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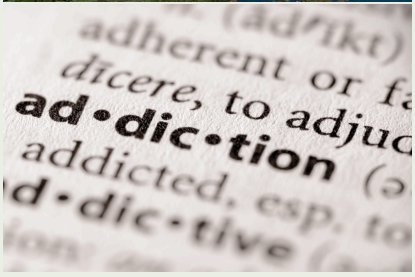

Can Redirecting Values Increase Support for Addiction Policies and Related Issues

A FRAMEWORKS RESEARCH REPORT

Adam Simon • September 2011

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The FrameWorks Institute is an independent nonprofit organization founded in 1999 to advance science-based communications research and practice. The Institute conducts original, multi-method research to identify the communications strategies that will advance public understanding of social problems and improve public support for remedial policies.

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INTRODUCTION

This report presents the results of a quantitative experiment designed to test the effectiveness of four values, *Interdependence*, *Prevention*, *Ingenuity*, and *Empathy*, to increase Albertans' support for progressive policy solutions to addiction issues. The values are defined in the following section and provided as tested in the Appendix. This research was conducted for the Alberta Family Wellness Initiative, supported by the Norlien Foundation, as part of a larger multi-year, multi-disciplinary project. The project seeks to design communications tools and strategies that increase public understanding of the neuro-developmental science of addiction. As discussed below, values are the orienting beliefs that help determine which options people prefer when making decisions. FrameWorks research is predicated on the ability of values and other reframing tools to enhance the conversation on a given issue and to channel policy preferences in desirable directions. In the domain of addiction, the immediate goal is to develop a value that will better align Albertans' thinking on the issue of addiction with that of health and science experts. We secured these experts' input in charting a set of policies that comprise realistic and needed improvements to addiction care and treatment in Alberta.[1]

Put simply, we are interested in seeing whether a redirecting value can make people more scientifically accurate in their definition of addiction and in their understanding of comorbidities, more supportive of training and treatment programs, more focused on youth as a target for preventive measures, and more likely to see the need to address systemic barriers to effective addiction prevention and treatment. This task is complicated by findings from earlier FrameWorks studies that demonstrate Albertans' strong propensity to see addiction as a character deficiency, one that individuals lack the motivation to correct.[2] As such, addiction is held to be an individual responsibility and/or a task that eludes preventive efforts, since addiction is not seen as a result of developmental factors or situational triggers.

To preview the results, we find that three values, *Interdependence*, *Prevention*, and *Ingenuity* activate a more productive but recessive cultural model of thinking about addiction. This recessive model embodies a systems perspective, holding that addiction is not a matter of individual willpower and that treatment is not a matter of self-discipline. Under this model, addicts are seen as being ill as a result of their environment, as well as the triggers that brought about the addiction. At the same time, the burden for treating the illness is perceived to lie with the community, where a network-based approach to treating the disease is most likely to succeed. Notice that of the four values tested, the one value that does not elevate this type of thinking is *Empathy*.

As a value in general, and in the way it was instantiated here with a strong dose of compassion, *Empathy* retains its focus on the individual. Thus, *Empathy* does not produce the

same collectivizing effect that we see in the other three values. Instead, results from the experiment suggest that *Empathy* reinforces the dominant individualist model. The ability of the three effective values to shift away from or inoculate against the powerful individualist cultural model, and activate an extant but latent understanding of public responsibility, constitutes a major step toward more effective communications concerning addiction.

This particular report builds on several qualitative investigations by testing values against a comprehensive set of addiction programs and policies that emerged from these studies. It is most closely associated with a previous experimental study that assessed the effectiveness of a set of values in moving support for addiction policies, along with policies designed to foster early childhood development and child mental health. Those results were reported in the paper *Moving North: Translating Child Mental Health Values and Models to Canada.*[3] The four values tested in this earlier experiment, *Prosperity, Ingenuity, Prevention,* and *Interdependence*, demonstrated potential to increase support for addiction policies. FrameWorks researchers interpreted this finding to mean that addiction policies can benefit greatly from the inclusion of a redirecting value, and that the unproductive conversations related to addiction policy likely bespeak a lack of reorienting values in public discourse.[4] In sum, the original experiment strongly suggested that values hold promise for enhancing public thinking about addiction.

