

Negative Attitudes towards Addiction among Mental Health Students in Israel

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ABSTRACT

Background: Individuals with addiction are shown to suffer from stigmatization by health professionals. While medical students in general have been shown to express negative attitudes towards individuals with addiction, little is known about mental health students' attitudes towards this population.

Method: Undergraduate and graduate students (N=265), currently studying mental health professions (psychology, social work, criminology) or non-mental health professions, filled out questionnaires assessing their levels of negative implicit attitudes towards individuals with addiction, social rejection and addiction-specific stereotypes.

Results: Mental health students expressed less negative attitudes towards individuals with addiction compared to non-mental health students. Undergraduate psychology students expressed more negative attitudes compared to graduate psychology students and graduate criminology students expressed more social rejection compared to undergraduate criminology students.

Conclusions: Social contact focused interventions, targeting addiction-related social rejection, should be integrated into mental health academic programs.

disorder illness, homelessness and child neglect (2, 3). It has been suggested that stigmatization towards individuals with drug and alcohol addiction is rooted in the perceived attribution of their condition to poor decision making and moral flaws (2, 4).

Notably, negative regard towards individuals with addiction is common not only among the general population but also among health professionals (5). In a multi-center study conducted by Gilchrist et al. (6), health professionals (physicians, psychiatrists, psychologists, nurses and social workers) consistently showed poor regard towards patients with drug or alcohol addiction compared to those with diabetes or depression. Health professionals generally report they had difficulty empathizing with patients who suffer from drug or alcohol addiction, and the majority prefer these patients be treated solely by an addiction specialist and not by them (7).

While physicians' stigmatization of addiction receives growing attention (8), it has been suggested that negative attitudes towards addiction may be already present at early stages of training (9). Medical students have been shown to express negative attitudes towards individuals with addiction, perceiving them as readily identifiable and treatment-resistant (10). It has been further suggested that medical students' attitudes become increasingly negative as they progress in their studies (11) and their personal interest and sense of competency in treating addiction also diminishes with time (10, 12).

While previous research indicates that students' level of familiarity with addiction (e.g., having known a person with addiction) were associated with more positive attitudes towards individuals with addiction (11), the extent to which additional personal characteristics contribute to students' attitudes towards addiction is unclear. For example, it has been previously suggested that students'

INTRODUCTION

Individuals with addiction are consistently shown to suffer from stigmatization and discrimination (1). Stigma towards addiction has been found to be more negative than that towards physical handicap, chronic mental

levels of agreeableness and openness to experiences were negatively correlated with their general levels of prejudice (13). In addition, neuroticism and prosocial behavior, such as engaging in shared social activities, were positively correlated with their willingness to offer help to those in need (14, 15), though their application to addiction-specific attitudes has not been explored.

Existing research on health profession students' attitudes towards addiction focuses on medical students, while little is known regarding attitudes towards addiction among non-medical mental health students. It has been suggested that mental health professionals (psychologist, social workers, etc.) and addiction specialists express fewer stigmatizing beliefs and less social rejection towards individuals with addiction compared to physicians, with the former associating addiction less as an individual weakness and more as a disease (16). It has been further argued that mental health training programs do not provide sufficient clinical training in addiction (17), yet little is known about attitudes held by students undergoing training in non-medical mental health professions.

We hypothesized that: a) mental health students will show more positive attitudes towards individuals with addiction compared to non-mental health students; b) in line with previous findings among medical students (11), more negative attitudes among mental health students will be associated with latter stages in their studies; c) higher familiarity with addiction will be associated with more positive attitudes towards individuals with addiction, and d) specific personality traits (i.e., agreeableness, openness to experience, and neuroticism) will be associated with more positive attitudes towards individuals with addiction.

