ORIGINAL RESEARCH PAPER
Volume - 14 | Issue - 06 | June - 2025 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

SELF-STIGMA AMONG MEN AND WOMEN SEEKING TREATMENT FOR OPIOID DEPENDENCE: A CROSS-SECTIONAL COMPARATIVE STUDY

Psychiatry

Dr. Kamini Verma Assistant Professor, Dept. Of Psychiatry, AIIMS Kalyani, West Bengal , India.

Dr. Piyali Mandal Additional Professor, National Drug Dependence Treatment Centre And Department Psychiatry AIIMS, New Delhi, India.

Dr. Atul Ambekar Professor National Drug Dependence Treatment Centre Department Of Psychiatry AIIMS, New Delhi, India.

Dr Priyajyoti Chakma* Associate Professor. Dept. Of Psychiatry Agartala Govt. Medical College, Tripura, India. *Corresponding Author

Dr Bappaditya Roy Senior Resident, Dept. Of. Psychiatry Agartala Govt. Medical College, Tripura, India.

ABSTRACT

Background: Substance use disorders are accompanied by a sense of shame or self- stigmatization, the degree of which may be different in men and women. Women who use substances suffer from more complications and poor treatment seeking **Aim:** To compare self-stigma among men and women seeking treatment for opioid dependence. **Methodology:** This is cross sectional observational study included 40 married(20 male, 20 female) patients of opioid dependence (ICD-10) seeking treatment for the first time in a tertiary care Addiction-treatment Center. Following informed consent, participants were interviewed using a semi-structured questionnaire (socio-demographic and substance use details), Addiction severity index (ASI) and Substance Abuse Self Stigma Scale (SASSS). Clearance from institutional ethics board obtained. **Results:** The primary opioid of use was Heroin (55%) in males, Injection Pentazocine (45%) in females. Mean duration of opioid use was higher in males (8.53vs5.75years). Scores on ASI did not differ significantly between the groups. Self-stigma scores were found to be significantly higher ($p<0.001$) in females in all three subscales: self-devaluation (2.52 vs. 3.29), fear and enacted stigma (3.28 vs. 3.95), and stigma avoidance (2.79 vs. 3.63) **Conclusion:** Despite lower duration of drug use and similar level so f addiction severity, self- stigma was significantly higher among women with opioid dependence. These findings add to the scarce literature on female opioid dependence from India and improve the understanding of higher self-stigmatization in women with addiction and thus underscore the need for gender-sensitive clinical and public health measures.

KEYWORDS

ASI (Addiction Severity Index), SASSS (Substance Abuse Self Stigma Scale), Opoids, Self Stigma, Addiction.

INTRODUCTION

Stigma is a social process where certain groups or individuals are devalued by others because of their perceived undesirable attributes.[1] Self-stigma comes about when people first see themselves as a member of a stigmatized group. Thus, now the negative stereotypes and biases of society that used to be about someone else, apply to the self.[2] Among all the mental health conditions, Substance Use Disorders (SUDs) are much more stigmatized than others.[3]

Stigma associated with SUD adversely affects many areas of life, including treatment-seeking, Mental and physical health. It also affects the socioeconomic circumstances[4, 5] through the process of discrimination and social exclusion. [6]

Although stigma is a universal phenomenon, but women who use drugs face negative stereotypes which are of different nature and severity, since they go against the character traits of perceived female identity.[7] Substantial research shows that female drug users face stigmatization as 'badwomen' because they violate gender-role expectations.[7,8] Stigma for Women are more severe irrespective of the use of licit or illicit substances. Women who use drugs are mostly stereotyped failing as mothers, or partners. [9]

While existence of the stigma a associated with substance use disorders is well-recognized, there is very little research from developing countries like India and the few available Indian studies have not considered the gender differences in stigma prevalent in the society. [10] We aimed to address this gap in the literature.

Methodology

This was a cross sectional comparative study conducted at a tertiary-level drug dependence treatment centre. Participants included newly registered (within 4 weeks of registration) patients (n=40, 20 male and female each) of opioid dependence, aged 18-50 years and married. Patients with other co morbid psychiatric illness (screened using MINI) as well as those dependent on any other substance other than tobacco were excluded. After obtaining written informed consent and after applying inclusion and exclusion criteria we interviewed the patients using a specially designed semi-structured questionnaire (Socio-demographic and substance use details), and Substance Abuse Self- Stigma Scale (SASSS) and Addiction severity index (ASI). For the purpose of the current study the domains of ASI used were: Employment/ support (24 item), Alcohol, drugs (35items) and Family/ social (36items). For each domain, past 30-day time frame was the primary assessment interval.

