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## Differences in perceived stigma by addictive behaviors: a gender-based analysis

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## A B S T R A C T

**Background.** It has been shown that addictions are stigmatized and that this stigma affects a person's well-being and treatment-seeking. This study aims to analyze whether individuals exhibiting various addictive behaviors –specifically alcohol use, drug use, gambling, gaming, and compulsive buying– experience greater levels of perceived stigma than those without such issues. Additionally, the study aims to examine differences in stigma based on sex. **Methods.** The sample consisted of a total of 136 participants from the general population. The participants' age ranged from 18 to 63 years ( $M_{age} = 42.13$ ;  $SD = 9.32$ ), and 78.7% were female. **Results.** There are significant differences in discrimination and disclosure between individuals who report problematic use of illegal substances and gaming and those who do not. For women, significant differences were found in discrimination and positive aspects subscale based on problematic use of illegal substance use and gaming. Among male population, there were significant differences between men with compulsive buying in discrimination and positive aspects compared to non-problematic use. **Conclusion.** Identifying the populations that are most susceptible to stigma is crucial for developing effective strategies for its prevention and reducing potential detrimental consequences.

### Diferencias en el estigma percibido por conductas adictivas: un análisis basado en el género

## R E S U M E N

**Antecedentes.** Se ha demostrado que las adicciones están estigmatizadas y que este estigma afecta al bienestar de la persona y a la búsqueda de tratamiento. Este estudio pretende analizar si las personas que presentan diversas conductas adictivas (consumo de alcohol, consumo de drogas, trastorno de juego, uso problemático de videojuegos y compra compulsiva, específicamente) experimentan mayores niveles de estigma percibido que aquellas que no presentan estos problemas. Además, el estudio pretende examinar las diferencias en el estigma en función del sexo. **Métodos.** La muestra incluyó un total de 136 sujetos de la población general. La edad de los participantes oscilaba entre los 18 y los 63 años ( $M_{edad} = 42,13$ ;  $SD = 9,32$ ), y el 78,7% eran mujeres. **Resultados.** Existen diferencias significativas en la discriminación y la divulgación de información entre los individuos que declaran un consumo problemático de sustancias ilegales y videojuegos y los que no lo hacen. En el caso de las mujeres, se encontraron diferencias significativas en las subescalas de discriminación y aspectos positivos en función del uso problemático de sustancias ilegales y del uso de videojuegos. En la población masculina, se encontraron diferencias significativas entre los que presentaban compras compulsivas en las subescala de discriminación y aspectos positivos en comparación con los que no tenían un uso problemático. **Conclusiones.** La identificación de las poblaciones más susceptibles al estigma es crucial para desarrollar estrategias eficaces para su prevención y reducir las posibles consecuencias perjudiciales.

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Addictive behaviors are characterized by a loss of control, the presence of obsessive thoughts, the manifestation of compulsive behaviors, and the denial of the problem, leading to excessive and regular use or consumption with a significant impact on individuals' lives (Esquivel & Araya, 2021). The continuous use of substances and the presence of addictive behaviors have a strong impact on daily life. According to the *Diagnostic and statistical manual of mental disorders-text revision* (5<sup>th</sup> ed.). (DSM-5-TR), American Psychiatric Association [APA, 2022], a fundamental characteristic of addictive behaviors is that most of an individual's daily activities become subordinate to the addiction, leading to a deterioration in social functioning. This impairment manifests as the failure to fulfill essential responsibilities, the reduction or abandonment of social, occupational, and recreational activities, as well as withdrawal from family and the cessation of hobbies to prioritize the addictive behavior. Further, addictive behaviors have been shown to have a significant impact on mental health and are associated with higher levels of depression, anxiety, and other psychological disorders, including suicidal behavior (Purwaningsih & Nurmala, 2021; Rizk et al., 2021).