SUBJECT METHODS

PARTICIPANTS

Participants included 265 undergraduate (60.8%) and graduate (39.2%) students from all research universities and four colleges in Israel. We recruited participants who were currently studying a mental health profession (psychology, social work or criminology; N=186). Criminology students were included in this category due to their growing involvement in mental health organizations in Israel and abroad (18), including an official acknowledgement by the Israeli Minister of Health as "health practitioners." Non-mental health professionals (chemistry, mathematics, etc.; N=79) served as the comparison group, as these students' training does not include any contact with patients of any kind. This study

included a convenience sample, in which participants were recruited via social networks (Facebook, etc.). This method has gained popularity in social sciences research in recent years and has generally shown equal psychometric quality compared to face-to-face interviews (19), although it does not allow for exact tracking of the number of individuals who were invited to participate in the survey (20). Invitations to participate were posted in students' groups "wall" (for example in groups labeled "Social Work Tel Aviv University," "Criminology Hebrew University," "Mathematics Ben-Gurion University," etc.), as well as by sending the invitation via private messages to group members. Students enrolled in one of the above fields were invited to anonymously participate in a survey "focusing on individuals suffering from addiction." Those who were willing to participate signed an informed consent and were subsequently sent a link to the online questionnaires using the "Google forms" service. The study was approved by the Institutional Review Board (IRB) at Ariel University.

Sociodemographic characteristics according to field of study are presented in Table 1. Individuals in different fields of study differed significantly in gender ($\chi^2=20.76$, $p<0.001$), with a female majority among those studying psychology, social work and criminology and a male majority among non-mental health students. In addition, the percentage of students studying in a university differed significantly across fields of study ($\chi^2=8.895$, $p=0.031$). The average age among social work students ($\bar{x}=28.6$, S.D=6.2) was significantly higher compared to criminology students ($\bar{x}=25.4$, S.D=4.4, $p=0.011$) and non-mental health students ($\bar{x}=24.7$, S.D=5.1, $p<0.0001$), but not compared to psychology students ($\bar{x}=26.7$, S.D=4, $p=0.177$). No significant differences were found between fields of study in religious orientation ($\chi^2=0.42$, $p=0.998$) or marital status ($\chi^2=7.77$, $p=0.255$).

INSTRUMENTS

1. Negative implicit attitudes towards individuals with addiction were assessed using an adaptation of a task designed by Corrigan et al. (21) in order to assess negative attributions towards individuals with mental illness. The original task included a vignette concerning an individual with schizophrenia described in a stereotypical way as acting violently under a psychotic episode. Using a similar method in our study, we adapted the text to describe an individual with addiction, depicted in a stereotypical way as one who uses manipulation and aggression to attain money for buying drugs. All adaptations of questionnaires in this

Table 1. Sociodemographic data according to field of study

	Psychology		Social Work		Criminology		Non-mental health		χ^2	p-Value
	N	%	N	%	N	%	N	%		
Total	75	100	65	100	46	100	79	100		
Sex										
Female	56	75	54	83	38	83	41	52		
Male	19	25	11	17	8	17	38	48	20.76	<0.001
Institute										
University	53	70.70	56	86.20	40	87	68	86.10		
College	22	29.30	9	13.80	6	13	11	13.90	8.89	0.031
Marital Status										
Single	51	68	47	72.30	38	82.60	66	83.60		
Married	21	28	16	24.60	6	13	12	15.20		
Divorced	3	4	2	3.10	2	4.40	1	1.20	7.77	0.255
Religiosity										
Secular	57	76	50	76.90	35	76.10	61	77.20		
Religious	18	24	15	23.10	11	23.90	18	22.80	0.42	0.998

study were conducted by the authors and thereafter reviewed by a focus group comprised of five mental health and non-mental health students (Appendix 1). After reading the vignette, participants were presented with 13 items on a 1-7 Likert scale addressing participants' sense of empathy (e.g., "how sorry would you feel for him?"), perception of personal responsibility, and the likelihood of withholding help. The average score of all items was used as the final score. The modified version used in this study has shown fair internal consistency (Cronbach's alpha=0.74).

