

Exploring Stigma among Patients with Substance Use Disorders: A Systematic Review

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ABSTRACT

This paper explores stigmatization among patients with substance use disorder and how it affects the addiction severity and treatment. The PsycINFO, MEDLINE, EMBASE, Google Scholar, OvidSP Science Direct, PubMed, Clinical Trials.gov, and Web of Science databases were searched for experimental studies and randomized controlled trials about SUDs published in peer-reviewed English-language journals between 2020 and 2023. This review was carried out from January 2023 to June 2023. (03 years only). Out of the 314 first found papers, 10 were examined and assessed, and 41 (or 13%) underwent full-text examination (Figure). There were 6 studies done in the USA and 1 each in Korea, Egypt, Taiwan, Turkey, Italy, China, and Pakistan. All 13 studies were based on the incidence of stigma among patients diagnosed with SUDs. The finding showed that stigma in its various forms affects the treatment of individuals with SUDs. In crucial domains including health care, work, insurance, and legislation, stigmatized language can erect obstacles for people attempting to recover and contribute significantly to society. Stigma and unfavourable public perceptions of SUDs, stigma among those who have SUDs are correlated with the intensity of their addiction and may lessen with sobriety. Stigma affects not only mental health, but also social relationships, and the overall well-being of individuals.

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1 Introduction

The worldwide mental health issue of SUD is associated with a high death and morbidity rate (Iturralde et al., 2021). As an illustration, some adults consume alcohol infrequently, while others use it regularly (a development of substance use), which results in fatalities as well as psychological and physical issues (Mersky et al., 2013). An estimate states that over 55% of adults in the United States over the age of 26 drink alcohol every month, and 25% of adults engage in binge drinking, which has negative effects (Wang & Lassi, 2022). Also, 15.1 million adults in the US fulfilled the diagnostic criteria for alcohol use disorder in the previous year, which resulted in a host of mental health issues for people (Otto et al., 2006). Illegal drug use is also rising in Asian nations. The prevalence of drugs in Asian nations ranges from 0.01 percent to 4.6 percent (Khan et al., 2023).

In Pakistan, there is also a significant prevalence rate of problems linked to substance use (Shahid & Asmat, 2022). A UNODC survey found that 6.7% of people had used illegal drugs in the previous year and that 4.3% had substance use disorders and required immediate medical attention (Dargan & Wood, 2012). This rate is rising. For instance, it was estimated that 50,000 people used drugs in 1980. That number rose to 6.2 million in 2006 and 8.1 million in 2011, and since 2013, the frequency of drug misuse has been steadily rising (Mackey & Liang, 2013). Around the 1980s, heroin use in Pakistan was essentially non-existent, but in the 1990s, it began to increase. In 2013, a cooperative report on drug use in Pakistan was produced by UNODC. According to this survey, opiate (opium or heroin) use is frequent among 1% of the population in Pakistan, although cannabis is the most often used substance among participants aged 15 to 64 (Mandal et al., 2023).

Since addiction is generally connected with negative preconceptions and judgments, people with SUD are frequently stigmatized and perceived as dangerous, unpredictable, and morally culpable for their condition. They could be branded by society as "weak," "immoral," or "dangerous." (Newman & Crowell, 2023). Stigma is the term used to describe the unfavourable views, preconceptions, and attitudes that society has against people or groups that are thought to depart from accepted social norms (Shahzadi & Bhati, 2023). Individuals with substance use disorder often face social stigma due to their condition. They may be subjected to judgment, discrimination, and exclusion, which can lead to social isolation and hinder their access to support and resources that affects the emotional, mental, and physical health of individuals (Yang et al., 2017). Stigma leads to social isolation, discrimination, and a lack of understanding, making it difficult for individuals with SUD to seek help or reintegrate into society (Dannatt et al., 2021). Stigma also has a negative effect on programmes and regulations intended to treat addiction illnesses, including substance use disorders. Furthermore, self-stigma may be experienced by those with addictive disorders, which may have an impact on their behaviour. This includes feelings of guilt, shame, and moral inferiority. It may also result in a decrease in their utilisation of healthcare facilities, which has a negative impact on their health (Adlaf et al., 2009). Self-stigma can prevent people from getting the support they need, lower their self-esteem, and result in less successful therapy (Dannatt et al., 2021). There is evidence connecting self-stigma and internalised stigma to elevated levels of psychological discomfort and emotional disturbance, (Shahzadi et al., 2023) and poorer quality of life (Shahzadi & Mahmood, 2023). Particularly, individuals with substance use disorders (SUDs) may occasionally experience severe stigma from medical professionals (Sarkar et al., 2019).

