance-type addictions were more prevalent than behavioural addictions in both the older and younger group**. As shown in the yellow graph, smoking was the most frequently reported addiction for younger people, followed by substances, then alcohol. In older adults, alcohol ranked first (and was more than double the number of young people with alcohol addiction), followed by substance addiction, then smoking.

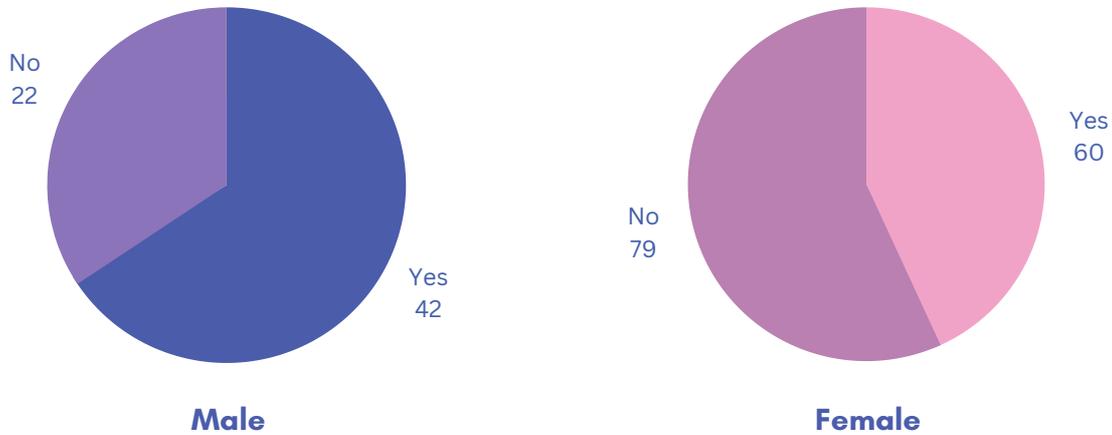
## Quotes

"Too many people become victims to substance abuse so young and don't receive support early on which leads it to developing into a serious issue in adulthood..." - (P#20, F, 24)

"...I wasn't stereotypically 'an addict'. I used drugs recreationally but this spilled into me using to be alert for work or able to function which became an issue in my twenties." - (P#11, F, 33)

# Addiction and Gender

*Do you have lived experience of addiction?*



Of the **64** men who participated in our survey, **65.63%** had experienced addiction at some point in their lives. In contrast, of the **139** women who took part in the survey, **43.17%** had experienced addiction.

## Gender Differences

	Male (n = 64)	Female (n = 139)
Alcohol	29	24
Substances	19	26
Smoking	21	24
Gambling	5	3
Sex	5	2
Gaming	3	1
Shopping	2	5
Other	2	7

When split by gender, alcohol addiction was most frequently reported in men, followed by smoking, then substance use. In women, alcohol, and smoking addiction were recorded equally and substance use was most prevalent.

A large proportion of male participants reported alcohol addiction (**45.31%**) compared to females (**17.27%**). A similar pattern was observed for substance use (**29.69%** vs **18.71%**) and smoking (**32.81%** vs **17.27%**).

Interestingly, some sex differences were observed amongst respondents in the behavioural addiction categories. For example, sex addiction was notably higher in men (**7.81%**) than in women (**1.44%**), as was gaming (**4.69%** vs **0.72%**), and gambling (**7.81%** vs **2.16%**). On the other hand, shopping addiction appeared to be more common in women (**3.6%**) than in men (**3.12%**) although this difference was very small.

# Part A: Stigma Experiences

“

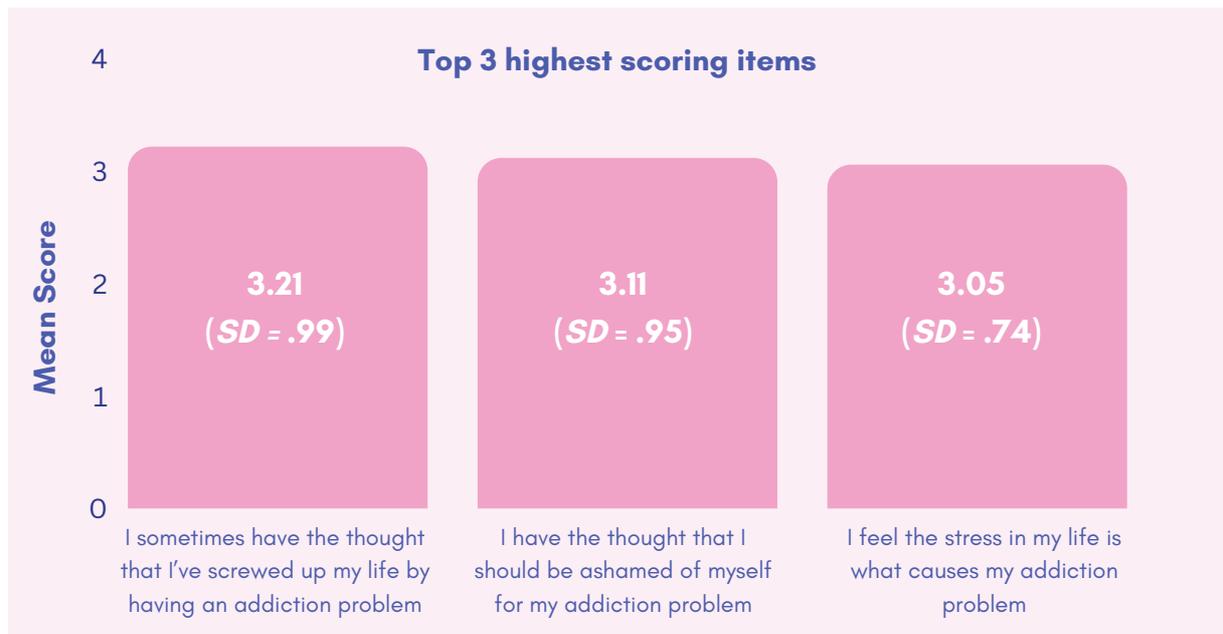
Most people  
automatically think  
you're a bad person if  
you have an addiction.

