

SELF STIGMA IN INDIVIDUALS WITH HASH AND HEROIN USE DISORDERS IN PAKISTAN

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ABSTRACT

Objectives: The present study examined experiences of self-stigma in individuals of substance use disorders (SUDs) after detoxification. The objective of the present study was to explore the differences between hash and heroin addicts about the experiences of self-stigma.

Design of Study: Cross sectional study

Place and Duration of Study: International Islamic University Islamabad from Sep 2014 to Jan 2015.

Subjects & Method: Patients (N=150) from eight residential and outpatient substance abuse rehabilitation centers done the questionnaires focusing on demographic variables and stigma related experiences via demographic sheet and Substance Abuse Self Stigma Scale. The patients were addicts of hash (n=75) and heroin (n=75). For the statistical analysis descriptive, t-test and one way Anova were used.

Results and Conclusion: The findings of the present study indicated that self-stigma is higher in individuals with heroin use disorder as compared to individuals with hash use disorder. Findings provided that there is no difference in experiences of self-stigma in patients in which family history of substance use was present and in those who did not have the family history of the substance abuse. It was also found that persons with SUDs with higher education had higher sense of self-stigma as compared to the lesser educated or illiterate persons with substance use.

Keywords: Self Stigma; SUDS, Hash Addiction; Heroin Addiction

INTRODUCTION

Drug addiction is a psychological disorder that has drastic impact not only on physiological health but also on social and psychological facets of life. It harms the personality of an individual. These individuals show difficulty in relating to other people around and have disturbed interpersonal relationships. Psychological problems such as, depression, anxiety, psychosis etc. and stigma, has a drastic impact on the lives and personalities of these individuals. It is observed that persons with substance use disorder or abuse perceive stigma in a different way. Some have high perception of stigma but some others are capable to better avoid the stigma (Kenna, Neilsen, Mello, Schiesl & Swift, 2007).

Addiction is generally go along with a sense of dishonor or self-stigmatization. Self-stigmatization is a consequence of internalization of the social disapprobation attributing to the negative stereotypes linked with addiction. This reposes on a social constructivist account in which those pretentious by public stigmatization internalize its norms. Stigma figures as part-constituent of the vigorous process in which addiction is formed (Matthews, Dwyer & Snoek, 2017).

Stigma is characterized as a mark representative deviancy and by the existence of an extremely doubting feature. Stigma is an ethical assertion about the association of an individual's characteristic(s) with the social world and it can be proved as a threat to a person's mortality. Stigma is reliant on the connection between the particular distrusting attribute and the specific social setting; it is a conception of the social context instead of any particular individual (Goffman, 1986; Dovidio, Major, & Crocker, 2000; Yang, 2007).

Two main expressions of social stigma are prevailing in the society: one is public stigma while the other one is self-stigma. The first one contains the undesirable opinions of persons in society about individuals from stigmatized groups. While the later one is inhibited depreciation, the individuals from stigmatized groups turn against their own selves (Corrigan & Watson, 2002).

Stigmatization is the process in which one aspect or feature of an individual is associated to some persistent aspect of the marked person's identity. It is the negative consequence of a label, or the process of forming abnormal identities. Stigma is another term for bias based on negative labeling. The clear interpretation is that the 'negative' feature replicates not only disapproving

stereotypes, but also the undesirable attitudes and opposing behavior of the stigmatizer (Clausen, 1981).

The practice of self-stigmatization is prominent in addiction (Luoma et al., 2007). Stigmatized individual internalizes the negative stereotype, which results into an impaired self-esteem, and expression of negative public image. This negative public image hinders the stigmatized individuals from public commitments by stating them as, untrustworthy or deceitful. This all will result in an exclusion of affected individuals from their social life; they see themselves as irresponsible citizens. These feelings eventually motivate them to continue using drugs so that they can disremember, set aside, or lessen the adverse feelings that arise from their shame.

Individuals with substance abuse due to stigma refuse to seek mental and physical health services. Notable number of persons report absence of assurance for rehabilitation as a crucial obstruction to pursue help. Service suppliers sometimes have stigmatizing and humiliating attitudes towards abusers and, once in treatment, stigma involved in treatment can hinder the individuals from getting best care (Rasinski, Woll & Cooke, 2005; Ahern, Stuber, & Galea, 2007; Luoma, Waltz, & Hayes, 2007; Skinner, Feather & Roche, 2007).

Additionally, individuals with substance abuse and who are in treatment frequently reported the significant level of apparent stigma and the neglect from health care individuals due to stigma. These disappointments put great burden on the individual himself as well as on the overall society in the form of unceasing reliance on drugs and poor health (Woods, 2001; Semple, Grant, & Patterson, 2005; Andlin-Sobocki & Rehm, 2005).

Different stigma is devoted to various addictive substances. Consequently abusers are exposed of prejudice and discrimination that is only due to the substances they use. Therefore, a systematic review and clear consideration of stigma towards each and every substance is vital to notify upcoming interventions to decrease this stigma (Link, Cullen, Frank, & Wozniak, 1987; Rusch, Angermeyer, & Corrigan, 2005).

