Can ‘justified disapproval’ be separated from addiction stigma? An empirical focus is required.

Morris, J. 1, Kummetat, J. 2, Schomerus, G. 2

1 Centre for Addictive Behaviours Research, School of Applied Sciences, London South Bank University, United Kingdom

2 University of Leipzig Department of Psychiatry, University of Leipzig Medical Center, Leipzig, Germany

**Abstract**

Stigma is largely recognized as a harmful practice of social devaluation and discrimination, yet some scholars still advance arguments that stigma also serves an important disincentivizing force towards addictive behaviours. Whilst others counter that stigma is a fundamentally harmful process, a more nuanced call has been made for “justified disapproval” as a beneficial normative force to be separated from addiction stigma. The legitimacy of such a claim requires empirical support which has been lacking thus far. We review evidence in the domains of social norms, stigma, addiction and behavioural sciences as a starting point for an empirically focused evaluation of the possibility of “justified disapproval” as a legitimate positive force. We note that whilst normative influences, emotions and addiction-relevant appraisals affect such behaviours under certain conditions, there are important questions regarding whether these can be harnessed without invoking the known and pervasive effects of stigma. Rather, we propose that efforts to curb addiction-related behaviours via normative influences are likely to fail or backfire. In the absence of empirical evidence to support the use of normative ‘disapproval’ strategies, alternative approaches should be pursued, particularly those which address the broader socio-cultural and structural drivers of addiction problems.

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A recent media article first-authored by a renowned addiction figure titled “Destigmatizing drug use has been a profound mistake” argues that stigma towards harmful drug use serves an important protective role (Humphreys & Caulkins, 2023). Many stigma researchers fervently object to such a claim, arguing that *stigma* is inherently harmful and cannot entail ‘protective’ effects (Corrigan, 2023; Link & Phelan, 2001; Pescosolido & Martin, 2015). However, a recent set of commentaries have centred around a call for “justified disapproval” of addiction in which harmful stigma processes are separated out from “the justified and constructive societal *disapproval* of a lethally dangerous behaviour that may motivate a change of that behaviour.” (Vanyukov, 2023b, p.1). Responses included unreserved opposition (Corrigan, 2023), but also caveated support from Heyman (2023) and Baumeister et al. (2023), acknowledging, to varying degrees, the potential role of societal disapproval in curbing addiction problems, and a further rejoinder from Vanyukov (2023b).

Here we seek to evaluate the case for ‘justified disapproval’ towards ‘addiction’[[1]](#footnote-2) as distinct from stigma processes. Whilst recognizing a conceptual distinction between *disapproval* as a normative influence and *stigma* as harmful, we propose a crucial question pertains to whether such a separation is possible to foster *in practice*. That is, can efforts to promote ‘constructive’ disapproval do so without inducing destructive stigma processes and, if so, under what circumstances (for example, within prevention or recovery contexts)? Such questions have received some prior attention, including the complex ethical implications and potential unintended consequences of such efforts[[2]](#footnote-3) (Riley et al., 2017; Schomerus et al., 2022; Williamson, 2022; Wogen & Restrepo, 2020). Our aim is to instigate an empirical focus which has been generally lacking so far (although receiving some recognition, e.g., Baumeister & André, (2023). In doing so, we attempt to assess several key theories and the available empirical evidence whilst urging caution before accepting the case for pursuing justified disapproval. That is, we do not take the position that there is no role of societal norms in influencing – and potentially – being fostered to shape addiction outcomes. Rather, we seek to highlight such a position requires careful scrutiny and closer empirical evaluation before being adopted.

## Stigma versus ‘justified disapproval’

*Stigma* is a widely researched subject spanning multiple theoretical approaches (Pescosolido & Martin, 2015; Phelan et al., 2008), generally identifying stigma as a complex social process which involves unfair treatment against a marked and de-valued out-group such as those labelled as “addicts”. Broadly, stigma researchers agree that stigma is fundamentally harmful, exploiting power dynamics particularly via discrimination against those perceived to belong to a stigmatized group. Stigma can occur at individual, clinical and structural levels, operating in many complex and dynamic ways (Goldberg, 2017; Pescosolido & Martin, 2015; Stangl et al., 2019).