- (P#109, M, 41)

”

# Addiction Experience Stigma Scale (AESS)

Respondents with experience of addiction were asked a series of questions about their **specific experiences of addiction-related stigma**. The 13 questions were adapted from Donaldson et al.'s (2015) Gambling Experienced Stigma Scale (GESS) and adapted items included statements such as "I feel the need to hide my addiction problem from my friends" and "people have insulted me because of my addiction problem".



Each statement was rated on a scale of 1 (strongly disagree) to 4 (strongly agree). Total scores could range from 13 to 52 and the higher the score, the higher the level of stigma experienced. **82** respondents completed the questions and the mean score was **34.24** ( $SD = 8.9$ ), indicating a high level of internalised stigma experienced by our participants.

## Quotes

"There's less stigma now than 20 years ago when I first accessed recovery, there's more awareness, more people recovering out loud which helps."  
(P#203, F, 46)

"As a partner of an addict I have seen first-hand how stigma has affected them and myself"  
(P#89, F, 50)

"The stigma needs to stop as people with addictions are humans with deep trauma and needs and being stigmatised can worsen the problem"  
(P#89, F, 50)

- Donaldson, P., Langham, E., Best, T., & Browne, M. (2015). Validation of the gambling perceived stigma scale (GPSS) and the gambling experienced stigma scale (GESS). *Journal of Gambling Issues*, 31, 162-199.

# The Impact of Stigma

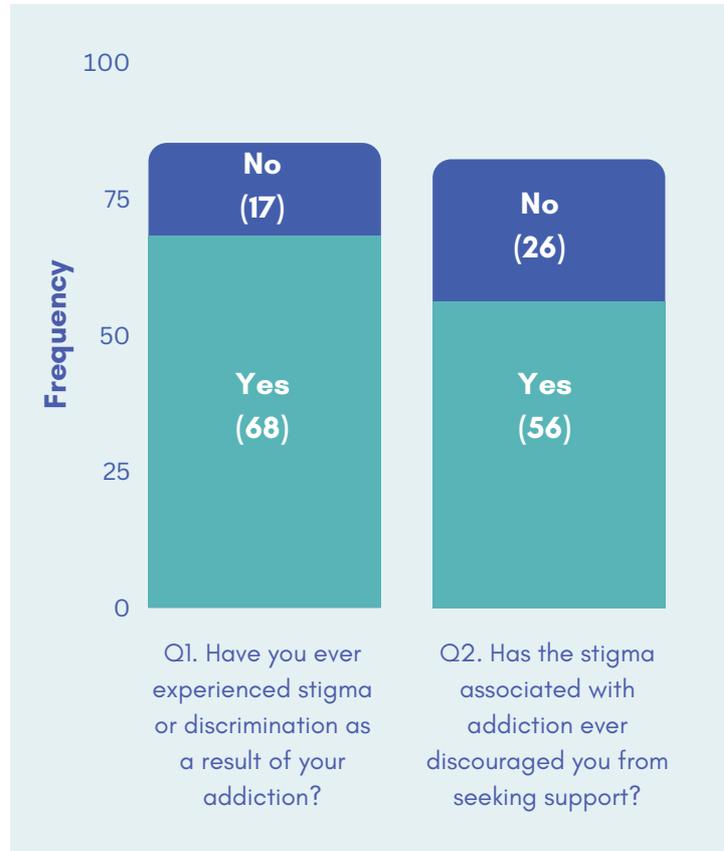
Participants were asked two questions about their experiences of addiction-related stigma and the impact that this may have on getting help.

**80%** of respondents with lived experience of addiction had experienced some form of stigma or discrimination as a result of having an addiction.

In addition, over two thirds of respondents (**68.3%**) who experienced addiction-related stigma felt that this discouraged them from seeking support.

