How Finns perceive obstacles to recovery from various addictions

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ABSTRACT
AIMS – This article examines how Finns perceive obstacles to overcoming various substance and behavioural addictions. DESIGN – A random population survey (n=740) was conducted in the autumn of 2007. The survey included questions on five types of barriers to recovery: the properties of the substance or behaviour, the personal properties of the individual, the significance of the environment, the effect of difficult living conditions, and the prejudices and negative expectations of other people. RESULTS – The individual and the substances or behaviours as such were considered bigger obstacles to recovery than contextual factors such as the environment, living conditions or attitudes and prejudices. The substances were considered bigger obstacles to recovery than behaviours not involving psychoactive substances. The personal properties of the individual were considered a moderately big obstacle in all forms of addictions, while prejudices were believed to restrict the recovery possibilities the least. CONCLUSION – The result reflects people’s overall tendency to explain other people’s unpleasant or troublesome behaviour with clear-cut and definable factors. The obstacles to recovery are located in the individual and substances and not so much in socio-cultural factors. The reduction of dependence problems could succeed better if, in addition to the individual factors, attention were directed at the environmental factors that feed and maintain these problems.

KEY WORDS – addiction general, social psychology, Finland

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Introduction
What prevents people from getting rid of dependences which endanger their physical, mental and social welfare and their health? This question could be studied through concrete obstacles, such as the severity of dependence, lacking treatment services or information about treatment alternatives. Another way of analysing the question is to investigate the perspectives and images that people have of the

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obstacles to recovery. This is what I will be doing in this article, concentrating on the examination of images. The term “image” refers here to the “subjective knowledge” that governs the way people act in society (Boulding, 1961, p. 6).

Images are built on all past experience of their possessors. With increasing personal knowledge and experience of their objects, the initially diffuse images become ever more distinct and also more resistant to change. In communication, individual images turn into “public images” (Boulding, 1961, pp. 64, 132), a concept which resembles the notion of “social representation” by Moscovici (1984). I chose the concept of “image” instead of the more commonly used attitude because attitudes are usually seen as more related to the individual processes as well as to the tensions between the person and the environment (Stahlberg & Frey, 1996, pp. 217–218). This conceptual choice provided a frame to look at people’s ideas about addictions at structural, cultural and societal levels, as public images that are social in origins and widely shared in society (Jaspars & Frasers, 1984, p. 105; see also Sulkunen, 2007).

The relevance of examining the perceived obstacles to recovery from addictions stems from their potential effects on individual and society. If it is believed, for example, that inherited properties or personality will make the individual addicted, corrective actions are directed at the individual and not at the environment that gives rise to the development of dependence. If, on the other hand, it is thought that the substance has a magic power to keep the person hooked (Koski-Jännes, 2006, p. 261), the main attention is directed at the elimination of the substance itself and not, for example, at providing prevention or treatment services for those in need or improving their life situation. The smaller the role of the environment is considered, the less attention is directed at changing it. Our images of addictions and obstacles to recovery thus have thus manifold consequences on how individuals and society try to manage these problems (see Boulding, 1961, pp. 97–114; Room, 1978).

This article aims to analyse the common images among Finns about obstacles to recovery from alcohol, tobacco, cannabis, other drugs (opiates and amphetamine), prescription drugs, gambling and Internet addictions. The research questions are: 1. How difficult do lay people in Finland perceive the different obstacles to recovery when individuals try to get rid of the addictions? 2. Do these views vary between different addictions? 3. Do the images of the barriers to recovery vary between people who have a personal experience of addiction or high-risk behaviour (= heavy use/involvement with the target substance or behaviour) and those who do not?

Previous research

Images of addictions have been studied for decades. Robin Room (1978), a pioneer of this field, argued in his doctoral dissertation that substance use is an intractable problem that is in a continual process of negotiation in a society. The major elements of this negotiation are the “governing images” of the problems propounded by moral and other ideological entrepreneurs. (Room, 1978, p. 2; see also Sulkunen, 2007, p. 55). Most of the research in this area has focused on the images of alcohol and drug addictions (Furnham & Lowick, 1984; Furnham & Thom-
son, 1996; Room & Lubman, 2010; Herd & Room, 1982; Room, 2001), and a minority have been concerned with the general images of the addiction (Hellman 2010; Griffiths & Duff 1993). Behavioural addictions are a new interest in the field (Sulkunen & Rantala, 2011).