The current study picks up where the last experimental survey left off, expanding on it in two ways. First, the current design includes a much more nuanced and comprehensive set of policy outcomes. Second, the current design replaces the value of *Prosperity* with *Empathy*. Despite results from the *Going North* study, in-depth qualitative research showed that the value of *Prosperity* had potential problems as a way to reframe the issue of addiction.[5] Data from Peer Discourse sessions suggested that the failure of this value with respect to addiction lay in the fact that Albertans see prosperity and addiction as related in a way that is unproductive for policy support. They actually view prosperity, in terms of increased wealth, which is seen as a cause of addiction rather than as a reason to address addiction issues.[6] Having since reviewed frames in media and nonprofit discourse, FrameWorks substituted *Empathy* to allow us to test the effectiveness of what is the dominant value in much of the current communications on addiction issues. Our instantiation of *Empathy* includes a strong dose of *Compassion* in a deliberate attempt to align our presentation of this value with current communication practices in the field. Its inclusion allows us to assess the effectiveness of this practice against a set of values that represent potential alternative communications strategies.

The results of these values experiments on addiction policies suggest ways that scientists and advocates can communicate to build a more productive public conversation, so that Albertans

come to appreciate the need for continuing systemic improvements in how addiction is prevented and treated in province and beyond.

EXECUTIVE SUMMARY

This experiment tests four values:

- *Prevention*: the idea that we need to take steps now to deal with addiction issues before they arise.
- *Interdependence*: the idea that everyone in the province has a stake in addressing addiction.
- *Ingenuity*: the idea that the best way to address addiction issues is through innovative solutions.
- *Empathy*: the idea that we need to identify with addicts and treat them with compassion.

Result #1

Prevention, Interdependence, and Ingenuity collectivize the responsibility for causes and treatments of addiction.

These three values moved respondents away from the notion that the addict is individually responsible for addiction and its treatment, toward a systems-level understanding of responsibility and approach to dealing with addiction. This success replicates the effects found in the *Going North* study, where values moved attitudes productively on a global measure of addiction policy. This broad achievement reflects the ability of values to generate significant support for training and professionalization policies.

We believe these values serve to collectivize the problem of addiction, taking it out of the individual realm of responsibility and into one where society plays the leading role in causing and remediating these issues. In short, these values activate a recessive model of thinking about addiction, in which addiction is not a matter of individual willpower and treatment is not a matter of self-discipline. Instead, addicts are seen as being ill as a result of their environment as well as the triggers that brought about the addiction. At the same time, the burden for treating the illness is perceived to lie with the community, where a network-based approach to treating the disease is most likely to succeed.

Result #2

The value of Empathy proved to ineffective and even counterproductive in changing understanding or increasing support for more effective addiction policies.

A mirror image of the first result is found when looking at *Empathy*. In contrast with the three successful values, *Empathy* taps into the individual model of discipline that, again, is dominant in default perspectives on addiction. We believe *Empathy* feeds the dominant models of the addict, cueing individualist ways of thinking. As opposed to making productive but backgrounded models more salient, *Empathy* reinforces already foregrounded individualist models and moves attitudes away from systemic approaches, and sometimes generates a sizeable decrease in support for desirable policies. The fact that *Empathy* did not move support also suggests an important caveat—not all values are effective in reframing addiction and some may even be counterproductive in light of the larger goal of bridging the science-policy gap. Indeed, when a "sympathy for the addict" frame is used to advance treatment policy thinking, support for scientifically aligned addiction policies suffers.

Result #3

The three collectivizing values produce their strongest effects on different outcomes.

Two values, *Interdependence* and *Prevention*, are generally successful, but they also produce significant effects on particular outcomes. *Interdependence* drives Albertans toward recognizing that problems are the responsibility of society rather than the individual. *Prevention* does a more temporal task in making respondents shift their perspective on effective timing and location of intervention. *Interdependence* lacks this temporal dimension; instead, it concerns matters of scale involved in transferring the attribution of responsibility from just the addict to a broader constituency.

This distinction leads us to expect that *Prevention* will move attitudes on issues related to comorbidity, and indeed it does. We believe this is because these outcomes focus on identifying addiction issues automatically as they appear in concert with other problems and farther upstream, away from the addict and toward more root causes.

Interdependence prompts respondents to see that addiction is bad for the province of Alberta and its citizens, as opposed to individuated addicts only. Thus, exposure to this value increased respondents' ability to see addiction as a societal problem and changed the way respondents are willing to define and treat addiction. First, *Interdependence* produces strong movements in Albertans' willingness to see addiction as caused by factors beyond the addict, and the change from an individualistic to a societal frame moves attitudes accordingly.

Interdependence also affects the way Albertans think addiction should be treated. This value causes movement away from measures concentrated on the addict's personal responsibility and toward efforts designed to promote a better environment, one in which addicts can regain their health and productivity.

METHODS

The findings in this paper come from an experimental survey among a sample of Albertans representative of provincial demographics. The experiment was designed to inform communications about a wide range of addiction issues, from service coordination to provider training.

