ORIGINAL ARTICLE

STIGMA AND SUBSTANCE USE DISORDER IN PAKISTAN: A COMPARISON OVER DRUG TAKING DURATION

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ABSTRACT

OBJECTIVE
To measure the level of stigma over drug taking duration among male patients with substance use disorder (including mild, moderate, severe and relapse) in Pakistan.

STUDY DESIGN
Cross-sectional research design was used in this study, and data were collected through simple random sampling methods.

PLACE AND DURATION OF STUDY
The research was conducted during the period of December, 2019 to December, 2020. The sample was collected from different drug treatment and rehabilitation centres located in Karachi, Islamabad, Peshawar, Quetta, Lahore and Faisalabad cities of Pakistan.

SUBJECTS AND METHODS
In the current study, 508 male patients with substance use disorder (i.e. 125 mild, 125 moderate, 132 severe and 126 relapse patients with substance use disorder) were selected from different drug treatment and rehabilitation centres located in major cities of Pakistan. After taking consent, Substance Abuse Self-Stigma Scale was used to collect the data.

RESULTS
The results of the current study showed that a significant difference existed at the level of stigma among mild, moderate, severe and relapse male patients with substance use disorder and the P<.05 which is .000**. The results showed that the level of stigma of substance use disorder varied on the basis of severity of use of substance, i.e., mild, moderate, severe and relapse patients with substance use disorder.

CONCLUSION
The stigma of the substance use has critical effects on the mental health of patients with substance use disorder. The stigma of substance use disorder is harsher than the stigma of other mental illnesses. It was observed that the level of the stigma had a variation based on the severity of substance use, and the results of the current study verified this assumption. This study will help the mental health professionals, medical and educational experts and the families of the patients with substance use disorder.

KEYWORDS
Stigma, Duration of Substance Use Disorder, Mental Health, Rehabilitation Centres

INTRODUCTION
Substance use disorder is often associated with adverse health effects and social consequences, including isolation from family and friends, having difficulty at work and school, committing crimes and involves the criminal justice system. It is a worldwide problem and commonly prevails in almost every society. According to the latest World Drug Report, the global prevalence of drug addiction is about 275 million people, or 5.6 percent of the world population. Like the rest of the globe, Pakistan is also a victim of drug addiction and drug-related crimes.[1] The prevalence of substance use disorder in Pakistan is 6.7 million people with the ages of 15-64.[2] Substance use disorder has been defined as an enduring disorder which is regarded as uncontrollable drug seeking behaviours and use of drugs and has adverse effects on mental health.[3] Along with other negative effects of substance use disorder, it is noted to be a highly stigmatised condition as compared to other psychiatric disorders.[4]

Stigma of substance use disorder prevails universally, and it is defined as the specific status or attribute of the person which can cause discriminated behaviours of others.[5-7] It is an overwhelming aspect that, besides laypeople, professionals also show prejudice, discriminatory attitude and stigmatization towards people having substance use disorder.[8,9] Studies reveal the numerous elements that cause variation of stigma among different types of drug users.[10-12] Similarly, another study showed that although globally individuals with substance use disorder are highly stigmatised, but the level of stigma usually varies among mild, moderate, severe and relapse drug addicts.[13]

Stigmatisation among substance use disorders is well documented, but very limited or nonexistence of research indications in Pakistan signifies that there is a dire need to address this major issue. The evidence obtained here will broaden the literature and the present study will open new avenues for research on current themes, especially in the Pakistani context.

Objectives of the study
The main objective of this study was to measure the difference in level of stigma of substance use disorder based on drug use severity among male patients. In addition to probe and identify the main causes of the stigmatisation.

Rationale of the study
Globally, the impact of stigma and mental health of patients with substance use disorder is widely studied. However, in Pakistan the patients with substance use disorder have been addressed within a pattern of limited psychological variables

and the effect of stigmatisation of substance use disorder on mental health has been neglected. Lack of research inspired the investigator to discourse on this core theme. In fact, the current study would serve as the opening of the new ways to encounter the impact of stigmatisation on mental health of these male patients with substance use disorder.

The problem of illicit substance use among young people has been one of the leading factors towards mortality, morbidity and mental health disorders. Within Pakistan, the use of illicit drugs is increasing rapidly day by day, but few and limited researches have tried to address this core issue, but most of the studies are descriptive. This study would in-depth uncover contributory and correlative aspects. Due to the profound analysis, eventually it would be beneficial in its utilisation and implication toward inhibition and handling the patients with substance use disorder not only in Pakistan but also across the world.

Hypothesis

It is hypothesised that stigma would vary among mild, moderate, chronic and relapse male addicts in Pakistan.