In terms of the prevalence of behavioral addictions, gambling disorders show a prevalence between 0.1 and 3.4% in Europe (Calado & Griffiths, 2016) and between 0.2 and 3% worldwide (pooled prevalence 1.3%) (Gabellini et al., 2023). Meta-analytic studies conclude that between 2.5 and 3.3% of the world's population have a gaming disorder (Fam, 2018; Kim et al., 2022; Pan et al., 2020; Stevens et al., 2021), with a higher prevalence in males compared to females (8.5% vs. 3.5%) (Kim et al., 2022), and in children and adolescents (3.3% and 6.7%) compared to adults (1.9%) (Fam, 2018; Kim et al., 2022; Stevens et al., 2021). According to the meta-analysis of Maraz et al. (2016), the global prevalence of compulsive buying in adults is estimated to be 4.9% (ranging from 3.4% to 6.9%). In terms of the global prevalence of substance use disorders, data from the United Nations (2024) indicate that among individuals aged 15 to 64, 4.41% have used cannabis, 0.58% opioids, 0.58% amphetamines, 0.45% cocaine, and 0.39% ecstasy. Additionally, the World Health Organization (2024) reported that 3.6% of the adult population engages in excessive and continuous alcohol consumption, defined as an average daily intake exceeding 60 grams of alcohol.

In recent years, there has been a growing interest in studying stigma related to mental health in general and addictive behaviors in particular (Crapanzano et al., 2019; Galanis et al., 2021; Milan & Varescon, 2024; Penfold et al., 2024). Stigma is defined as a set of interrelated ideas that include the categorization and labeling of differences, the formation of stereotypes, loss of status and power, discrimination, and various emotional reactions (Andersen et al., 2022). Stigma can manifest at three levels: individual stigma (i.e., self-stigma), public or social stigma, and perceived stigma. Self-stigma involves the internalization of negative stereotypes, leading to feelings of shame and decreased self-esteem. Public stigma refers to negative societal attitudes and judgments toward stigmatized groups, resulting in discriminatory behaviors, social distancing, and rejection in work and relational settings. When these stigmatizing attitudes become institutionalized through regulations or policies, structural stigma perpetuates discrimination (Geffner & Agrest, 2021; Pascual & Pascual, 2017). Additionally, perceived stigma is defined as an individual's perception of how others evaluate their condition and addictive behavior. When a person consciously perceives these stigmatizing attitudes and internalizes them, self-stigmatization occurs, leading to feelings of shame, distress, and social isolation (Quigley, 2022).

Recently, research on stigma in the context of mental health, alcohol and substance use, and gambling disorder has significantly increased (Andra et al., 2022). In general, substance addictions have

been found to be more stigmatized than behavioral addictions (Galanis et al., 2025). Given the profound stigma associated with substance use disorders, affected individuals not only face the challenges inherent to addiction but also endure societal devaluation and negative perceptions (Earnshaw, 2020). In this regard, a systematic review identified several studies in which individuals with alcohol and substance use disorders reported experiencing shame, discomfort, and guilt, as well as stigma from healthcare professionals. These experiences often led them to conceal their condition and avoid seeking help (Hammarlund et al., 2018). Among individuals who use substances, it has also been found that stigma can lead to poor mental health, harmful coping strategies, and label avoidance (Long & Jepsen, 2023). Stigmatization may also affect family involvement in treatment, which may be relevant in some cases to increase the effectiveness of the intervention and adherence to treatment (Lamas et al., 2018).

Regarding gambling disorder, research has shown that affected individuals face social stigma levels similar to those associated with alcohol use disorder (Quigley et al., 2020). This stigma has detrimental effects on self-esteem, self-efficacy, and both mental and physical health, while also being negatively linked to help-seeking behaviors (Hing et al., 2016). In the case of gambling, stigma appears to be slightly higher than for other behavioral addictions (Quigley et al., 2020). Although there is also evidence that stigma is present in problematic video game use (Galanis et al., 2021; Galanis et al., 2023) and compulsive buying (Esteviz et al., 2023), it remains less studied and highlights the need for further research into its impact (Galanis et al., 2021; Galanis et al., 2023).

In terms of gender differences in stigma, women with addiction have been found to experience greater stigma and criminalization than men with addiction (Brown & Stewart, 2021). Concerning seeking treatment, stigma for women may be related to fear of losing custody of their children (Schamp et al., 2021). Also, once the help-seeking process is initiated, women tend to show greater feelings of shame and guilt, aggravating the suffering associated with the problem and facilitating the appearance of comorbid mental or psychosomatic disorders (Echeburua, 2014). Additionally, women with gambling disorder are particularly vulnerable to internalizing stigma (Dabrowska & Wiczorek, 2020). In their case, stigmatization hinders the recognition of the problem, insecurity, and verbal expression of experiences of abuse and violence (Frost et al., 2021; Lainas & Kouimtsidis, 2022). Therefore, including a gender perspective in the study of stigma can be of great importance.