Although the perceived barriers to recovery have received much less attention from researchers, some previous studies address this theme at least partly. For example, it has been pointed out that people assess diverse addictions with differing dependence potential and a different social status. Drugs are considered the most dangerous addiction and the most difficult to overcome by oneself, while dependence on alcohol and prescription drugs is seen as medium difficult, and cigarette and behavioural dependence the easiest to defeat (Hirschovits-Gerz, 2008; Hirschovits-Gerz & Koski-Jännnes, 2010; Koski-Jännnes, Hirschovits-Gerz, & Pennonen, 2012; Koski-Jännnes, Hirschovits-Gerz, Pennonen, & Nyysönen, 2012; Hirschovits-Gerz & Pennonen, 2012; Blomqvist, 2009). Blomqvist (2009) furthermore observed that drug addicts were seen both as “sinners” who needed to mend their ways and as powerless “victims”, whereas gambling was understood as a relatively harmless “habit”, which is easy to quit by oneself. Furthermore, these images seem to vary between sociocultural contexts (Hirschovits-Gerz et al., 2011; Cunningham et al., 2012; Holma, 2011) and between different socioeconomic backgrounds even in the case of tobacco addiction (Katainen, 2011). The greatest responsibility for creating and solving addiction problems was attributed to the individuals themselves (Hirschovits-Gerz, 2008; Hirschovits-Gerz & Koski-Jännnes, 2010; Hirschovits-Gerz et al., 2011; Blomqvist, 2009). Some support was also found to the so-called actor–observer asymmetry (Jones & Nisbet, 1971), according to which actors tend to see the causes of unwanted behaviour such as addictions in situational factors, while observers attribute them to the personal properties of the individual (Koski-Jännnes et al., 2012a).

The broadening of personal experiences of drug use or acquaintance with someone who uses drugs in Finland has alleviated fears and relaxed attitudes towards drugs, especially cannabis from 1992 to 2010 (Metso et al., 2012). Then again, Finnish attitudes toward alcohol and gambling have at the same time tightened (Luhtanen et al., 2012; Turja et al., 2011).

The assumption in this research is that in all addictions the personal properties of the individual are considered a more significant obstacle to recovery than environmental factors. This is in line with the actor–observer asymmetry (Jones & Nisbet, 1971). A similar hypothesis can be derived from the general observation that people tend to explain addiction, just like other weaknesses or undesirable behaviours in terms of otherness (us–them), marginalisation (Tew, 2005; Sulkunen 2007, pp. 546–549) or stigmatisation (Goffman 1961, p. 23). When this is the case, those who are addicted will be defined at least to some extent as a stereotypical group (Goffman, 1961, p. 51; Fiedler, 1996, p. 153).

In the light of our previous research (Hirschovits-Gerz & Koski-Jännnes, 2010), I will also hypothesise that the substances themselves would be regarded as the biggest obstacles to recovery in substance addictions, because drugs and cigarettes in particular were considered to have a very
big addiction potential. However, recovery without treatment from nicotine addiction was considered easier than from alcohol and drug addictions (Hirschovits-Gerz & Koski-Jännes, 2010; Koski-Jännes, Hirschovits-Gerz, Pennon & Nyyssönen, 2012), which suggests that tobacco would not have as much power to keep the person hooked as do the other substances.

The effect of the prejudices and negative expectations by other people will probably be considered smaller than the other obstacles in all the addictions because only some of the respondents can be expected to have personal experiences of being stigmatised (Goffman, 1961).

Data and methods

Procedures and participants

The general population data were based on a mail survey to a random sample of 2,000 Finns between the ages of 17 and 74 in the autumn of 2007. The data collection method meant that people without a regular address and people in institutions were not included in the sample. The independent survey firm Yhdyskuntatutkimus Oy (Community Research Company) was responsible for mailing the forms and sending reminders three weeks later as well as for the reception of these forms and transforming the data into electric form (SPSS). The respondents answered the survey anonymously and voluntarily.

Altogether 740 people aged 17–78 responded to the survey. The response rate was 37% (Table 1 and 2). Women and 55-year-old or older men were overrepresented in the data. In the age group of 25–35 there were also some more respondents with drug use experiences compared with the results of other studies (Hirschovits-Gerz & Koski-Jännes, 2010; Hakkarainen & Metso, 2007). According to the population register and in terms of other socio-demographic factors, such as place of residence, marital status and education, the data corresponded well to the population data with comparable age and sex distribution (Hirschovits-Gerz, 2008, Hirschovits-Gerz & Koski-Jännes, 2010). Because the observed bias was related to sex and age the data have been weighted by these two variables to correspond to the distribution of the Finnish general population.

Questionnaire

The questionnaire was based on a previous population survey in Sweden (Blomqvist, 2009). The respondents were asked about their views on the risks of getting hooked, obstacles to and possibilities for recovery, addiction-related responsibility issues, and addiction as a societal problem. In addition, there were questions on the respondents’ personal experience of various addictive substances and behaviours.