SUBJECTS AND METHODS

Participants

The sample of the present study comprised 508 male with substance use, including all types of male patients with substance use disorder (Depressant, Stimulants, Hallucinogens, Opioid and others). On a basis of drug taking duration, participants were divided into four categories included mild, moderate, and severe and relapse patients with substance use disorder based on criteria given in DSM-5. This categorisation was mainly done through the fifth edition of Diagnostic and Statistical Manual of Disorders.[14] Total 508 diagnosed participants (individual with substance use disorder), (i.e. 125 from mild, 125 from moderate,132 from severe and 126 from relapse drug addicts) were included in current study. All types of drug addicts were included. Data was collected from different drug treatment and rehabilitation centres in Karachi, Islamabad, and Peshawar, Quetta, Lahore and Faisalabad in Pakistan. The age ranges of participants were between 20 to 40 years, with at least matriculation educational level. Participants were from all socio-economic statuses, including lower, middle and upper classes.

Instruments

Demographic Form

Demographic form consisted of several items expressing age, marital status, Education qualification (current), occupational status, family system, Number of Children, siblings, Birth Order, socioeconomic status, severity and duration of drug taking, etc.

Substance Abuse Self-Stigma Scale (SASSS)

Substance Abuse Self-Stigma Scale comprises 40 items which are divided into three sections. Section 1, measures self-devaluation, which has 8 items, and response is rated from 1 (never or almost never) to 5 (very often level). Section two measures fear of enacted stigma, contained 9 items rated from 1 (few people [0–20 percent]) to 5 (almost everyone [80–100 percent]) scale. Section three measures stigma avoidance and values disengagement. This section contains 23 items rated from 1 (never or almost never true) to 5 (always or almost always true). This scale contains very reliability and validity.[15]

Procedure

Data was collected from different drug treatment and rehabilitation centres located in the major cities of Pakistan. The age ranges of participants was between 20 to 40 years with the least matriculation educational level. Participants represent all socio-economic status, i.e. lower, middle and upper classes. Initially, a list of valid drug treatment and rehabilitation centres (in the major cities of Pakistan) was prepared. Then authorities of the treatment and rehabilitation centres were approached for permission for data collection. Along with measures, the research purpose was fully explained to them. After receiving permission, the participants were approached through the staff of a particular drug treatment / rehabilitation centre. The purpose of the research was explained to participants. The male drug addicts who agreed to participate on a voluntary basis proceeded. After getting written consent rapport was established, then measures were administered individually. After the completion of data and scoring, results were calculated through SPSS (24 version).

RESULTS

Total 508 patients were selected, including 125 patients with the severity of mild and moderate with the mean 136.48, 149. 74 while standard deviation was 25.588 and 23.746. The patients with severe/chronic were 132 with the mean of 163.58 and mean 16.651 while relapsed were 126 with the mean of 147.96 and standard deviation were 24.381.

Table 1
Educational background and age limits of participants(N=508)

Education	F	P	Drug category	N	SD
Matric	402	79.0	Mild	125	25.58
Inter	83	16.1	Moderate	125	23.74
Graduation	21	4.1	Severe	132	16.65
Master	2	.2	Relapse	126	24.38
Total	508	100	Total	508	24.70

Table 2
ANOVA showing variation on stigmatisation among mild, moderate, severe /chronic and relapse male patients with substance use disorder in Pakistan.

Variable	Sum of Squares	df	Mean Square	f	sig.
Stigma	Between Groups	47667.790	15889.263	30.597	.000
	Within Groups	261734.373	504	519.314	
	Total	309402.163	507		

In table 2, the results show that significant differences exist ($p<.05$) which indicate that significant differences among mild, moderate, severe and relapse individuals with substance use disorder.

Table 3
Statistics of the participants Multiple Comparisons (DTD=Drug taking duration)

DV	(I) DTC	(J) DTC	Mean difference	SE	sig.
Stigma	Mild	Moderate	-13.256*	2.883	.000
		Severe	-27.103*	2.844	.000
		Relapse	-11.480*	2.877	.000
	Moderate	Severe	-13.847*	2.844	.000
		Relapse	1.776	2.877	.537
	Severe	Relapse	15.623*	2.838	.000

* The mean difference is significant at the 0.05 level. * DTC mean drug addicts type category * DV means dependent variable.

In the above given table, it has been expressed that there is significant difference between mild, moderate and severe patients with substance use disorder.

DISCUSSION

The findings of this study assimilated with preceding research. We highlighted the core elements of stigmatisation and differential causes of stigma among mild, moderate, severe and relapse drug addicts, especially in Pakistan where people are unaware of mental health problems and label drug addiction intensively have distressing effects on mental health. Although substance users are highly stigmatised, it is important that the level of stigma and perception of stigma are different among different types of drug users.

Our hypothesis that ''Stigma would vary among mild, moderate, chronic and relapse addicts in Pakistan'' was proven in this research. The results confirm the hypothesis and the value is ($p<.05$) (listed in Table 1, 2, and 3). This pattern is consistent with the previous studies.[16] It is important to note that drug addiction is a highly stigmatised condition, and the level of stigma is different and varies with the severity of drug use. One of the potential causes of the difference of stigmatisation among drug addicts (mild, moderate, severe and relapse) is the severity / duration of drug usage. As the period of drug taking behaviour increased, drug addicts faced several personal, social and environmental crises. Using substance not only affected the individual with substance use disorder but negatively impacted the family of drug addicts. The greater the duration of substance use, the more it negatively affected family members.