*Stigma* is commonly conflated with negative stereotypes, attitudes or beliefs, which although commonly described as ‘public stigma’ when widely held, do not always precede harmful enacted consequences. Thus, stigma is a process which involves harm to labelled groups, particularly via social devaluation and unfair treatment (Link & Phelan, 2001). Accordingly, stigma extends beyond negative beliefs (stereotypes) or attitudes (prejudice), although these occur as preliminary stages of discrimination and devaluation (Link & Phelan, 2001). However, the extent of negative beliefs or attitudes amongst the public is strongly associated with stigma harms, particularly via *self-stigma* in which people internalize negative stereotypes when viewing themselves as part of a stigmatized group (Corrigan & Rao, 2012). Addiction-related self-stigma has been associated with a range of harmful consequences (Krendl & Perry, 2023), particularly via its association with shame and negative effects on self-worth and self-efficacy (Luoma et al., 2019; Schomerus et al., 2011), in turn undermining recovery outcomes and exacerbating social devaluation (Corrigan, Bink, et al., 2016; Pescosolido & Martin, 2015).

Since stigma is a fundamentally harmful process via which targets experience unfair treatment, status loss, dehumanization and costs for one’s self-worth (Demoulin et al., 2021; Link & Phelan, 2001; Schmader & Major, 2017), stigma researchers have contended that stigma can ‘never be justified’ (Corrigan, 2023). However, it is well established that, as per *social norms theory*, people’s perceptions of other’s beliefs or behaviours does influence behaviour under many conditions (Albarracín et al., 2024; Cialdini, 2003; Feldman & Albarracín, 2017), as examined further below. Indeed, public attitudes can operate to steer behaviour in ways which may be considered pro-social (e.g., desirable behaviours such as recycling may be driven by conformity or approval motives), and thus can be distinguished from stigmatization processes.

Such a premise is the basis of calls for ‘justified disapproval’ in the context of addiction by Vanyukov (2023a, 2023b) who argues that “the negative societal reaction to drug use encourages quitting and helps individuals to refrain from engaging in substance use” (p.3). Vanyukov therefore contends that societal disapproval towards addiction is ‘justified’ since it both deters onset of harmful substance use and encourages addiction recovery. Crucially, societal ‘disapproval’ is emphasised as *separate* from stigma, defined by Vanyukov as “an unjust judgment (such as that leading to persecution of minorities and people with mental illnesses)” (2023b, p.2). A further important premise underpinning their argument is the *volitional* aspect of substance use problems (versus mental health problems), thus Vanyukov (2023a) critiques a disease model of addiction[[3]](#footnote-4) which, as many others agree (e.g., Heather et al., 2022), can undermine addiction recovery via reducing autonomy and efficacy-related beliefs.

Given the significant harms associated with addiction, including via the effects of *stigma*, whether and how societal attitudes can be used to influence such behaviours is an important issue. Our goal is to instigate an empirical focus on the validity of calls such as those made by Vanyukov that it is “the growing leniency of social controls that is related to the rising severity of substance use and related problems” (Vanyukov, 2023a, p.7) and in turn, that societal disapproval “needs to be capitalized on in dealing with addictions” (2023b, p.1).

We contend that, alongside careful empirical evaluation, such calls should also be contextualized within the many other contemporary socio-cultural factors argued to drive such problems (Alexander, 2012; Koski-Jännes, 2022; Orford & Blume, 1986). For example, Vanyukov states that decreases in smoking have resulted from the “internalization of the beneficial and increasingly widespread societal disapproval” (2023b, p.1) towards it. However, this claim overlooks the clear role of legislation in driving smoking declines (Beard et al., 2019), which in turn have driven shifts in attitudes (Williamson et al., 2014). Indeed, legislation–behaviour–attitude sequences have been observed in multiple domains, reflecting how people align their attitude following an environmentally adapted behaviour (Bilz & Nadler, 2014). As we re-iterate, this is not to imply approval-orientated social signals are not implicated in the uptake or moderation of addiction-related behaviours. Rather, that claims as to their pro-social value require a stronger empirical evidential basis before the case for pursuing societal ‘disapproval’ is accepted.

## The role of ‘disapproval’ within contemporary stigma theory

To clarify, we emphasize a valid theoretical distinction exists between socially held attitudes which can steer pro-social behaviour (e.g., that littering is ‘disapproved’ of), and those which are embedded within discriminatory stigma practices (e.g., stereotypes about drug users as dangerous). However, central to our concern is appraising the potential for ‘disapproval’ in reducing addiction *without* inducing the well documented harmful discrimination practices towards those perceived as ‘addicts’ across multiple social and clinical contexts. As Corrigan (2023) notes, an extensive stigma literature has much to offer here, some of which we attend to below.