2. Social rejection was assessed using an adaptation of a task designed by Link et al. (22), originally assessing the level of reported social withdrawal from an individual with a mental illness. In our study, the questionnaire was amended to address an individual with addiction; participants were asked to rate on a 0-4 scale whether they would agree to be involved with such an individual in different aspects of their lives: share a workspace ("to what degree would you agree to co-work with him?"), share an apartment, etc. The average score of all items was used as the final score. This modified version has shown fair internal consistency (Cronbach's alpha=0.74) in our study.
3. Addiction stereotypes were assessed using an eight-item questionnaire developed by the authors in order to assess explicit addiction-specific stereotypes. All items related to participants' attitudes towards individuals

with addiction on a 1-6 Likert scale, addressing various aspects of addiction stereotypes previously suggested by van Boekel et al. (16), including trustworthiness (i.e., "drug addicts don't care about the people around them, even for their dear ones"), employability, etc. The average score of all eight items was used as the final score. In our study, this questionnaire has shown borderline internal consistency (Cronbach's alpha=0.65).

4. Level of familiarity was assessed using an adaptation of the Level of Contact Report questionnaire (23), which was originally developed to assess participants' personal contact with individuals who suffer from mental illness. In the present study we replaced the term "mental illness" with the term "addiction". The questionnaire includes 11 yes/no items in ascending order, the first resembling the lowest level of contact ("1= Observed, in passing, person with addiction") and the last resembling the highest level of contact ("11=Have an addiction"). In line with scoring procedure of the Level of Contact Report Questionnaire, participants' scores were determined by the highest-order item to which they replied 'yes' to. For example, a participant who replied 'yes' to the item "Do you have an addiction?" would receive a score of 11, regardless of his replies to lower-order items.
5. Personality traits were assessed using the Big Five Index (BFI [(24)]). This is a commonly used self-report questionnaire which includes 44 items on a 1-5 Likert scale, addressing five personality traits which have been previously found consistent (25): extraversion, neuroticism, agreeableness, conscientiousness and openness to experience. Participants' responses for items concerning each trait were summed, creating five different scales, in which higher score represents greater endorsement of the specific trait. In our study, internal consistency indices (Cronbach's alpha) for the extraversion, neuroticism, agreeableness, conscientiousness and openness to experience subscales were 0.83, 0.88, 0.74, 0.73 and 0.73, respectively.
6. Personal information: participants were asked concerning their age, sex, institute and stage of academic training, marital status and level of religiosity.

STATISTICAL ANALYSES

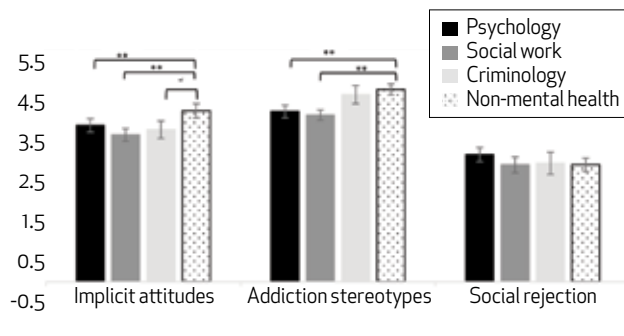
Mean and standard deviation scores were calculated for continuous variables, for each field of study separately, with higher scores in the attitudes questionnaires representing a more negative approach. For categorical variables, frequencies and proportion (in percentages) according

to field of study were calculated. In order to explore possible between-group differences in sociodemographic characteristics, chi-square was conducted for categorical variables and one-way ANOVA with post-hoc Scheffe test conducted for age. In order to explore whether attitudes towards individuals with addiction differs across fields of study and to determine whether personality traits significantly contribute to these attitudes, we conducted a multivariate analysis of covariance (MANCOVA) with planned contrasts in which field of study (psychology, sociology, criminology, non-mental health professions) and degree level (undergraduate, graduate) were entered as the independent variable; level of familiarity, neuroticism, openness to experience, agreeableness, age, gender and type of institute were entered as covariates and the three measures of attitudes (implicit attitudes, social rejection and addiction stereotypes) were entered as dependent variables.

