SUBSTANCE DEPENDENCE, STIGMA AND CULTURES

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July 20, 2020

Introduction

Addiction, 'drug addiction' or 'drug abuse' is a 'given about' or 'devoted to something' behavior (Alexander &Schweighofer, 1988) that has a relationship with free will (Vohs&Baumeister, 2009). Addictive behavior has been adapted to escape 'inner discomfort'. It is about 'powerlessness' and 'unmanageability' (Goodman, 1990). Users of substances see addiction in terms of 'need', 'urgent' and 'reduced control' (Walters & Gilbert, 2000). Factors such as age (Chassin, Presson, Rose & Sherman, 2007) and gender in heroin addiction (Bokhan&Baturin, 2011) also influence behaviors. West & Brown (2013) have discussed a few theories about addiction. Addiction, types (Ausubel, 1961) recovery, scope (White, 2007) and 'opiate-like' medicines (Lindesmith, 2017) have been handed down. Substance user in general terms is a person who "lives in the present" and is "insufficiently motivated by the future" (Skog, 2003). Substance user in the current study is a voluntary participant who used heroin in the past and who was now admitted to a center for drug rehabilitation for treatment.

Addiction stigma is more powerful as compared to mental illness and disability (Corrigan, Kuwabara& O'Shaughnessy 2009). Addressing addiction is an important matter (White, 2000a: Buchman & Reiner 2009) and needs more studies (Livingston, Milne, Fang &Amari 2012). Addiction is a serious social stigma that generates strong against the user attitudes (Barry, McGinty, Pescosolido& Goldman 2014).It is a stereotypic labeling of a person or family due to social attitudes or rejection towards the stigmatized individual / individuals for discredit or for causing shame (White, 2009b). Stigma is a moral condition that shakes and threatens the sufferer as moral experience (Yang, Kleinman, Link, Phelan, and Lee& Good 2007a).Substance dependents are subject to stigma (Mahendran, Lim, Verma&Kua 2014). Addiction is found related with shame and self-stigmatization (Matthews, Dwyer &Snoek 2017).Negative social labeling as addicts found is a cause of alienation and shame amongsubstance dependents (Gray 2010). Substance users are subject to public disapproval and stigma (Barry, McGinty, Pescosolido& Goldman, 2014). Discrimination related with stigma brings in adverse effects, however, less work is available on this very aspect (Thornicroft, Mehta, Clement, Evans-Lacko, Doherty, Rose, ... & Henderson 2016). Despite treatment advancement stigma and discrimination towards substance users is constant (McGinty, Goldman, Pescosolido& Barry, 2015). Negative social environment could add into addictive diseases (Kreek, 2011) and stereotypes about addiction effect helping behaviors (Corrigan, Kuwabara&O' Shaughnessy, 2009).

Structural vulnerability and moral experience shape stigma (Yang, Chen, Sia, Lam, Lam, Ngo, ... 2014a). Social functioning is related to serotonin. Serotonergic function effects individual as well as dynamics of group actions (Krakowski, 2003). Moreover, emotionality and regulations predict social functioning (Eisenberg, Fabes, Guthrie &Reiser, 2000). Illness identity effects social functioning (Yanos, Roe &Lysaker, 2010) and acceptance of illness (Lysaker, Roe &Yanos 2006). Internalization has emotional consequences and these are related to cultural norms (Bessenoff& Snow, 2006). Cultures affect emotions, however, size varies in different cultures (Diener, Gohm, Suh.,&Oishi, 2000). Stigma deserves to be studied in socio-cultural context (Ng, 1997) because it is more culturally proscribed matter like alcohol (Sewilam, Watson, Kassem, Clifton,

McDonald, Lipski, ... &Nimgaonkar, 2015).

Stigma is related to quality of life (Sibitz, Amering, Unger, Seyringer, Bachmann, Schrank., ... &Woppmann, 2011),it affects stigmatize through threats to personal and social identity and self-esteem (Major, &O'brien, 2005). Stigmatizing attitudes towards addiction affect individuals (Sattler, Escande, Racine &Göritz, 2017).Self-concept viewed as "dynamic, active, forceful, and capable of change" construct (Markus &Wurf 1987). Self-concept is the collection of various selves (McConnell 2011).Illness negatively influences hope and self-esteem. Awareness of illness is related to hope,self-esteem and stigma (Lysaker, Roe &Yanos, 2006).Internalized stigma found to bring in negative changes in identity (Yanos, Roe &Lysaker 2011a).Adverse consequences of the experiences of internalization of stigma are related with hope and self-esteem and psychosocial situations (Livingston & Boyd 2010a). Self-concept is related to social success and failure (Bain & Bell, 2004). Negative self-concept leads to problematic behaviors (Ybrandt, 2008). Self and perceived stigma among addicts affects their health and recovery (Bozinoff, Anderson, Basssicall& Stein 2018a). Public stigma bars health seeking (Vogel, Bitman, Hammer & Wade, 2013: Conner, Copeland, Great, Koeske, Rosen, Reynolds III ,. , & Brown, 2010: Overton & Medina 2008). Culture plays a role in mental illness development (Myers, 2011). In cultural context, stigma affects treatment seeking (Loya, Reddy &Hinshaw, 2010). Less work has been reported about drug stigma (Earnshaw, Smith &Copenhaver, 2013).