Link and Phelan’s *stigma power theory* proposes that three key motives underpin stigma processes: keeping people ‘down’, ‘in’ or ‘away’ (Link & Phelan, 2014). Keeping people ‘down’ reflects stigma as a mechanism for oppression and control between different groups (such as racial or class groups; Tyler, 2020), but it is *keeping people ‘in’* that reflects society’s desire to regulate behaviour through *disapproval* and penalties for behaving ‘outside’ the status quo. Keeping people ‘away’ occurs when keeping people ‘in’ fails, reflecting enacted stigma components of social distance and discrimination. Stigma power theory extends on *modified labelling theory* (Link et al., 1989), which identifies how the psychosocial consequences of labelling (e.g., as an ‘addict’) can hinder addiction recovery (Glass et al., 2013). Link and Phelan (2014) report that stigma targets do indeed report anticipating and responding to the perceptions of others (i.e., ‘disapproval’), including fear of not staying within group norms. However, the same targets also report concealment and being kept ‘down’, in turn effecting low-esteem. Such findings indicate how normative ‘disapproval’ pressures may be enacted in tandem with stigmatization.

 Such concerns are consistent with a broad stigma and addiction stigma literature whereby labelled persons report experiencing multiple forms of prejudice and enact various *coping strategies* to manage their stigmatized identity (Corrigan, Schomerus, et al., 2016; Fraser et al., 2017; Hathaway et al., 2011; Romo et al., 2016). As such, the experience of people being kept ‘away’ in one sense reflects the failure of disapproval norms to keep people ‘in’[[4]](#footnote-5). Stigma power theory thus highlights how some researchers see attempts to coerce behaviour via social norms as a *driver* of stigma and its harmful consequences (e.g., Schabert et al., 2013), rather than as a force for good.

One notable study by Kummetat et al., (2022) empirically questions the potential for ‘stigma’ to serve as a protective factor against harmful substance use. Using representative alcohol consumption data across 25 European countries, higher desire for social distance from heavy drinkers (i.e., stigma) was observed in countries with the highest consumption, with certain drink types (i.e., spirits) also associated with higher stigma. Thus, whilst acknowledging the cross-sectional nature of the data, Kummetat et al., conclude their study challenges the assumption that stigma assists compliance with social norms and instead, “…stigma seems to be a reaction to harmful drinking patterns without changing these patterns for the better.”(p.451).

 Of course, it is ‘disapproval’ – not stigma – that is being called for to help ‘keep people in’ by some (e.g., Vanyukov, 2023b), although it is notable that Vanyukov argues fear and social distance towards substance users are “natural and normal societal corollaries of substance use and motivators of behavioral change” (p.1). However, drawing on stigma power theory, we question whether fostering disapproval without increasing unfair treatment (i.e., stigma) is achievable *in practice*. Societal attitudes are already generally strongly negative (i.e., disapproving) towards illegal drug use (Barry et al., 2014), so it is unclear *how* disapproval can be increased in a way that will lead to less harmful use. Notably, in the case of alcohol, most harmful drinking practices are still exempted from ‘disapproval’ through distorted normative representations of ‘who’ problem drinkers are (J. Morris, Boness, & Burton, 2023). That is, where alcohol use is widespread, many forms of heavy drinking remain culturally approved (J. Morris, Boness, & Burton, 2023), whilst only those with the most severe AUD are labelled as problem drinkers (e.g., as ‘alcoholics’) and in turn, heavily stigmatized (Kilian et al., 2021; J. Morris & Schomerus, 2023). Accordingly, it is precisely because of the normalisation of the majority of drinking behaviours that ‘problem drinkers’ are cast as deviants and marked out with negative stereotypes (J. Morris & Schomerus, 2023). Thus, many AUD groups deliberately *other* problem drinkers by emphasising extreme out-group stereotypes to contrast against their own ‘responsible’ drinking (Melia et al., 2021; J. Morris et al., 2022; Wallhed Finn et al., 2014). In this way, many drinkers inadvertently *perpetrate* disapproval of the deviant ‘alcoholic’ out group (J. Morris et al., 2022), driving harmful stigma practices and undermining public health opportunities to reduce alcohol harms (J. Morris & Schomerus, 2023; Witkiewitz et al., 2021).