The SASSS (Substance Abuse Self-Stigma Scale) consists of 3 subsections which measures Self-devaluation (8 items SS1), Fear and enacted stigma (9 items SS2), and Stigma avoidance and values disengagement (23 items SS3).For final SASSS score, the score of each subsection is added up and high SASSS score signifies higher level of self/internalized stigma. The scale was translated in Hindi for the purpose of the study. The Hindi version of the scale has not been used in Indian population previously. We used SPSS version 21.0 for statistical analysis. Data were checked for normal distribution but due to small sample size, non-parametric tests of significance were applied for all variables. The level of statistical significance was kept at $p<0.05$. Ethical clearance was obtained from the institute ethics committee.

RESULTS

Table 1 shows the socio demographic details of the study population. Mean age of males and females were 36.30 and 32.60 years respectively. As per the inclusion criteria, all the subjects were married. Majority of males were working in skilled job whereas nearly all females were housewives.

Table1:

Socio demographic details	Male patients	Female patients
Mean Age ± SD(years)	36.30 ± 7.5	32.60 ± 7.2
Education		
Primary (upto 5th)	1 (5%)	5 (25%)
Middle (6th to 8th)	10 (50%)	8 (40%)
Secondary to senior Secondary(9th to 12th)	7 (35%)	6 (30%)
Graduate	2 (10%)	1 (5%)
Occupation		
Professional	1 (55%)	1 (5%)
Skilled worker	13 (65%)	0

Unskilled worker	3 (15%)	0
Househusband/wife	0	19 (95%)
Business	2 (10%)	0
Farmer	1 (5%)	0
Residence		
Urban	11 (55%)	12 (60%)
Urban slum	6 (30%)	6 (30%)
Rural	3 (15%)	2 (10%)

Majority of males were using heroin by 'chasing' route as a primary opioid of use (55%) followed by those using doda and injection pentazocine (15% each), tab tramadol(10%)and injection buprenorphine (5 %). Among females, 45 % were using injection pentazocine followed by street heroine by 'chasing' route (35%)and tab tramadol (20%).Mean duration of Opioid use was shorter in females as compared to males (5.75 ±4.09 vs. 8.53 ±6.90 years with p< 0.05).

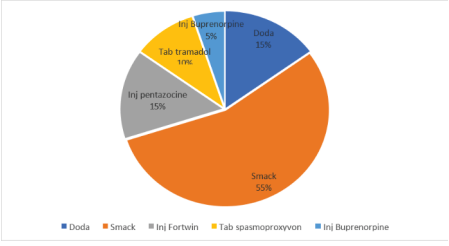

Figure1 Represents The Type Of Opioid Use In Male Patients.

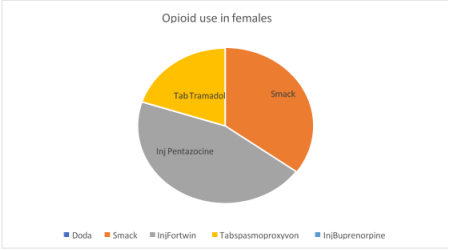

Figure 2 Represents The Type Of Opioid Use In Female Patients.

The commonest route of opioid use in males was chasing (40%) while for females the injecting route was most common (50%).The average amount of street heroin used in female patients as compared to males was 1.14 gm/day and 0.9 gm/day (Rs. 1200 vs. Rs 900/ day) respectively whereas the average ampoules of inj pentazocine in female patients was higher 8 compared to 5 in male patients. The average number of tablets of tramadol use/day in male as well as female patients was nearly equal. The other substances used by male patient's in non- dependent pattern were alcohol (75%) and cannabis (55%) whereas among females alcohol and cannabis use was reported by 20% and 15% respectively.

Addiction severity was assessed on three of the domains of ASI: Employment (E), Drug use (D) and familial and social domain (F) .For male participants the mean ASIE,D and F scores were 0.4327 ,0.2097 and 0.4765 whereas for females the mean scores found on above three domains are 0.9796, 0.2146 and 0.6026 respectively. There is no significant difference found between the ASI D and ASI F subgroup of Addiction severity index on Mann Whitney U test (U=187.00p=0.72; U=132.00,p=0.06). Al though the Employment status of male patients as compared to female patients show a significant difference (U=26.00, P=0.00), it must be remembered that almost all female patients worked as housewives. More importantly the family / social relationship status tended to be worse in female patients, though this did not reach statistical significance.