The views on the obstacles to recovery were investigated by asking about each dependence separately: “In your opinion, how difficult to overcome are the following obstacles to a person’s attempts to get rid of addiction? 1. the properties of the substance or the behaviour, 2. the personal properties of the individual, 3. the effects of the environment, 4. difficult living conditions and 5. other people’s prejudices or negative expectations.” The answering options were 1=very small obstacle, 2=fairly small obstacle, 3=fairly big obstacle, and 4=very big obstacle. The “Don’t know” option was also available. These questions helped to establish what people thought about factors preventing recovery from
different addictions. The contents of the questions were not defined more precisely because the main aim was to get an overall picture of the theme.

**Analysis methods**
The analysis was carried out with the SPSS (17.0) program and the figures were completed with the help of Excel. The statistical significance of differences in discrete variables was examined with the chi-squared test ($\chi^2$) and the differences between continuous variables with the T-test and one-way ANOVA. The upper limit of the significance level was determined as $p<.05$. A sum variable of *contextual obstacles* was formed from the obstacles 3, 4 and 5 to see how these factors are emphasized in each dependence. The views of respondents who reported having current or previous personal experience of the dependence in question are reported separately in case they significantly differed from the views of the other respondents. The respondent’s own high-risk behaviour (heavy use of a substance or heavy involvement in an addictive behaviour) was also compared with those who did not have this experience. The share of “don’t know” answers varied between 4–20% depending on the addiction.

**Results**
The results are first described addiction by addiction on the basis of Figure 1 that displays the averages of the obstacles and Table 3 that presents the percentage distributions of the response options. The effect

| Table 1. Demographic data on the respondents (%) with and without weights by sex and age. |
|---|---|---|
| Without weights (n=740) | With weights (n=740) |
| **Sex** | | |
| Women | 61 | 52 |
| Men | 39 | 48 |
| **Age** | | |
| 17–30 years | 18 | 24 |
| 31–45 years | 22 | 25 |
| 46–65 years | 42 | 38 |
| >66 years | 18 | 14 |
| Mean age in years | 49 | 46 |
| **Place of residence** | | |
| city with >100,000 inhabitants | 38 | 40 |
| town with <100,000 inhabitants | 39 | 39 |
| Countryside: population centre or sparsely populated area | 23 | 22 |
| **Basic education** | | |
| Matriculation exam | 36 | 38 |
| **Occupational education** | | |
| No /courses | 28 | 27 |
| Vocational school | 21 | 23 |
| Polytechnic | 35 | 23 |
| University | 16 | 27 |
| **Work situation** | | |
| Employed | 52 | 56 |
| Pensioner | 30 | 24 |
| Unemployed | 6 | 6 |
| Student, homemaker, other | 12 | 14 |
of familiarity with the corresponding addiction are also presented in case it was significant. The different types of obstacles and their relation to each other are then compared on the basis of the results in Table 4.

Over three out of four respondents regarded illegal drugs as substances as fairly or very big obstacles to recovery (Figures 1 and Table 3). The personal properties of the individual and the effect of the environment were considered big and almost equal barriers to recovery, while difficult living conditions were regarded as somewhat lower obstacles than the others. Furthermore, about forty percent of respondents felt that other people’s prejudices hinder a person’s recovery from drug addiction to a fair or very great degree, which was the highest in comparison with all the other addictions (Table 3).

Even though the estimates for cannabis and other drugs were parallel, the respondents’ views on all factors preventing recovery differed highly significantly (p < .001) with the $\chi^2$-test. The barriers to

| Table 2. Respondents’ (%) personal relationship with substance use and gambling with and without weights by sex and age. |
|---------------------------------------------------------------|
|                                                                 |
|                                                                 |
| **Use of alcohol**                                             |
| Has used alcohol in the last 12 months                         | 85  |
| Has consumed at least 6 portions on one occasion at least once a week (% of all respondents) | 13  |
| **Smoking**                                                    |
| Has smoked in the last 12 months                              | 36  |
| Smokes at least one pack of cigarettes per day (% of all respondents) | 9   |
| **Use of prescription drugs**                                 |
| Has used prescription drugs as intoxicants in the last 12 months | 6   |
| **Use of illegal drugs**                                      |
| Has used drugs sometimes (and in the last 12 months)           | 17  |
| **Gambling**                                                   |
| Has gambled in the last 12 months                             | 66  |
| Has spent at least 100 euro on gambling weekly in the last 12 months (% of all respondents) | 1   |
| **Current or previous dependence on**                         |
| Alcohol                                                       | 14  |
| Tobacco                                                       | 41  |
| Prescription drugs                                            | 6   |
| **Gambling**                                                   |
| Internet                                                      | 4   |
| Cannabis                                                      | 0.2 |
| Other drugs                                                   | 1.2 |
| Any of the above                                              | 45  |
| **Problematic behaviour or substance abuse among relatives**  |
| Alcohol problems/addiction                                     | 59  |
| Prescription drug abuse/dependence                            | 14  |
| Drug problems/addiction                                       | 8   |
| Gambling problems/addiction                                   | 17  |
| Nicotine addiction                                            | 61  |
| Excessive use of Internet                                     | 10  |
recovery from cannabis addiction were considered slightly smaller than those for other drug addictions (Figure 1).