Similar *othering* practices have been identified in many different contexts where a problematized outgroup is reinforced to protect in-group members from the threats of a stigmatized identity, including in sociological (Joffé, 1999; Powell & Menedian, 2016), mental health (Thoits, 2016) and other substance use domains (Hathaway et al., 2011; Taylor, 2008). Through othering, norms about problematized behaviours are not motivated by ‘keeping people in’, but rather by *protecting the status quo* by prototyping and reifying a deviant out-group. In this way, enforcement of norms serve as a *driver* of stigma (Schabert et al., 2013), and at least in the case of AUD, ‘disapproval’ may in fact be particularly *unjustified* in its targeting of only the most extreme AUD groups (J. Morris & Schomerus, 2023; Room, 2005).

## The complexity of the norms and substance use behaviour relationship

Given our concern focuses on whether disapproval can be harnessed without invoking harmful stigma practices, we now briefly address norms-based literature. According to social norms theory, *injunctive norms* convey beliefs about what people *should* do (i.e., via perceived approval or disapproval) (Cialdini, 2003). Thus, a call for ‘justified disapproval’ essentially reflects an injunctive norm of addiction as bad in the eyes of society, the absence of which has been claimed “can only facilitate substance use with all its negative consequences” (Vanyukov, 2023a p.7).

Extant literature raises complex questions relating to the suitability of norms in shaping substance use behaviours. In the most studied context of student drinking populations, a range of mixed findings have been found for norms and their relationship to alcohol consumption and problems (Angosta et al., 2023; Krieger et al., 2016; Monk & Heim, 2014). These include many complex, dynamic and moderating factors including social reference groups (e.g., friends vs parents; Lac & Donaldson, 2018), drinker identity (Livingstone et al., 2011) and descriptive versus injunctive norms (Angosta et al., 2023; Neighbors et al., 2015). As such, whilst higher levels of perceived approval (injunctive) or consumption (descriptive) have shown positive associations with drinking behaviours and consequences in many cases, other studies have found null, negative or mixed associations (e.g., Blanton et al., 2008; Crawford & Novak, 2010; Graupensperger et al., 2020; Lac & Donaldson, 2018). For example, Livingstone et al. (2011) reported a backfire effect of increased drinking intentions amongst participants higher in drinking identity (when exposed to a descriptive norm intervention). In experimental results finding both norm-complying and counter-norm responses, Lac & Donaldson (2018) proposed injunctive norms in particular are “conceptually multifaceted and complex” (p.157). Further, it has been proposed that *attitudes* may more strongly predict drinking behaviours (DiBello et al., 2018; Lac & Donaldson, 2018), including in meta-analysis of drinking behaviour not restricted to college drinking (Cooke et al., 2016). That is, whilst norms may feed into attitudes towards alcohol, attitudes have been proposed as stronger predictors and more suitable targets for behavioural change (Cooke et al., 2016; DiBello et al., 2018).

Such findings highlight the challenges facing efforts to harness ‘disapproval’ to address complex behaviours such as substance use – arguably even more complex when qualifying as ‘addiction’ (Pickard, 2018). In a broader context, it has recently been argued that no comprehensive theory has been able to account for the wide variation in normative compliance and its key influences (Gross & Vostroknutov, 2022). Broader behavioural evidence also challenge the assumption that norms always operate to steer behaviour in the direction of conformity (i.e., to not use substances harmfully). In a classic study on the role of norms in shaping behaviour, Schultz et al. (2018) conclude that normative cues can produce constructive or destructive effects, whilst efforts to utilize norms may produce “an increase, decrease, or no change in the behaviour (the latter being most likely)” (p. 433). Indeed, a recent review of the effects of normative interventions for behaviour change identified only small effects for both injunctive and descriptive norms (Albarracín et al., 2024).

Mixed findings and small effect sizes may reflect the complexity of how norms may relate to behaviour, and thus the challenges facing efforts to harness them. Wider literature suggests injunctive norms (i.e., ‘disapproval’) may only foster norm compliance within proximal groups (i.e., amongst peers), whilst distal groups (i.e., ‘society’) has null or counter-normative effects (M. W. Morris et al., 2015). Such findings are consistent with both a social identity perspective, whereby complying with a person’s own in-group norms supersedes any broader conformity pressures (Tajfel & Turner, 1979), and self-determination theory (SDT) where intrinsic motivations are stronger predictors of self-regulation (Ryan & Deci, 2000), including for health behaviours (Ng et al., 2012). Put simply, the ‘approval’ of one’s ingroup is likely a stronger predictor of behavioural influence than broader societal disapproval.