In conclusion, here is a noticeable gap in research exploring how stigma specifically influences the decision-making process regarding seeking treatment. The lack of prioritisation of addiction services and SUDs may be due in part to stigma towards those who suffer from SUDs. Non-consideration, however, can have major implications, including higher mortality, which includes suicide death, as patients with SUDs are a susceptible

demographic. Addressing these complex issues at the policy, community, and individual levels requires multi-level interventions that target many stages.

1.1 Significance of the Study

The numerous medical, psychiatric, psychological, spiritual, familial, social, legal, and economic problems associated with substance use disorders impose a significant cost on affected individuals, their families, and society at large (SUDs). From the social aspect, stigma is associated individuals with SUD. This review address stigma associated with substance use disorder is crucial for promoting understanding, compassion, and effective support for individuals in need. It involves education, advocacy, challenging stereotypes, and creating supportive environments that foster empathy and inclusivity. No doubt, progress has been made in recent years to reduce stigma and promote a more compassionate approach to substance use disorder. However, there is still work to be done to ensure that individuals with SUD are treated with dignity, respect, and provided with equitable access to treatment and support.

2 Method and Material

This review focused on empirical research that was published in the last three years and did not take the importance of research that was released before 2020 into account. The study and conclusions were based exclusively on recent research findings.

2.1 Search Strategy

This review study searched a number of databases such as MEDLINE, OvidSP, PubMed, Google Scholar, PsycINFO, Scopus, Science Direct, and Web of Science, in great detail for pertinent material. The five years that the search was limited to were 2020–2023, or items published within that time. Only studies with teenage participants and written in the English language met the inclusion requirements. To make sure that any recently published research was included, a follow-up search was conducted between July 2022 and February 2023.

2.2 Search Terms

The search terms used for this study included two sets of keywords:
"Stigma" OR "Social Stigma" OR "Discriminate" OR AND " "substance use disorders" OR "SUDs" OR "Chemical addiction", OR "Substance use and abuse".

2.3 Steps in Systematic Review Process

- The following protocols were adhered to during the systematic review:
- Analyzing reviews that have already been published.
- drafting of the review query.
- creation of criteria for inclusion and exclusion.
- Finding pertinent research.
- Using the criteria, research is chosen for inclusion.
- Data compilation from the chosen research studies.
- Evaluation of the listed studies' bias risk.
- Analysis of the findings and assessment of the evidence's quality.