The findings suggest:

1. Addiction-related stigma is unfortunately a common occurrence
2. Experiencing addiction-related stigma presents a real challenge to accessing support



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## Quotes

So far, we have seen that people with addiction problems are likely to experience stigma, but from whom? The following quotes detail participants experiences of addiction-related stigma and discrimination from **people working in frontline services**:

*"Certain medical services treat me differently once they know of my addiction history." - (P#119, M)*

*"Services like the police and ambulance are often where negative stereotypes are reinforced and this should be targeted." - (P#12, M, 41)*

*"I have experienced stigma from doctors and nurses in the past." - (P#109, M, 41)*

*"The medical profession can behave in ways that are extremely stigmatising towards people with addiction. What hope is there when the medical profession behave this way?" - (P#153, F, 39)*

# Part B: Stigma Perceptions

“

Society tends to stigmatise people with addiction issues and mental health problems as moral and life-skill failings. The wider public view these issues as individual inadequacies, and not the result of societal barriers.

- (P#114, M, 58)

”

# Addiction Perceived Stigma Scale (APSS)

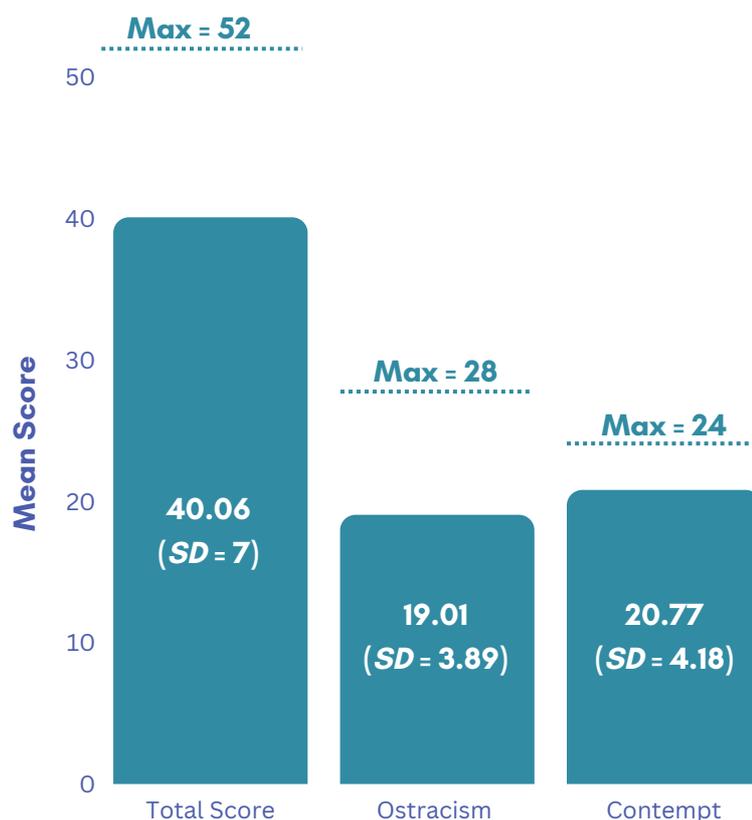
Respondents with no personal experience of addiction were asked a series of questions about the **perceived stigma associated with addiction**. The 13 questions were adapted from Donaldson et al.'s (2015) Gambling Perceived Stigma Scale (GPSS) and adapted items included statements such as "most people think less of people with addiction problems" and "most people believe that people with addiction problems have no self-control".

Respondents were asked to show how much they agreed with each statement on a scale of 1 (strongly disagree) to 4 (strongly agree), with greater scores indicating greater belief of the presence of stigma in society. Scores on each item were combined to give a total score (out of a maximum 52), and scores were also calculated for two separate subscales to measure levels of perceived ostracism and contempt within society (with maximum scores of 28 and 24 respectively).

 **Key Terms**

**Ostracism**  
a form of rejection where an individual is excluded from a certain group or activity and is ignored by others

**Contempt**  
the feeling that an individual is worthless or beneath consideration



**93** individuals completed these questions, giving an average score of **40.06** ( $SD = 7$ )., This suggests that respondents believe there is a high level of stigma in society surrounding addiction. The mean ostracism subscale score was **19.01** ( $SD = 3.89$ ) out of a possible 28. However, the mean score on the contempt subscale was very high; **20.77** ( $SD = 4.18$ ) out of 24. This indicates that our respondents believe there is a **high level of contempt** towards people with addictions in society.

# Gender and Age Differences in Stigma

So far, we have seen that high levels of both experienced and perceived stigma exist within our sample. However, we wanted to investigate this further and see whether there were any differences in the levels of stigma depending on the respondents' age or gender. To do this, a series of independent samples t-tests were performed;

- AESS total scores and gender
- APSS total scores and gender
- APSS ostracism scores and gender
- \*APSS contempt scores and gender
- \*AESS total scores and age
- APSS total scores and age
- APSS ostracism scores and age
- \*\*APSS contempt scores and age

We found that;

1. **Younger** respondents (aged 18 – 45) scored significantly higher overall on the **APSS** ( $M = 41.19, SD = 7.3$ ) than respondents aged 46+ ( $M = 38.63, SD = 6.47$ );  
 $t(90) = 1.76, p < .05, r = .18$

2. **Younger** respondents scored significantly higher on the **Contempt** subscale ( $M = 21.79, SD = 3.89$ ) compared with older respondents ( $M = 19.44, SD = 4.27$ ). This difference was statistically significant;  
 $t(89) = 2.74, p < .01, r = .28$

3. **Female** respondents also scored significantly higher on the **Contempt** subscale ( $M = 21.15, SD = 3.9$ ) than their male counterparts ( $M = 19, SD = 4.77$ );  
 $t(87) = -1.99, p < .05, r = .21$

These findings suggest that people of a **younger age** (18 – 45) **estimate greater levels of perceived stigma in society** than people over the age of 46. In addition, both people of a **younger age and female gender estimate greater levels of contempt towards addiction in society** than males and people of a higher age.

