

STIGMA EXPERIENCES OF PERSONS WITH SUBSTANCE USE DISORDERS. A STUDY AT ACCRA PSYCHIATRIC HOSPITAL



PRESENTED BY
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PRESENTATION OUTLINE

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BACKGROUND/INTRODUCTION

- ❖ Stigma is a well-documented barrier to health seeking behaviors, engagement in care, and adherence to treatment across a range of health conditions globally (Stangl et al., 2019)
- ❖ Stigma has been defined as a dynamic multidimensional multilevel phenomenon that occurs at three levels of society- structural, public, and self-stigma.
- ❖ Structural stigma exists in public and private institutions(National Academies of Science, Engineering and Medicine, 2016).

BACKGROUND/INTRODUCTION

- ❖ Worldwide, alcohol and illicit drug use is a leading cause of death (Global Burden of Disease Collaborative Network (2017)).
- ❖ According to Crapanzano, et al., (2019), stigma experiences are common among those with substance use disorders and that these experiences can negatively impact feelings and beliefs about treatment.

PROBLEM STATEMENT

- ❖ Stigma can reduce willingness of policymakers to allocate resources, reduce willingness of providers in non-specialty settings to screen for and address substance abuse problems, and may limit willingness of individuals with such problems to seek treatment (Yang, et al., (2017).
- ❖ In Ghana, mental health-related stigma which includes substance use disorder related stigma is becoming a public health issue. Persons with SUDs disorders and their relatives suffer from stigma and discrimination which ultimately leads them to shy away from seeking treatment and rehabilitation and thus adapt wrong and unsustainable coping mechanisms (Tawiah et al., 2015).
- ❖ Records available at the Accra Psychiatric Hospital also revealed that, out of the 1420 cases diagnosed with the disease of Addiction in 2020, only about 120 with the disease of addiction were admitted and out of these, 12 actually accessed addiction treatment (Accra psychiatric hospital (APH) Health informatics record,2020).

STUDY OBJECTIVE

Specific Objectives:

The following are the specific objectives to the study

- ❖ To explore the stigma experiences of persons with substance use disorders
- ❖ To identify factors contributing to stigma towards persons with substance use disorders
- ❖ To describe the impact of stigma on the treatment and recovery outcomes of persons with substance use disorders.
- ❖ To identify strategies that can be employed to prevent stigma.

METHODOLOGY

- ❖ **Study design:** Descriptive qualitative design (Myers et al., (2009)
- ❖ **Research setting:** Accra Psychiatric Hospital precisely the Wellness Recovery Center and Serenity Place
- ❖ **Target population:** Clients with SUDs receiving drug addiction treatment at the two treatments centers of the Accra Psychiatric Hospital.
- ❖ **Sample size:** Snowball sampling (8 participants)

METHODOLOGY

❖ Data process and analysis:

- Data collected was tap recording and transcribed verbatim until saturation was reached.
- Thematic analysis (themes and subthemes)
- Data collected was coded and put under themes and subthemes

❖ Methodological rigor:

- Interview guide was vetted and approved by supervisor
- Transcripts were compared with interview recordings concurrently to ensure accuracy
- Anonymity

❖ Data management:

- Information stored in a software data

ANALYSIS AND FINDINGS

❖ Findings were grouped under four themes in accordance with the objectives:

- Explore the stigma experiences of persons with substance use disorders
- Identify factors contributing to stigma towards persons with substance use disorders
- Describe the impact of stigma on the treatment and recovery outcomes of persons with substance use disorders.
- Identify strategies that can be employed to prevent stigma

❖ Demographics

- Participant
- Age
- Sex

ANALYSIS AND FINDINGS

- Marital status
- Ethnicity
- Employment status
- Religion
- Occupation
- Drug of choice
- Factors influencing initiation of use
- Duration in active addiction
- Duration in treatment

ANALYSIS AND FINDINGS

- ❖ Data presented was obtained from interviews conducted with persons with SUDs at the two drug rehabilitation centers of the hospital
- **Stigma experience:**
 - Participants confirmed they experience stigma in forms such as; names calling, loss of employment, and loss of social relations.
 - *"I was sacked from my banking job when my boss realized I am a cocaine addict. I one day was caught in the staff washroom sniffing cocaine. That was the straw that broke the camel's back." (P 003)*
- **Factors contributing to stigma**
 - Some participants said they are stigmatized because people use stigmatization as a reformatory mechanism
 - *"I will say, when we are informed about the situation of drug and alcohol use but does not heed to, sometimes people use it as a reformatory mechanism, and this will help you to do a thorough check and can result in your recovery." (P 006)*

ANALYSIS AND FINDINGS

- Some other participants attributed stigmatization as a social behavior and those who are seen to be social deviants are more likely to be stigmatized against.
 - *“Ghanaian societal norms see drugs and alcohol use as deviation from the norms. Because of this anyone engaging in these is seen as a deviant and so stigmatized. A lot of young men from my town drink to death. They drink on empty stomach, and they die.”(P 001)*
 - *“I think people see us as the cause of our own problem. Most people don’t see drug addiction as a disease, but rather a moral deviation so we are treated and judged by that.” (P 004)*
- **Impacts of stigma on help seeking and treatment**
- Findings revealed that stigma, had a great impact on their help seeking behaviors, self-esteem and personal relationship with others, marriage, job and finances

ANALYSIS AND FINDINGS

- *“A nurse insulted me when I visited a polyclinic for the treatment of general body pain and weakness as a result of my telltale breadth. I felt embarrassed, and vowed never to attend that hospital again and this prevented me from visiting any other hospital even though I was unwell on several occasions until I was brought here” (P 006)*

➤ **Strategies for addressing stigma**

- The participants emphasized that public education and sensitization is a major stigma preventive strategy
- *“The fundamental is public sensitization against stigma towards persons with drug use problems. Policy makers must develop policies like employee assisted programs so that all agencies and companies can assist their workers who have drug problems.” (P 002)*

DISCUSSIONS

➤ **Stigma experience**

The main stigma participants with SUD face included;

- Names calling
- Labeling,
- Tagging,
- Loss of employment,
- Loss of social relations.
- This finding is coterminous with the findings of these studies (Brouwers, 2020; Dschaak & Juntunen, 2018)

➤ **Factors contributing to stigma**

- Use of stigma as a positive tool and stigmatization as a social behavior (Zwick, Appleseth and Arndt, 2020).

DISCUSSIONS

- **Impacts of stigma on help seeking and treatment**
 - Negative impact on help seeking behaviors (Van Boekel et al., (2013).
 - Low self-esteem (Tawiah et al., (2015).
 - Marriage (Hengartner et al.,2012)
 - Job loss (Compton, Gfroerer, Conway and Finger, 2014),
- **Strategies to address Stigma**
 - Public education or sensitization(Yang, Wong, Grivel & Hasin, 2017; Thombs, 2019; Kerridge et al., 2017; Marchand et al., 2019)
 - Enactment of policies such as employee assisted programs (Zwick, Appleseth and Arndt, 2020)

RECOMMENDATION

- Formulate policies to ensure that addiction treatment centers are established at all regional and district hospitals across the country
- Formulate policies on employee assisted programs
- Training of more addictions specialist or counselors.
- Engage in vigorous public sensitization and advocacy program for persons with substance use disorders
- Organize quarterly workshops on customer care, emotional intelligence and the use of motivational approaches

Thank You