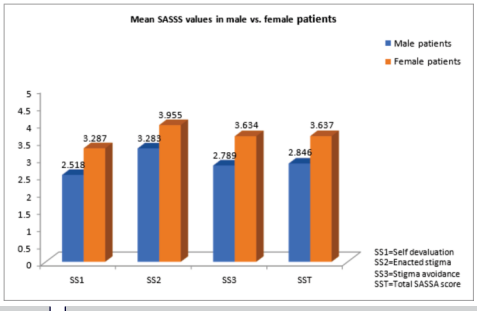

Figure 3-Mean SASSS Score in male and female patients.

Figure 3 represents the mean SASSS scores in male compared with female patients. There is a statistically significant difference between males and females with respect to the scores of self-stigma in all the three subscales as well as the total scores on Mann Whitney U test. The stigma scores were significantly higher among female patients as compared to male patients ($p<0.05$). In all the three subscales, self devaluation, enacted stigma and stigma avoidance the scores were significantly higher for females as compared to males respectively.

DISCUSSION

The present study was conducted at a tertiary level drug dependence treatment center with an aim to understand the phenomenon of self-stigmatization among people with opioid dependence and the gender differences in stigmatization. We included treatment seeking opioid dependent men and women who were all married to maintain homogeneity though that limits the generalizability of the study findings. We included only the newly registered patients considering the possibility of alteration in the perception of stigma with the length of being in treatment and stage of recovery.[11] In the present study, illicit opioid street heroin was the most common opioid of use by males whereas around half of the females were using pharmaceutical opioids like pentazocine and tramadol. Higher prevalence of prescription opioid use (particularly injection pentazocine) among female patients at our centre has been shown by earlier studies. [12,13]

It was notable that the Self-stigma scores for female patients were significantly higher compared to males. Few previous studies [14]which compared (88 men, 42 women) found significant differences in stigma measures between the genders. Three qualitative reports suggest that women felt they would be looked down upon by others, more than their male counterparts, if their identity of a "drug user" was known to others. These accounts are consistent with reports of gender-based, denigrating attitudes towards women with SUDs (i.e., promiscuous, unfit mothers). [18,19]The only Indian study which has examined self-stigma used the scale ISMIS Internalized Stigma of Mental Illness Scale and did not include female patients.[10]In our study the self-stigma in females who use drugs was found to be significantly higher than males even though their duration of drug use was significantly shorter and there were no significant differences in the severity of addiction measured by ASI. Thus, higher stigma among women is unlikely to be accounted for simply by the higher severity of addiction. The higher self-stigmatization in women can be explained on the basis of internalization of negative stereotypes against women substance use prevalent in the society as well as other factors like women's own perception of being deviant from the societal expectations from them.[20] In addition, women tend to devalue themselves because of their substance dependence identity, and furthermore women with SUDs also suffer from various other, psychological and reproductive mortality and morbidity and the stigma associated with all other conditions may complicate them ensure of self-stigma in women patients even more. It must be noted that our sample was comprised of married women with no major co morbidities. Women see themselves failing as an 'ideal' wife or a mother because of their substance using identity.[21] Gender differences in substance use have been consistently observed in the west, in general population as well as in the treatment-seeking samples, with men exhibiting significantly higher rates of substance use disorder, and dependence. In the general population of India, the prevalence of opioid use is markedly lower in females as compared to males0.2% vs. 4% [22], among which the proportion of these females seeking treatment is disproportionately low. In India, data from treatment centers of Delhi, Jodhpur and Lucknow between 1989 and 1991 found1-3% of treatment seekers to be female. The Drug Abuse Monitoring System reports just about 2.3-3% of new treatment seekers to be women.[23]A retrospective analysis of all substance use cases registered in the de-addiction center at Chandigarh between 1978 and 2008 revealed that out of 6608 only 0.5% was females.[24] Stigma is one of the important factors responsible for this huge gap between men and women seeking treatment. As the current study is cross-sectional in nature among newly registered patients, it is not possible to comment on the changes of stigma with treatment. Other limitations include the small sample size (given the fact that very few women with opioid dependence seek treatment).The results pertain to treatment seeking opioid dependent population and hence have limited generalisability. The study highlights the higher Self stigma internalized by females with opioid dependence. There is a need of further in-depth research of the stigma constructs from a gender

perspective as well as gender-sensitive clinical services and public health policies.

Acknowledgement: NIL
Funding: NIL

Consents:
Ethical approval was taken from institutional ethical committee. All written informed consent for medical procedures and the patient's medical information study was obtained from the patient legal guardian/informants to publish this paper.

Competing Interests:
The authors declare that they have no competing interests.

