

Perceived Stigma Impacts on the Mental Wellbeing of Drug Addicts: A Study of Drug Rehabilitation Centers in Karachi, Pakistan

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Abstract: *Society is used to stigmatize the drugs addict persons. Although this stigmatization is bad but sometimes this stigmatization is worked positively as well. But the important question is that how much this stigmatization affects the mental wellbeing of drugs addict persons. This is a quantitative study, which is conducted to examine the relationship between perceived stigma and mental wellbeing on drugs addicted persons. For this examination, the purposive sampling method is used in the study. Sample for the study is selected from different rehabilitation centers of Karachi. Total 98 numbers of people selected, whose are drug addicted. 49 participants are those, who are first time admitted and 49 whose are surfing from relapse. For data collection, Perceived Stigma of Substance Abuse Scale (PSAS) and The Warwick–Edinburgh Mental Well-being Scale (WEMWBS) are used. For statistical analysis Descriptive, Pearson’s correlation and t-test are used. Finding of the study indicated no significant relationship between mental wellbeing and perceived stigma. Also, no significant differences found between the patients whose are first time admitted and relapse patients on mental wellbeing. Although, a significant differences found between first time admitted and relapse patients on perceived stigma.*

Introduction

“Every form of addiction is bad, no matter whether the narcotic be alcohol or morphine or idealism.” -Carl Jung

Many people destroyed their lives and left their families alone because of the addiction of drugs. It is a mental disease which effected people not mentally but physically as well. If the person reached a high level of addiction, so for fulfill the urges because of drugs addiction, he would be agreed to do anything. It would be dangerous not only for him but society as well. But on other side it is also seen that with proper care and treatment there is a good possibility that addicted person recovered and cured from the disease of addiction. Not only cured even able to play his or her part in the society with positivity (Calsyn et al., 2004).

Various factors can influence patterns of mental health, including personal coping skills, perceived self-worth, the social environment, as well as other physical, cultural, and socio-economic characteristics (Public Health Agency of Canada, 2006). Additionally, individuals' own characteristics, such as coping strategies, temperament, and personality traits, also play a significant role in their mental health. Coping skills encompass a wide range of cognitive and behavioral strategies used to effectively deal with problems (Wills & Shiffman, 1985). Substance abuse can be viewed as maladaptive coping mechanisms that arise in response to stressful events.

There are currently more than 6.7 million drug abusers in Pakistan, and this number is rapidly increasing (UNODC, 2013). A comprehensive national study was conducted in Pakistan to gather reliable information on the prevalence and patterns of drug use among individuals aged 15 to 64 years. The survey revealed significant past-year use of plant-based drugs and medical prescription drugs, with cannabis, prescription opioids (painkillers), tranquilizers and sedatives, and opiates (heroin and opium) being the most commonly used substances. Gender plays a significant role in drug use in Pakistan. While the overall population prevalence is high among men, drug use among women is generally low, although there is a considerable misuse of prescription opioids and tranquilizers and sedatives among women. Surprisingly, drug use is more common among individuals aged 25 to 39 than those aged 15 to 24, despite Pakistan having a large population of youth. According to the UNODC's 2021 World Drug Report, 275 million people worldwide have used drugs, and 36 million suffer from substance use disorders. The report highlights the need to bridge the gap between perception and reality in order to educate young people and protect public health, as higher rates of drug use have been associated with lower perceptions of drug use dangers. Additionally, many countries reported an increase in cannabis use during the pandemic, with 42% of health experts in 77 countries noting a rise in usage. Non-medical use of prescription medicines also saw an increase during this time. For the addicted persons, society has some different stigmas, although they are all counted in negative sense probably. These stigmas have a huge influence and sometimes have some positive effects on the society as well; some researchers suggested the stigma as a barrier, which resist the person to be a drug user (Calsyn et al., 2004; Reif et al., 2005). Because of the fear of stigmatization from the society, person with conscious always avoid to use the drugs.

Goofman (1963) was the first person, who introduced the world with the tem of stigma, and also done the elaboration of the distribution in different ways in different circumstances. There are seven popular types of stigma: Public Stigma, Self-Stigma, Label Avoidance, Stigma by Association, Structural Stigma, Health Practitioner Stigma, and Perceived Stigma (Grappone, 2017). "While stigma on its own can be regarded as a direct social judgment about a person, perceived stigma concerns the expected reaction of others and is therefore relevant for people with psychological disorders, who want to be open about their disorders" (Zieger et al., 2016).

