

Unveiling Stigma: Exploring the Dynamics between Social Stigma and Drug Addiction

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ABSTRACT

This study delves into the intricate relationship between social stigmas, drug addiction, focusing on the profound impact on individuals with substance use disorders. Employing an explorative research design, the paper systematically reviews existing literature on the stigma associated with mental and substance use disorder. Additionally, a descriptive research design investigates self-stigma among individuals with substance use disorders. The study, conducted at Genesis Healing Centre in Patia, Bhubaneswar, involves 40 actively engaged participants undergoing treatment. Key findings reveal pervasive stigmatization, with family identified as prominent source. Notably, respondents exhibit negative self-perception, indicating the negative impact of self-stigmas on mental health.

Keywords: Drug addiction, Mental health, Self-stigma, Social stigma, Substance use disorder

INTRODUCTION

Drug addiction is a chronic, recurrent condition marked by obsessive drug seeking and usage despite negative outcomes. It involves functional alterations to brain circuits related to reward, stress, and self-control, and therefore it is classified as a brain condition. It's possible for those modifications to persist long after a person stops using medications (National Institute on Drug Abuse, 2020). Drug addiction statistics reveal that between 2011 to 2021 global drug use among individuals aged 15-64 increased from 240 million to 296 million, marking a 23% rise. By 2021, 5.8% of this age group had used drugs, equivalent to 1 in 17 people within that demographic (World Drug Report, 2023). According to the report presented by National Drug dependence Treatment centre (NDDTC) at the All India Institute of Medical Science (AIIMS), New Delhi, the prevalence of substance abuse is pronounced. The report reveals that 14.6% of Indians aged 10 to 75, or about 16 crore people, consume alcohol, predominantly men. Additionally, 2.8% of the population approximately 3.1 crore of the

individuals, have used cannabis within the past year. Heroin is the most prevalent opioid at 1.14%, followed by pharmaceuticals opioids (0.96%) and opium (0.52%). About 1.08% of Indians in the 10-75 age brackets engage in the nonprescription use of sedatives (Magnitude of Substance abuse in India, 2019).

The susceptibility of an individual to addiction hinges on various factors, encompassing their social environment, mental and physical health, and genetic makeup (Jabeen *et al.*, 2018; Yang and Xia, 2019). Within the familial context, parental supervision plays a pivotal role in deterring drug use. The absence of such oversight heightens the likelihood of children engaging in substance abuse, while its presence diminishes the probability of forming friendships with drug users or initiating drug use concurrently. Parental attitudes towards drug usage significantly impact the risk of a child's initiation into drug use (Loan *et al.*, 2015). Several factors contribute to drug addiction, including the pursuit of new experiences, learning from family members, seeking increased energy, coping with failure, escaping from problems, staying awake, peer influence, pain relief, and cultivating a

positive attitude towards drugs to boost self-confidence and energy (Pourallahvirdi *et al.*, 2016). The adverse effects of drug abuse on the physical body include fatigue, persistent cough, liver and kidney damage and red glazed eyes. Moreover, drugs influence individuals' emotions by altering their personality and inducing extreme mood swings, irritability, and irresponsible behavior. Families often experience chaos and conflict due to drug consumption. Among adolescents and youth, drug abuse detrimentally impacts the education system, resulting in memory weakening, dropouts, absenteeism, and disinterest in study-related activities (Barerah, 2018). Drug use presents a social problem manifested in housing instability, homelessness, criminal behavior, transmission of HIV, unemployment, and dependence on welfare. It poses an economic burden on the government as substantial funds are allocated to addiction treatment and medical disorders. The treatment for substance disorders involves a continuum of professional addiction and related services, including assessment, detoxification, rehabilitation, counseling or therapy, continuing care, substance use monitoring, medications, and mutual support programs (Daley, 2013).