Despite advancements in stigma research, studies specifically addressing stigma toward individuals with addictive behaviors remain relatively scarce compared to those focused on other mental disorders (Galanis et al., 2025). Consequently, the field still lacks a comprehensive understanding of the causes and consequences of addiction-related stigma (Krendl & Perry, 2023). On the other hand, stigma has been scarcely studied as a function of gender, although the few existing studies indicate that there are differences between men and women. Moreover, Meyers et al. (2021) report finding no quantitative studies on the moderating effect of gender on stigma. Furthermore, to our knowledge, no previous research has examined stigma related to addictions in the Uruguayan population. However, existing literature highlights the importance of addressing and understanding stigma toward individuals with addictions as a key strategy for improving their mental health (Leon-Gayo, 2024).

Considering this background, the main objective of this study is to analyze whether individuals exhibiting various addictive behaviors—specifically alcohol use, drug use, gambling, video gaming, and compulsive buying—perceived different levels of stigma compared to those without such issues. Additionally, the study aims to examine differences in perceived stigma based

on gender. It is hypothesised that individuals with problematic addictive behaviours will have higher levels of stigma than those without problematic use of alcohol, illicit drugs, gambling, gaming and compulsive buying. It is also expected that women will have higher levels of stigma than men.

## Methods

### Participants and procedure

The sample consisted of a total of 136 subjects drawn from the general population. The participants' age ranged from 18 to 63 years (mean = 42.13,  $SD = 9.32$ ), and 78.7% were female ( $n = 107$ ). Most of the participants had university studies, were single and were working (see [table 1](#) for more information).

**Table 1**

Participants' sociodemographic characteristics

	N = 136
Sex (female)	107 (78.7%)
Age <sup>a</sup>	42.13 (9.32)
Educational level	
Primary studies	5 (3.68%)
Secondary studies	18 (13.24%)
High school	31 (22.79%)
Vocational training	28 (20.59%)
University studies	54 (39.71%)
Occupational status	
Working	95 (69.85%)
Unemployed	18 (13.24%)
Student	1 (0.74%)
Retired	4 (2.94%)
Studying and working	18 (13.24%)
Marital status	
Single	61 (44.85%)
Married	35 (25.74%)
Legal partner	24 (17.65%)
Divorced	16 (11.76%)

Note. <sup>a</sup>mean (standard deviation).

Participants were recruited using non-probability snowball sampling: the sample was collected online by distributing the link to the Google Forms questionnaire on the social networks. All participants gave written informed consent before completing the questionnaire. We assured the participants of the confidentiality and anonymity of their responses and their voluntary participation. No compensation was provided for participation in this study. The research obtained the ethics committee's approval from the Catholic University (Uruguay) (ref.: 9084308) and was performed following the principles of the Declaration of Helsinki.

### Measures

Participants completed an ad-hoc questionnaire, which collected sociodemographic data, in particular, gender, age, educational level, occupational status, and marital status. Further, participants completed a set of validated questionnaires, which are outlined below.

Addictive behaviors were assessed using the MULTICAGE CAD-4 questionnaire (Pedrero Pérez et al., 2007), a tool designed to measure addictive disorders and compulsive behaviors. This instrument consists of 32 items assessing eight dimensions with four items

each: Alcohol Use, Substance Use, Gambling, Eating Disorders, Internet Use, Video Gaming, Compulsive Buying, and Compulsive Sexual Behavior. Responses are recorded on a dichotomous scale (Yes/No). Therefore, the total score ranges from 0 to 4, with scores of 2 or higher indicative of problematic behavior. Its psychometric properties are good, as evidenced by a Cronbach alpha, specifically .619 in the subscale alcohol use, .832 in the illegal substance use, .874 in the gambling subscale, .897 in the video gaming subscale, and .782 in the compulsive buying subscale.