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## Knowledge of Addiction

Participants without addiction experience were asked to **rate how much they felt they knew about addiction** on a scale of 0 – 4 (where 0 indicated 'nothing at all' and 4 indicated 'a lot').

The mean score for self-rated addiction knowledge was **3.6**, suggesting that our respondents were **confident** in their knowledge of addiction, despite having no first-hand experience of it.



The mean addiction  
knowledge score  
was  
**3.6 out of 4**

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\* Significant at the  $< .05$  level

\*\* Significant at the  $< .01$  level

# Challenging Harmful Stereotypes

“

People with addictions don't feel worthy of compassion. If society were more sympathetic, then more people would come forward and ask for help.

- (P#8, F, 39)

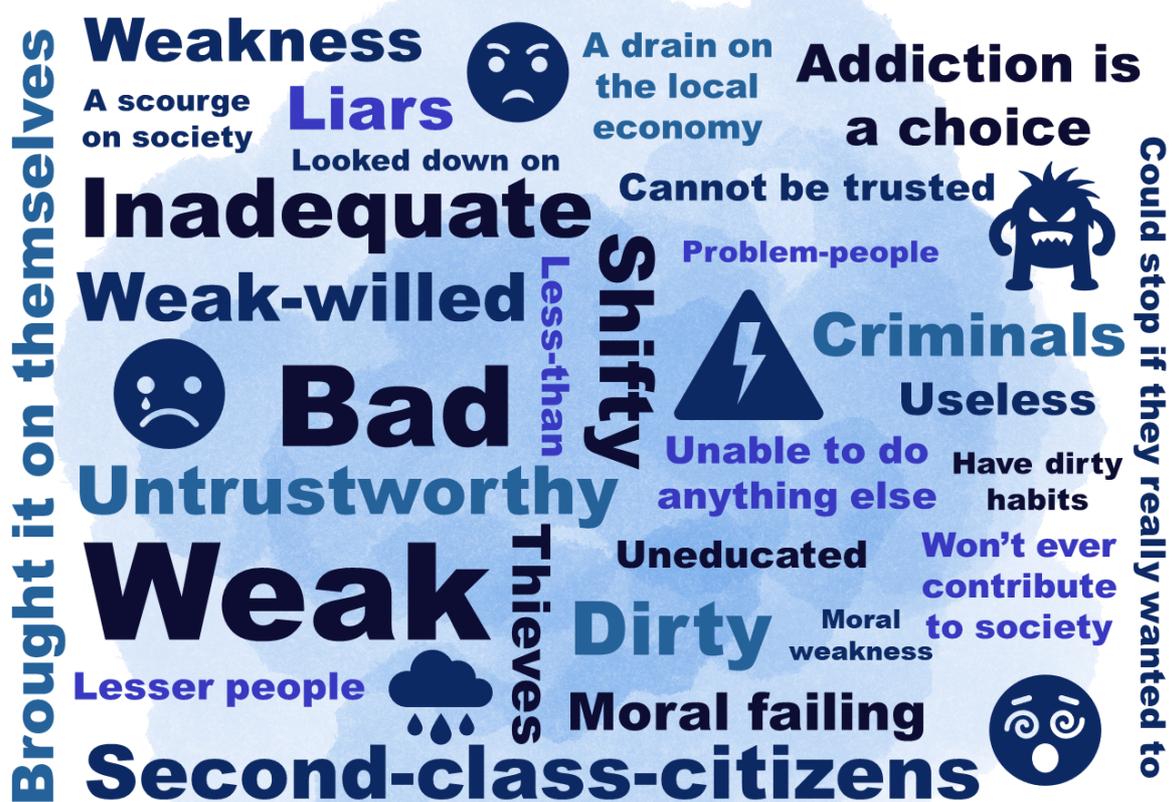
”

## How Does Society View Addiction?

As part of our survey, we asked all respondents to describe how they believe **society views people with addiction**. This question was open-ended, allowing respondents to provide more in-depth and detailed thoughts and opinions, based on their own life experiences.

In response to this question, **88 individuals** shared their views and the image below illustrates some of the most commonly reported stereotypes and labels assigned to people with addictions.

It is important to point out that respondents were asked how they felt that *society* viewed people with addiction and therefore, the words and phrases presented below do not reflect respondents' own opinions towards people suffering with addictions.