Drugs were much more foreign intoxicants to the respondents than alcohol and tobacco since 17–20 percent did not know how to answer these questions. Eight percent of the respondents had drug addict relatives, 17% told that they had tried cannabis and three percent had tried some other drug. Only one percent told about a personal drug dependence (Table 1 and 2), which corresponds to another Finnish population study of the same period (Hakkarainen et al., 2011). The statistical comparison between the respondents with and without a personal dependence history was impossible because of the small number of addicted informants. Statistically the views of respondents who had personal experience of drug use (n=91–96) differed from the others only in the question of personal properties. Those who had used drugs regarded this obstacle as smaller (mean 2.95) than the other respondents (mean 3.13) (t =-2.01(557), p = .045). The views on drug addiction were thus mainly based on media information and general beliefs rather than the respondents’ personal life experiences.

The medical drugs themselves were seen to be the biggest obstacle to recovery from prescription drug dependence (Figure 1 and Table 3). Personal properties were conceived as the second largest and difficult living conditions the third largest obstacle to recovery. Fewer than a third of the respondents regarded other people’s prejudices and the environment as a fairly or very big obstacle and the “don’t know” responses varied between 10–13 percent.

The images of medical drug dependency seemed to be mostly based on popular or media-related beliefs as with illegal drugs because only 14% of the respondents had prescription drug-dependent relatives and six percent had personally experienced this dependency (Table 1 and 2). The data
Table 3. Barriers to recovery from different addictions in percentages.

|                          | (n)  | very small | fairly small | fairly big | very big | Don’t know |
|--------------------------|------|------------|--------------|------------|----------|------------|
| **Alcohol**              |      |            |              |            |          |            |
| Others’ prejudices       | (606)| 14         | 33           | 36         | 9        | 8          |
| Difficult living conditions |   | 5         | 18           | 46         | 27       | 4          |
| Environmental conditions | (632)| 7         | 25           | 48         | 16       | 4          |
| Properties of the person | (631)| 5         | 16           | 46         | 30       | 4          |
| Properties of the substance | (622)| 6         | 23           | 44         | 21       | 6          |
| **Tobacco**              |      |            |              |            |          |            |
| Others’ prejudices       | (618)| 32         | 37           | 19         | 6        | 6          |
| Difficult living conditions |   | 28         | 35           | 25         | 7        | 5          |
| Environmental conditions | (630)| 19        | 33           | 34         | 10       | 4          |
| Properties of the person | (629)| 10        | 27           | 38         | 21       | 4          |
| Properties of the substance | (630)| 8         | 16           | 40         | 31       | 5          |
| **Cannabis**             |      |            |              |            |          |            |
| Others’ prejudices       | (520)| 13         | 28           | 27         | 12       | 20         |
| Difficult living conditions |   | 7         | 21           | 33         | 20       | 18         |
| Environmental conditions | (535)| 6         | 15           | 38         | 23       | 17         |
| Properties of the person | (534)| 4         | 16           | 37         | 25       | 18         |
| Properties of the substance | (534)| 3         | 8            | 25         | 46       | 18         |
| **Hard drugs**           |      |            |              |            |          |            |
| Others’ prejudices       | (522)| 12         | 24           | 26         | 15       | 20         |
| Difficult living conditions |   | 6         | 18           | 36         | 23       | 17         |
| Environmental conditions | (535)| 4         | 15           | 36         | 28       | 17         |
| Properties of the person | (536)| 4         | 12           | 38         | 28       | 18         |
| Properties of the substance | (531)| 3         | 2            | 19         | 58       | 18         |
| **Prescription drugs**   |      |            |              |            |          |            |
| Others’ prejudices       | (581)| 25         | 33           | 23         | 6        | 13         |
| Difficult living conditions |   | 11         | 26           | 36         | 16       | 10         |
| Environmental conditions | (580)| 20        | 40           | 23         | 5        | 11         |
| Properties of the person | (582)| 5         | 23           | 43         | 19       | 10         |
| Properties of the substance | (579)| 4         | 14           | 41         | 30       | 11         |
| **Gambling**             |      |            |              |            |          |            |
| Others’ prejudices       | (563)| 38         | 33           | 12         | 3        | 14         |
| Difficult living conditions |   | 39         | 30           | 15         | 5        | 12         |
| Environmental conditions | (582)| 28        | 38           | 18         | 5        | 11         |
| Properties of the person | (593)| 10        | 16           | 37         | 28       | 9          |
| Properties of the behaviour | (583)| 17      | 29           | 28         | 14       | 11         |
| **Internet**             |      |            |              |            |          |            |
| Others’ prejudices       | (555)| 40         | 30           | 12         | 3        | 16         |
| Difficult living conditions |   | 42         | 29           | 12         | 3        | 14         |
| Environmental conditions | (568)| 25        | 31           | 25         | 7        | 13         |
| Properties of the person | (571)| 15        | 20           | 31         | 22       | 13         |
| Properties of the behaviour | (566)| 18      | 24           | 26         | 17       | 14         |

