How youth and young adults define addiction: Analysis of qualitative survey data from the PACE Vermont study

S. Elisha LePine,[1] Julia C. West, [1, 2] Catherine Peasley-Miklus, [1] Caitlin McCluskey, [1] Rhonda Williams,[2] & Andrea C. Villanti[1]

[1] Vermont Center on Behavior and Health, University of Vermont [2] Vermont Department of Health

BACKGROUND & AIMS

- Prior research shows that mass media campaigns can be effective in preventing substance use in youth and young adults.
- Prevention messages targeting addiction perceptions are typically less effective than those targeting harm perceptions
- This study examines how young people describe addiction in their own words in order to inform and support future prevention efforts throughout Vermont, a largely rural state.

METHODS

Wave 2 of the Policy and Communication Evaluation (PACE) Vermont Study

- A state-wide survey of substance use in Vermont youth (ages 12-17; n=385) and young adults (ages 18-25; n=790) (N=1185).
- Data were collected through online surveys in Summer 2019.
- 1149 participants responded to the open-ended item "what does 'addiction' mean?"

Analysis

- Responses were independently coded by two coders who developed inductive categories to capture common themes & constructs.
- All categories and subcategories except "N/A" and its subcategories were non-exclusive; responses could be coded in multiple categories.
- Inter-coder reliability was assessed for each coding category using Cohen's kappa. All codes reached acceptable to near perfect levels of agreement.
- Frequencies of responses in each category were compared to identify those aspects of addiction which were most and least salient for our sample.

RESULTS

Table 1. Participant demographics

	n	%
Age		
Youth (12-17)	382	33.3%
Young adults (18-25)	767	66.8%
Sex		
Male	321	27.9%
Female	826	71.9%
Race		
White	1005	87.5%
Asian	74	6.4%
Hispanic	53	4.6%
African American	16	1.4%
Rurality		
Rural county	609	53%
Non-rural county	540	47%

RESULTS

Table 2. Coding categories with frequency, percentage of total responses, and kappa coefficients

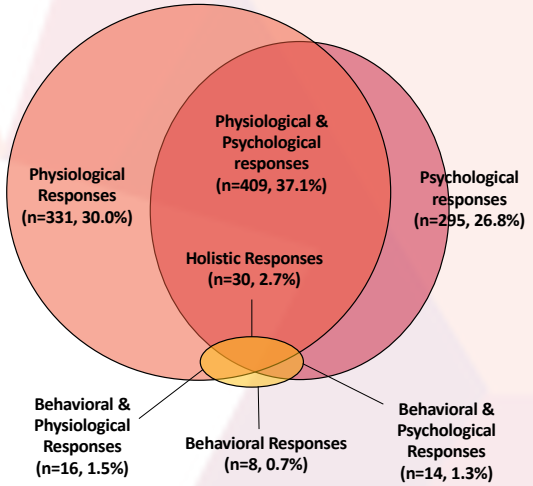
Category/subcategory	Sample quote	Frequency (%)	Reliability
Physiological Changes	*"Something you can't stop doing without going into withdrawal."*	**786 (68.4)**	**κ=0.79**
Dependence		667 (58.1)	κ=0.72
Dependence: Functioning		239 (20.8)	κ=0.84
Dependence: Withdrawal		97 (8.4)	κ=0.83
Cravings		130 (11.3)	κ=0.82
Negative Health Consequences		56 (4.9)	κ=0.46
Organic disease		38 (3.3)	κ=0.80
Psychological changes	*"Loss of control when it comes to a behavior"*	**748 (65.1)**	**κ=0.80**
Psychological need		387 (33.7)	κ=0.63
Self-regulation		384 (33.4)	κ=0.78
Affect		108 (9.4)	κ=0.71
Cognition		56 (4.9)	κ=0.77
Mental illness		4 (.3)	κ=0.89
Behavioral Changes	*"Going out of your way to obtain and use a substance every day. if you dont [sic] have it, it's on your mind."*	**68 (5.9)**	**κ=0.74**
Functioning		44 (3.8)	κ=0.70
Seeking behavior		21 (1.8)	κ=0.74
Relationship changes		15 (1.3)	κ=0.52

NB: Coding categories were non-exclusive, resulting in responses which were coded into multiple categories and sub-categories

- e.g. *"Going out of your way to obtain and use a substance every day. if you dont [sic] have it, it's on your mind."* was coded in Behavioral Changes sub-code "seeking behavior" as well as Psychological Changes "cognition."

RESULTS

Figure 1. Overlap of responses between categories



CONCLUSIONS

- **The three major categories that youth and young adults used to define addiction align with existing validated measures of addiction.**
- **Young people appear to conceive of addiction largely as a matter of physiological dependence either caused by or resulting in a failure of self-control.**
  - **Analysis of sub-codes across all major categories reveal our sample was far more likely to frame addiction as a matter of individual perception, choice, and self-control than as a disorder or medical condition outside of an individual's control.**
- **Physiological and psychological addiction-related sub-themes may resonate with young people and improve prevention media campaigns.**
- **Generalizability of conclusions limited by gender and geographic representation.**

- **Disclosure:** The authors have nothing to disclose.
- **Funding:** The PACE Vermont Study was funded by the Vermont Department of Health, the University of Vermont Cancer Center, and the University of Vermont Larner College of Medicine. The team was also supported by the National Institute of General Medical Sciences of the National Institutes of Health under Award Number P20GM103644 (ACV), National Institute On Drug Abuse under Award Numbers R21DA051943 (SEL, CPM, ACV) and U54DA036114 (JCW, CM). Although this work product was funded in whole or in part with monies provided by or through the State of Vermont, the State does not necessarily endorse the researchers' findings and/or conclusions. The findings and/or conclusions may be inconsistent with the State's policies, programs, and objectives. Additionally, the content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.
- **Contact:** sara.lepine@uvm.edu