RESULTS

Mean scores on each of the three attitudes questionnaires, according to field of study are presented in Figure 1. After controlling for age, gender, type of institute, levels of familiarity, neuroticism, openness to experience and agreeableness, MANCOVA revealed a significant effect for field of study ($F_{(3,261)}=5.22, p<0.001$) on negative implicit attitudes. Planned contrasts revealed that individuals studying in non-mental health studies ($\bar{x}=4.33, S.D=0.80$) held significantly higher levels of negative implicit attitudes compared to those studying psychology ($\bar{x}=3.96, S.D=0.73, p<0.05$), social work ($\bar{x}=3.72, S.D=0.64, p<0.001$) and criminology ($\bar{x}=3.85, S.D=0.93, p<0.001$). No significant main effect

Figure 1. Average raw scores and 95% confidence interval in the implicit attitudes measure, addiction-specific stereotypes measure and social rejection measure, according to field of study



* $p<0.05$

** $p<0.01$

Note: higher score represents higher level of negative attitudes

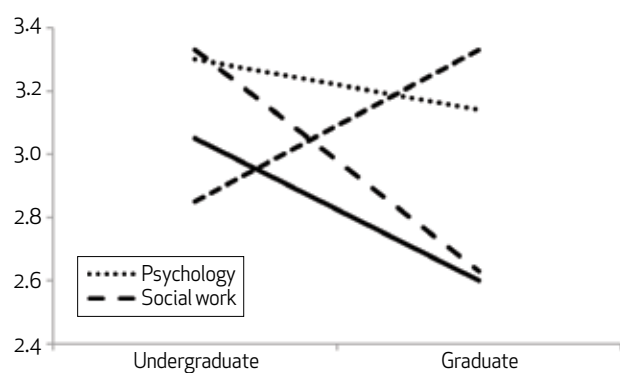
was found for degree level ($F_{(1,263)}=0.49, p=0.484$) nor was a significant interaction found between degree level and field of study ($F_{(3,261)}=2.2, p=0.089$) on negative implicit attitudes.

Addressing addiction-specific stereotypes, after controlling for confounders MANCOVA revealed a significant main effect for field of study ($F_{(3,258)}=9.18, p<0.001$) (Figure 1). Planned contrasts revealed that individuals studying in non-mental health studies ($\bar{x}=4.87, S.D=0.63$) held significantly more addiction-specific stereotypes compared to those studying psychology ($\bar{x}=4.30, S.D=0.68, p<0.001$) and social work ($\bar{x}=4.22, S.D=0.51, p<0.001$), but not individuals studying criminology ($\bar{x}=4.74, S.D=0.77, p=0.055$). No significant main effect was found for degree level ($F_{(1,263)}=0.01, p=0.963$), yet analysis revealed a near-significant interaction between field of study and degree level ($F_{(1,263)}=2.47, p=0.060$). Figure 2a presents this interaction, indicating that among social work and non-mental health students, graduate students presented more negative stereotypes than undergraduate students did, while a reversed trend

Figure 2a. Interaction between field of study and degree level in predicting addiction-specific stereotypes



Figure 2b. Interaction between field of study and degree level in predicting level of social rejection towards individuals with addiction



was observed among criminology and psychology students.

Addressing social rejection, no significant main effect was found for field of study ($F_{(3,258)}=1.99, p=0.16$) or degree level ($F_{(1,263)}=1.61, p=0.206$) (Figure 1). However, there was a significant interaction between field of study and degree level ($F_{(1,263)}=5.26, p=0.002$). As Figure 2b shows, among psychology, social work and non-mental health students, graduate students presented lower levels of social rejection than undergraduate students did, while graduate criminology students presented higher levels of social rejection compared to undergraduate students.

Addressing the contribution of level of familiarity and personality traits to negative attitudes, MANCOVA revealed a significant association between addiction-specific stereotypes and levels of agreeableness ($F_{(3,258)}=4, p=0.048$) and neuroticism ($F_{(3,258)}=10.15, p=0.002$). Pearson correlation analyses indicated that higher levels of agreeableness ($r=-0.15$) and neuroticism ($r=-0.13$) were associated with less addiction-specific stereotypes. No additional significant association was found between personality traits and the various attitudes measures.