of Hakkarainen and Metso (2007) showed comparable prevalence (7%) of medical drug dependence in the population. There were no statistically significant differences between the views of people who were currently or had previously or never been addicted to prescription drugs. Nor was there a difference between the group that...
had used medical drugs as an intoxicant (n=61–66) and those who had not.

The substance itself, tobacco, was believed to be the biggest obstacle to quit smoking (Figure 1 and Table 3), and the personal properties of the individual were seen as the second biggest barrier to recovery. Fewer than half of the respondents regarded the environment as a big obstacle to quit smoking, while a third thought that difficult living conditions were a big obstacle in getting rid of smoking. In addition, only one fourth estimated that other people’s prejudices were at least fairly big obstacles to recovery.

Tobacco addiction was the most common and familiar type of addiction: only 4–6% of the respondents chose the “don’t know” option here. Forty-two per cent of respondents said that they were currently or had earlier been dependent on tobacco, and only less than a third said that they had never smoked (Table 1 and 2). Present, former or never tobacco-addicted respondents did not differ statistically from each other. However, people who had previously smoked but were not necessarily addicted (mean 3.1) regarded the substance as a bigger obstacle to recovery than present smokers (mean 2.9) (F3.04(2), p = .049).

With alcohol dependency, the personal characteristics of the individual, difficult living conditions and the properties of the substance and the environment were all regarded as fairly big obstacles to recovery (Figure 1). The individuals themselves and difficult living conditions were considered slightly bigger impediments than the other factors (Table 3). General environmental factors were seen to prevent recovery slightly less than alcohol as a chemical substance. Nearly half of the respondents regarded other people’s prejudices as a significant barrier to recovery. This result mirrors personal familiarity with the problem through one’s own experience or that of their close ones. The share of “don’t know” responses was only 4–8 percent here. The great majority of the study participants (85%) told that they used alcohol at least sometimes, as do nine out of ten adults in Finland (Mäkelä et al., 2010). Fifteen percent of the respondents claimed that they had been dependent on alcohol at some point in their lives and about two out of three had alcohol-dependent relatives (Table 2; see also Raitasalo, 2008). However, the groups of current, previous and never addicted respondents did not differ significantly in their views on the barriers to recovery from alcohol addiction and neither did the groups of heavy drinkers differ from less heavy drinkers (drinking alcohol 6 portions or more: 1=at least ones a week, 2=less than ones a week and 3=never).

The personal properties of individuals were clearly regarded as the greatest obstacle to recovery from gambling and Internet addictions (Figures 1 and Table 3). The second largest obstacle was attributed to the behavioural properties of these activities. Fewer than one in four believed that the environment was a fairly or very big obstacle to recovery from gambling, and the comparable share was one third in Internet dependency. Difficult living conditions and prejudices were thought to be the smallest impediments to recovery from these behavioural addictions.

The distributions of different obstacles in these two non-substance-based addictions seemed rather similar, even though their differences with the $\chi^2$-test were
highly significant (p<.001) throughout. The personal properties and difficult living conditions were thought to prevent recovery from gambling slightly more than from net addiction. On the other hand, the behaviour itself and the characteristics of the environment were thought to prevent recovery from Internet addiction more than from gambling.

Gambling was familiar to most of the respondents since two out of three respondents admitted gambling at least sometimes, as has also been observed in other research (Aho & Turja, 2007). Problem gambling and Internet addiction were, however, less familiar to the study participants: 9–16% chose the “don’t know” option to these questions. Five percent of respondents said that they were now or had previously been dependent on gambling or Internet use; 17% had relatives addicted to gambling; and 10% conveyed having relatives with Internet addiction.