Stigmatization is being extensively related with individuals suffering from substance abuse that limits them to function properly. The present study is an endeavor for screening the individuals with SUDs for feelings of being stigmatized. The findings achieved through the present study will have their

implication especially for mental health professionals in considering how stigma is affecting the psychological wellbeing and mental health of persons with SUDs and which steps can be taken to reduce the stigma in order to function properly.

In light of the above literature following hypotheses are formulated

- 1 There would be a significant difference in stigma experiences of individuals with SUDs (i.e hash and heroin).
- 2 There would be a significant difference in experiences of self- stigma in individuals having SUDs (hash and Heroin) with positive or negative family history of the substance abuse.
- 3 There would be a difference in sense of self-stigma among the Person with SUDs (hash and heroin) with higher and lower education levels.

METHOD

Participants

A sample of 150 detoxified individuals (male) was selected for the present study. The sample consisted of individuals with SUDs i.e hash ($n=75$) and heroin ($n=75$). The sample age range was 15 to 70 years. Illiterate and literate both types of individuals were taken as a part of the study. Literate individuals were categorized on different educational levels i-e matric, bachelors and masters. The detoxification was used as inclusion criteria. All of the respondents were studied after minimum 3 weeks of detoxification. Participants with minimum time duration of one year for substance use were included. Some respondents were first time admitted to the rehabilitation center while some had the history of rapid relapse. The respondents were selected from eight residential and outpatient substance abuse treatment centers from Islamabad and Rawalpindi with convenient sampling.

Measures

Following measures were used in the present study.

Demographic Sheet

Demographic information consisted of variables like age, education, marital status, occupation, drug type, period of drug usage and family history.

Substance Abuse Self Stigma Scale

Self-stigma for the hash and heroin detoxified individuals was measured through the Urdu version of the Substance abuse self-stigma scale (Fazaldad, 2014) that was originally developed by Luoma (2012). The Substance Abuse Self Stigma Scale consisted of 8 items rated on 5-point likert scale ranging from 1 = never or almost never to 5= very often. The score ranges from 8 to 40 where, high scores on the scale reveal presence of stigma in the respondent. Reliability of SASS of Urdu translation in the present study (Alpha=.88).

Procedure

After seeking approval from the rehabilitation centers and hospitals consent was taken from the hash and heroin detoxified individuals for participation in the study. The aim and purpose of the study and confidentiality of the information was explained to the respondents. Participants completed the questionnaires focusing on their demographic variables and stigma related experiences through the demographic sheet and Substance Abuse Self Stigma Scale.

For hypothesis testing, analysis was done through SPSS version 18, using t-test and ANOVA to determine the mean differences among the study variables.

Operational Definitions

Substance Addiction

Substance Addiction (dependence) is based upon pathological set of behaviors which include impaired control and risky use of addictive substances which causes social impairment.

Stigma

Stigma is a personalized experience described by rejection, segregation, liability, or devaluing of an individual as a result of experience or certain expectation of harmful social consequence about a single person, group or the whole society particularly identified with a health problem (Amoroso, Zwi, Somerville & Grove, 2006).

RESULTS

Table 1
Demographic characteristics of sample

Variables	Categories	Frequencies	Percentages
Age	15-30	80	53.3
	31-45	54	36
	46-60	15	10
	61-75	1	.7
Occupation	Government	37	24.7
	Private	55	36.7
	Business	24	16
	Nil	34	22.7
Education	Nil	9	6
	Primary	29	19.3
	Middle	33	22
	Matric	39	26
	Intermediate	18	12
	Bachelors & Above	22	14.7
Marital Status	Single	68	45.3
	Married	80	53.3
	Divorced	2	1.3
Family System	Nuclear	72	48
	Joint	78	52
Drug Type	Hash	50	50
	Heroin	50	50
Duration	1-5 years	126	84
	6-10 years	18	12
	11-15	6	4
Family History	Positive	52	34.7
	Negative	98	65.3

Table 2

Means, Standard deviations, t values and Cohen's d of scores of Individuals with hash (n=75) and heroin (n=75) on Substance Abuse Self Stigma Scale.

Groups	N	M	SD	T	P	95% CI		Cohen's d
						LL	UL	
Hash	75	21.87	6.75	10.32	.00**	13.32	8.83	1.69
Heroin	75	32.79	6.19					

p < .001, df=148, LL= Lower Limit, UL= Upper Limit, CI= Confidence Interval

A significant difference in mean scores of respondents using different substances on Substance Abuse Self Stigma Scale is shown in Table 2. The differences in the scores of heroin and hash abusers indicate that heroin addicts have greater feelings of stigmatization than hash addicts.

Table 3

One way Analysis of Variance of individuals with SUDs (N=150) on Substance Abuse Self Stigma Scale with different educational levels.

Groups	Source of Variation	SS	Df	MS	F	P
SASSS	Between Groups	841.81	5	168.36	2.46	.03**
	Within Groups	9839.18	144	68.33		
	Total	10680.99	149			

P < 0.05, SASSS= Substance Abuse Self Stigma Scale, SS= Sum of Square, df= Degrees of Freedom, MS= Mean Sum of Square

Table 3 shows that SUDs (hash and Heroin) with different educational levels differ significantly on SASSS Scores $F(5,144) = 2.46$. These results indicate that the feelings of self-stigma are different between illiterate and literate patients.