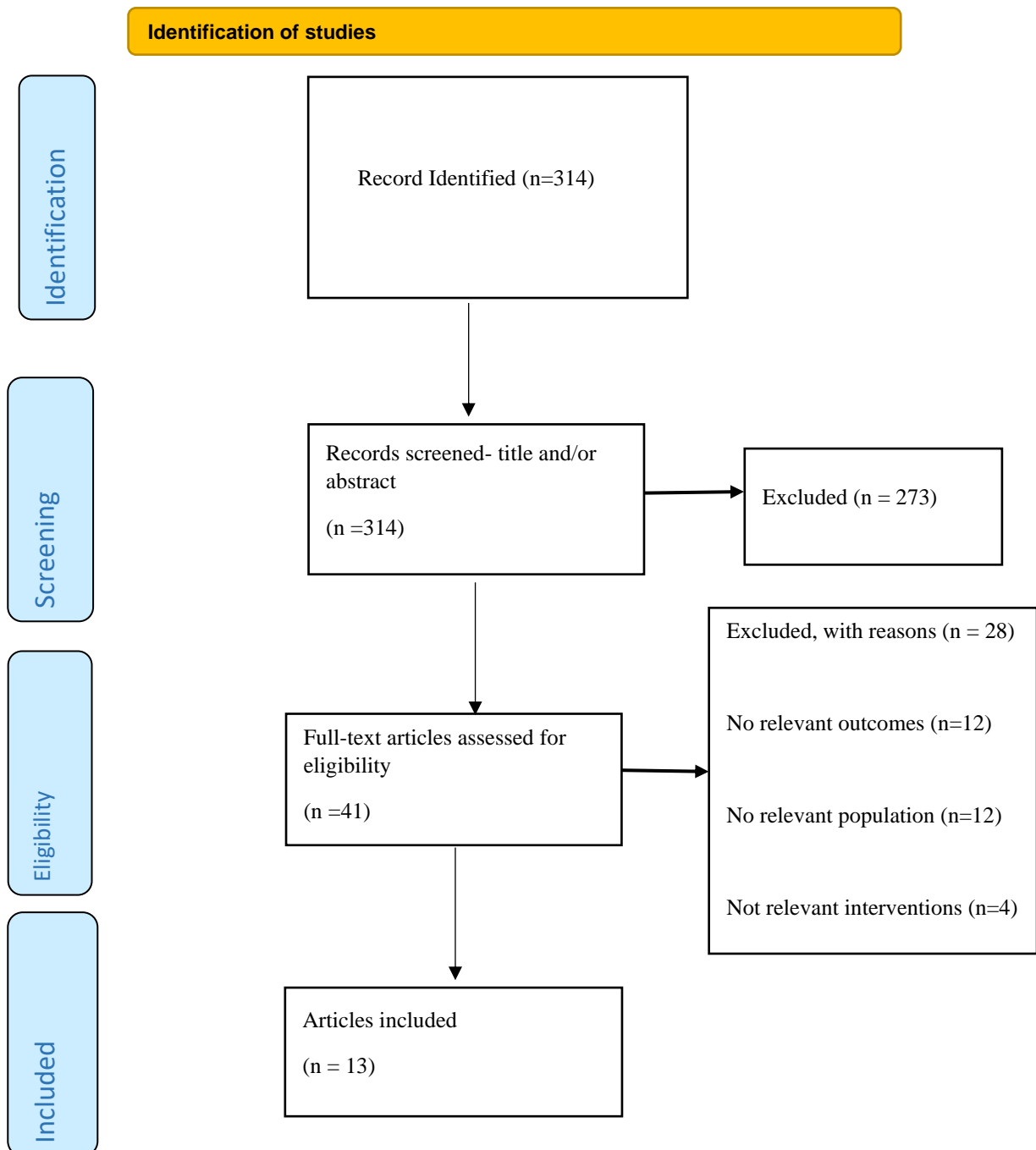
The review included the following criteria:

- Works written in English for publication.
 - Research looking into how substance abuse and stigma are related.
 - Studies that were quantitative as well as qualitative were taken into account.
- Yet, research that satisfied any of the subsequent criteria was eliminated:
- Insufficient study access.
 - Research that is not available in English.

- Research centered solely on the LGBTQ+ community or utilizing non-human subjects.

2.4 Selection Process

The references were first gathered throughout the search process and then imported into Excel and EndNote. The titles and abstracts of the publications were screened in accordance with the predetermined inclusion and exclusion criteria in order to determine their eligibility. Please refer to the PRISMA flowchart (Figure 1), which illustrates how studies are chosen.



2.5 Data Extraction

The following data was collected and recorded from each study:

- The participant's description or sample size
- Participants' gender and age
- Assessment of parenthood

- Study type or design
- Stigma
- Information about drug usage

The researcher included studies using a variety of substances, including stimulants, depressants, hallucinogens, and others. Nonetheless, this review's main objective was to look into the connection between stigma and substance abuse. The relationship between these two parameters was the particular focus of the analysis.

SUDs in adults and adolescents were examined in both experimental research and randomized controlled trials (RCTs) that were included in the review. Peer-reviewed English-language journals published these works. The DSM-5 criteria were used to diagnose SUDs in the selected studies, which took into account both qualitative and quantitative research methodologies.

3 Quality Assessment

To assess the quality of the research and identify any external or internal threats to validity, a checklist was employed. All the studies were evaluated based on predefined criteria, such as demographics, descriptive framework, data gathering techniques, generalizability of results, interpretation of findings, study completion, and analytical methodologies.

3.1 Information Analysis

Studies on substance abuse, psychological issues, and stigma were only included in this review if they included both clinical and non-clinical samples.

