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Full Length Research Article

STIGMA FROM PSYCHOACTIVE SUBSTANCE USE: SOCIODEMOGRAPHIC CORRELATION OF THE PERCEIVER

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ABSTRACT
Psychoactive substance use and abuse have been identified as the most stigmatized health condition. This often arises from 'public', 'self' and 'courtesy' stigmas and biases. In Nigeria, studies on stigma of psychoactive substance use and abuse are few and mainly from the perception of medical service providers. No previous Nigerian study according to search by the authors had published on stigma of psychoactive substance use from the perspectives of non-medical persons. This research is therefore aimed to study the prevalence and associated sociodemographic variables of public stigma meted out to users of psychoactive substances. The study instruments were filled by 480 members of staff of Kaduna refinery after obtaining their informed consents. Information on age, gender, educational characteristics and scores on Perceived Stigma of Addiction Scale (PSAS) were collected and analysed with IBM-SPSS version 21. Participants with no formal education are noted to have high public stigma against substance abusers. Belonging to middle age group and male gender are the two demographics that have non-significant low stigma mean scores. It is hoped that this study do provide a platform for interventional guide in reducing and preventing public stigma towards people with psychoactive substance use disorder.

Keywords: Stigma, Substance use, Perceivers' variables.

INTRODUCTION
Psychoactive substance use and abuse has been identified by Corrigan and colleagues as the most stigmatized health condition (Corrigen *et al.*, 2006). This may be because the public often look at it as an undesirable trait deviation from indulging in avoidable self-habit (Semple *et al.,* 2005; Lloyd, 2010). As such, the public bias of blaming the victims and the consequent non-medical treatment often sought. This do heightened the self-stigma felt by the psychoactive substance users and also contributed to the courtesy stigma faced by family members, significant others close to them and treatment organizations (Semple *et al.,* 2005; Corrigen *et al.*, 2006). All these influenced the type of treatment recommended by the public, life in recovery and the marginalization of orthodox addiction specialists and organizations.

In Nigeria, studies on stigma of psychoactive substance use and abuse are few and mainly from the perception of medical service providers (Attah, et al., 1985; Bawo & Omoaregba, 2013). No previous Nigerian study according to search by the authors had published on stigma of psychoactive substance use from the perspectives of non-medical persons who are usually the first contact and decider of where treatment should be sought from. Hence, the research aimed to study the prevalence and sociodemographic variables of the public stigma meted out to users of psychoactive substances. The outcome of the study should hopefully provide a platform for interventional guide in reducing and preventing public stigma towards people with psychoactive substance use disorder.

MATERIALS AND METHODS

Setting, sample and procedure
Four hundred and eighty-one members of staff of Kaduna NNPC refinery participated in the research. The staff were invited to participate in the study as a pre-assessment for a psychoeducational programme on mental health literacy organized by management of the NNPC Medical Services Kaduna Zone. The participants filled the study instruments after obtaining informed consent from them.

Study Instruments
These comprise two sections i.e., a sociodemographic questionnaire and the perceived stigma of addiction scale (PSAS). The former designed by the researchers collected information on participants age, educational status and gender. The latter (PSAS) developed by Luoma and colleagues assessed the participants' perceived level of stigma towards psychoactive substance users/abusers (Luoma *et al.*, 2010). It consist of 8 items, each scored on a four point likert scale from strongly disagree to strongly agree. The total minimum score obtainable is 8 and 32 is the maximum sum score (Luoma *et al.*, 2010). High score corresponds with high expectation of stigma as the discrimination-devaluation from the public towards psychoactive substance users and not that directed to others with mental illness. PSAS has a moderately high internal consistency with a reported Cronbach's alpha of 0.73 (Luoma *et al.*, 2010).

Statistical analysis
All data collected were analyzed with SPSS version 21. Frequency tables were used to show the distribution of the sociodemographics of the respondents. The student's t-test was carried out to test which of the sociodemographic variables had higher mean stigma score. The Cronbach's alpha was calculated for the PSAS to determine its internal consistency and concurrent validity of PSAS with sociodemographics was determined by Pearson correlation coefficient. All results were determined as significant if the p-value was less than 0.05, two tailed.