Former pathological gamblers (n=27) regarded the prejudices of other people as a bigger hindrance to recovery than currently or never addicted respondents (F 5.30(2), p= .005). Because of the small number of responses the result is only suggestive. Those who gamed with over 99 euro per week did not differ statistically from those who spent less or no money on gambling.

Contextual barriers compared with individual and substance/behaviour-related barriers
Table 4 shows the means of the properties of the substance or behaviour, the personal properties of the individual, and the average of the contextual barriers (other people’s prejudices, environmental factors and difficult living conditions). As can be seen, the factors connected with the individual or the substance/behaviour were regarded as more serious than the contextual obstacles in all addictions. Table 4 also shows the perceived order of difficulty of overcoming the addictions based on the sum total of all five obstacles. As expected, illegal drug dependence was regarded as the most difficult to overcome, followed by addictions to alcohol, prescription drugs and tobacco. The hindrances to behavioural addictions were estimated to be less hard. Also the individual (personal) factors were regarded as bigger obstacles than the behaviour in behavioural addictions. When examined with the T-test, the averages of the three types of obstacles differed very significantly (p<.001) from each other in all other addictions except for gambling and Internet use.

Discussion and conclusions
This article has described how Finns perceive the barriers to recovery from various addictions. As was assumed, other people’s prejudices were believed to be the smallest hindrance to recovery in all the addictions. The environment and difficult living conditions were regarded as relatively great barriers in alcohol and drug addictions but much smaller barriers in the other addictions. The personal properties of the individual were seen to prevent recovery fairly greatly and evenly in all addictions. As expected, the properties of the substance were considered the biggest obstacle in substance addictions with the exception of alcohol. As a whole, the properties of the substance were seen to prevent recovery from substance addictions more than the properties of the behaviours in behavioural addictions. Socio-contextual
factors were generally estimated as smaller obstacles to recovery than the properties of the substance or behaviour and the personal properties, as hypothesised. The result reflects people’s overall tendency to explain other people’s unpleasant, frightening or troublesome behaviour with clear-cut and definable factors, such as personal properties rather than general environmental factors (Jones & Nisbet, 1971, p. 93; Hewstone & Fincham, 1996, p. 178). The responses on alcohol addiction reflect an understanding of drinking problems as multifaceted individual, social and societal phenomena (Hirschovits-Gerz et al., 2011), which deviates somewhat from the images of the other addictions.

In this article, I have examined the images of different addictions and related obstacles to recovery as products of certain temporal, cultural and emotional (attitude) factors. The results also give information about the certainty and clarity of these images, and with the analysis of subgroups, their consistency in the population. (Boulding 1961, pp. 47–63.)

Although the images are related to a concrete object like a substance, they can vary because of the varied information, experiences and knowledge about them. One third of the respondents, for example, perceived prescription drugs as a very big barrier to recovery, while the corresponding proportion in hard drugs was almost double. The pharmacological difference between the actual street drugs and medicines is, however, small or non-existent particularly in case of prescription drugs that are used as intoxicants (such as butrenorphine). The difference between the

| Addictions                          | N  | Mean | SD  | N   | Mean | SD  | N   | Mean | SD  | N     | Mean | SD  | Rank order |
|-------------------------------------|----|------|-----|-----|------|-----|-----|------|-----|-------|------|-----|-------------|
| Other drugs (amphetamines and opiates) | 568 | 3.6  | 0.7 | 572 | 3.1  | 0.8 | 546 | 2.8  | 0.8 | 529   | 15.2 | 3.1 | 1           |
| Cannabis                            | 572 | 3.4  | 0.8 | 572 | 3.0  | 0.8 | 547 | 2.7  | 0.8 | 527   | 14.6 | 3.2 | 2           |
| Alcohol                             | 705 | 3.0  | 1.0 | 705 | 3.0  | 0.8 | 637 | 2.7  | 0.7 | 613   | 14.0 | 2.7 | 3           |
| Prescription drugs                  | 617 | 3.1  | 0.8 | 617 | 2.8  | 0.8 | 584 | 2.3  | 0.8 | 564   | 12.8 | 3.1 | 4           |
| Tobacco                             | 672 | 3.0  | 0.9 | 672 | 2.7  | 0.9 | 652 | 2.2  | 0.8 | 642   | 12.2 | 3.0 | 5           |
| Gambling                            | 619 | 2.4  | 1.0 | 619 | 2.9  | 1.0 | 587 | 1.9  | 0.7 | 577   | 10.9 | 3.2 | 6           |
| Internet                            | 601 | 2.5  | 1.0 | 601 | 2.7  | 1.0 | 580 | 1.9  | 0.7 | 568   | 10.7 | 3.3 | 7           |
images of illegal and prescription drugs is thus based on more or less socially constructed contents.