Substance users become unable to fulfil their personal, social, occupational and spiritual responsibilities in return, thus they become the black sheep of their families and society, which further worsens their stigmatisation. Studies show that people who have been stigmatised, lose their social identity because of discrimination / isolation from the community.[10, 11, 12]

Usually this discrimination is displayed in the housing market, workplace, educational settings, health care, and the criminal justice system.[13, 17] Another reason behind the difference of stigma among different types of drug addicts is the professionals' negative attitudes toward drug users, which advances over time (as drug taking intensity increases). Some note that as periods of drug addiction increase the professionals may have high disgrace and discredit towards habitual drug addicts as compared to those who come for treatment for the first time.[18] These phenomena may root the differences of stigma among mild, moderate, severe and relapse patients. Few studies also reported that intimate family conflicts increase and enhance the level of stigma.[4,19]

A possible factor for our result is individual differences, which play an important role in stigmatisation. Some people are strong by nature, while others are more disposed to stigmatisation. So those people who are more sensitive are more prone to high levels of stigmatisation. The higher sensitivity in drug addicts will be likely to perceive themselves as marks of discernment at personal and community level. This is also important that those who are sensitive towards discrimination expect more to be treated negatively by the community.[20,21]

This is a common phenomenon among patients with substance use disorder who use different / multiple modes for drug usage. It has been reported that some drug taking methods are associated with low levels of stigma, whereas others are associated with high levels of stigma. Some drug addicts do not get pleasure from traditional methods of drug use, so they try other hard modes of drug use. Studies show that those who use drugs by injection are more stigmatised in the comparison to other methods of drug use.[22, 23] Similarly, other studies show the positive relationship between methods of use and stigma. Even mental health professionals have a more stigmatised attitude towards people using injectable forms of substance as compare to other drug usage modes like inhaling or sniffing.[24,25] Among other reasons for difference of stigma level among different categories of substance users is that all the illicit drugs are not equally stigmatised, as some drugs are more stigmatised than others.[26] For example studies show that tobacco addiction is less stigmatised while alcohol, cocaine and other drugs are more stigmatized.[27] In our study the reason for varying in the stigma level can be the mode of drug taking behaviour and drug types, since our sample comprised those drug addicts who also used different modes and also used different drugs.

In Pakistan, where most of the population is Muslim, and believe in the teachings of Islam, which severely condemns drug use, calls it haram (forbidden) because of the negative effects.[28] As we noted that when people start substance use, their usage is less severe and try hiding their negative behaviour, but with passaging time their consumption becomes severe and the level of drug taking enhances. With increasing substance use behaviour, the users are socially and culturally highly discriminated against, rejected and badly stigmatised, violating the social norms. In our sample where the maximum participants were Muslims, which can be a likely reason of difference in level of stigmatisation in our participants of the study. A significant difference was observed among the level of stigma of people of all drug categories, including among mild, moderate, chronic and relapse ($p=.000$).

CONCLUSION

It is concluded that stigmatisation varied among mild, moderate, chronic and relapse drug addicts. Some general and particular reasons for this difference in level of stigmatisation in our hypothesis were put forth. These general and particular motives include, severity of drug use, level of self-control, individual differences, physical and mental health, treatment compliance, age, education, mode of drug use, type of drug use and Pakistani cultural ideology about drug related stigma.

LIMITATIONS

Some limitations of this study have been highlighted. First, this study was conducted only with male participants as large numbers of females are also using substances nowadays. So future studies should include all genders, which will provide valuable evaluation. Second, only educated people were included in this study, whereas a lot of the uneducated population are suffering from substance use disorder in Pakistan with randomization of rehabilitation centres representing based on all regions/provinces, thus future studies should have an aim to explore this aspect as well. Third, the present study was based on self-reported measures which has its own limitations. In future observation based data collection are needed. Fourth, only the age group between 20-40 years was included in this study. Across the world, many individuals below 20 years and above 40 years are also suffering from drug addiction, so subsequent studies should expand the age range. Stigma and its effect on a substance user's life are some of the core themes currently. Cases with psychosis should ideally be excluded.

Findings of this research might be helpful for the future researchers and mental health professionals with an interest in Substance Use Disorder or Addictionology to improve professional skills and services.

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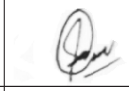
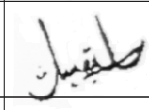
Undertaking

S.R #	Author's Name	Affiliation of Author	Contribution	Signature
1	Dr. Saleem Abbasss	Riphah International University, Faisalabad	Designing and Planning the research work	
2	Dr. Shahid Iqbal	Fedral Urdu University for Arts, Science and Technology Abdul Haq Campus Karachi	Review Manuscrip	
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