## ‘Disapproval’ generates coping strategies and resistance

We have so far presented some evidence from stigma and norms theory perspectives indicating why ‘justified disapproval’ may be an unsuitable approach to pursue for reducing addiction. Further, an extensive literature identifies how a range of *coping responses* are evident amongst ‘disapproved’ groups to resist, avert, disengage or challenge stigmatization (Link et al., 2002; Major & Schmader, 1998), often with important self-protective motives (Corrigan & Watson, 2002; Meadows & Higgs, 2022) which we propose are also applicable to ‘disapproval’.

Since public attitudes can exist as “threats in the air” (i.e., people belonging to disapproved of groups are aware of negative beliefs and attitudes towards them), their targets have been found to manage these via a range of cognitive coping strategies (Schmader & Major, 2017). For example, neutralization theory refers to cognitive processes that serve as “justifications for deviance that are seen as valid” and are used by out group members to mitigate feelings of remorse or blame (Peretti-Watel, 2003, p. 22). As such, *neutralizations* enable disapproval targets to manage dissonance about ‘disapproval’ via the adaptation of *beliefs* insteadof *behaviour*, and have been identified in smoking and drinking populations (Peretti-Watel & Moatti, 2006; Piacentini et al., 2012). *Unrealistic optimism* captures how people belonging to certain risk groups (e.g., heavy drinkers) downplay their own personal susceptibility relative to others (J. Morris et al., 2024; Weinstein, 1980), thus disapproval targets may avoid categorizing themselves as such (J. Morris et al., 2022). An extensive *fear appeal* literature identifies how information aimed at fostering behaviour change is commonly minimised or averted at a level below conscious awareness, often termed *defensive processing* (Esrick et al., 2019; Good & Abraham, 2007; Liberman & Chaiken, 1992). Notably, low self-efficacy – highly characteristic of ‘addiction’ – is central to predicting the subconscious dismissal of relevant but threatening information (Maloney et al., 2011; Witte, 1992).

It is also noteworthy that some people may even be motivated to conduct certain behaviours *because* they are disapproved of. Explanations for acting counter to norms include false uniqueness effects (Berkowitz, 2004), innovative deviance (Peretti-Watel & Moatti, 2006), terror management theory (Jessop & Wade, 2008), autonomy drives (Brehm, 1989; Lac & Donaldson, 2018) or other defensive responses (Blanton et al., 2008). Examples of ‘reaction’ (or ‘boomerang’ or ‘backfire’) effects against norm-based messages have been seen in drinking (Jessop & Wade, 2008; Lac & Donaldson, 2018; Werch et al., 2000) and smoking behaviours (Blondé & Falomir-Pichastor, 2021; Kim et al., 2018), whilst holding non-conformist beliefs have also been found to be strongly predictive of substance use problems (Stone et al., 2012).

## The complex roles of emotions in addiction related behaviours

Baumeister and Andre (2023) highlight one interpretation of addiction is as a ‘failure of guilt’, such that a lack of anticipated regret fails to mitigate the harmful behaviour. They importantly highlight how over-valuing immediate rewards over more uncertain future costs appear key characteristics of addiction, which may represent a “defensive mental strategy” in its maintenance. Thus, whether ‘disapproval’ can be effective in harnessing (anticipated) guilt or shame and any associated behavioural (i.e., recovery) or coping (i.e., avoidance) responses – and if so under what conditions – are indeed empirical questions requiring further investigation.

However, relevant findings exist. A recent systematic review on the relationship between guilt and AUD identified guilt may indeed play a protective role for some groups within the general population (Léna et al., 2023). That is, an association between guilt-proneness and less harmful drinking behaviours was apparent in populations *without* AUD, for instance via lower consumption or later drinking initiation. However, conversely, amongst people with AUD, guilt was more likely to be associated with problems (e.g., Grynberg et al., 2017). This may suggest guilt – potentially arising as a result of recognising one’s future action as ‘disapproved’ – serves some role in preventing uptake of heavy drinking, but not amongst those whose drinking had become problematic. Thus, this evidence suggests whilst disapproval may be ineffective or harmful for ‘addiction’ populations, it may indeed play a role in the prevention of addiction-related behaviours[[5]](#footnote-6). Again though, the complexity of these findings were highlighted in the context of a wide range of moderating and confounding factors within mostly cross-sectional studies, with similar conclusions highlighted by a systemic review of shame and substance use (Luoma et al., 2019). In a longitudinal study of negative emotions and substance use, differences in protective versus harmful effects over time and by substance were also found, with authors positing that adaptive or maladaptive responses appear “dependent on individuals’ perception of their ability to repair a positive sense of self.” (Batchelder et al., 2022, p.12).