DISCUSSION

This study sought to explore negative attitudes towards individuals with addiction among mental health students compared to non-mental health students. Generally, mental health students expressed less negative implicit attitudes and held less addiction-specific stereotypes towards individuals with addiction compared to non-mental health students. Psychology undergraduate students expressed more social rejection and addiction-specific stereotypes compared to their graduate student counterparts; social work and non-mental health graduate students presented more stereotypes compared to their undergraduate counterparts; graduate criminology students, but not graduate students in other professions, expressed more social rejection compared to undergraduate criminology students. In addition, higher levels of agreeableness and neuroticism were associated with less addiction-specific stereotypes.

Our findings are consistent with previous studies which reported that negative attitudes towards addiction and mental illness were higher among the general population compared to mental health professionals (16, 26). In addition, social studies students have been shown to possess higher levels of emotion-related self-perceptions, which may allow for a less stigmatizing and excluding attitudes (27), however this was not specifically addressed in our study.

The actual contribution of mental health academic studies to students' attitudes toward Substance Use Disorders (SUDs) remains unclear, yet our results indicate that the soon-to-be mental health professionals are, in general, more tolerant and accepting towards individuals with SUDs compared to those enrolled in non-mental health studies. As health care services are predominantly public in Israel, these services rely substantially on integration of students in health professions in early stages of their training. Thus it may well be that field work during mental health studies has contributed to the reduction of negative attitudes towards addiction, yet this was not directly explored.

This is important, as previous research has indicated that negative attitudes of health professionals is associated with patients' diminished feelings of empowerment and poorer consequent treatment outcomes (5).

In this study, social work and psychology students showed less negative implicit attitudes and stereotypes towards addiction compared to non-mental health students. Concerning social work students, their relatively accepting attitudes may be attributed to the fact that historically in Israel treatment of addiction is provided by the Ministry of Social Services (28) and clinical work with individuals who suffer from addiction is conducted predominantly by graduate-level social workers. Hence, graduate social work programs in Israel include some level of academic training in the field of addiction, which has previously shown to reduce negative attitudes (9). The notion that social work students present less negative attitudes due to graduate-level addiction training is supported by the finding that among these students, graduate students expressed more addiction-specific stereotypes compared to undergraduate students. These findings are in line with several studies among medical students, indicating that more negative attitudes towards addiction are present at latter stages of training (9), presumably due to burnout (29).

Inversely, the fact that psychology students expressed less negative implicit attitudes and stereotypes towards addiction may in fact be attributed to their graduate-level training, as our results indicated that graduate psychology students expressed lower level of negative attitudes compared to undergraduate students. This may be due to the fact that graduate level psychology studies emphasize the subjective distress underlying deviant behavior rather than its social context (30). In the context of addiction, graduate psychology students may be more accepting of the "self-medication" hypothesis, which suggests that addiction is rooted in mental suffering (31) and

therefore more prone to show more empathy and less negative attitudes towards individuals with addiction. This hypothesis requires further investigation in future studies. The notion that psychologists should be more involved in treating addiction was raised more than two decades ago (32) and while the American Psychological Association (APA) established Division 50, titled “Society of Addiction Psychology” and the American National Institute on Drug Abuse (NIDA) offers training grants for psychology students to specialize in addiction, the majority of psychology departments in U.S. universities do not address addiction in their curriculum(17), and this is also the case in Israel.

In our study, criminology students did not hold fewer stereotypes compared to non-mental health students. This may be due to a more punitive stance reported among criminology students compared to other students (33). In addition, those in graduate criminology studies expressed more social rejection than those in undergraduate studies. These findings may reflect the nature of this profession, as graduate criminology studies tend to emphasize behavior in a social context. Therefore, graduate students may be more aware of the predominantly non-normative and often illegal aspect of substance use and hence express more negative attitudes towards individuals engaging in an illegal activity (2).