According to Grappone (2017), "Perceived stigma is the belief that others have negative believes about people with mental illness." Perceived stigma contained the predictable behavior form the society, in which it discriminates through their expressions of rejection. It will affect the mental health of the person who faced this behavior with the issue of mental illness. It will lead him towards the loss of his self-esteem and boycott and rejection from the social gatherings and made the person less help-seeking and his life is going downwards in the sense of quality (Angermeyer et al., 2014; Rosenfield, 1997).

The stigma for drug users is not same because there are different forms of drugs, which are present in the society. Some of the drugs is not considered as dangerous in the comparison of some others, and it is depending on the substance, which is in used by a person. Persons of high society are used powder which is the form of cocaine. And the individuals from the lower economic status, which are more stigmatized as compare to higher status, are mostly used heroine also known as crack cocaine (Jones et al., 1984). It seems that the illicit drug users are found persist on the stigma level, although they quite or reduced the intake of drugs (Link et al., 1997).

Many researches explained the expected possibilities of the effects of stigmatization (Link et al., 1997; Ritsher et al., 2003). There is a huge possibility that stigmatization would affect the mental wellbeing of a person as well as his physical health, especially when the chronic illness is beginning to showed up with the discrimination behavior. (Krieger, 1999; Minior et al., 2003; young et al., 2005)

It is hard to declare any one definition as universal definition of mental wellbeing. Mental wellbeing has been defined by many theorists; one of them was Edwards (2005). He described "psychological wellbeing is the positive outcomes of mental processes and mental health." The World Health Organization describes mental well-being as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work

productively and fruitfully, and is able to make a contribution to his or her community. This description asserts that mental well-being is more than an absence of mental illness. There are relative and subjective elements in this description which are necessary in trying to encapsulate mental well-being.

It is not justified to blame lack of education and traditional bonding for low demand in the society for mental health concerns, even stigma which is used for mental illness, also play an important as a resistance for people. According to a survey, this was conducted in the year of 2016 named as 'National Mental Health Survey 2016', indicating that for the lack of demand of mental illness health care centers; stigma is one of important reasons (Pradeep et al., 2018).

Society is used to stigmatize the drugs addict persons. Although this stigmatization is bad but sometimes this stigmatization is worked positively as well. But the important question is that how much this stigmatization affects the wellbeing of drugs addict person. This is the quantitative study and this study is conducted to examine the effects of perceived stigma on the mental wellbeing of drugs addiction persons in Karachi.

The examination is conducted on both type of drug addicts, the person treated once and on those are facing relapse. As mention in above studies (Krieger, 1999; Minior et al., 2003; young et al., 2005), the possibilities of stigma effect the mental wellbeing, this relationship is evaluated in the study on the drug addicted persons. The study is also evaluated that is there any difference between treated once and relapse drugs addicts as well. It would be beneficial and helpful in changing the life of drugs addicted persons in a positive way.

Research Question

How much perceived stigma influence on mental wellbeing of drugs addicted person?

Hypothesis

- H1: There would a significant relationship of perceived stigma on mental wellbeing of drugs addict persons.
- H2: There would a significant difference between treated once and relapse suffering drugs addicted on mental wellbeing.
- H3: There would a significant difference between treated once and relapse suffering drugs addicted on perceived stigma

Methodology

Purposive sampling technique is used for the study. Sample size is 98 drug abused persons, in which 49 are selected from the persons who came first time for rehabilitations. And 49 are selected from the persons who were once treated (relapse). Only drugs addicted are included in the study. Participants are selected only from Karachi city. Only men participants are included in the study. The entire sample is selected from the different drugs rehabilitation centers of Karachi.

Measurement

Two scales are used in the study for the measurement of perceived stigma and mental wellbeing.

- Perceived Stigma of Substance Abuse Scale (PSAS)
- The Warwick–Edinburgh Mental Well-being Scale (WEMWBS)

Procedure

For conducting the study, first get the permission letter from the university with the signature of course in-charge and chairperson of the department. Then with help of the permission get permission from different rehabilitation centers of Karachi city. After taking consent from the relevant or authority persons, the sample from the rehabilitation centers of Karachi is selected and the data is collected through the selected scales of 'perceived stigma' and 'mental wellbeing'. It took several visits to rehabilitation for the completion of the data collection process.