Each study's findings were examined separately and grouped according to how stigma and other constructs—like substance abuse—relate to one another.

This methodology facilitated an extensive analysis of the interactions among these variables.

4 Results

Table-1: Studies describing the relationship of Depression and Substance Use Disorder. Note: RCT: Randomized Controlled Trials, PWID: People Who Inject Drugs Of the 314 studies discovered, 42 were full-text assessed and 13 were analysed (Figure). There were 6 US studies and 1 each in Korea, Egypt, Taiwan, Turkey, Italy, China, and Pakistan. All 13 research examined SUD patients' stigma (Table). In 2023, there were 5 Cross-sectional studies (R. E. Barenie et al., 2023; Elkalla et al., 2023; Jang et al., 2023; Judd et al., 2023; Parish et al., 2023). Drug addiction stigma and discrimination were examined. All 5-research found that stigma toward substance use disorders hinders treatment-seeking and recovery efforts for those who have the greatest need for services. Stigma against opioid use disorder (OUD) has undoubtedly contributed to the overdose crisis in recent years. In order to inform the development and implementation of evidence-based improvement strategies and policies to support the development and implementation of stigma-reduction interventions for providers to improve their perceptions and treatment of substance use, the researcher used systematically quantified data on provider stigma toward substance use disorders in health care.

Table 1 Literature

| Title | Study Reference | Country | Study Type/Design | Sample Characteristics | Conclusion |
|---|---------------------------------|---------------|------------------------|--|--|
| Social Stigma and Discrimination Toward People with Drug Addiction: A National Survey in Korea | (Jang et al., 2023) | Korea | Cross-sectional Survey | N = 1020 Age= 19 years or older $M_{age}= 63.4$ SD= 0.17 | The findings suggest that education on drug addiction prevention for the general adult population is necessary, and this education should include knowledge on coping with drug addiction and reducing stigma and discrimination toward drug addicts. |
| Assessing self-stigma levels and associated factors among substance use disorder patients at two selected psychiatric hospitals in Egypt: a cross-sectional study | (Elkalla et al., 2023) | Egypt | Cross-sectional Survey | N= 552 patients Age= 29 or younger $M_{age}= 20.3$ SD=5.1 | Our study investigates self-stigma in substance use disorder (SUD), revealing its variance across demographics and clinical groups. We found that self-stigma correlates with use severity and possibly decreases with abstinence. Notably, societal bias contributes significantly to self-stigma, necessitating societal interventions. |
| Understanding stigma through the lived experiences of people with opioid use disorder | (Judd et al., 2023) | China | Cross-sectional Survey | N=30 Age: 18–57 $M_{age}=34.97$ SD = 8.52 | The experiences described by participants highlight the multifaceted impact of stigma on the individual as well as society and add to our understanding of the lived experience of stigma. |
| Health Care Provider Stigma Toward Patients With Substance Use Disorders: Protocol for a Nationally Representative Survey | (Parish et al., 2023) | USA | Cross-Sectional Study | N=500 Age=20-45 years $M_{age}= 33.9$ SD= 0.17 | A more detailed understanding of substance-related stigma across the primary health care spectrum is necessary for the development of interventions tailored to primary care, emergency medicine, and dental professionals. This is especially important in settings where patients with substance use disorders are frequently encountered. |
| Student Perceptions of Substance Use Disorder Stigma as a Factor for Health Disparities: A Mixed-Methods Study | (Rachel E Barenie et al., 2023) | USA | Mixed-Methods Study | N= 458 young Age= 21-40 $M_{age}=28.1$ SD = 6.5 | It is clear that students believe stigma related to sexually transmitted diseases harms patient treatment. Opportunities to more deliberately and smoothly integrate SUD treatment and management principles into the curriculum and to give students the tools they need to navigate the intricate regulatory framework that covers SUDs in the workplace may be found in professional training programmes.US. |
| Faculty, staf, and student perceptions of substance use disorder stigma in health profession training programs: a quantitative study | (R. E. Barenie et al., 2023) | United States | Cross-sectional Study | N=572 youth Age= 31 years old average $M_{age}=15$ SD= 12.2 | Fewer staff members, students, or faculty members remembered hearing disparaging remarks from their peers, but the majority of them stated that they had difficulties communicating with someone who had an SUD. It is worth investigating whether treatments aimed at enhancing communication in academic healthcare training environments will lessen the difficulties faced by staff, instructors, and students when providing care to people with substance use disorders. |