DISCUSSION

The aim of this particular study was to explore the experience of stigma amongst individuals with SUDs after detoxification. Psychological disorder of substance abuse is considered as the most disabling and disgracing of all mental illnesses (Pescosolido, Monahan, Link, Stueve, & Kikuzawa, 1999) .

Individual in Pakistan with SUDs are often being described in derogatory terms. This labeling and derogation could bring out insecurities in an addict. Community or members of the society frequently assign various labels to individuals dealing with the distress of drug addiction and it generates the feelings of being stigmatized. These individuals are recurrently overlooked by family members, friends and spouse and they also experience prejudice and unfairness at job and home settings (Gostin & Weber, 1998). Society barely accepts the reality of mental illness in Persons with SUDs People do not realize that drug addiction is also a psychological problem and don't treat them as a patient. This ignorance and denial creates feelings of stigmatization and psychological and social impairment.

The results of the hypothesis indicated that individual with heroin use disorder are more stigmatized than persons who were addicted of hash. In some areas of Pakistan hash is not considered an addictive substance. It is considered as neutral as nicotine; therefore hash users are not considered as addicts and are less stigmatized as compared to heroin addicts. In this regard persons with heroin dependence experience discrimination more often than hash dependence. It is also supported by a study that heroin addicts reported higher level of stigma (Shedler, & Block, 1990). Research evidence shows that general public views that hash dependence have genetic predispositions (Room, 2005). Consequently, hash abusers experience low level of stigma than other drug abusers. Heroin is associated to immorality and hostility as it works as an eliciting force for people having tendency for violence (Baumohl et al., 2003). Therefore, the association of heroin with immoral characteristics and violence yields heroin abusers to experience higher stigmatization.

A number of social indices were also examined in relation to stigmatization among the drug abusers. The difference in sense of self-stigma among the detoxified individuals/substance abusers with family history and education levels were specifically explored in the study. Drug addiction tends to run in families. Individuals who are addicts have more chances to have children who are at the highest risk to become drug abusers. There are two reasons for this vulnerability, first is the role of genes while the other one family environment. The use of substances by parents and their children has strong correlation; in general, if parents have drug abuse behavior problem, sooner or later their offsprings will also engage in drug abuse (Fawzy, Coombs, & Gerber, 1983; Skiffington & Brown, 1984).

The parental or family attitudes on the drug taking behavior of the child or family member is a significant factor for indulging in drug abuse as well as experiencing stigmatization. A drug abuser who recognizes that a parent or family member is lenient about the behavior of drug abuse is more vulnerable to drug use and eventually experience no or lesser stigmatization (Barnes & Windle, 1987; McDermott, 1984).

If concerning to participants' education, regrettably, very few researches showed the association of level of education to stigma among the drug abusers (Kulesza, Larimer & Rao, 2013). The available studies indicate inconsistent findings regarding educational differences in experiencing stigmatization associated with drug abuse. Kelly, Dow and Westerhoff (2010) found no significant differences between educational levels for stigmatization among the drug abusers. Less education or leaving school at an early ages are associated with more disordered and chaotic drug use (Rhodes, Lilly, Gomex et al., 2009). Angermeyer (1987) measured that higher socioeconomic status and education level are associated with higher perceived stigma in drug addicts. Luoma, Twohig, Waltz et al. (2007) reported that higher education is linked with higher levels of perceived stigma amongst drug abusers. It is also speculated that encountering stigma of addiction on its own can be an obstacle in an individual's educational attainment but more interpretations and discussions require more extensive and longitudinal researches.

The present study indicated that educated persons with substance addiction with higher education levels experience more self-stigma as compared to persons with SUDs who are uneducated or have lower education levels. Even though all patients with SUDs reported experiencing self-stigma but the ones with higher education were more vulnerable to observe stigma. Because they have knowledge of bad effects of addiction and are aware of the consequences it have on addict and on society therefore educated individuals experience more stigma.

The results of the present study may help in the contribution of setting up awareness associated with the stigmatization. In addition, it may make the family members to realize the significance of treatment without labeling any negative remarks or attitude for the individuals with SUDs and also for the patients to have treatment motivation and to reduce perceived stigmatization.

Limitations

Like other researches the generalization and validity of this research is limited because of the issues of sampling and measurement. In the present research only structured questions were used and any other information about drug addicts was not gathered. It did not allow exploring the reasons behind their drug use. In this study only males were examined due to inaccessibility to female sample. It is a lacking of the present study that results could not be generalized to female population and it doesn't explore the phenomenon of stigmatization in female drug users.

Recommendations

Following suggestions should be utilized to improve the findings of the present research.

1. In future research other variables like personality traits, social support and family relationship can also be considered.
2. Female sample should also be included to measure the dissimilarities in stigma among males and females.
3. In present study only hash and heroin abusers were examined. In future research can be done with different types of drug abuse.
4. There is a strong need of awareness about drug addiction as a psychological disorder.

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