RESULTS
Table 1 reports the sociodemographic variables of participants. The participants mean age is 35.47 years (standard deviation is 11.83), more than half are males (68.19 %) and 8.32 % had earned more than 12 years of formal education. The mean scores of

participants according to their sociodemographics are shown in Table 2. Significantly contributing to higher mean stigma scores is having no formal education. However, belonging to age group of less than 30 year-old and female gender which were noted with higher mean scores did not significantly contribute to high stigma towards people who use psychoactive substances. According to Table 3, the Cronbach's alpha score is 0.558 and falls into the acceptable but relatively low range. Significant correlation is noted between PSAS and educational status, but the correlation coefficient is relatively low.

Table 1: Sociodemographic variables of participants (N=481)

Age Grouping (years)	Frequency (n)	Percentage (%)
< 30 years	225	46.78
≥ 30	256	53.22
Age range = 18-72 years; Mean (Standard deviation) 35.47 years (11.83)		
Gender		
Male	328	68.19
Female	153	31.81
Educational Status		
Nil formal education	441	91.68
Formal education	40	8.32

Table 2: Mean Score Distribution of PSAS according to Participants' Demographics (N=481)

	PSAS		Test Statistics	
Age Grouping	Mean Score	Standard Deviation	t-test	p-value
<30 years	22.47	3.200	0.006	0.995
30 years and above	22.46	3.321		
Gender				
Male	22.29	3.278	1.707	0.088
Female	22.84	3.205		
Educational Status				
Nil formal education	22.57	3.227	2.424	0.016
Formal education	21.28	3.442		

Table 3: PSAS Correlation with Sociodemographic Variables and Reliability Score

	Age	Sex	Education	PSAS
Age	1	-0.040	-0.071	0.000
Sex		1	0.012	0.078
Education			1	0.110**
PSAS*				1
Cronbach's Alpha = 0.558 *=Perceived Stigma of Addiction Scale; **=p<0.05				

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DISCUSSION

The public stigma from psychoactive substance abuse was the focus of this study. Lack of formal education was shown from this study to be significantly associated with high public stigma. This tallied with an earlier study from the UK that found that those with upper social grades (i.e. having earned some formal education status) reported less stigmatization towards people who use drugs of abuse (Singleton, 2010) compared to those who don't. This observation was also consistent with studies on stigma of mental illness in Africa (Gureje *et al.*, 2005; Crabb *et al.*, 2012). Speculatively, having no formal education may be a reason why substance abuse has been identified as the most stigmatized health condition (Semple *et al.*, 2005; Corrigen *et al.*,; Lloyd, 2010; Singleton, 2010).

Although, not a significant finding in this study, the age group of 30 years and above with lower stigma mean score do agree with the same UK study reporting that those in the middle age were less stigmatizing compared to the elderly and young adults (Singleton, 2010). This may be reflecting that those in the middle age group were more supportive of care to people with substance abuse problem.

Another non-significant finding was the high stigma score noted among the female gender. This was a paradox when compared to the UK study favourably describing women as those with less negative public stigma against drug abusers when compared to men (Singleton, 2010). This may be interrelated with women having little contact with individuals suffering from substance abuse problem (Semple *et al.*, 2005; Lloyd, 2010; Singleton, 2010).

The correlation of stigma of substance of abuse with the sociodemographic variables also showed that education was the variable with significant positive association. However, the weak correlation coefficient suggested this association needs further study. While this correlation was low, it does provide a target for substance abuse stigma reduction intervention. It is hope that when the Perceived Stigma of Addiction Scale (PSAS) tool is well utilized it will help to reduce the negative attitude towards people with substance abuse challenges (Semple *et al.*, 2005; Lloyd, 2010; Singleton, 2010). It will also change the wrong belief about people with drug dependence as being responsible for their problem thereby increasing the support and care for them (Semple *et al.*, 2005; Lloyd, 2010; Singleton, 2010).

Some limitations of the study were the non-inclusion of other measures of substance abuse associated stigma to relate our findings with. Also, the low Cronbach's alpha might be reflecting the typical problems noted with self-administered instruments as participants do try to conform to the perceived cultural norms. Furthermore, our sample was from one industry in Kaduna making the generalization limited, for different views about stigma of substance abuse might exist specifically in other parts of the state and Nigeria in general.

Conclusion

The purpose of this study was to explore the public stigma that psychoactive substance abusers were experiencing. We found participants who had no formal education to have significant high stigma towards people with substance dependence. Also, that belonging to the middle age group and male gender did come with low non-significant stigma scores. It is hoped that this study did provide a platform for interventional guide in reducing and preventing public stigma towards people with psychoactive substance use disorder.

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