Indeed, broader functionalist accounts of emotion highlight many complex mechanisms at play, further drawing us to question the effectiveness of deliberate efforts to harness disapproval via potential emotion-based mediators could ‘work’. Many context dependent factors determine how and when behavioural responses may arise from emotions arising from signalled threats (i.e., disapproval), including *anticipated regret* (Sandberg & Conner, 2008) or reactions to fear based messages (Esrick et al., 2019). In experimental work by De Hooge and others (2010), an induced sense of shame was generative of either ‘avoidance’ behaviours (i.e., withdrawal or hiding), or pro-social ‘approach’ behaviours (i.e., corrective action). However, the authors conclude that pro-social behaviour (the goal of ‘justified disapproval’) occurs only when it is not perceived as too difficult or risky to enact. Notably, self-efficacy and beliefs about controllability are key in predicting addiction-related outcomes (Adamson et al., 2009; Witkiewitz et al., 2022), and are fundamental to how people understand addiction (Hammersley et al., 2002; J. Morris, Boness, & Burton, 2023; Pickard, 2020). In short, core beliefs about ‘uncontrollability’ as a core feature of addiction would predict avoidant coping, not behavioural responses, to guilt and shame-based emotions.

In a recent review of emotions and pro-social behaviour, emotions associated with appeasement and social repair (including embarrassment, regret, guilt and shame) were deemed to be potentially generative of prosociality, but again, only under certain conditions (van Kleef & Lelieveld, 2022). Notably, emotions produced prosocial behaviour only when occurring intrapersonally (i.e., self-generated) but not interpersonally (i.e., from others). As such, in addition to disapproval-derived emotions only being able to generate positive effects when self-efficacy is high, it may also be that prosocial effects are unlikely to be generated via societal disapproval, but rather from a more complex internal position of ‘disapproving’ of one’s own behaviour[[6]](#footnote-7). This is of course not to suggest that there is no association between societal and internal attitudes, rather, that there are important questions to address before accepting societal disapproval of addiction can readily translate to ‘constructive’ intrapersonal valuations.

Of further note is an analysis of the role of guilt and shame in addiction stigma by Snoek et al. (2021). Whilst emphasizing self-blame and shame are often pernicious drivers of addiction and significant barriers to recovery, they propose they can also play constructive roles. However, to foster positive effects from guilt and shame responses in recovery processes, empathically-focused narratives are required to avert the debilitating effects of guilt or shame motivated by retribution from others (Snoek et al., 2021). Thus, if disapproval is to be constructive, it seems it must succeed in avoiding the large sand pits of guilt and shame that surround ‘addiction’ and its public stigma (Matthews et al., 2017) as significant risks to the person’s self-view (Batchelder et al., 2022; Cohen & Sherman, 2014).

Such a question points to Braithwaite’s criminal justice derived theory of *reintegrative shaming*, which distinguishes harmful stigma from ‘disapproval’ without societal rejection of offenders (Braithwaite, 2020). Accordingly, ‘deviant’ acts are still to be seen as shameful, but acceptance and integration of offenders within society must be maintained. Unsurprisingly, evidence pertaining to reintegrative shaming on re-offending outcomes also suggest complex effects on emotions and behaviours (Harris, 2006) and is limited in the context of addiction. As such, we infer that the aforementioned literature on emotions further suggests that, whilst guilt, shame and internal negative valuations of ‘addiction’ are important, it is as yet unclear whether these can be fostered constructively by societal ‘disapproval’ – or do so *without* inducing the significant harms associated with addiction stigma and its consequences for the self.

## Where next for ‘disapproval’ evidence?

Whilst we believe the onus is on advocates of disapproval to provide evidence to support such calls, we briefly highlight some possible priorities for research. One notable issue relates to mixed findings concerning the effects of self-stigma on components of help-seeking related behaviours in addiction as an important issue to assess for ‘disapproval’ effects. Whilst non-substance specific meta-analysis point to harmful effects (i.e., self-stigma is associated with less help seeking) (Yu et al., 2022), some addiction studies have identified positive associations under certain conditions. For example, in a study amongst people who smoked, those exposed to a ‘disapproval’ message[[7]](#footnote-8) showed higher cessation intentions than a control group amongst higher socio-economic participants (Kim et al., 2018). However, these effects were moderated by income, whereby low-income smokers exposed to the disapproval message showed less smoking cessation intentions. A 2018 review of social and self-stigma effects on SUD treatment seeking decisions identified mixed results, with eleven quantitative studies indicating either positive (n=5), negative (n=3), or null (n=3) effects (Hammarlund et al., 2018). The authors concluded that no clear conclusions could be drawn in either direction, particularly since longitudinal studies included found no effects.