Perceived stigma was assessed using the Internalized Stigma Scale (King et al., 2007), adapted to Spanish by Flores Reynoso et al. (2011). This scale comprises 28 items rated on a five-point Likert scale (0 = *strongly disagree*, 4 = *strongly agree*). The items are grouped into three subscales: (1) Discrimination, which evaluates others' negative reactions toward the individual, including discrimination; (2) Disclosure, which measures feelings of shame, guilt, or fear associated with revealing personal problems; and (3) Potential Positive Aspects, which captures the perceived positive impact of difficulties on an individual's personality and behavior. Some items were reverse-coded such that higher scores on the Discrimination and Disclosure subscales indicate lower levels of stigma, whereas lower scores on the Potential Positive Aspects subscale reflect a lower stigma level. The scale has demonstrated adequate internal consistency, with a Cronbach's alpha of .946 for the total score and specific values of .946 for the Discrimination subscale, .778 for the Disclosure subscale, and .809 for the Potential Positive Aspects subscale.

### Data analysis

First, descriptive statistics and frequency analyses were conducted for participants' sociodemographics and the study variables. Participants were categorized based on the presence or absence of problematic use in the five addictive behaviors assessed (i.e., alcohol use, illegal substance use, gambling, gaming, and compulsive buying) considering a score of two or higher on the MULTICAGE scale as indicative of problematic behavior (Pedrero-Pérez et al., 2007).

Given the non-normality of the data, the Mann-Whitney U test was used to analyse all comparisons between the 'problematic use' and 'non-problematic use' groups, as well as between male and female population. Effect sizes were calculated through  $r = Z / \sqrt{n}$  (Rosenthal, 1994), with  $> .10$  being small,  $> .30$  medium, and  $> .50$  large (Field, 2013).

All analyses were conducted using SPSS 28 statistical software (IBM, 2021), with a 95% confidence interval.

## Results

Considering the total sample, as shown in [Table 2](#), the results indicated that individuals with problematic use of illegal substances and problematic video gaming exhibited greater perceived stigma, as evidenced by higher scores in Discrimination and Disclosure ( $p \leq .035$ ). For the remaining addictive behaviors, no statistically significant differences were found between individuals with problematic and non-problematic use (all  $p$ -values  $\geq .089$ ).

However, when considering only the male population, the results showed that men with non-problematic compulsive buying behaviors reported higher scores in discrimination ( $p = .046$ ) and potential positive aspects ( $p = .011$ ) than men with compulsive buying behaviors. Regarding the female sample, women with problematic illegal substance use and problematic gaming exhibited higher scores in Discrimination ( $p = .030$  and  $p = .002$ , respectively).