Values

Research by the FrameWorks Institute strongly suggests that the foundation for moving support for policy lies in improving issue understanding via framing. A critical part of this process is the application of the values that are inherent in all frames. Values serve as important organizing principles by which people evaluate social issues and reach decisions.[7] The values contained within frames compete for use in any given situation.[8] When a frame with its embedded value "wins," people tap into accessible patterns of higher-level reasoning that guide subsequent responses. Thus, how social issues are aligned with specific values has a significant impact on how the public reasons about and evaluates both the causes of, and solutions to, social problems.

The study tested the effects of four values, *Prevention*, *Interdependence*, *Ingenuity*, and *Empathy*, against each other and a control condition in which participants were not exposed to a value. The exact wording of the value treatments used in this experimental survey appears in the Appendix. Two points emphasize the attempt to maintain a strong comparison between the different values. First, the value frames were relatively short, between 92 and 97 words. Second, the value frames were identical save for a few key phrases that represent the only difference between one values treatment and the rest.

Here are the four values and the rationale behind their inclusion in the experiment.

The value of *Prevention* suggests that it is better to think proactively about addiction issues and address potential causes before they precipitate addiction issues. The *Prevention* value was included due to a review of expert materials, which indicated that scientists and advocates often feature this value in their communications and translational practices. More importantly, the value had been effective in increasing support for policies related to child

development and mental health in a previous U.S. experimental survey[9] as well as in the *Moving North* study.[10]

The value of *Interdependence* revolves around the idea that as citizens of Alberta, everyone's fate is interlinked. This value was included in the experiment because qualitative interviews on the topic of early childhood development showed that Albertans conceptualized the goal of development very differently from their American counterparts.[11] Whereas Americans talked about healthy development as producing financially independent individuals, Albertans were more focused on a person's ability to contribute to society. This value proved successful in research on child mental health, so we hypothesized that *Interdependence* would also be a successful value in the domain of addiction.[12] Finally, it had proved to be quite successful in *Moving North's* initial study of addiction attitudes.

The value of *Ingenuity* posits that we need to seek innovative solutions for addiction issues. This value emphasizes finding new ways of dealing with traditional problems. *Ingenuity* was included because it also performed well in qualitative and quantitative testing in the U.S. across early childhood issues, and because it proved to be effective in the *Moving North* study cited above.[13]

The value of *Empathy* focuses on the degree to which we can imagine the feelings of addicts and have compassion for their situations. *Empathy* has yet to be tested in a FrameWorks' research design. This value was included in the study because of the prominent role it plays in policy, practice, and programmatic communications about addiction.

Outcomes

After reading a value treatment to which they were randomly assigned, participants in the experiment were asked a series of questions that measured their understanding and attitudes toward addiction. Each of these items appears in the Appendix, and the way they are grouped into categories is discussed below. Note that the questions in each area (that is, the battery of questions constituting the measure of each dimension) were formed into a single scale (in other words, a single number) using a statistical technique known as Principal Components Analysis (PCA). This technique examines multiple questions simultaneously to find the common element among them that maximizes the percentage of the variation, again captured as a single number. By doing so, we can condense our analyses to just look at that number as a summary measure to evaluate the success or failure of the values treatments.

The success of this method is charted by a statistic known as explained variance, which charts the amount of material from each question accounted for by the single scale. In addition, all the values were scaled to 100 points in order to approximate percentages, where

higher percentages correspond to policy attitudes that more closely aligned with the communications goals of the project: to align the public's support for policies with those suggested by the science. The questionnaire in the study was preceded by the instruction: "The following are a number of statements about addiction in Alberta. Given Alberta's limited health resources, please indicate whether you agree strongly, agree, disagree, or disagree strongly with these proposals." Descriptions of the scales follow below; the exact wording of the questions appears in the Appendix.

All the items in these scales stemmed from a scan of policies currently being discussed by Albertan addiction professionals. In addition to more general policies, many come from programs that are already underway or under consideration before the provincial legislature. This policy scan resulted in a list of questions that were subsequently broken down into batteries for analysis. The following six batteries were used.

Definitional/Causational Issues
The items in this scale chart the tendency to see addiction as being the outcome of neuropsychological developmental processes. For example, one item from the battery is, "Experiences early in development make some people more vulnerable to addiction than others." In response to the FrameWorks' research findings to date on addiction, this battery was explicitly designed to assess whether values move respondents away from seeing addiction as the result of failures in willpower and/or as the sole responsibility of addicts.