Stigma is a global phenomenon (Van Brakel, 2006); it prevails across the globe (Shellenberg, Moore, Bankole, Juarez, Omideyi, Palomino ... &Tsui 2011). The term stigma was articulated in 1960s by Erving Goffman in (Kleinman& Hall-Clifford 2009). Link & Phelan (2001) explained the factors that play a role in stigma occurrence. Perceived stigma is experienced worldwide, with a 22% presence in developing and 11.7% in under development countries (Alonso, Buron, Bruffaerts, He, Posada-Villa, Lepine,, ... &Mneimneh 2008). Stigma is related to self-esteem and psychosocial situations (Livingston & Boyd 2010), self-perception (Frable, Wortman& Joseph, 1997), identity (Yanos, Roe &Lysaker, 2011a: Slay & Smith, 2011), attitudes (Yılmaz&Okanlı 2015), status disclosure in HIV (Overstreet, Earnshaw, Kalichman& Quinn 2013), hope (Mashiach-Eizenberg, Hasson-Ohayon, Yanos, Lysaker, & Roe, 2013), psychiatric symptoms (Drapalski, Lucksted, Perrin, Aakre, Brown, DeForge& Boyd 2013), psychopharmacological action of drugs on personality (Khantzian, 1978), chronic illness (Earnshaw& Quinn 2012) and recovery (Brohan, Elgie, Sartorius , Thornicroft& GAMIAN-Europe Study Group, 2010).

Stigma is a measurable subjective experience (Ritsher, Otilingam&Grajales 2003). Self-stigma (Rüsch,Angermeyer& Corrigan, 2005) emerges from public stigma when people internalize stereotypes (Corrigan, Larson &Ruesch, 2009a). Race differences in self-esteem have been observed among the people belonging to different races (Twenge& Crocker, 2000). Some studies have provided comparisons of different cultures related to stigma (Mohamed, 2011: Cheon&Chiao 2012: Yang, Kleinman, Link, Phelan, Lee & Good 2007), cross cultural and historical aspects are related to stigma (Pescosolido, Olafsdottir, Martin & Long, 2008) and similarity of stigma across the cultures in uniformed communities (Gould, Adler, Zamorski, Castro, Hanily, Steele ... & Greenberg 2010) was observed. Brohan, Slade, Clement &Thornicroft (2010) have presented a review of stigma studies; another review is by (Mittal, Sullivan, Chekuri, Allee& Corrigan (2012). Heit, (2003) has also defined addiction.

Heroin is a drug; experts have analyzed its constituents (Besacier, Chaudron-Thozet, Rousseau-Tsangaris, Girard &Lamotte, 1997).Heroin addiction influences self-concept (Shafiq, 1987) and personality (Dubey, Arora, Gupta & Kumar, 2010).Heroin addiction has been studied in social and cultural context (Burr, 1987). Heroin dependence has a tilt to be labeled as negative across the cultures (Gureje, Vazquez-Barquero&Janca, 1996). Certain similarities of the heroin dependent behaviors have also been reported across the cultures (Griffiths, 2005), however, intake modes and quantity differences in different areas have also been reported as different (Reissner, Kokkevi, Schifano, Room, Storbjork, Stohler, , ... &Scherbaum, 2012). Heroin dependents have been compared on neurocognitive tasks. Some context gender studies have reflected different biological drug action on male and female (Perry, Westenbroek& Becker, 2016), Researchers have recommended methods for heroin treatment and symptoms (Koob, 2000). Griffiths, (2005) has suggested an eclectic approach towards the understanding of heroin dependence. The current has work studied heroin users in a cultural, social and

self-concept context.

Method and Procedure

In a randomized group, 220 drug addicts (Table-1-1) who were admitted in different drug rehabilitation centers were tested to know that how the scores of oriental culture (Thompson, Hickey & Thompson, 2016: Clarke, 2002: Lockman, 2009) addicts on certain psychological tests about stigmatization level were related to and resemble with the findings of Western cultures (Toynbee, 1988) reported findings about drug addiction, self-concept and social functioning? It was assumed that findings would provide useful information about variables and cultural influences?

A complete list of all drug treatment centers in a populated city shuffled, required number marked and of these in each, every second patient in descending order that was available at the time of the study and was willing to participate, was introduced otherwise the next one was approached. Only the formally admitted in the centers were included, no addict subject to any addiction other than heroin included. After induction, all participants in individual settings were assigned a demographic sheet than in the following order after instruments made to order were administered to them, Internalized Stigma or Substance Abuse Scale (Luoma, Kohlenberg, Hayes, Bunting & Rye, 2010) to assess the individual experience with stigmatization, Social Functioning Questionnaire (Tyrer, Nur, Crawford, Karlsen, MacLean, Rao& Johnson 2005) to evaluate the perception of participants about their social functioning, Robson self-concept questionnaire (Robson 1989) to gain access to self-concept and self-image concept of participants. Prior to the administration of these devices, all participants signed the informed consent, each of whom was confident that the study would assess the possibility to improve social role to develop suggestions to address addictions in the interest of individuals who are addict. All participants were allowed to withdraw from tests at any stage. After completing tests, SPSS was used to analyze the data. The scores of internalized stigmatization served as independent, while scores for social functioning and self-concepts served as dependent variables.

