

Assessment of Self-Stigma in Individuals with Substance Use Disorders: An Insight from a Local Psychiatric Clinic in Harare

Everjoy Maramba

Psychology Department, Sally Mugabe Central Hospital

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ABSTRACT

Substance use disorders (SUDs) results in stigmatized conditions which end up causing self-stigma in individuals with substance use disorders. It is said that, self-stigma occurs when individuals internalize societal stereotypes and negative attitudes towards oneself which is a significant psychological barrier that individuals with substance use disorders often face. The impact of self-stigma on treatment seeking, recovery and overall wellbeing of individuals with SUDs has been widely recognised. This study aimed to assess self-stigma in individual with SUDs who were being treated at a local psychiatric clinic in Harare. A descriptive simple random sampling of both sexes was done. A structured questionnaire comprising of validated measures was used to assess self-stigma adapted from Substance Abuse Self-Stigma Scale. Consent was sought verbally and in writing before collecting data. The results of this study showed that individuals with SUDs feel as burdens to their families, SUDs defines a person's worth and limit opportunities were the major factors that led to self-stigma. Self-stigma was impacted by difficult to disclose, isolation and social withdrawal, barrier to accessing support, diminish self-worth and esteem that hindered recovery process. The findings also showed the preferred interventions by this sample population which were implementation of anti-stigma campaigns, access to accurate and non-stigmatizing information and counselling. It is anticipated that, by reducing self-stigma, treatment seeking behaviours, treatment adherence and overall well-being among individuals with SUDs can be improved.

Key Terms: Self-Stigma, Substance use disorder (SUD)

INTRODUCTION

Substance use disorders (SUDs) are posing significant public health challenges worldwide, affecting people of diverse backgrounds and societies. Alongside the physical and psychological consequences associated with SUDs, individuals face an extra burden of self-stigma. Self-stigma refers to internalized negative attitudes, beliefs and stereotypes that individuals with SUDs may think about themselves, leading to a diminished sense of self-worth, reduced help-seeking behavior and barrier to recovery and social reintegration. Understanding the phenomenon of self-stigma among individuals with SUDs is crucial for developing effective interventions and support systems.

METHODS

A quantitative research approach was used to investigate self-stigma in individuals with substance use disorders at a local psychiatric clinic in Harare. The study was descriptive in nature and therefore, a cross sectional design was used, on 40 participants to investigate self-stigma on individuals who had substance use disorders. For this study, simple random sampling was used to recruit participants. This method involved selecting participants at random from patients who were receiving substance use disorders treatment and it gave each patient an equal chance of participation and selection bias was removed. The Substance Abuse Self-Stigma Scale questionnaire developed by Luoma (2013) was adapted and used in this study to investigate the key objectives, and the questionnaire consist of 29 items. The questionnaire was divided into 3 sections adapted from a study by Luoma (2013) in the United States at the University of Nevada and the questions were modified to make them relevant to the population of this study. The first section consisted of 10 questions, asking about the factors that contribute

to self-stigma. The second section had also 10 questions asking about the impact of self-stigma and the last section had 9 questions asking about potential interventions to address self-stigma. The researcher carried out a pilot study on 10 participants and the reliability was 0,78. Informed consent was obtained from the participants both in writing and orally.

Descriptive statistics were used to summarize and describe the basic features of the data, such as frequency distributions, means, and standard deviations. The use of statistical software such as SPSS has also shown to be helpful in this research study. Statistical software helped to automate the process of data analysis, making it more efficient and accurate. The researchers used SPSS version 27 to perform descriptive statistical analysis and generate table representations of the data.

RESULTS

Table 1: Identifying factors that contribute to self-stigma

Descriptive Statistics			
	N	Mean	Std. Deviation
1. Ashamed	40	2.15	1.292
2. Judgement	40	2.08	1.542
3. Substance use defines worth	40	3.50	1.432
4. Conceal substance use history	40	2.95	1.518
5. Burden to the family	40	3.75	1.354
6. Internalize	40	3.22	1.405
7. Limit's opportunities	40	3.58	1.412
8. Discrimination	40	2.95	1.501
9. Self-blame	40	3.48	1.339
10. Low self esteem	40	2.47	1.450

The table shows a descriptive statistical analysis of the factors that contribute to self-stigma. The table shows that the belief that substance use disorder makes one a burden to family or society ($M= 3.75$), substance use disorders defines worth ($M= 3.50$) and limited opportunity and prospects in life ($M=3.58$) had higher means which shows that they were factors that contributed to self-stigma in this population. The factors that had higher mean are derived from the social context as the participants had developed self-stigma based on the reactions from the people surrounding them. Ashamed and fear of judgement had lower mean scores which shows that they have lower contribution in the development of self-stigma.