Comorbidity Issues
This scale taps into respondents' ability to see addiction as being closely related to other problems, and to acknowledge the fact that treating comorbidity issues simultaneously is an effective way to respond to addiction. A typical item in this scale, "Funding should be prioritized for research on the connections between addiction and mental health disorders," emphasizes the point that addiction often co-occurs with other ailments – in this case, mental health problems.

Professional Training Issues
This scale is designed to measure respondents' support for policy proposals aimed at improving the training of professionals involved in addiction care. A typical question reads, "We need a certification system for addiction providers in order to ensure treatment quality across providers." This set of policies was of critical importance to the experts FrameWorks interviewed and observed in professional meetings.

Treatment/Care Management Issues
This scale focuses on policies designed to improve the quality, effectiveness, and outcomes of addiction treatment in Alberta. A typical question reads, "Publicly funded addiction treatment programs should focus on consistent long-term care, not just brief intervention."

Again, these policies were developed based on the input of professionals in the field as constituting important benchmarks for systems change in Alberta.

Disparities/Barriers to Treatment Issues
This battery of questions deals with proposals designed to address systemic problems that keep some Albertans from accessing addiction treatment. For example, one item asks if respondents agree that, "We should invest in alternative treatment approaches, such as phone- and internet-based care support and online patient health portals, to reduce geographic barriers to addiction services." The goal here was to determine whether Albertans would see greater access as a necessary step, or whether they would see more access as "rewarding" or "spoiling" people who needed to exert self-discipline, as was documented most poignantly in the Peer Discourse sessions.[14]

Youth Issues
The last scale covers issues related to addiction in children and youth. For example, one item in the scales questions respondents' agreement with the statement that, "More funding should go to support research on prevention and intervention strategies for addiction aimed at youth." Here, we were interested in the ability of the value to set up an understanding of addiction that allowed for early intervention, as opposed to later treatment. Consistent with the neuroscience, we hoped that the values would help respondents see less genetic predisposition to addiction and more opportunity to reduce exposure and treat addictive behavior early on.

Data

The findings reported here are drawn from an experimental online survey designed by the FrameWorks Institute and administered by YouGov Polimetrix.[15] It took place between June 2 and July 5, 2011. The study includes a sample of 2,000 Albertan voters, weighted on the basis of age, gender, education level, and party identification to statistically represent all adult registered voters in the province. Of these, 400 respondents were randomly assigned to the control group, which saw no treatment but answered all policy questions. The remaining 1,600 respondents were randomly assigned to one of the experimental conditions, in which case they read one of the four value treatments before answering the sets of questions described above.

RESULTS

A value's effectiveness is determined by calculating the effect that exposure to the value has on the outcome measures. Multiple regression was used to compute these estimates. This statistical technique fits a line to the pattern of data made up of all the variables in the analysis. The line is fitted simultaneously across all dimensions of the data. We report the slopes of this line as regression coefficients that chart the magnitude of each variable's effect: the larger the coefficient, the larger the value's effect on the outcome measure. Because each of the treatment variables is scaled to 100 points, the coefficients can be interpreted as percentages.

Multiple regression has a salient advantage. The coefficients are accompanied by a measure of statistical significance that represents the chance that the estimate is actually equal to zero. For example, on the Definitional/Causational Issues scale, *Interdependence* achieved a significance level of less than 0.1, which means that there is less than a one-in-ten chance that the estimate is actually zero. High significance levels – ones that indicate a lower likelihood that an estimate is due to chance – increase our confidence in the results. We will examine the values' performance on each outcome measure in turn, and will then discuss more general findings in the last section.

Definitional/Causational Issues

The Definitional scale relates to respondents' ability to understand addiction as the result of developmental factors and not as the addict's sole responsibility. Higher numbers on this scale indicate a more sophisticated understanding of addiction. Here, the value of *Interdependence* evidenced the greatest movement of support in the desired direction.

Table 1 reports each value's effectiveness in moving respondents toward a better understanding of addiction and its causes. These finding indicate that one value treatment, *Interdependence*, improves these understandings beyond conventional levels of statistical significance.

Table 1. Value Treatments' Effects on Definitional Issues

Value	Effect	Significance
Prevention	1.1	
Interdependence	1.9*	
Ingenuity	1.3	
Empathy	-0.4	

"*" indicates significance level: * < .1

Interdependence causes a movement of almost 2 percentage points on this scale. The effects of the remaining values are smaller and do not reach statistical significance. Notably, while not statistically significant, *Empathy* had a negative effect on this scale, indicating that this value actually tended to decrease appropriate understanding. These results suggest, therefore, that *Interdependence* is a promising and foundational value to use in advancing understanding of what addiction is and what causes it. Here, *Interdependence* demonstrates the ability to make respondents see the problem as societal in nature, which leads them away from thinking of addiction as a problem of the addict – the dominant cultural model – and toward seeing the problem as one that is related to the factors around the addict.