Results

Descriptive as average, standard deviation and percentage of demographic data analysis were mainly used to describe the findings. It appeared that internalized stigma was correlated significantly negatively with self-concept and social functioning, while self-image was significantly positively correlated with social functioning (Table-1-2) as somewhat in a bit different perspectives appeared in findings across the cultures. Age gender relevance was also found (Table-1-3).

Discussion and Recommendation

The findings of research reflected etic propositions regarding the effect and negative influence of addictive substances on the self and personalities of the participants as earlier reported among users' in self-coping and defense styles (Evren, Ozcetinkaya, Ulku, Cagil, Gokalp, Cetin &Yigiter, 2012) in the western cultures. Moreover, 'substance use', as a negative influence for users own self emerged similarly as it was reported in earlier studies(Khantzian, 2013a). Present work hinted towards some comparative added social abnormalities among heroin users as compared to non-users (Fieldman, Woolfolk& Allen, 1995), similarly the negative influence of heroin use on the social behavior of users (Babor, Meyer, Mirin, McNamee & Davies, 1976) also emerged. Some age and gender related factors as mentioned in advanced world studies (Warner-Smith, Darke, Lynskey& Hall, 2001) also found as related, moreover a context study found age and gender role among users in case of self-neglect (Roy, 2010), the demographic characteristics of present study informed about a few resembling features(Table 1-3),a few other studies also depicted relationship of substance use and its influence on gender and age(Lin, Chang, Wang, Wu, Yen, Yeh, ... & Yen, 2013: Cicero, Ellis, Surratt & Kurtz , 2014) and on male sample without age link (Malik, Khan, Jabbar&Iqbal, 1992).

The societal outlook of advanced world and oriental cultures reflected that humans as human groups have the tendency to perceive 'drug users' as 'different' and less approved groups because of taboos or for the importance ofthe mechanisms of social control in human cultures (Chiauzzi&Liljegren, 1993; Bourgois, 2002) or social prohibitionist functionaries control (Harding, &Zinberg, 1977)? However still social factors role in

both ways appears to be there in addiction (Nakhaee&Jadidi 2009) to illicit drug use (Ford, &Arrastia, 2008). Therefore more deep studies are required for better understanding and suggestions and there are already a few (Ahern, Stuber&Galea, 2007: Room, 2004: Corrigan, Kuwabara.,& O'Shaughnessy2009). Some studies related with economic conditions and drug stigmatizations are also available like the role of unemployment relationship with stigma effects (Biewen&Steffes 2010). The present study has reflected comparable strong evidence about certain aspects related to drug addicts and the heroin addiction, perhaps less reported and appeared because of the interplay of various cultural conditions as components that are there in oriental culture where the study was conducted.

Ethical considerations

It was ensured that all participants fully understand and sign a consent form with willingly prepared to participate as volunteers in the study.

Table 1.1

Frequency Distribution of Demographic Variables (N=220)

Respondent Characteristics	Respondent Characteristics	*f (%)*
Gender	Male Female	110 (50.0) 110 (50.0)
Education	Primary Middle High Intermediate Undergraduate Graduate	1 (.5) 43 (19.5) 65 (29.5) 49 (22.3) 37 (16.8) 25 (11.4)
Birth Order	First Child Second Child Middle Child Last Child	26 (11.8) 67 (30.5) 70 (31.8) 57 (25.9)
Socioeconomic Status	Low Middle High	95 (43.2) 94 (42.7) 31 (14.1)
Family Type	Spirit Joint	112 (50.9) 108 (49.1)
Occupation	Working Non-working	105 (47.7) 115 (52.3)

Table. 1.2

Bivariate Correlation among all variables (N=220)

	Internalized Stigma	Self-Concept	Social Functioning
Internalized Stigma	-	-.58**	-.65**
Self-Concept		-	.69**
Social Functioning			-

**p < .01

This table shows that internalized stigma was significantly negatively correlated with self-concept and social functioning, while, self-concept was significantly positively correlated with social functioning.

Table. 1.3

Bivariate Correlation among compare groups (Age/Gender)

One-Sample Test

	Test Value = 0 t	Test Value = 0 df	Test Value = 0 Sig. (2-tailed)	Test Value = 0 Mean Difference	Test Value = 0 95% Confidence Interval of the Difference Lower
age	69.446	160	.000	30.98137	30.1003

gender	38.359	160	.000	1.51553	1.4375

The table shows a significant value of age and gender that is less than alpha.

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