Loneliness due to Stigmatization among Male Patients with Substance Use Disorder

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ABSTRACT

Background: Loneliness due to stigma in patients with substance use disorder leads a number of mental health issues. Discrimination secondary to substance use disorder leads to loneliness, impairing the person's quality of life and wellbeing. **Objective:** The objective of current study was to measure impact of stigma on loneliness in male patients with substance use disorder in Karachi, Pakistan. **Study Design:** Cross-sectional study. **Settings:** Research was carried out at Institute of Clinical Psychology, University of Karachi, Karachi Pakistan. **Duration:** Two years & six months from July 01, 2018 to December 31, 2020. **Methods:** One hundred male drug addicts (users of Depressant, Stimulants, Hallucinogens, Opioid and others) were included in this study. The age of patients ranged between 20 to 40 years with matriculation as minimum level of education. Data was collected from different drug treatment and rehabilitation centers located in Karachi, Pakistan. Through paramedical staff of that particular drug treatment centre, participants were approached and psychological measures were administered. In order to measure variable of this study Substance Abuse Self-Stigma Scale (SASSS by Luoma, Raye, Kohlenberg and Hayes (2013) and Gierveld and Tilburg (1999) loneliness scale were used. After data collection, descriptive and inferential statistics (i.e., linear regression) was used to calculate the results. **Results:** Results show that stigmatization is a strong predictor of loneliness and the p values is (p <.05). Furthermore, implications and limitations of the study will also be highlighted. **Conclusion:** Study significantly concluded that stigmatization is a strong predictor of loneliness.

Keywords: *Stigma, Loneliness, Substance use, Mental health, Pakistan.*

INTRODUCTION

Substance use disorder is universal issue and every society is victim of it. Studies showing that globally masses suffer from substance use disorder every year and the ratio is increasing day by day. The latest World Drug Report (2018) report revealed that substance use disorders mostly prevails among people aged 15 to 65 years and this ratio worldwide is 275 million, and according to this report most common used drug is cannabis.[1]

Pakistan is also one of those countries where substance use disorder is regularly prevailed with alarming ratio. Ministry of narcotics control (Pakistan) with alliance of United Nation Office for Drugs and crime (UNODC) in latest comprehensive drug survey revealed that almost 6.7 million Pakistani between ages of 15-64 years were drug users and the use of opioids is higher among males whereas the use of tranquilizers are higher among females.[2]

Substance use disorder has adverse effects on the mental health of individuals. In addition to substance use itself, stigma associated with substance use has more adverse impact on mental health of an individual.[3] Stigma associated with substance use disorder adversely effects one's mental health in several ways.[3,4] A great deal of stigma is attached to mental illnesses, with substance use disorder being subject to the most criticism.[5] Stigma is described as specific status or attribute of the person that can cause discriminatory behavior by other people, leading to immense threat to an individual's humanity.[6,7]

There are certain reasons behind the stigmatization of drug addiction. One possible reason may be that substance use disorder is treated as a crime rather than a health condition.[8] Stigmatization is more associated with illicit drugs as compared to prescription drugs.[9] Another problematic perception of the general population regarding patients with substance use is probably the myth that individuals voluntarily continue substance and that it is in their hand to quit at any time.[10]

It is very difficult for a person with substance use to maintain social relationship because of stigma.[11] This difficulty in maintaining social relation ultimately leads to isolation and loneliness.[12] Due to loneliness secondary to discrimination the person's quality of life and wellbeing are also compromised.[13] Stigma is the barrier that prevents social interactions and hence. Stigmatization also abstain drug user from attaining professional help to improve their mental health, such as substance use.[14] Although substance use disorder is treatable, but stigma inhibits addicts from socializing and it negatively affects their wellbeing.[13] Consequently in response to stigmatization throughout the world, loneliness is highly reported among individuals using substance.

Substance use disorder is a global problem and identified as a mental health condition around the world. The associated stigma also leads to numerous mental health problems including loneliness. In Pakistan there are very limited studies in this regard. Findings of this research will help drug user, their families or caregivers and mental health professionals to enhance prognosis, reduce loneness and stigma associated with it substance use.

This study aimed to measure impact of stigma on loneliness among male diagnosed patients of substance use disorder residing in Karachi, Pakistan.

METHODS

This cross-sectional study was conducted in Karachi Pakistan from two years & six months July 01, 2018 to December 31, 2020. Participants were selected from different rehabilitation and drug treatment centers. One hundred persons with substance use (all types of drugs including Depressant, Stimulants, Hallucinogens, Opioid and others) were included in this study. Age range of the participants was between 20 to 40 years. Their minimum education level was matriculation and socioeconomic status was diverse. Participants were diagnosed patients of substance use. Formal permission was taken from drug treatment and rehabilitation centres from where data was collected. After permission participants were approached through respected staff and research purpose was in detail explained to them. Participants were approached through the staff of particular drug treatment centre.

Confidentiality was assured and estimated time duration was also informed to them. The approximate time for data collection was 20-30 minutes. After getting written consent and rapport building, the measures were administered individually. Results were prepared by using the SPSS 19.