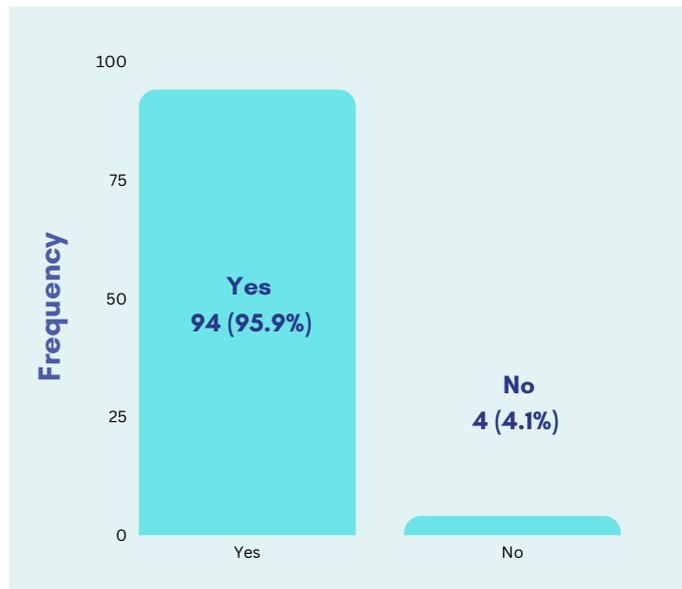
The image illustrates how people struggling from addiction are often viewed in negative and harmful ways, with judgements made in relation to their **character, appearance, choices, and values**.

At Adferiad Recovery we believe it is **everybody's duty** to challenge harmful stereotypes and to speak up against stigma that may be encountered in daily life. In order to see change in society, **we have to be that change**. Therefore, we all share a responsibility to help people recognise and reflect upon their prejudices, to educate people who may hold unhelpful or biased views, and to stand up for any person facing discrimination as a result of addiction.

# Changing Our View of Addiction

In Part B of the survey, we asked respondents **"Do you believe addiction should be treated the same as other health conditions?"** and to select either 'Yes' or 'No'.

Our survey found that **94/98** respondents voted 'Yes', indicating that **the vast majority of people were in favour of treating addictions in the same way as other health conditions.**



Respondents were then asked to **explain their response to the previous question.** This follow-up question was open-ended, allowing us to gain valuable insight into respondent's opinions on why addictions should or should not be treated in the same way as other health conditions. **97 people** answered this question.

Analysis of the data resulted in the formation of **3 main themes** and **7 sub-themes.** Sub-themes are displayed in the table below in the green boxes, and sub-themes are shown in the white boxes.

Do you believe addiction should be treated the same as other health conditions?		
Yes	Yes, but...	No
1) Addiction is an illness	6) There are other things to consider	7) Addiction should not be treated in the same way as health conditions
2) Addiction is a mental health issue		
3) Addiction is the result of a psychological problem		
4) Addiction is not a choice		
5) People facing addiction need appropriate support		

The table on the next page considers each sub-theme in more detail, using respondent **quotes** to provide further insight. The table also includes a **frequencies column**, to show the number of participant quotes categorised under each sub-theme.

Sub-themes	Quotes	Frequencies
<b>Addiction is an illness</b>	<ul style="list-style-type: none"> <li>Addiction is an illness so should be treated as such</li> <li>It should be treated the same as any other health condition</li> <li>It is a physical addiction both the body and the mind need to overcome</li> </ul>	49
<b>Addiction is a mental health issue</b>	<ul style="list-style-type: none"> <li>It's a mental illness</li> <li>Addiction is no different to any other mental health condition</li> <li>Any addictive or compulsive behaviour will have its roots in psychological factors</li> </ul>	21
<b>Addiction is the result of a psychological problem</b>	<ul style="list-style-type: none"> <li>It is often the by-product of a deeper issue, such as mental illness or trauma</li> <li>It is often the consequence of something psychological</li> <li>There is generally a trauma-based reason for why people turn to substances.</li> <li>There are usually undiagnosed underlying mental health issues at play too</li> </ul>	18
<b>Addiction is not a choice</b>	<ul style="list-style-type: none"> <li>People don't choose to become addicted</li> <li>It is not a lifestyle choice - it is out of the person's control</li> <li>By its very nature being addicted to something implies a problem that the person is not in control of</li> </ul>	17
<b>People facing addiction need appropriate support</b>	<ul style="list-style-type: none"> <li>[Addiction] needs a holistic approach</li> <li>Addiction needs ongoing treatment and support over a long period of time. Just telling someone to 'pull themselves together' won't have any impact</li> <li>Too many people become victims to substance abuse so young and don't receive support early on which leads to it developing into a serious issue in adulthood</li> </ul>	17
<b>There are other things to consider</b>	<ul style="list-style-type: none"> <li>I think there is much more preventative work that needs doing</li> <li>Addiction and co-occurring mental health problems need to be treated at the same time</li> <li>There are ongoing counselling and psychosocial needs that must be met also</li> <li>There are obviously going to be many differences in treatment - no one person is the same</li> </ul>	4
<b>Addiction should not be treated in the same way as health conditions</b>	<ul style="list-style-type: none"> <li>I believe there is more of an element of personal responsibility when it comes to addiction, but addicts still need help and care</li> </ul>	1

# Combating Addiction Stigma in Wales



The more light shed on addiction and the more information and education provided, the easier it will be to break the stigma