Table 2: Impact/ effect of self-stigma

Descriptive Statistics			
	N	Mean	Std. Deviation
1. Self-worth and esteem	40	3.78	1.209

2. Discouraged to seek help	40	2.63	1.644
3. Difficult to disclose	40	4.15	.975
4. hindered recovery process	40	3.65	1.424
5. isolation and social withdrawal	40	4.03	1.271
6. influence on overall mental health	40	3.18	1.534
7. Barrier to accessing support	40	3.90	1.482
8. Impact on relationship	40	2.45	1.501
9. Internalize negative beliefs	40	3.08	1.403
10. Limited opportunity	40	3.08	1.347

The table shows descriptive statistics analysis of the impact/ effect of self-stigma. The table shows the mean scores of the variables that were used to measure the impact and effects of self-stigma. Difficult to disclose ($M=4.15$), isolation and social withdrawal ($M=4.03$), barrier to accessing support ($M=3.90$), self-worth and esteem ($M=3.78$), and hindered recovery process ($M=3.65$), were the variables that had an impact or effect on individuals with SUDs. Impact on relationship and discouraged to seek help were the factors that had low mean scores that shows that they had less impact or effect.

Table 3: Interventions to address self-stigma.

Descriptive Statistics			
	N	Mean	Std. Deviation
1. Psychoeducation	40	3.58	1.357
2. Peer support group	40	2.58	1.534
3. Counselling	40	3.72	1.198
4. Developing and promoting positive self-identity	40	2.85	1.442
5. Access to accurate and non-stigmatizing info	40	3.95	1.108
6. Encourage open and non-judgmental communication	40	3.43	1.357
7. Implementing anti-stigma campaigns	40	3.97	1.368
8. Offering vocational training e.t.c	40	2.68	1.639
9. Community organizations	40	2.82	1.615

The table shows the descriptive analysis of the interventions used to address self-stigma. The table shows the different mean scores of the interventions that can be used to address self-stigma in this sample population. The analysis shows that implementing anti-stigma ($M=3.97$), access to accurate and non-stigmatizing information ($M=3.95$) and Counselling ($M=3.72$) had high mean scores which shows that the participants would prefer these

types of interventions. Peer support group ($M=2.58$) and offering vocational training ($M=2.68$) had lower mean scores when compared with other interventions methods.

DISCUSSION

Factors that contribute to self-stigma

Individuals with substance use disorders indicate to be a vulnerable population in the present study and non-consideration can lead to serious consequences such as increased mortality, including death by suicide. This is because the factor with highest mean that contribute to self-stigma in this research was that, individuals with SUDs feels that their substance use history makes them a burden to their families yet a family supposed to be their great support system. When someone feels to be a burden, there is an increased risk of suicide compared to the general population (Dannatt, 2021). Self-stigma in individuals with substance use disorders often leads to social isolation, strained relationships and breakdown of support systems which end up causing individuals with SUDs to internalize negative beliefs that they are a burden to their loved ones. This finding is similar to the previous study done by Sarkar et al., (2017) at a tertiary care center in India where patients with SUDs had a fear of being judged and rejected by their family and society after they got discharged for they were feeling ashamed and regarded themselves as being responsible for their condition.

In this study, the patients at the local hospital indicated that their substance use limits their opportunities and prospects of life which is the second highest factor that contribute to self-stigma. This might be because substance use disorders are often stigmatized in society as it was identified in previous study by Dschaak (2018) at the university of North Dakota that, negative attributions such as, the individuals who use substances are dangerous, and the belief that their illness was caused by bad character, caused social segregation, loss of self-determination and loss of opportunities for individuals who received treatment for SUDs. Another previous study done by Elkalla and Gilany (2023) at two psychiatric hospitals in Egypt also found out that, most people think less of a person who has been treated for substance use and even that, most employers pass over the application of someone who has been treated for substance use in favor of another applicant. The Social Cognitive Theory is also of the view that, the social context in which the individuals with SUDs exist can also contribute to self-stigma. In Zimbabwe mental illness is still highly stigmatized which might also contribute to self-stigma in individuals with SUDs.