Comorbidity Issues

The Comorbidity scale relates to policies geared toward dealing with addiction as it co-occurs with other disorders. Higher numbers on this scale indicate more support for treating addiction as part of a network of other diseases. Here, the value of *Prevention* evidenced the greatest movement of support in the desired direction.

Table 2 reports each value's effectiveness at moving respondents on the Comorbidity scale.

Table 2. Value Treatments' Effects on Comorbidity Issues

Value	Effect	Significance
Prevention	1.8*	
Interdependence	1.2	
Ingenuity	1.3	
Empathy	-1.2	

"*" indicates significance level: * < .1

As can be seen, *Prevention* had the largest effect, moving respondents almost 2 percentage points higher on this scale. This movement was statistically significant at the .1 level. None of the other values caused large enough movements to reach statistical significance; however, both *Interdependence* and *Ingenuity* moved in the right direction. By contrast, *Empathy's* effect was negative, indicating that exposure to this value actually tended to reduce support on policies aimed at addressing issues of comorbidity. As in the previous battery, *Empathy* failed to make people smarter about how addiction works and what its consequences are. We suggest that the reason for the specificity of *Prevention's* effect is due to the nature of this scale. These items revolve around creating programs that identify addiction issues automatically as they appear in concert with other problems. The items on this scale also contain an element of moving treatment upstream, away from the addict and closer to the more distal causes of addiction. *Prevention* is ideal along both of these dimensions; it serves to highlight the efficacy of these solutions. Hence, it is only logical to see a relationship between this value and that scale.

Training/Professionals Issues

The Training scale covers policies designed to help medical and other professionals obtain the educational and support resources they need to effectively address addiction issues. The estimates in Table 3 indicate that three values far surpass conventional levels of statistical significance: *Prevention*, *Interdependence*, and *Ingenuity*.

Table 3. Value Treatments' Effects on Training Issues

Value	Effect	Significance
Prevention	2.2**	
Interdependence	2.5**	
Ingenuity	2.3**	
Empathy	-0.1	

"**" indicates significance level: * < .05

Each of these three values produces a movement of roughly 2 percentage points on the training scale. All of these effects are significant at the .05 level, meaning that the chance these results are actually zero is less than 1 in 20. Training appears to be an area where a number of values make policies "easier to imagine" than they would be otherwise in un-primed conversations. The only value that does not move support on the training scale is *Empathy*, which again depresses support for these policies.

As the six items on the training scale focus on systems level reform, their commonality points to the locus of the shift in respondents' attitudes. These value treatments caused respondents to move from an individual orientation on addiction to one where the cause and treatment of addiction is a matter of collective responsibility. As FrameWorks' qualitative research shows, the dominant cultural model of addiction is one in which the addict is responsible for the illness and therefore bears the onus for treatment, usually through an increase in self-discipline and possibly with the aid of a caring counselor.[16]

Treatment/Care Management Issues

The Treatment scale essentially revolves around policies aimed at improving the quality and outcomes of addiction services. Table 4 reports the results of each value's effect on this scale. One value, *Interdependence*, produced statistically significant results in a positive direction.

Table 4. Value Treatments' Effects on Treatment Issues

Value	Effect	Significance
Prevention	.3	
Interdependence	1.6*	
Ingenuity	1.3	
Empathy	-1.5	

"*" indicates significance level: * < .1

Interdependence yields a movement of over 1.5 percentage points on the treatment scale. This effect is significant at the .1 level. One can surmise that the quality and outcomes of care that addicts receive is greatly advantaged when those outcomes are linked to their effect across the society, not merely to the addicted individuals. Again, the only value that does not move support in a positive direction is *Empathy*.

At heart, these items focus on the way addicts receive treatment once the disease is identified. Notice that this set of questions lacks a temporal dimension (it does not address the concept of "do this now to avoid bad things in the future"), so we would not expect *Prevention* to have an effect on these views. In contrast, *Interdependence* is key to moving these attitudes, given their focus on society's responsibility for dealing with the problem.

Disparities/Barriers to Treatment Issues

The Disparities scale deals with policies related to reducing barriers and making addiction treatment available to all population segments. Table 5 reports the results regarding the values' ability to move support for the Disparities scale. None of the values reaches conventional levels of statistical significance, although *Interdependence* and *Ingenuity* moved support in the right direction.