Limitations in cross-sectional studies are of particular importance for this issue since reverse causation or bi-directional effects cannot be ruled out. For instance, in the case of possible associations between self-stigma and help-seeking, it is consistent with labelling theories that with increased recognition of a problem (as indicated by help-seeking) comes increased self-‘disapproval’ as one internalises beliefs about what it means to be ‘addicted’ (Glass et al., 2013; Matthews et al., 2017). Greater endorsement of self-stigma measures may then be a *consequence* of the process of help-seeking, rather than self-stigma leading to help-seeking (or both)[[8]](#footnote-9).

Nonetheless, we remain open to the possibility that ‘self-stigma’ measures may capture an important intrapersonal negative valuation of addiction that may mediate help-seeking and can be fostered via ‘disapproval’ – under *some* conditions[[9]](#footnote-10). In this regard, there may indeed be an important distinction to be made for potential motivational components that should not be conflated with ‘stigma’, but which require longitudinal investigations to identify the complex cognitive and emotional pathways involved. For example, participants with substance use or addictive behaviours could be recruited to experimental studies which randomize participants to different types of disapproval messages. Messages could be developed to test variables such as disapproval transmitted via social norms versus interpersonal contact (e.g., friends or family) and should be longitudinal in order to assess changes in behaviour whilst assessing potential mediators (such as shame or other emotion-based responses) or moderators (such as socio-economic status, strictness of local alcohol policy, substance type and legal status, addiction severity or identity).

## Conclusion

Despite its allure, we conclude that it is premature to advocate for ‘disapproval’ as a justified strategy to help address addiction. Nonetheless, the distinction between ‘disapproval’ and stigma is important one. That is, *disapproval* must reflect normative forces which are to be investigated as possible influences for reducing addiction-related problems, but must do so without inducing or exacerbating harmful *stigma* consequences. Stigma is a pernicious societal tendency which may be derived, at least in part, from evolutionary processes that aim to steer behaviour towards ostensibly functional goals such as strategic co-operation, reproduction and disease avoidance (Kurzban & Leary, 2001; Phelan et al., 2008). It is therefore alluring to want to justify processes that may instinctively feel helpful in ‘keeping people in’. Indeed, it is a moral position of not wanting to appear to condone drug use – i.e., justifying ‘disapproval’ – that has been a major barrier to the implementation of evidence based drug policy by politicians (Guise et al., 2023; Stevens, 2019). Calls to utilise normative forces also raise important ethical issues since, as demonstrated, ‘disapproval’ efforts risk being either fruitless, double-edged swords, or even counterproductive. Seeking societal gains via disapproval also risks increasing marginalisation of already stigmatized groups, for example, whereby lung cancer or liver disease sufferers are presumed to be responsible for their condition (Bayer, 2008; Riley et al., 2017; Schomerus et al., 2022; Williamson, 2022).

Extreme caution is thus needed to avoid inadvertently sanctioning ‘other condemning’ via moral types of stigma motivated by anger and contempt (Dastani & Pankov, 2017; Oaten et al., 2022). As we have highlighted, the limited existence of evidence for constructive ‘disapproval’ effects appear particularly contingent on including empathic and reintegrative components (Harris, 2006; Snoek et al., 2021), but these appear particularly counter to the broader force of addiction stigma towards people cast as ‘addicts’ by society. Such uncertainty reflects the extensive evidence pertaining to the complex nature of stigma and notable limitations in attempts to reduce it (Pescosolido & Martin, 2015), including in the context of addiction (Krendl & Perry, 2023). As such, alternative approaches to framing ‘addiction’ issues and its volitional components also warrant further exploration to understand the complex and dynamic functional attributions that occur in addiction discourse (Pennington et al., 2023). These include distinctions between responsibility and blame (Pickard, 2017), dynamic models of responsibility (Schomerus et al., 2022), contextual models of addiction (Acuff et al., 2024; Witkiewitz & Tucker, 2024), and continuum-aligned models of use and harm that better reflect the nature of substance use and problems (Vanyukov, 2023a) and reduce othering (J. Morris, Boness, & Witkiewitz, 2023; Peter et al., 2021).