Self-stigma affects various aspects of life including employment prospects and social interactions. The fear of being judged or rejected prevents individuals from seeking help, further perpetuating the cycle of substance abuse and limiting their prospects for recovery and personal development. Again, since substance use can strain relationships with family and romantic partners, due to erratic behavior, mood swings, neglect of responsibility associated with addiction, can lead to conflicts, loss of trust, and social isolation of individuals with substance use disorders causing high prevalence of self-stigma. Also, substance abuse often leads to legal problems like arrests which can severely impact a person's employment prospects and overall stability, and that is why they stigmatize themselves as individuals with limited opportunities. Additionally, individuals with substance use disorders spend much on the substances of their choice which made them struggle financially, neglecting financial responsibilities or losing opportunities as they prioritize using substances over pursuing education, career advancement, or health relationships. As a result, this end up causing low self-esteem and co-occurring disorders such as depression and anxiety. This showed that self-stigma needs to be addressed in individuals with substance use disorders as it becomes a barrier to achieving life goals that are considered important (Grant et al., 2018).

In this current study, individuals with SUDs believe the negative messages they hear from the public and start viewing themselves as flawed or unworthy due to their addiction. This internalized stigma leads to self-stigmatization and a diminished sense of self-worth. The Modified Labelling Theory is also of the notion that, when individuals internalized negative identities, it may lead to feelings of shame, guilty and low self-esteem (Link et al., 2001). Due to this, it is important to note that, self-stigma can consume a person's life, leading to a loss of identity outside their SUDs. When people define themselves primarily by their substance use, they may feel that their worth as an individual is tied to their ability to control or overcome their addiction. This narrow self-perception contributed to high prevalence of self-stigma. Also, some individuals with SUDs make multiple

attempts to overcome their addiction. If they relapse, they may perceive themselves as failures and believe that their addiction defines their worth. They may internalize a sense of hopelessness and further reinforcing self-stigmatization.

Impact of Self-stigma

This study found out that self-stigma has made it difficult for individuals to disclose their substance use to others ($M=4.15$). The results on SASS scale again shows that self-stigma leads to feeling of isolation and social withdrawal. Self-stigma is also indicated as a barrier to accessing support and resources needed by the patients at this local psychiatric clinic since it affected also their self-worth and esteem. Patients believed that self-stigma has hindered their recovery process from substance use disorders. This is an indicative sign that self-stigma created barriers to seek treatment since the individuals find difficulties in disclosing their conditions. These findings were supported by the study done by Hammerlund et al., (2022) in USA. The participants with SUDs were directly asked to rate the degree of influence self-stigma and other factors had on their decision about treatment seeking. Self-stigma was second highest rating influence with the denial of the problem being the highest. This showed that, self-stigma is particularly impactful for those in need of treatment for substance use disorders and there is a need to come up with relevant interventions to address this construct (World Drug Report, 2018).

Interventions to address self-stigma

The descriptive analysis of the interventions that can be used to address self-stigma shows that, implementing anti-stigma campaign that target the general public contribute to reducing self-stigma, was the most preferred type of intervention ($M=3.97$). Providing access to accurate and non-stigmatizing information about substance use disorders was the second preferred intervention ($M=3.95$). Similarly, in the study done by Brown (2015) in Brazil on self-stigma among individuals with substance use problems, he proposed that health workers have to provide individuals with accurate information about substance use disorders, including the causes, biological and psychological factors together with treatment options available. This helped to challenge misconceptions and reduce self-stigma since most of the participants were blaming themselves for their condition due to lack of insight, followed by counselling and therapy intervention ($M=3.72$). This showed that people with SUDs face significant stigmatization and discrimination from society and the interventions they preferred will help to educate and bring awareness to the public. These interventions promote acceptance and understanding that will help individuals with SUDs to view their addiction as a health condition rather than a personal failing, leading to reduced self-stigma.

CONCLUSION

In summation, the study indicated that self-stigma is prevalent among individuals with substance use disorders. Many individuals with substance use disorders internalize negative stereotypes which lead to feelings of shame, worthlessness, low self-esteem and reduced motivation to important life goals. It was discovered that self-stigma has detrimental effects on individuals with SUDs. In this study, it was associated with isolation and social withdrawal, poor treatment outcomes, and reduced quality of life. Self-stigma acts a barrier to treatment seeking and engage in recovery-oriented activities since individuals find it difficult to disclose their SUDs. However, interventions targeting self-stigma on patients being treated at the local psychiatric clinic might be important and promising. By addressing self-stigma, the interventions aim to improve treatment engagement, self-esteem and overall well-being.

RECOMMENDATION

- The development and implementation of educational programs has to be done to increase public awareness and understanding of substance use disorders in local communities targeting to dispel myth, reduce stigma and promoting empathy towards individuals with substance use disorders.
- The individuals with SUDs have to be ensured that they have access to professional counselling and therapy services to address underlying issues.

- There has to be training programs for health care providers who interact with individuals with SUDs at the local psychiatric clinics to reduce stigma, improve communication skills and adopting a compassionate and non-judgmental approach.

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