| | | | | | |
|---|---------------------------|----------|-------------------------|--|--|
| Comparisons of psychological distress and self-stigma among three types of substance use disorders receiving treatment-as-usual approaches: real-world data from a 9-month longitudinal study | (Chang et al., 2022) | Taiwan | longitudinal study | N=326 clients Age=18–25 $M_{age}=19.5$ SD=12.7 | SUD outpatients in Taiwan may experience less psychological distress but not self-stigma with standard care. Due to significant drop-out rates and no control condition, such consequences need additional study. The findings show SUD patients may need further treatment for self-stigma. |
| Stigmatization of people with alcohol and drug addiction among Turkish undergraduate students | (Topkaya et al., 2021) | Turkey | Cross-sectional Survey | N=513 undergraduate students Age=18 to 33 $M_{age}=21.20$ SD=2.15 | Research may assist identify stigmatizing views among Turkish college students and develop models to explain them. |
| The Impact of Stigma on Treatment Services for People With Substance Use Disorders During the COVID-19 Pandemic—Perspectives of NECPAM Members | (Dannatt et al., 2021) | Italy | Descriptive study | N=28 respondents Age= 20=60 $M_{age}=28.1$ SD = 6.5 | Patients with SUDs should have their physical and mental health issues recognized and addressed as a priority |
| Stigma: how it affects the substance use disorder patient | (Zwick et al., 2020) | USA | Epidemiologic al Study | N=4894 participant Age=18–70 $M_{age}= 33.9$ SD= 0.17 | Raising awareness about recovered people can minimise stigma. A visible social identity of healing and meaningful activity is necessary for the community. |
| Social Stigmatization of Drug Abusers in a Developing Country: A Cross-Sectional Study | (F. Khalid et al., 2020) | Pakistan | A Cross-Sectional Study | N= 100 patients Age= 18 to 70 $M_{age}=19.5$ SD=12.7 | Stigma affects drug abusers in therapy. It causes low self-esteem and moderate sadness. Future studies can include more socioeconomic groups and collect data from other tertiary care hospitals and mental healthcare centres. |
| They look at us like junkies”: influences of drug use stigma on the healthcare engagement of people who inject drugs in New York City | (Muncan et al., 2020) | USA | Cross-sectional Study | N= 32 self-identified PWID Age=16-45 $M_{age}=28.1$ SD = 6.5 | Drug abusers in therapy experience stigma. It causes mild depression and low self-esteem. Further research can include people from a wider socioeconomic range and collect data from other tertiary care hospitals and mental healthcare institutes. |
| Stigma, Help Seeking, and Substance Use | (Rudenstine et al., 2020) | USA | Cross-sectional Study | N= 406 Age= 20 to 67 $M_{age}= 34.39$ SD= 10.02 | The data reveal a unique, indirect link between self-stigma of assistance seeking, a positive attitude toward psychiatric help, and AOD usage across age groups. |

These strategies lessen stigma among SUD patients and faculty, staff, and students serving them. Notably, societal bias causes self-stigma, requiring social treatments. Furthermore, in another study (Rachel E Barenie et al., 2023) In the US, healthcare professionals and society stigmatized SUDs, which hinders treatment. This study found that stigma can prevent SUD patients from accessing proper care and impair the quality of their care. The thematic analysis also revealed two themes: (1) students need more training to address SUDs in practice and (2) didactic and clinical rotations should be synergized to improve SUD training.

Another 9-month longitudinal study (Chang et al., 2022), Southern Taiwanese outpatient psychiatric centres recruited individuals with heroin (n = 112), amphetamine (n = 151), and alcohol (n = 56) use problems using convenience sampling. The Depression, Anxiety, Stress Scale (DASS-21) measured psychological distress, and the Self-Stigma Scale–Short measured self-stigma (SSS-S). This research found that heroin and amphetamine users reported higher self-stigma than alcohol users. Over time, self-stigma stayed stable. Sixty percent of 9-month treatment-as-usual participants dropped out. Thus, stigma may require further SUD treatment.