Most of the participants could not able to read and understand the forms that is why for getting responses, first read and explained the form in front of them and then got their responses. After collecting the data, the appropriate statistical tests are applied on the received data. Descriptive, Pearson's correlation and T-test are applied on the data. For the statistical operation, SPSS 26.0 software is used.

Results

Table 1

Variables	N	%
Age		
Drugs addicted	98	100
Patient Type		
First time treatment	49	50.0
Relapse Case	49	50.0
Family History		
Yes	10	10.2
No	88	89.8
Addiction type		
Alcohol	6	6.1
Chars	11	11.2
Crystal	8	8.2
Heroin	20	20.4
Ice	3	3.1
Medicine	1	1.0
Multiple	39	39.8
Powder	9	9.2
Sheesha	1	1.0
Total	98	100.0
Marital Status		
Unmarried	32	32.7
Married	64	65.3
Divorce	1	1.0
Widower	1	1.0
Family System		
Joint	54	55.1
Nuclear	44	44.9
Academic Qualification		
Graduation	14	14.3
Intermediate	22	22.4
Masters	5	5.1
Matric	24	24.5
Middle	13	13.3
Nil	12	12.2
Primary	8	8.2
Total	98	100.0

Descriptive Table

Table 2

Correlations for Mental wellbeing & Perceived Stigma.

Variable	n	M	SD	1	2
Mental wellbeing	98	46.41	10.379	—	
Perceived Stigma	98	22.31	3.897	.12*	—

* $p > 0.05$.

Table 3

Mean Comparison of First time treatment & Relapse Case patients on Mental Wellbeing.

Variable	First time treatment		Relapse Case		t(96)	p	Cohen's d
	M	SD	M	SD			
Mental wellbeing	45.29	10.132	47.53	10.605	-1.071	0.287*	0.21

*p>0.05.

Table 4

Mean Comparison of First time treatment & Relapse Case patients on Perceived Stigma.

Variable	First time treatment		Relapse Case		t(87)	p	Cohen's d
	M	SD	M	SD			
Perceived Stigma	21.47	3.156	23.14	4.392	-2.166	0.033*	0.43

*p<0.05.

Discussion

Table 2 revealed that Mental wellbeing has no significant correlation with perceived stigma (r=.12, p>.05). On the basis of the finding, mental wellbeing does not seem to make a significant relationship with perceived stigma on drugs addicted person. In the light of this finding, the hypothesis 1 is rejected. Although the findings oppose previous studies suggestions (e.g. Krieger, 1999; Minior et al., 2003; young et al., 2005) but previous studies are mostly conducted on western culture and this could be the one of the reasons behind this difference. Personal socio values would also be influential in the findings.

Table 3 revealed non-significant mean difference between first time treatment & Relapse Case patients on mental wellbeing with t (96) = -1.071, p>0.05. The value of Cohen's d was 0.448, which indicated small effect size. In the light of these finding, there is no difference is found between first time treatment & Relapse Case patients on mental wellbeing, therefore, hypothesis 2 is not proved. Table 4 revealed a significant mean difference between first time treatment and Relapse Case patients on the perceived stigma with t (87) = -2.166, p<0.05. The value of Cohen's d was 0.419, which indicated small effect size. In Table 4, Data is failed to pass the test for homogeneity of variance that is why the degree of freedom is changed as compare to difference measurement on mental wellbeing. And the value is also taken from the category where homogeneity of variance is not assumed. With these findings, it is suggested that, therefore, the hypothesis 3 is accepted.

The study is conducted in the city of Karachi only, in future on more broad level it would be conducted for getting for depth understanding. Due to some limitation in the aspect of time and budget the sample size is not much bigger, because of the importance of the issue, future researches is suggested to be conducted on large sample size. Longitudinal studies are also seen beneficial for understanding and achieving a reliable knowledge for intervention process. Availability of drugs are not seen so rare even some types of drugs are cheap and in reach of every socio-economic class, that is one of the reasons of it is easy obtainability for public. Policy makers should seriously work on the prevention of the drugs. It is required for healthy society, work on drug prevention and treating the drugs addicted in appropriate way.

Conclusion

The finding of the study indicated that mental wellbeing and perceived stigma found non-significant relationship with each other. No significant between first time treatment & Relapse Case patients on mental wellbeing but a significant difference is found between first time treatment & Relapse Case patients on perceived stigma. More researches on the issue are required for more in-depth understanding and for better implementation on intervention process as well.

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