The personal properties of the individual were estimated rather evenly as a great obstacle to recovery in all addictions. Addictions are thus basically seen as the problems of the individual consumer. Because the individual properties were not defined in any way in the questionnaire, the images related to this barrier probably included genetic or biomedical factors as well as factors related to personal responsibility or ability which can actually be seen as very different things. This study did not ask specifically what the respondent thought about co-morbidity which can hinder the recovery from the abuse (Mueser et al., 2006, pp. 115–133). Yet it is possible that some respondents also had this in mind when regarding personal properties as a hindrance to recovery.

Other people’s prejudices were regarded as smaller than the other obstacles. They were seen as the least important in behavioural addictions, while their relative role was the largest in relation to alcohol and drugs. Although personal properties were regarded mostly in the same way in all addictions, the views on the role of prejudices varied by addiction. All addictions were thereby not regarded in a similar way as stigmatised behaviours although addicts were classified or categorised as a certain type of people (personal properties were regarded as a quite big obstacle) (Goffman, 1961, p. 51; Fiedler, 1996, p. 153; Carlson, 2006, p. 211; see also Sulkunen, 2007, p. 547). Drug users and alcoholics were felt to have even more than the other addicted people such individual properties that are inborn, learned or caused by the use of substances. In earlier surveys, Finns have indeed expressed a lack of confidence in drug addicts and a fear of infectious diseases, crime and violence in connection with drug abusers. (Rönkä & Virtanen, 2009, p. 36–37; Kuussaari, 2006, pp. 169–176; Christie & Brun, 1986). The image of a drug addict thus contains at least some kind of negative stigma. While smoking was not considered too stigmatising, it was nevertheless seen as undesirable behaviour (Katainen, 2011). Also, prejudices were not regarded as a very important impediment to change in prescription drug dependence. The image or stereotype of a medical drug addict therefore differs somewhat from that of “junkies” or “boozers”. It may include less fear and visible abnormal behaviour such as criminal or aggressive behaviour than the images of alcoholics or drug addicts (Sulkunen, 2007, p. 556). The same logic seems to apply to prejudices towards behavioural addictions. It is interesting, though, that even if people are considered highly responsible for excessive gambling and Internet use (Koski-Jännes, Hirschovits-Gerz, & Pennonen, 2012), they are not stigmatized by these behaviours. In these behaviours, then, responsibility for the problem and the stigma do not seem to go hand in hand.

The estimated effects of the environment and difficult living conditions differed by addiction. They were seen as particular hindrances of recovery from illegal drug and alcohol abuse. General environmental factors on alcohol were probably connected with the easy availability of this substance and the social pressure to use alcohol as a part of celebration and restaurant culture (Maunu & Simonen, 2010;
Virtanen, 1982). The image of general environmental factors on drugs was instead probably connected to the subcultures and criminal behaviour of the drug users (Perälä, 2011; Tanhua et al., 2011, pp. 111–117; Holma et al., 2011).

The medical drug addictions were not thought to involve such social context factors as the pub culture or the criminal subcultures related to the use of illegal drugs. The biggest group of drugs abused, the sedatives, is nevertheless used both as a part of the drug subculture and as an independent form of abuse (Hakkarainen et al., 2011), which implies that illegal drugs and prescription drugs partly share the same context of use (Carlson, 2006, p. 215). The contradiction between the beneficial and detrimental effects of prescription drugs brought by medicalisation (Hautamäki, 2011, pp. 70–110) is thus apparent. Because prescription drug dependency is not perceived as a big threat to the society (Hirschovits-Gerz & Koski-Jännes, 2010), all societal means to reduce this dependency have not been utilised. One example of this is the increased misuse of pregabalin (Lyrica) and benzodiazepine, as some doctors write prescriptions too easily and thereby enable the rise of an illegal market of these prescription drugs.

The social-contextual factors impeding smoking cessation were regarded as relatively low. This seems to reflect the fact that smoking has been limited by recent societal anti-smoking measures. The biggest change has so far mostly involved the well-to-do, which thus makes tobacco smoking an indicator of class differences (Katainen, 2011). Since tobacco as a substance has begun to be perceived as detrimental to health and as undesirable behaviour, it has been fairly simple to increase the restrictions to smoking through changing legislation, statutes and guidelines. This remarkable societal change was partly realised at the time of this survey. It is therefore probable that not all the effects of the change in images are yet visible in the results of this research.