A similar research (Topkaya et al., 2021), among 513 participants, felt risk and fearfulness toward people with drug addiction (alcohol, heroin, marijuana) and readiness to interact with them. The results showed that women were more afraid of alcohol, marijuana, and heroin addicts than men. Younger individuals thought drug addicts were more dangerous. Additionally, there was a higher social gap between younger participants and alcohol and marijuana addicts. Perceived danger and dread were found to be partial mediators between social distance and the stigma associated with alcohol, marijuana, and heroin.

A study (Zwick et al., 2020) points out that many things can cause stigma, but this article concentrates on words. People influence each other through dynamic language. The results demonstrated that stigmatized language regarding substance use, disorders related to substance use, and treatment for substance use might erect obstacles for those seeking recovery and making a positive contribution to society in the areas of work, insurance, and health care. Furthermore, another research, (Khalid et al., 2020), Self-stigmatization, perceived stigma (99% as having marital and work issues), and enacted stigma (81 percent as less capable) were noted (94 percent in having devaluation thoughts). There was no loss of confidence (73 percent were content). Social assistance was available (76 percent from family). A total of 17% of individuals had moderate depression. Ages 21–40 account for almost 83% of the study population, followed by 41–60%, 1–20%, and 15–2%. Fifty-five percent of the population used heroin, opium, or brown sugar, while 37 percent used white crystal. Eighty percent of the population was poor. Drug abusers who are in therapy are impacted by stigma, and 70% of them reported using drugs improperly for one to five years.

5 Discussion

The 13 papers we examined showed that SUDs are stigmatized. SUD patients were often blamed for their condition, considered as violent and unstable, and unable to make financial or care decisions. Increased stereotyping may generate negative emotions like pity, wrath, anxiety, and a desire for social distance, which are common in SUDs. Strongly unfavourable stereotyping can lead to discrimination, as seen by participants' willingness to prohibit SUD patients from fulfilling responsible societal roles and force treatment on them. Overall, SUDs were stigmatized more than other mental diseases (Witte et al., 2019).

This comprehensive research supports past findings that drug addicts are seen as more dangerous and guilty than mental illness patients (Corrigan et al., 2009). A different study found that attitudes toward drug use and abusers influence personal drug use. The study

emphasizes the need for additional drug stigma research since stigma hinders treatment, while reduced stigma may encourage adolescent use (Adlaf et al., 2009). Another study indicated that underprivileged drug users encounter multi-faceted stigma and prejudice that worsens their mental and physical health (Ahern et al., 2007). Only the stigma-SUD association has been consistently found in the literature. Results indicate that stigma harms drug users' mental health (Kulesza et al., 2013).

The current systematic review has limitations. Few studies in this topic have focused on a few countries. Most research lacked follow-up data. Most research was place in wealthy nations with opportunities and direction. These tactics may work in countries with little resources and a poorly informed population, but how is unknown. The data was broadly applicable and did not address specific illnesses. Finally, the review was registered ex-post-facto on the protocols.io platform.

Despite these disadvantages, the review included psychological therapy data for SUDs to help practitioners and clinicians create patient-centred treatment programmes and technological solutions. It is important to recognise that no therapy works for everyone. A comprehensive therapy plan tailored to each person's stigma works best.

6 Conclusion

In conclusion, the extensive review of empirical research spanning from 2020 to 2023 highlights the pervasive stigma surrounding substance use disorders (SUDs) globally. The findings underscore the detrimental impact of stigma on addiction severity and treatment-seeking behavior among individuals with SUDs. Notably, societal biases and discrimination contribute significantly to self-stigmatization, hindering access to proper care and impeding the overall well-being of affected individuals. Addressing the multifaceted nature of stigma requires concerted efforts at various levels, including policy reforms, community education, and destigmatization initiatives. By prioritizing interventions that challenge stereotypes, foster empathy, and promote inclusive support systems, we can mitigate the adverse effects of stigma on SUD patients and facilitate their journey towards recovery and long-term wellness. It is imperative to recognize stigma as a barrier to effective treatment and to develop tailored interventions that promote understanding, compassion, and equitable access to care for individuals struggling with SUDs.

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