Table 5. Value Treatments' Effects on Disparities Issues

Value	Effect	Significance
Prevention	-.5	
Interdependence	.4	
Ingenuity	.5	
Empathy	-2.1*	

"*" indicates significance levels: * < .1

Empathy stands out as a particularly poor performer. This value moved support the wrong way, causing a decline of over 2 percentage points in acceptance of policies making up the Disparities scale.

This battery posed considerable challenges to the values, in that it upended and directly challenged the dominant cultural models about addiction. That is, in unprimed discussions, informants felt strongly that the antidote to addiction is self-discipline. It is highly likely that this battery of policies was read by informants as promoting more dependence, not more discipline. As such, it suggests that advocates be cautious in assuming that Albertans automatically see the need to expand services or make them more available.

We suggest that attempts to give personalized stories (for which the *Empathy* value serves as a proxy) prove ineffective with the items on the Disparities scale. Ironically, this is the primary area where one would expect these stories would work best. Intuitively, we might think that these episodic stories are often designed to increase support for measures to help the addict immediately – the common element underlying the questions on the Disparity scale. What this shows, is that activating these individualist models does *not* generate support for systemic policies, but rather increases the sense that individuals are responsible for issues of addiction.

Youth Issues

The Youth scale concentrates on policies targeting younger members of Alberta's population. Table 6 reports the results of the value's effect on this set of policies. One value, *Ingenuity*, produced statistically significant effects in increased support for these policies.

Table 6. Value Treatments' Effects on Youth Issues

Value	Effect	Significance
Prevention	1.3	
Interdependence	1.6	
Ingenuity	2.4**	
Empathy	.4	

"**" indicates significance levels: ** < .05

Ingenuity demonstrates an improvement of almost 2.5 percentage points among respondents' attitudes toward youth. None of the other values reaches conventional levels of statistical significance, though in this case alone, the sign on *Empathy* is positive.

This final effect is a bit perplexing. We can only speculate on reasons for this linkage between the value of *Ingenuity* and movement along the Youth scale. Perhaps the respondents see "drug-crazed" teenagers as a more intractable problem, and so the values that were successful on other outcome measures lack sufficient power to move attitudes here. On the other hand, the value of *Ingenuity* may trigger some kind of optimism that this intractable problem can be solved. In plain words, dealing with these "irresponsible" youth requires *Ingenuity*. Alternatively, addiction may be viewed as intrinsic to the idea of immaturity, and respondents may reflexively think only new ideas will prove successful. Another line of reasoning posits that media depictions of youth are saturated with images of drug and alcohol experimentation and that *Ingenuity* resonates with this experimental theme. In short, this linkage should be subjected to further investigation.

CONCLUSION

The results of this experiment should be heartening to those seeking to foster better understanding and support for more effective addiction services in Alberta. With one exception (Disparities) there was at least one value that was able to move policy productively on each of the outcome measures.

To review the main findings, this experimental survey demonstrates that three values, *Prevention, Interdependence*, and *Ingenuity*, produce statistically significant movement on people's willingness to improve addiction services training. That is, exposure to these values promoted support for policies in line with scientific recommendations for improving the education of addiction professionals. In keeping with FrameWorks' earlier experimental outcomes, we can conclude first that values matter a great deal in framing addiction as an issue.

Aside from this broad effect, the experiment also shows several specific effects that the values have on increasing support for addiction treatment measures that is consistent with a neuro-developmental perspective. Specifically, *Interdependence* makes people more likely to see the environmental causes of addiction and to support more comprehensive addiction treatment. *Prevention* leads to more support for policies that address issues of addiction comorbidity. Finally, *Ingenuity* increases support for addiction policies aimed specifically at children and youth. *Empathy*, in contrast, produces no positive movement on any of these outcomes, and, in fact, led to a statistically significant decrease in respondents' support for policies that addressed disparities in the access to and delivery of addiction services in the province.

In short, these results suggest a specific strategy regarding the use of values in communicating about addiction issues. Findings from the experiment show that certain values are effective at certain communications tasks, and that communicators will be most effective when they know how to deploy values strategically to meet specific communications needs. First, three of the four values tested advance policy thinking powerfully, but they exerted their influence in different ways. For example, the experiment shows that *Interdependence* is a particularly effective value to use in talking about why Alberta needs to create better policies, programs, and practices in the area of addiction, and devote more resources to them. Using *Prevention* provides an effective orientation to thinking about solutions: what effective policies, programs, and practices in this domain need to do. *Ingenuity* is particularly effective when messaging about addiction issues from a developmental or youth perspective – for example, in talking about the need to focus addiction service resources not just on adults but on children as well, taking into account the processes of child development.
Meanwhile, the experimental survey provides unequivocal evidence that, in increasing support for changes in practice and policy, *Empathy* is an ineffective or even counter-productive use of valuable communications real estate. The three values that showed positive effects all put an emphasis on collective responsibility and/or systems intervention, while the *Empathy* value highlighted the plight of individuals and suggested a moral responsibility for their welfare. The values that worked were systemic, while the value that did not work was

individualistic. This difference in effects is entirely consistent with the literature of media effects.[17]