Levels of social rejection did not differ across fields of study, implying that despite being less stigmatizing, mental health students are as reluctant to be personally involved with an individual suffering from addiction as non-mental health students are. These findings suggest that greater focus on reduction of social rejection towards individuals with addiction should be implemented in mental health students’ curriculum. For example, as personal contact, but not education, has been shown to reduce social rejection towards individuals with mental illness (34, 35), students could benefit from meeting a person with addiction.

Concerning personality traits, in line with our hypothesis, results indicate that higher levels of agreeableness and neuroticism were associated with lower levels of addiction-specific stereotypes. Agreeableness is defined as a personality construct facilitating altruism, caring, and emotional support (24) and has been previously associated with generally lower acceptance of stereotypes (36). Agreeableness has also been associated with higher levels of pro-social motivation and greater willingness to help others in need (37). It has also been argued that higher levels of agreeableness facilitate an empathic

response (38), which may evoke compassionate stances even towards socially undesirable behaviors (39).

Neuroticism has also been associated with greater willingness to help others in need, presumably through evoking high levels of perceived personal distress (14). Neuroticism has also been associated with high levels of empathy (40) and was suggested to mediate the association between empathy and pro-social behavior (15). It may well be that students’ levels of agreeableness and neuroticism facilitates their ability to reject social conventions concerning addiction and express empathy and compassion towards individuals who suffer from addiction.

Several limitations should be taken into consideration in this study. First, our study is based on a convenience sample which does not necessarily reflect Israel’s student population. Second, the relatively small sample may have lacked sufficient statistical power, thus limiting the validity of our findings. In addition, the use of social media for recruitment did not allow us to track the exact number of participants who were approached for the study. Therefore, our results may be affected by a selection bias which may limit generalizability. This could be addressed in the future by recruiting a representative sample of students from universities and colleges in Israel (41). Second, we used questionnaires that were adapted from studies focusing on negative attitudes towards individuals with severe mental illness, namely schizophrenia. The adapted versions used in our study yielded borderline to fair reliability, which, while accepted in preliminary research (42), indicates the need for construction and validation of additional measures specifically assessing negative attitudes towards individuals with addiction, or alternatively to comprehensively validate the adapted versions used in this study. Third, participants’ socioeconomic status was not assessed and controlled for. This may have affected our results in light of a possible association between socioeconomic status and attitudes towards healthy lifestyles (43). Fourth, future assessments should address specific aspects of mental health professionals’ work with individuals with addiction, for example students’ willingness to accept them in therapy, their beliefs regarding therapeutic efficacy in addiction, etc. In addition, this study focused on attitudes rather than actual behavior. It has been suggested that negative attitudes do not necessarily predict a discriminating or offending behavior (44). Future research could tackle this issue by assigning an experimental design, such as the one proposed by Batson et al. (39), assessing participants’ actual willingness to accept, empathize with and offer help to individuals with addiction. Finally, our study addressed addiction as a general construct while the

clinical manifestation, as well as public opinion, may differ across substances (45). For example, cannabis users have been shown to be less stigmatized compared to heroin users (46), and therefore future research should explore whether negative attitudes differ between substances of abuse.

Despite these limitations, to the best of our knowledge this is the first study to evaluate negative attitudes towards individuals with addiction among mental health students. Although negative attitudes were generally lower among mental health students compared to non-mental health students, levels of negative attitudes in absolute values remain relatively high among mental health students. Therefore, academic institutes could consider providing these students interventions focused on reduction of social rejection, such as those based on social contact, shown to be beneficial in reducing mental health related stigma among college students (47). In addition, criminology studies should implement reflection techniques that have been shown to enhance medical students' sense of empathy and capability in treating cases of addiction (48), as well as shifting the academic focus from moral and social models of SUDs to a disease model.

In the past decades, addiction has been considered a remitting-relapsing psychiatric disorder (49) and recent years have seen a growing body of evidence on its genetic roots (50) and neurocognitive features (51), all of which should be integrated more frequently into mental health professions' academic programs. In addition, several psychosocial interventions have been found clinically effective for treating addiction, for example motivational interviewing (52), Cognitive Behavioral Therapy (CBT, 53) and family therapy (54, 55). All of these should be embedded in such training programs in order to reduce negative attitudes and increase sense of mastery and agency among future clinicians.