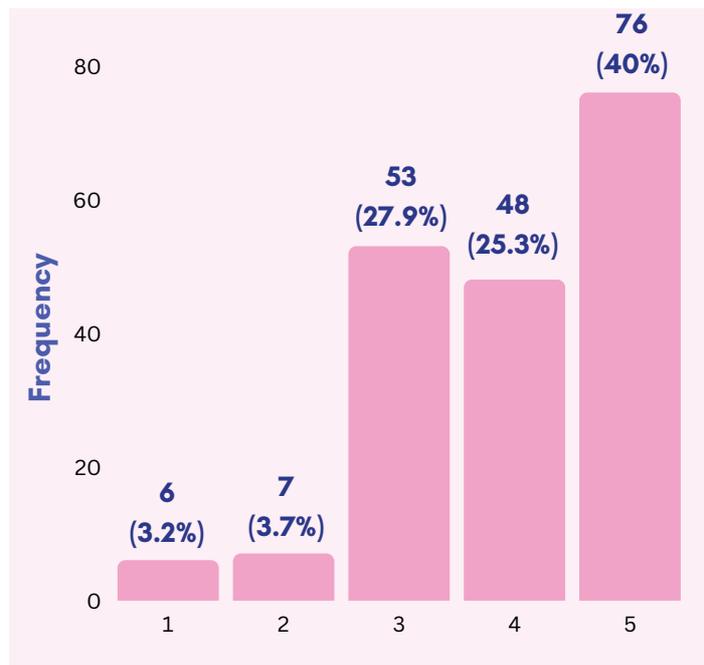
- (P#101, F, 20)



# How Much Difference Will Our Campaign Make?

We asked all respondents "**How much difference do you believe the campaign will make to those experiencing addiction problems?**" Scores were rated on a scale of 1 - 5, where 1 indicated 'No difference at all' and 5 indicated 'A big difference'.

Results showed a **mean score of 3.96** and a **mode of 5**, indicating that **the majority of participants thought the campaign would make at least some positive difference towards to people experiencing addiction and related problems.**



Respondents were then asked to **explain their response to the previous question.** Once again, this question was open-ended, allowing us to see exactly why our survey respondents believed that the campaign would or would not be successful. **190 people** answered this question and analysis of the data resulted in the formation of **5 main themes**, displayed in the table below.

The table on the next page considers each sub-theme in more detail, using respondent **quotes** to provide further insight. The table also includes a **frequencies column**, to show the number of participant quotes categorised under each sub-theme.



## How much difference do you believe the campaign will make to those experiencing addiction problems?

- 1) The campaign will definitely make a difference
- 2) I am hopeful the campaign will make a difference
- 3) I am unsure whether the campaign will make any difference
- 4) The campaign will not make a difference
- 5) Other considerations

Sub-themes	Quotes	Frequencies
<p><b>The campaign will definitely make a difference</b></p>	<ul style="list-style-type: none"> <li>I think it's great that there's a place actually looking into the stigma of addiction and addressing it, to make people realise they are not alone</li> <li>I think that this campaign will make it more socially acceptable for people to access help</li> <li>I believe that the campaign will help people with addictions to find the courage to seek the support they need</li> <li>This type of project is long overdue. By highlighting the plight of addiction, it encourages society to examine their understanding, definitions, and attitudes towards it</li> </ul>	40
<p><b>I am hopeful the campaign will make a difference</b></p>	<ul style="list-style-type: none"> <li>I would like to think this initiative is going to be successful</li> <li>I would hope that it would make a big difference but every case is different. It always comes down to the individual and whether they have the strength and support to overcome addiction</li> <li>Provided that there is enough media coverage and attendance at local events, I would like to think the campaign will reach many people across Wales</li> </ul>	23
<p><b>I am unsure whether the campaign will make a difference</b></p>	<ul style="list-style-type: none"> <li>I have experienced stigma first hand and I'm unsure how you go about changing narrow minds</li> <li>It depends on how widely publicised the results are</li> <li>It's hard to predict how a campaign will impact people's views and opinions, but I'm grateful Adferiad are trying</li> <li>Some people are very set in their ways with regards to their opinions of addiction so [it is] hard to get people to shift</li> </ul>	30
<p><b>The campaign will not make a difference</b></p>	<ul style="list-style-type: none"> <li>[I'm] not confident that an organisation can change the person</li> <li>I don't believe that Adferiad has the profile in Wales</li> <li>There will always be groups of people who will not look beyond the addiction and will be judgemental towards the individual</li> </ul>	4
<p><b>Other considerations</b></p>	<ul style="list-style-type: none"> <li>Only societal change can alter these perceptions</li> <li>I believe that for the majority of people living in active addiction, the timing of embracing sobriety is the key factor, not what services are available</li> <li>Addiction needs to stop being the hot potato that it currently is. There needs to be more education and awareness so that stereotypes can be challenge</li> </ul>	15

# Combating Stigma

All participants were asked to consider "**what should Adferiad be doing to help combat addiction stigma in Wales?**" Participants were presented with **5** statements and were asked to assign each statement a score between 1 and 10 (where 1 indicated lowest priority and 10 indicated highest priority). The statements were;

1. Provide more information and resources about addiction and its effects on the individual, their family, and wider society
2. Provide more information and resources on how you can support a family member, friend, or loved one with their addiction
3. Provide more platforms for individuals with lived experience to share their stories
4. Provide more opportunities to celebrate and promote recovery
5. Hold Government, press, and other media to account in relation to negative representations of those with addiction

As displayed in the graph opposite, there was very little difference between the mean scores across the five statements, suggesting that **all five ways of combating addiction stigma were seen as equally important**. However, there seemed to be a slight preference for option 5 (holding government, press and media to account) which had a mean score of **8.86**.