**Table 2**  
Differences in stigma based on addiction status (i.e., problematic vs. non-problematic use)

		Total (N = 136)			Men (n = 26)			Women (n = 107)		
		Discrimination	Disclosure	Positive aspects	Discrimination	Disclosure	Positive aspects	Discrimination	Disclosure	Positive aspects
Alcohol	Non-problematic use	16.74 (14.46)	17.21 (7.41)	11.79 (4.93)	16.73 (15.82)	18.36 (6.48)	12.50 (4.76)	16.53 (13.89)	16.67 (7.30)	11.56 (5.01)
	Problematic use	13.72 (13.51)	14.44 (7.88)	12.28 (4.74)	15.00 (7.53)	16.75 (3.77)	13.00 (4.97)	13.85 (14.77)	14.50 (8.33)	12.25 (4.91)
	<i>p</i> -value ( <i>r</i> )	.390 (.074)	.090 (.145)	.671 (.036)	.973 (.014)	.829 (.042)	.943 (.014)	.358 (.089)	.166 (.134)	.562 (.056)
Illegal substance	Non-problematic use	15.23 (14.26)	16.19 (7.49)	12.08 (5.03)	14.30 (14.31)	17.60 (6.03)	13.05 (5.01)	15.30 (14.07)	15.79 (7.37)	11.87 (5.10)
	Problematic use	23.87 (12.43)	20.80 (6.93)	10.27 (3.01)	23.67 (15.08)	19.83 (6.62)	11.00 (3.29)	24.00 (11.31)	21.44 (7.45)	9.78 (2.91)
	<i>p</i> -value ( <i>r</i> )	.010 (.220)	.013 (.212)	.141 (.126)	.157 (.291)	.656 (.096)	.216 (.246)	.030 (.210)	.013 (.241)	.198 (.124)
Gambling	Non-problematic use	15.43 (13.60)	16.39 (7.33)	11.96 (4.81)	14.26 (13.51)	16.95 (5.22)	13.00 (4.84)	15.54 (13.38)	16.15 (7.31)	11.73 (4.85)
	Problematic use	20.09 (17.27)	18.32 (8.58)	11.45 (5.33)	22.43 (17.35)	21.29 (7.59)	11.43 (4.39)	19.00 (17.73)	16.93 (8.91)	11.47 (5.87)
	<i>p</i> -value ( <i>r</i> )	.402 (.072)	.407 (.071)	.687 (.035)	.364 (.190)	.231 (.241)	.427 (.165)	.692 (.038)	.914 (.010)	.914 (.010)
Gaming	Non-problematic use	14.35 (13.53)	16.03 (7.01)	12.17 (4.87)	15.95 (14.35)	17.59 (6.26)	12.32 (4.88)	13.75 (13.00)	15.48 (6.67)	12.11 (4.96)
	Problematic use	23.59 (15.12)	19.41 (9.05)	10.74 (4.82)	19.25 (18.93)	21.00 (4.83)	14.00 (3.65)	24.35 (14.75)	19.13 (9.65)	10.17 (4.84)
	<i>p</i> -value ( <i>r</i> )	.004 (.250)	.035 (.181)	.155 (.122)	.973 (.014)	.150 (.296)	.515 (.140)	.002 (.304)	.081 (.169)	.089 (.164)
Compulsive buying	Non-problematic use	14.91 (14.40)	16.03 (7.66)	12.17 (4.96)*	11.08 (13.09)	16.50 (3.73)	14.92 (4.72)	15.20 (14.24)	15.80 (7.61)	11.76 (4.95)
	Problematic use	18.60 (13.91)	17.96 (7.25)	11.34 (4.71)	21.07 (14.95)	19.50 (7.45)	10.57 (3.76)	17.97 (13.54)	17.34 (7.29)	11.53 (5.11)
	<i>p</i> -value ( <i>r</i> )	.123 (.132)	.089 (.146)	.322 (.085)	.046 (.399)	.193 (.265)	.011 (.492)	.312 (.098)	.262 (.108)	.817 (.022)

Note. The Mann-Whitney U test was used to analyze differences between groups. Effect sizes were calculated using Rosenthal's R. Differences between men and women were marked with asterisks.

Concerning the Disclosure dimension, women with problematic use of illegal substances reported higher Disclosure scores than women without problematic use ( $p \leq .031$ ).

It is worth mentioning that gender differences were only found between men and women without problematic use of compulsive buying on the positive aspects subscale. In other words, men without problematic use of compulsive shopping showed more positive aspects ( $M = 14.92$ ) than women ( $M = 11.76$ ) ( $p = .035$ ,  $r = .227$ ).

## Discussion

The main aim of this preliminary study was to analyze whether people with problematic use of any addictive behavior perceived more stigma than people without problematic use. Considering the whole sample, the results show that there are differences in discrimination and disclosure between people who report problematic use of illegal substances and video games and those who do not. Previous research has also shown that substance use disorder is one of the most stigmatized health conditions an individual can have compared to other mental health problems (Perry et al., 2020). In fact, substance addictions have been found to be more stigmatized than behavioral addictions (Galanis et al., 2025). The use of illicit substances may be more stigmatized by the fact that they are illegal because they have to be bought and used in secret. In general, people who use illicit drugs believe that people do not trust them, are afraid of them, and reject and criticize their attitudes and behavior (Ventura et al., 2022). In contrast, drinking alcohol, gambling, buying, or playing video games are not behaviors that are so stigmatized on their own, without problematic use (Galanis et al., 2023; Kummetat et al., 2022). Indeed, it is common to see advertisements linking these behaviors with fun, luxury, and a good quality of life (Dimova et al., 2025; He & Klein, 2023; Sailaja, 2024). On the other hand, in contrast to the findings of this study, other studies find higher levels of stigma in problematic alcohol use (Milan & Varescon, 2024) and gambling (Penfold et al., 2024). The discrepancies between the results could be due to the small sample size of the present study and the fact that not many people in the sample reported problematic use of the behaviors studied. However,

in line with our findings, some studies have also found higher levels of stigma among people with problematic video game use than among people with non-problematic video game use (Galanis et al., 2021; Galanis et al., 2023).