To conclude we would highlight an overall observation. It seems that order is important when constructing fruitful communications about addiction. *Prevention*, *Interdependence*, and *Ingenuity* all work to change the perception that addiction is an individual problem that requires individual solutions, to one that places addiction within a societal context that requires changes in the way addiction professionals are trained and supported. Beyond this, *Interdependence* exerts two powerful introductory effects. First, this key value sets the stage by reframing the definition of addiction away from being an individual fault toward being a disease requiring societal action. Second, this value prompts a rethinking about what to do with existing addicts; namely, to treat them not as irresponsible culprits, but to deal with them in the context of the systemic factors that caused their disease. At a subsequent stage, *Prevention* syncs up with long-term solutions to addiction by promoting thinking about what steps can be taken to reduce the problem in the future. We recommend that both values be used frequently in addiction communications, with special attention to the particular call to action. That is, the definitional power of *Interdependence* should be used to advance the issue overall. The trajectory of addiction from early exposure to adversity, with all this suggests about early identification and treatment responses, should be promoted using *Prevention*. In sum, both values contribute to a productive narrative about addiction, but in slightly different ways.

Thus, *Interdependence* and *Prevention* can be presented in that order as a coherent communications package. Between the two definition and treatment outcomes, as well as the two movements on the training scale, *Interdependence* offers a stronger choice for framing communications that introduce new scientific thinking on addiction to provincial audiences. This can be followed by the use of *Prevention* as a way to discuss what needs to be done now in order to alleviate addiction in the future. Meanwhile, the use of *Empathy* is ineffective or counterproductive; advocates would do well to avoid individuating stories with episodic portrayals of addicts. The conventional wisdom, that suggests that addiction policy must be built upon identification with the addict, or with recognition of the addict's struggles, fails to yield the policy impact that other more societal values demonstrate. In other words, there is a strong caution in these data about appeals to compassion as a policy driver, which resonates with the strong suggestion that *Interdependence* and *Prevention* are the most productive values.

[1] Kendall-Taylor, Nathaniel (2010) *Rounding Up the Associations: How Perceptions of Addiction are Recruited* Washington, D.C.: FrameWorks Institute.

[2] O'Neil, Moira (2010) *Changing addiction from a 'sin problem': Peer discourse sessions on addiction*. Washington, D.C.: FrameWorks Institute.

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[4] O'Neil, Moira (2010) *Scientists, holy terrors and lax parents: How the Alberta media tell stories about early child development and its disruptors.* Washington, D.C.: FrameWorks Institute.

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APPENDIX

Values Treatments
Note: All treatments were preceded by the instruction, "The following passage was taken from an editorial that appeared in a major newspaper."

Prevention

Preventing Problems Is the Best Way to Address Alberta's Addiction Issues

As Albertans, we need to focus on preventing problems before they occur. When we postpone dealing with problems, they become worse and require more resources to fix. One way to get ahead of problems is to set up policies and programs that allocate resources now instead of putting things off and waiting until later. Simply put, Alberta would be better off if we took steps today to prevent and treat addictions. Realizing that we need to prevent problems before they occur is the key to moving forward and will allow us to deal effectively with our problems. (97 words)

Pull out: *Prevention is key to dealing with addiction in Alberta*

Interdependence

Everyone Has a Stake in Addressing Alberta's Addiction Issues

As Albertans, we need to recognize that we are all connected and what affects one part of our province affects us all. When we address everyone's well-being, our whole province benefits. One way to do this is to set up policies and programs that make sure all parts of our population are strong and supported. Simply put, Alberta would be better off if its citizens worked as one to address addiction in our province. Realizing that we are interdependent is the key to moving forward and will allow us to deal effectively with our problems. (95 words)

Pull out: *Focusing on our interdependence as citizens of Alberta is key to dealing with addiction*

Ingenuity

Innovation Is the Best Way to Address Alberta's Addiction Issues

As Albertans, we need to develop innovative solutions to tackle our problems. When we innovate, and we do not limit ourselves to current approaches, we can solve difficult

problems. One way to do this is to develop and test new policies and programs as solutions to old and enduring problems. Simply put, Alberta would be better off if we focused on seeking out new ideas to deal with addiction issues. Realizing that ingenuity is the key to moving forward will allow us to deal effectively with our problems. (94words)