The effect of the gambling environment was considered surprisingly low given the high availability of gaming in Finland, which could be expected to cause plenty of temptations to play. The gambling environment was probably associated mostly with a typical Finnish gambling place such as the corner store but maybe also with casinos and online gambling environments, all of which create a very different picture of environmental factors and their power to prevent recovery. The result of this population survey deviates from the reports of professionals who treat excessive gamblers. Instead of psychopathology, they regard the situational and environmental factors as central to maintaining the addiction (Hirschovits-Gerz, Ahonen, & Tammi, 2012). In the 2000s, the societal position of gambling has been changing fast mainly due to increased online gambling. The present-day societal actions to decrease problem gambling had not been carried out at the time of the survey, which has to be taken into account when one examines the results of this research.

Generally it seemed that the obstacles to recovery from substance addictions except tobacco were examined from a biopsychosocial frame of reference (Weckroth, 2001). Alcohol addiction was a case in point: the personal properties and difficult living conditions were regarded as equally big barriers, and the effect of alcohol as a fa-
familiar substance was seen as the third biggest barrier to recovery. In other studies, too, alcohol addiction has been regarded as a multidimensional problem compared with other addictions (Griffiths & Duff, 1993). Behavioural addictions, on the other hand, were not associated with socially disadvantage, since all the socio-contextual factors were regarded here as minor impediments to recovery. Our previous studies also show that gambling and Internet addictions were not considered such severe problems for the individual or the society as substance addictions (Hirschkovits-Gerz & Koski-Jännnes, 2010; Holma et al., 2011).

The study also examined to what extent the personal (self-diagnosed) experience of addiction or high-risk behaviour modified the beliefs about obstacles to recovery. The views of self-diagnosed addicts and never addicted respondents did not differ very much statistically partly because of the small number of addicts. The results were, however, parallel with those of our previous studies (Koski-Jännnes, Hirschkovits-Gerz, & Pennonen, 2012; Koski-Jännnes, Hirschkovits-Gerz, Pennonen, & Nyyssönen, 2012). This supports the view that the effect of a personal addiction experience is not that great at least among those in treatment, even though a couple of significant differences supporting the actor–observer asymmetry could be observed. Neither did the views of people involved in high-risk behaviours (heavy drinking, gambling, using drugs or smoking) differ too much from those without similar experiences. These results reflect more or less consistent views on these issues among people in Finland.

The percentages of “don’t know” answers varied by addictions. Some images are clearly fuzzier to the general public than others. Alcohol and tobacco addictions were the most familiar addictions with the smallest share of “don’t know” answers, whereas the most confusion involved illegal drugs. The percentage of “don’t know” answers varied also between the different obstacles. The role of prejudices was the most difficult theme to answer with the highest percentage of people who could not say how prejudices impacted on the chances of recovery. This was the case even though the question involved the prejudices and negative expectations of “the others”, which gave the respondents a chance to escape taking a stand on their own potentially undesirable attitudes. Because of the sensitivity of the subject matter, it is also possible that the role of the prejudices was belittled (Tew, 2005; Stahberg & Frey, 1996, pp. 205–209, 212, 215).

While the overall response rate (37%) in this survey was low, the data corresponded well to the Finnish population and was large enough (n=740) to give an overall picture of the common population views in Finland. The bias in the data in regard to age and sex was taken into account by using weighted values in the data analysis. The prevalence of admitted substance addictions was analogous to the results in other studies (Hakkarainen & Metso, 2007; Hakkarainen et al., 2011). In our sample, more people appeared to have a gambling addiction than, for example, in the study by Aho and Turja (2007). However, the assessment was based on the respondents’ own estimates of their addictions instead of more objective diagnostic criteria as in the study of Aho and Turja (2007).
The results reflect the centrality of the individualistic world-view in today’s society. This view corresponds to the ethos of social control in modern consumer societies where individuals are expected to exercise self-control and manage their desires with the power of their own will (Margolis, 2002). The current focus on the perceived need to develop “evidence-based practices” also tends to distract attention from what may be called “the social context of recovery” (Blomqvist, 2009, p. 375). As described in connection with the addiction to tobacco, societal actions – concrete political decisions and legislative reforms – can significantly lower the obstacles to recovery from addiction. However, this kind of change has to be prepared for and supported by other social actions, by influencing the public opinion, for example, and by investing in the development of social and societal conditions favouring the change (Hesselbrock & Hesselbrock, 2006, pp. 112–113; Miller & Carroll, 2006, pp. 153–311). The five obstacles to recovery presented in this article are, however, a reminder that addiction and recovery from addiction do not encompass just the individual’s battle against a substance or a behaviour. Recovery from addiction is also hindered by various environmental factors, difficult living conditions and other people’s prejudices. If the aim is to prevent the development of addiction and to promote the recovery and thereby also the health and welfare of the Finnish population in general, actions have to be targeted in all these groups of factors.

**Declaration of Interest** None.

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