To analyze gender differences, first, the differences in perceived stigma within each group were compared. That is, what differences were found between problematic and non-problematic use in men for each addictive behavior, and what differences were observed in the subgroup of women. When analyzing differences in stigma between men and women with and without problematic substance use and addictive behaviors, we found that there were differences in the discrimination and positive aspects of compulsive buying stigma among men. That is, men who did not report problematic compulsive buying scored significantly higher on the positive aspects and lower discrimination than men with problematic buying. In fact, when analyzing the means of each subscale for significant differences between men and women, only the positive aspects subscale showed significant differences among people without problematic use of shopping. The results indicate greater perceived stigma in men without compulsive buying. One of the reasons for this may be that it is believed to be a more common behavior in women, although there is no scientific evidence to support this (Laskowski et al., 2024). The belief that their behavior is feminine (as well as problematic) may make men feel more ashamed and stigmatized (Tian, 2023). In contrast, in the female sample, significant differences are found in discrimination of problematic video game use and discrimination and disclosure of problematic use of illicit substances. These behaviors, which are more common in males (Fonseca et al., 2021; Marraudino et al., 2022), may lead to higher levels of stigma in females. In general, the perception of disorders as "masculine" has been found to be associated with greater stigma (Boysen et al., 2014). In addition, female gamers experience greater stigma than male gamers due to verbal harassment and hypersexualization (Devianti & Nurchayati, 2023; Moura et al., 2024). Stigmatization of female gamers can lead to sexism, gender-based violence, harassment, and objectification (Kuss et al., 2022; Rogstad, 2022). At the same time, we also observe that women experience greater differences in stigma resulting from the use of illicit substances. In general, the social pressure

or stigma associated with substance use tends to be greater for women than for men (Meyers et al., 2021). However, although the scientific literature reports higher levels of stigma in women, the present study did not find significant differences beyond a subscale of compulsive buying. The discrepancies between our findings and prior research are believed to be due to differences in sample size, as discussed in the limitations section below.

This preliminary study explores variables that have received limited attention in research, particularly in clinical samples. In particular, the differences between men and women in these variables have been little studied. Therefore, these preliminary results are very valuable in showing how problematic use of different substances and behaviours might be related to stigma in the general Uruguayan population. In addition, it helps to see how the gender of each person can be associated with the stigmatization of the problem they suffer from. In general, it seems that stigma may be higher for men who suffer from “feminine” problems, and vice versa. However, it is important to note that the subgroup analyses by gender should be considered exploratory and interpreted with caution. Further research with more gender-balanced samples is needed to confirm these findings. To this end, it would be helpful to collect a larger sample through channels other than social media, to achieve a better balance between male and female participants. For instance, various institutions could be invited to collaborate in disseminating the study, and these institutions could then encourage their users to participate. Tackling stigma is important so that people dare to ask for help, thereby reducing the impact on mental health. In general terms, tackling stigma is very important so that people will dare to ask for help and the impact on mental health can be reduced (Hammarlund et al., 2018; Hing et al., 2016; Quigley, 2022).

There are some limitations to this study. Firstly, the sample size and the imbalance between the number of women and men participating in the study may hinder reliable comparisons between the two groups. This gender disparity limits the statistical power of subgroup analyses, particularly those examining differences in stigma between male and female participants. Therefore, findings from these exploratory comparisons should be interpreted with caution and viewed as preliminary outcomes that warrant further investigation with more balanced samples. Secondly, the selected population is non-clinical, so the lower severity of symptoms may affect the comparison between the groups with and without problematic use of the different addictive behaviors. Thirdly, the information was collected by self-report. Social desirability may have biased the results. Finally, another limitation concerns the measure used to assess stigma, which was originally developed for mental illness and may not fully capture the specificities of stigma in addictive behaviors. However, this choice is consistent with prior studies in the field and was partly due to the limited availability of validated stigma instruments for addictions in Spanish.

In conclusion, the results show that there are differences in discrimination and disclosure between those who report problematic use of illegal substances and video games and those who do not. These results are similar to those found for women, where significant differences were observed in discrimination and disclosure of problematic use of video games and of illegal substances. In addition, we found differences in the positive aspects of stigma on buying behavior for men. Knowing that stigma is one of the most important barriers to treatment-seeking and recovery (Hammarlund et al., 2018), recognizing which populations are most vulnerable to stigma may be key to its prevention and treatment. Preventing stigma may, therefore, help people with potentially addictive behaviors to seek the help and treatment they need.

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