Importantly, we have not considered the many problems with the term ‘addiction’ (including as potentially stigmatizing), but arguably it is the very nature of ‘the puzzle of addiction’ (Pickard, 2018) as a heterogeneous and complex phenomenon that likely exempts it from any consistent normative ‘disapproval’ influences. Perhaps disapproval may have more validity in behaviours or substance use which are outside ‘addictive’ categories[[10]](#footnote-11), consistent with the small effect sizes for injunctive norm interventions in the context of broader behaviours (Albarracín et al., 2024). That is, disapproval may serve a useful influence on socially undesired behaviours where the motivation to perform them is weak and when disapproval signals avoid significant threats to the self-view. However, strong motivational aspects are fundamental to addiction (Heather, 2017; Hogarth, 2020) and indeed many people derive identity or group affirming benefits from addiction-related self-views despite their ‘disapproved’ status (Pickard, 2020), as highlighted by examples of ‘backfire effects’ (e.g., Livingstone et al., 2011). Further, addiction stigma is pervasive (Barry et al., 2014) and cognitive ‘coping’ strategies demonstrate how dissonance about norm compliance can be neutralized or averted below conscious awareness. Importantly, these strategies are most readily enacted when the behavioural change is evaluated as difficult – arguably the most fundamental feature of ‘addiction’.

In conclusion, we do not argue here that normative forces are not important in understanding addictive behaviours, but that calls for ‘disapproval’ as a tool to be utilized constructively require further empirical support. As identified in the case of smoking, claims that significant declines in prevalence have resulted primarily from disapproval are left wanting when considering the available empirical evidence, which instead points to legislation as the primary driver (Beard et al., 2019). Propagating the power of normative influences whilst overlooking the structural drivers of behaviour also feeds the false notion that the problem of addiction is primarily one of *individuals* “voluntarily” choosing substance use or addiction (Acuff et al., 2024), a narrative also deployed by industry bodies to serve their commercial interests (e.g., Maani et al., 2023; Mills et al., 2023). Ironically, simplistically framing choice components of addiction as “voluntariness” (Vanyukov, 2023b. p.3) in need of ‘disapproval’ harks back to the most historically stigmatizing of dogmas: the moral model of addiction.

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1. We wish to acknowledge the many problems associated with the term ‘addiction’ (Keane, 2002). However, we have opted to use it within the current discussion for the purpose of broadly identifying ‘problematic’ substance use. [↑](#footnote-ref-2)
2. Nonetheless, we acknowledge that prior evaluations of the ethical implications of the issue at hand have not given detailed attention to the potential distinction between ‘disapproval’ and stigma, hence the focus of the present paper. [↑](#footnote-ref-3)
3. Vanyukov states “the erroneous ‘disease model’ of addiction […] unjustifiably renders willful substance use/addiction equivalent to the involuntarily contracted mental disorders such as schizophrenia, which need destigmatizing.” (2023b, p.2). [↑](#footnote-ref-4)
4. It is of note that a key premise of Vanyukov’s argument rests on the claim that addiction, rather than mental health problems, is a ‘voluntary’ behaviour for which disapproval is an important incentive, which we shall return to later. [↑](#footnote-ref-5)
5. Nonetheless, we wish to re-iterate the important ethical implications of such an interpretation, as highlighted earlier. [↑](#footnote-ref-6)
6. A similar interpretation has been made by Matthews and others (2017) who, drawing on Flanagan (2013), highlight it is one’s own self survey that matters, rather than public attitudes to addiction (which are heavily stigmatizing). This may also relate to the importance of a positive self-concept to mitigate the deleterious effects of low self-worth in evaluating potentially threatening self-appraisals (Cohen & Sherman, 2014; Steele, 1988). [↑](#footnote-ref-7)
7. The manipulation utilized a campaign video which depicted three women complaining about smokers and their smoking [↑](#footnote-ref-8)
8. Such possibilities have been raised in studies identifying largely atypical positive associations between self-stigma and help seeking in substance use (Benz et al., 2021) and gambling (Leslie & McGrath, 2023). [↑](#footnote-ref-9)
9. Of which avoiding low self-efficacy and threats to self-worth (both common consequences of stigma) appear imperative *if* disapproval may function constructively. [↑](#footnote-ref-10)
10. As potentially indicated by the mixed effects of guilt amongst different drinking groups (Léna et al., 2023) [↑](#footnote-ref-11)