Respondents were also given the opportunity to **suggest other ways that Adferiad could help to tackle addiction stigma in Wales**. A total of **72 people** answered this question. Analysis of the data resulted in the formation of **5 main themes**, which are displayed below.

How else could we combat addiction stigma in Wales?	
1) Give a voice to people with lived experience of addiction	<ul style="list-style-type: none"> <li>"Listen to people's stories"</li> <li>"Social media posts sharing videos of recovery"</li> </ul>
2) Increase education of addiction	<ul style="list-style-type: none"> <li>"Psychoeducation to the public"</li> </ul>
3) Legislation change and holding Government to account	<ul style="list-style-type: none"> <li>"Politicians have caused this issue and they need to be pressured into open discussion"</li> </ul>
4) Increase our visibility	<ul style="list-style-type: none"> <li>"The campaign aim is good, but more promotion is needed"</li> </ul>
5) Signpost to relevant information and resources	<ul style="list-style-type: none"> <li>"I think that there are already a number of great resources available online, but clear signposting is key in making sure people know about them"</li> </ul>

# Additional Insights

“

Addiction to me stems  
from a place where a  
person is seeking to  
escape or mask things that  
are too painful to face.

- (P#103, F, 30)

”

# Additional Insights

In addition to our quantitative findings, our survey captured a wealth of qualitative data. Although the key qualitative information has already been discussed in previous sections of this report, we feel it is worth highlighting some **additional findings** that respondents raised in relation to addictions and addiction-related stigma. The following pages detail the most noteworthy points for consideration.

**Addiction can be a very lonely experience...**

*"Opiate substitution treatment can be stigmatising as you are forced to queue up at the chemist in a separate queue to receive your medication. Everyone knows there are two queues and it is humiliating. I was terrified someone I knew would see me." - (P#153, F, 39)*

*"...the oppression will continue for the foreseeable future. Until then, we hide and cope as best we can." - (P#134, F, 42)*

*"Once you have the label it's carried around with you for ever" - (P#223, F, 50)*

*"Doesn't matter how long you've been clean, it all sticks as it did in day one!" - (P#140, F, 46)*

**...and labels can be difficult to shake once they have been established**

**People suffering from addiction are dehumanised until people do not see the person behind the addiction**

*"I think we are seen as weak and unable to do anything else. They only see the word 'addict' and don't see our other labels such as daughter, carer, volunteer, friend, etc..." - (P#64, F, 36)*

*"People only look at someone being an addict, not the factors surrounding how they became an addict or who they are as a person" - (P#101, F, 20)*

*"Many people view those with addiction issues as lesser people, quite often they don't see that there is a story behind each person." - (P#8, F, 39)*

"Often the addiction is as a result of a trauma, quite often from an early age" - (P#8, F, 39)

"People with addictions are humans with deep trauma and needs and being stigmatised can worsen the problem" - (P#89, F, 50)

**With addiction, there are often underlying mental health problems or trauma...**

**...which in some cases can be linked back to childhood**

"I believe it was caused by childhood bullying, losing my mum at 27, having to care for my disabled father and two children as a single parent, with no mental respite from the constant demands on me." - (P#134, F, 42)

"It started with me when I witnessed someone being crushed by a tractor when I was 11, things went downhill after that." - (P#97, M, 65)

"...even those people with their own addiction to cannabis or alcohol or any other damaging repetitive behaviour, stigmatise heroin addicts." - (P#134, F, 42)

"I think the majority of people think you are a scumbag and that you can't be trusted when they know you have an addiction, especially when they know it's a heroin addiction." - (P#120, M, 41)

**Not all addictions are viewed or treated equally**

"I do think that not all addictions are viewed equally. For example smoking and drinking are more socially accepted in society than drug addictions, despite contributing to a huge number of health problems and thousands of deaths every year in the UK." - (P#4, F, 29)

**Addiction does not discriminate and anybody can suffer from addiction...**

"Addiction can impact anyone and that's something the world needs to accept" - (P#64, F, 36)

"[Addiction] affects people from all areas of life" - (P#84, F, 50)

"[The campaign] will make people realise that it can happen to them or their loved ones." - (P#132, M, 69)

"We need to break down the stigma of addiction. See it as an illness that can effect anyone." - (P#124, F, 48)

"I don't think society realises that so many people are suffering with addiction." - (P#134, F, 42)

"I think [the campaign] will show addiction is more widespread in society than previously thought. " - (P#60, F, 51)

**...which may be more common than we realise**

**Language is powerful and we should all try to be careful with our words**

"[the campaign] encourages society to examine their understanding of addiction by their definition and attitudes toward it" - (P#46, F, 48)

"There is a collective unconsciousness about addiction and the definition of it, including how to tackle public awareness and processing of the term addiction." - (P#46, F, 48)

"Even the terms 'addict' or 'addiction' are disempowering and a negative label that need to be shaken off." - (P#138, M, 40)

# Summary & Recommendations

“

Regardless of their struggles, they are still someone's loved one; they are only human.