REFERENCES

1. Goffman E. Stigma and social identity. Understanding deviance: Connecting classical and contemporary perspectives. 1963; 256:26
2. Luoma JB, O'Hair AK, Kohlenberg BS, Hayes SC, Fletcher L.The development and psychometric properties of a new measure of perceived stigma toward substance users. Substance use & misuse. 2010 Jan 1;45(1-2):47-57.
3. Schomerus G, Lucht M, Holzinger A, Matschinger H, Carta MG, Angermeyer MC. Thestigmaofalcoholdependencecomparedwithothermentaldisorders: are view of population studies. Alcohol and alcoholism. 2011 Mar 1; 46(2):105-12.
4. Room R. Stigma, social inequality and alcohol and drug use. Drug and alcohol review. 2005 Mar; 24(2):143-55.
5. Corrigan PW, Druss BG, Perlick DA. The impact of mental illness stigma on seeking and participating in mental health care. Psychological Science in the Public Interest. 2014 Oct; 15(2):37-70.
6. Link BG, Phelan JC. Conceptualizing stigma. Annual review of Sociology.2001 Aug; 27(1):363-85.
7. Boeri, M. Women on ice: Methamphetamine use among sub urban women. Rutgers University Press. 2013.
8. Campbell C. Selling sex in the time of AIDS: the psycho-social context of condom use by sex workers on a Southern African mine. Social science& medicine. 2000Feb 1; 50(4):479-94.
9. Frišaufová M. The Female Drug User as a´Victim´or´Villain´and the Implications for Social Work. Social Work & Society. 2012; 10(1).
10. Sarkar S, Balhara YP, Kumar S, Saini V, Kamran A, Patil V,Singh S,Gyawali S. Internalized stigma among patients with substance use disorders at a tertiary care center in India. Journal of ethnicity in substance abuse. 2019 Jul 3; 18(3):345-58.
11. Link BG, Struening EL, Rahav M, Phelan JC, Nuttbrock L. On stigma and its consequences: evidence from a longitudinal study of men with dual diagnoses of mental illness and substance abuse. Journal of health and social behavior. 1997 Jun 1:177-90.
12. Dayal P, Balhara YP. Profile of female patients seeking in-patient treatment for prescription opioid abuse from a tertiary care drug dependence treatment centre from India. The Indian journal of medical research. 2016 Jan; 143(1):95.
13. Ambekar A, Parmar A, Mandal P, Therthani S. High proportion of pentazocine dependence among treatment-seeking female injecting drug users (FIDUs) in India: A distinct population? Journal of Substance Use. 2018 Mar 4; 23(2):120-3.
14. O'Connor LE, Berry JW, Inaba D, Weiss J, Morrison A. Shame, guilt, and depression in men and women in recovery from addiction. Journal of substance abuse treatment. 1994 Nov 1; 11(6):503-10.
15. Copeland J. A qualitative study of barriers to formal treatment among women who self-managed change in addictive behaviors. Journal of substance abuse treatment. 1997 Mar 1; 14(2):183-90.
16. Schober R, Annis HM. Barriersto help-seeking for change in drinking: A gender-focused review of the literature. Addictive behaviors. 1996 Jan 1; 21(1):81-92.
17. Spooner C, Saktiawati AM, Lazuardi E, Worth H, Subronto YW, Padmawati RS. Impacts of stigma on HIV risk for women who inject drugs in Java: a qualitative study. International Journal of Drug Policy. 2015 Dec 1; 26(12):1244-50.
18. Schroedel JR, Fiber P. Punitive versus public health oriented responses to drug use by pregnant women.
19. Terplan M, Kennedy-Hendricks A, Chisolm MS. Article commentary: prenatal substance use: exploring assumptions of maternal unfitness. Substance abuse: research and treatment. 2015 Jan; 9: SART-23328.
20. Lee N, Boeri M. Managing stigma: Women drug users and recovery services. Fusio: the Bentley undergraduate research journal. 2017; 1(2):65.
21. Stone R. Pregnant women and substance use: fear, stigma, and barriers to care. Health & Justice. 2015 Dec; 3(1):1-5.
21. Ambekar A, Agrawal A, Rao R, Mishra AK, Khandelwal SK, Chadda RK on behalf of the group of investigators for the National Survey on Extent and Pattern of Substance Use in India (2019). Magnitude of Substance Use in India. New Delhi: Ministry of Social Justice and Empowerment, Government of India.
22. Ray R, Mondal AB, Gupta K, Chatterjee A, Bajaj P. The Extent, Pattern and Trends of Drug Abuse in India: National Survey. New Delhi: United Nations Office on Drugs and Crime, Regional Office for South Asia and Ministry of Social Justice and Empowerment, Government of India; 2004.
23. BasuD, Aggarwal M, DasPP, MattooSK, KulharaP, VarmaVK. Changing pattern of substance abuse in patients attending a de-addiction centre in North India (1978- 2008). Indian J Med Res 2012; 135:830-6.