Contribution of authors:

1. **Daniel Feingold:** Conception and design, drafting, final approval.
2. **Benayahu Ratson-Blumenfeld:** Conception and design, Analysis and interpretation of data, drafting, final approval.
3. **Shaul Lev-Ran:** Conception and design, critical revision, final approval.

Disclosure of interest:

None

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Appendix

Negative Implicit Attitudes

The following is a short case description followed by a few phrases. Please indicate between 1-7 for what degree each phrase is true for you, as 1 stands for "not true at all" and 7 stands for totally true.

Case description: While walking on a crowded street, a troubled looking man approaches you, asking to use your phone. Although he is a bit suspicious, you decide to give him your phone but ask him to make it short. The man presents himself as Izsak, appears to be in his 40s, thin, unshaved and talking nervously. He is trying to persuade his

interlocutor to give him NIS 50, allegedly for a bus ride. Even though you asked him to shorten the conversation, Izsak prolongs in attempt to pressure his interlocutor to agree to give him the money, with no success. As his phone call is finished, Izsak thanks you, and then asks you for a few shekels for a bus ride, but you are almost certain that he is trying to collect money to buy drugs, and therefore you refuse.

Please indicate between 1-9:

1. How controllable would you think Izsak behavior is?
2. What would be the odds for you to stop and let Izsak use your phone?

3. How much sympathy would you feel for Izsak?
4. For what degree would you think Izsak is to blame with his behavior?
5. What would be the odds for you to give Izsak some money?
6. How sorry would you feel for Izsak?
7. How irritated would you feel by Izsak?
8. How angry would Izsak make you feel?
9. Assuming Izsak suffers from Substance use disorder, how responsible would you think he is for his present condition?
10. How much concern would you feel for Izsak?
11. How discomfort would you feel by Izsak?
12. What would be the odds for you to buy Izsak a bus ticket?
13. How threatened would you feel by Izsak?

Social rejection

The following is a sequel case description for the first description of Izsak. Please read the description and answer the seven related questions.

Two years after you first met Izsak, you had the chance to meet him again. Izsak wishes to thank you for your help and tells you what was going on with him since your last met him. In brief, Izsak tells you that the next day after you met him he was arrested by the police for drug trafficking, and after a period of detention was admitted to rehab, where he successfully completed a six months treatment. After his release, he continued to meet a probation officer, found a part-time job as a visual designer, started individual treatment and attending drug addicts support groups. He shows a great willingness to remain free from drug use.

The next seven statements relates to Izsak. Please indicate your consent for each statement between 0-4, as 0 stands for "strongly oppose" and 4 stands for "strongly agree":

1. How would you feel about renting a room in your home to someone like Izsak?

2. How about as a worker on the same job as someone like Izsak?
3. How would you feel having someone like Izsak as a neighbor?
4. How about as the caretaker of your children for a couple of hours?
5. How about having one of your close relatives marry someone like Izsak?
6. How would you feel about introducing Izsak to a young woman you are friends with?
7. How would you feel about recommending someone like Izsak for a job working for a friend of yours?

Addiction stereotypes

The following statements regard people with substance abuse. Please indicate for what degree you think each statement is true between 1-6, as 1 stands for "don't agree at all" and 6 stands for "totally agree".

1. Drug addicts usually have low moral sense.
2. The state should invest more effort on encouraging drug addicts stop using drugs through positive reinforcements, and less by punishments and intimidations.
3. Drug addicts don't care about the people around them, even for their dear ones.
4. Substance use disorder is a mental disability. Therefore, the state should provide them support as to other people with mental disabilities.
5. Substance use disorder is not a mental disorder but a manifestation of bad character.
6. Substance use disorder is a failed attempt to cope with emotional distress, not an extreme form of hedonism.
7. Most drug addicts will relapse eventually, even if rehabilitated for some time, so that investing resources on them is a waist.
8. It is true that drug addicts might harm even their families, but they do it under duress and pay a heavy psychological price for that.