- (P#41, F, 27)

”

## Summary of Findings

- **Almost half** of our survey respondents **had experienced addiction** at some point in their lives (102/206)
- The most commonly reported addictions were **alcohol, smoking, and substance use**, although a number of behavioural addictions were seen within the sample, and the types of addictions reported differed between the sexes and age groups
- Our respondents often had several **co-occurring** addiction problems
- **Older adults** were significantly more likely to have experienced addiction compared to younger adults, and people **aged 60 - 69** were the age group most likely to report having **first-hand experience** of addiction
- In general, **men** were more likely to have an addiction than women, and the ratio of males to females was higher across all addictions except for shopping addiction
- **80%** of respondents with lived experience of addiction had **experienced stigma or discrimination** as a result, and nearly **70%** of these respondents felt this **prevented them from seeking support**
- Respondents without lived experience of addiction believe there are **high levels of stigma** towards people with addictions in society, with **younger adults** and **women** more likely to estimate greater levels of **contempt** within society
- Self-reported **knowledge** of addiction was overall high (3.6/4)
- Nearly all respondents (**96%**) were **in favour** of treating addiction in the same way as other health conditions
- The **vast majority** of our respondents felt that our campaign **would make a difference** to people with addiction problems
- Respondents were **in agreement** with our proposed methods for combating addiction stigma

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\*Readers are asked to keep in mind some limitations when considering the findings: e.g., modest sample size, under representation of males, limited number of BAME respondents



# Recommendations

Based on the findings from our survey and our campaign overall, we propose the following four ideas to help combat addiction stigma in Wales;

## 1) Strategy

Develop a substance (mis)use early intervention and prevention strategy supported by policy and service developments

## 2) Education

Provide public health support to demystify addiction:

- Targeted and specific evidence-based addiction education in schools, colleges, and universities
- Invite people with 'lived experience' to share their stories with children and young people to increase awareness about a range of addictions, associated stigma, and their wider impact on society
- Break down the stigma of addiction and see it as an illness that can effect anyone
- Link addiction to other physical and mental illnesses to end the demarcation and stigmatisation
- Open a debate on the word 'addiction'

## 3) Policy and Guidance

Develop an 'addiction' document which provides guidance covering all types of addictions (both substance and behavioural addictions) as a point of reference and go-to guide

## 4) Signposting

Provide clear and up-to-date information, support, and advice on where people can go for help for different types of addictions, and facilitate people accessing that help, support and advice



# Resources

**If you or somebody you know is struggling with addiction and would like more information or support, the following resources are available:**

## Support from Adferiad Recovery

- **Treatment services** - A range of services for people with substance-use problems; Drop-in Service, Family and Significant Others Service, Psychosocial Interventions and more
- **Hafan Wen** - A detox centre for people with substance use conditions
- **Parkland Place** - Provides rehabilitation for people in recovery from substance use disorders, gambling addiction and other harmful behavioural conditions
- **Salus** - A detox centre for people with substance use conditions
- **CAMFA** - Provides a range of therapies, to those requiring specialist substance use psychological interventions
- **Dyfodol De Cymru** - Provides support to people with drug and alcohol issues in the criminal justice system in the South Wales area
- **Champion's House** - A supportive environment for people who have experience of drug and alcohol addiction, mental health conditions and the criminal justice system seeking recovery in Wrexham

## External Resources & Support

*For alcohol support:*

- [alcoholchange.org.uk](http://alcoholchange.org.uk)
- [alcoholics-anonymous.org.uk](http://alcoholics-anonymous.org.uk)

*For substance use support:*

- [dan247.org.uk](http://dan247.org.uk)
- [talktofrank.com](http://talktofrank.com)

*For support with sex addiction:*

- [relate.org.uk](http://relate.org.uk)
- [atsac.org.uk](http://atsac.org.uk)

*For gambling support:*

- [gamcare.org.uk](http://gamcare.org.uk)
- [begambleaware.org](http://begambleaware.org)

*For help quitting smoking:*

- [blf.org.uk](http://blf.org.uk)
- [nhs.uk/better-health/quit-smoking](http://nhs.uk/better-health/quit-smoking)

*For general support and information:*

- [beatingaddictions.co.uk](http://beatingaddictions.co.uk)
- [rehabsuk.com](http://rehabsuk.com)

Finally we would like to say a big 'thank you' to  
all of our service users, staff, volunteers, and  
members of the public who took part in our  
**Only Human campaign!**



### To find out more...

-  [www.adferiad.org.uk](http://www.adferiad.org.uk)
-  01792 816600
-  [info@adferiad.org](mailto:info@adferiad.org)

### Show your support...

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