Measures

Substance Abuse Self-Stigma Scale (SASSS), (2013)[15]

Substance Abuse Self-Stigma Scale is comprising of 39 self-reported items (with 5-point Likert scale) which further contain three sections representing self-devaluation, fear of enacted stigma, stigma avoidance and values disengagement. The 5-point Likert scale represents different ratings for each section. These scales reported high reliability and validity.

Loneliness Scale (De Jong Gierveld and VanTilburg, 1999)[16]

The loneliness scale is self-report scale which contained 11 items (Originally 34 item) and it is uni-dimensional scale. Scale items are divided into two categories and its 6 items measures negative impact and 5 items measure positive impact. The scale has very high reliability and validity.

The linear regression analysis was used to interpret the data in statistical terms. Descriptive statistics was also utilized.

RESULTS

After screening through the using criteria of Substance Use disorder from DSM-V, 100 patients with Substance Use Disorder (SUD) were included in this study. The mean age of the participants were 28.48 years and standard deviation were 6.18. All the required demographics variables which were included in inclusion and exclusion describes in the table 1. Demographics characteristics of participants showed that patients having matriculation education level were 89%, intermediate 10 % and B.com only 1 %. By socio-economics, in this study participants belongs to lower socio economics were 72 % lower, 27 % belongs to middle socio-economics status and 1 % from upper. In the sample of current study 31% were married, 68 % were single and 1% were divorced.

In the findings of this study, it has been shows that stigma of drug addiction is a strong predictor of loneliness among male patients with Substance Use Disorder (SUD) and the p values is (p-000). The results of this study shows that this loneliness developed in male patients with Substance Use Disorder purely due to stigma of SUD.

Table 1: Demographic characteristic of Men with Substance Use Disorders (N=100)

Age (20-40 years)		f	%	M	SD
				28.48	6.18
Education	Matric	89	89		
	Intermediate	10	10		
	B. Com	1	1		
Socio-economic Status	Lower	72	72		
	Middle	27	27		
	Upper	01	01		
Material Status	Married	31	31		
	Unmarried	68	68		
	Divorced	01	01		

Table 2: Model summary of the variable and the main predictor of the study is stigma

Model	R	R²	□ R²	Std. Error
1	.437a	.191	.183	2.504

R square, adjusted r square and Std. Error of the Estimate.

Table 3: Summary of Linear Regression Analysis with Stigma as Predictor of Loneliness in patients with Substance Use Disorders (N= 100)

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	145.373	1	145.373	23.179	.000b
Residual	614.627	98	6.272		
Total	760.000	99			

a. Dependent Variable: loneliness

Table 4: Coefficients Summary of Linear Regression Analysis with Stigma as Predictor of Loneliness in patients with Substance Use Disorders (N= 100)

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	SE	B		
Constant	33.060	2.146		15.40	.00
Stigma	-.063	.013	-.437	-4.814	.000***

***p <.001

DISCUSSION

The findings of current study show that stigmatization significantly predict loneliness in people with substance use disorder (p <.05). The results confirm the formulated hypothesis, and these findings are consistent with previous work of other researchers.[17] Link and Phelon in their study also found that it's not only the substance but associated stigma which actually leads to low self-esteem and hence, decreased opportunities in society.[18] The reason could be that they are considered as rejected part of society. Studies show that individuals with mental illness including substance use disorder suffer from isolation, fear, guilt, depression, anxiety and anger. Such individual are more vulnerable to receive humiliation from society which may lead to loneness in them.[19] Dinos and colleagues in their study found that people having substance use disorder are perceived as criminal and hence discriminated leading to loneliness.[20,21]

Link and Phelan (2006) also reported that adverse behaviors from society effects quality of life, well-being and increases loneliness among drug addicts. Similar studies show that the stigma of substance use disorder is so high that people do not offer them employment even if they deserve it. This further leads to social isolation.[22] Possible reason could be that they are not considered trustworthy. In addition to stigma, guilt and shame related to substance use disorder is another major cause of isolation from family members and inhibits help-seeking behaviour.[23] This is another reason that stigma and guilt are interlinked. There is low level of subjective wellbeing of individuals with substance use disorder and their families, leading to emotional distress and social isolation.[24,25,26] Furthermore, another unfortunate factor leading to loneliness among people having mental illness especially substance use disorder is the internalized feelings of stigma and assumptions that people will reject them.[27]

CONCLUSION

It has been concluded that there are certain reasons of loneliness reported among people having substance use disorders due to stigmatization. Among those factors, few are explained above which includes low self-esteem, discrimination in order to social opportunities, anger and embarrassment due to the general attitude of society. Furthermore, some other reasons are also important like perceiving addicts as criminals, rejection and discriminating behaviors by society and employment issues, guilt and shame are some important reasons leading to loneliness due to stigmatisation among substance use disorders.

LIMITATIONS AND RECOMMENDATIONS

Some limitations of this study have been highlighted. First, this study was conducted only with male participants even though a large numbers of females are also misusing substances these days. Second, only age group between 20-40 years was included in this study. Third limitation of this research is that we collected data

only from Karachi and expanding it to other major cities of Pakistan will provide a broader picture

CONFLICT OF INTEREST / DISCLOSURE

None.

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