Pull out: *Using ingenuity is key to dealing with addiction in Alberta*

Empathy

Alberta Needs Empathy in its Addiction Policy

As Albertans, we need to accept the worth of all human beings and treat each other with care and compassion. When we have empathy toward those wrestling with serious problems, we ensure that we have a province where people appreciate and care for each other. One way to do this is to develop programs and policies that treat individuals with respect and compassion. Simply put, Alberta would be better off if we used our resources to care for our fellow human beings who are suffering from addiction. Realizing that we need greater empathy will allow us to deal effectively with our problems. (92 words)

Pull out: *Empathy is key to dealing with addiction in Alberta*

Outcome Measures

Note: All items were preceded by the instruction, "The following are a number of statements about addiction in Alberta. Given Alberta's limited health resources, please indicate whether you agree strongly, agree, disagree, or disagree strongly with these proposals."

Definitional/Causational Issues

Note: The factor analysis for these six items explained 37 percent of the total variance.

1. In addition to drugs and alcohol, other types of addictions – e.g., food, spending, and sex addictions – should be officially recognized as diseases by psychological and medical establishments.

2. To address addiction issues, we need to focus more of our resources on the early years of childhood.

3. The province should **not** prioritize funding for early intervention programs to children who experience extreme or chronic stress. (Reverse code)

4. Experiences early in development make some people more vulnerable to addiction than others.

5. Both environmental and genetic factors are important in understanding how and why addictions develop.

6. More funding should be devoted to policies that focus on increasing addicts' sense of responsibility for their addictions. (Reverse code)

Comorbidity Issues

Note: The factor analysis for these six items explained 44 percent of the total variance.

1. Funding should be prioritized for research on the connections between addiction and mental health disorders.

2. We should implement an automatic screening procedure for addiction when individuals are diagnosed with other related mental health disorders.

3. We should implement a way of screening children for addiction who have been identified as victims of abuse.

4. Federal and provincial disability programs should **not** increase employment support for those suffering from mental health and addiction disorders. (Reverse code)

5. We should do more to prevent specific disorders, such as anxiety or depression, by screening individuals at risk and offering preventive services.

6. We should improve health systems to coordinate approaches to the identification, evaluation and treatment of coexisting disorders (e.g., depression and addiction).

Training/Professionals Issues

Note: The factor analysis for these four items explained 53 percent of the total variance.

1. Medical residency programs should offer more training in addiction assessment and treatment.

2. The Canadian health care system should fund training programs so that people interested in becoming counselors in the treatment of "process" addictions – things like gambling, shopping, eating, and sex – can become certified in Canada rather

than having to train in another country.

3. Professional associations should offer clear guidelines for the care and treatment of addiction by therapists and health professionals.

4. We need a certification system for addiction providers in order to ensure treatment quality across providers.

Treatment/Care Management Issues

Note: The factor analysis for these six items explained 49 percent of the total variance.

1. We should focus public resources on improving care management methods, so that those in need of addiction-related services receive the care they need throughout the system.

2. [Align to left margin]Publicly funded addiction treatment programs should focus on consistent long-term care, not just brief intervention.

3. Alberta should develop a system-wide case management system (across child protection, criminal justice, addiction, and health systems) to improve addiction services.

4. Alberta needs to develop information-sharing systems among health care, addiction, and mental health providers so that patient care history can be known across these systems.

5. Treatment programs should focus on the whole person, including biological, psychological, social, and spiritual dimensions.

6. In addition to a supportive relationship with a professional, successful addiction treatment requires family and social support.

Disparities/Barriers to Treatment Issues

Note: The factor analysis for these four items explained 44 percent of the total variance.

1. It is important to improve the addiction services system so that people in need have multiple points of entry into the system.

2. We should invest in alternative treatment approaches, such as phone- and internet-based care support and online patient health portals, to reduce geographic barriers to

addiction services.

3. We could reduce barriers to addiction treatment by improving training of primary care physicians in assessment and referral.

4. Addiction services should **not** recognize that factors like economic status, education level, and gender do require different treatment approaches. (Reverse code)

Youth Issues

Note: The factor analysis for these four items explained 55 percent of the total variance.

1. We should increase funding to community programs that teach youth coping skills and life-style choices that can affect mental health – such as sleep, diet, activity, and physical fitness.

2. Children and youth should be prioritized for addiction-prevention funding.

3. More funding should go to support research on prevention and intervention strategies for addiction aimed at youth.

4. Schools should promote mental health by offering support to children encountering serious and chronic stressors.

5. Schools should promote mental health by targeting and offering support to address violence, aggressive behavior, and substance abuse among students.