Stigma emerges when individuals deviate from societal norms or possess traits perceived as abnormal (Goffman, 1963). Three types of stigma, as categorized by Goffman, include structural stigma, public stigma, and self-stigma, with social institutions contributing to the establishment of norms that lead to prejudice and discrimination (Goffman, 1963). Public stigma encompasses widespread prejudices, discriminations, and stereotypes endorsed by a significant portion of the population. Individuals may internalize this public stigma, leading to a negative impact on their self-esteem (Schomerus and Corrigan, 2009). People with Substance Use Disorders (SUD) often face heightened public stigma, being labeled as dangerous, inferior, and blameworthy compared to those with mental illnesses or physical disabilities. The consequences of stigma include self-stigmatization, resulting in diminished self-esteem and willpower among those with Substance Use Disorders. Coping mechanisms may involve increased substance use or seeking support from peers with similar experiences. Only a minority may opt for professional help, highlighting the pervasive nature of stigmatizing attitudes (City of Toronto, 2010). To mitigate stigma, a systematic intervention program is crucial for reshaping societal attitudes and perceptions. Efforts should be directed

towards reducing public stigmatization of individuals facing substance use disorders (Allam and Cosunukol, 2022). In conclusion, the impact of stigma on individuals and society underscores the urgency of implementing strategies that foster understanding and inclusivity.

Review of Literature:

The article "Stigma: How It Affects Substance Use Disorder Patients" (Zwick *et al.*, 2020) advocates for updated language in addiction medical care to combat stigma and support individuals with Substance Use Disorders (SUDs). Similarly, "Stigmatization of People with Alcohol and Drug Addiction among Turkish Undergraduate Students" (Topkaya *et al.*, 2021) explores undergraduate students' stigmatizing attitudes towards addiction in Turkey, revealing that females and younger participants exhibit greater fearfulness and social distance from addicted individuals. Meanwhile, "Stigma and Social Support in Substance Abuse: Implications for Mental Health and Wellbeing" (Birtel *et al.*, 2017) finds that perceived stigma is associated with lower self-esteem, higher depression and anxiety, and poorer sleep among individuals in substance abuse treatment, while social support mitigates these effects through mediation by internalized stigma and shame. Lastly, "They look at us like Junkies" (Muncan *et al.*, 2020) addresses the stigma faced by people who inject drugs (PWID) in healthcare settings, highlighting its prevalence and impact on healthcare experiences and decisions, emphasizing the importance of addressing stigma to improve access and quality of care for PWID.

Research Gap:

There are very few studies available in the field related to the relationship between stigma and drug addiction. Most of the existing studies on stigma focus on mental health, with only a few addressing stigma in the context of drug addiction. In India, there are very limited studies on stigma and drug addiction. These studies have highlighted the dangerous impact of stigma on individuals who are stigmatized. In this context, the study is an attempt to focus on identifying the most common areas of stigmatization for individuals affected by drug addiction. This focus is crucial for developing targeted and effective intervention programs aimed at reducing stigma associated with substance use disorders. The unique focus of this research fills a gap in the literature and adds value by addressing a new and unexplored aspect

of this current social problem in society.

Rationale of the Study:

The significance of this study lies in its comprehensive exploration of various dimensions of stigma related to drug addiction, including attitudes towards addiction, areas of stigmatization, and its impact on mental health. By delving into these aspects, the study aims to offer valuable insights into the complex dynamics of social stigma surrounding drug addiction, filling a crucial gap in the literature. Understanding these dynamics is vital for developing targeted intervention programs aimed at reducing stigma and enhancing support for individuals with substance use disorders. Furthermore, the findings from this study can inform the development of effective government policies aimed at combating drug addiction, while also guiding the design of educational programs in schools and colleges to raise awareness and promote informed decision-making. By addressing stigma and increasing awareness, this research has the potential to positively impact individuals affected by drug addiction and contribute to broader societal change.

Objective:

- 1) To analyze the relationship between social stigma and drug addiction

Research Questions:

- 1) What attitudes do substance users held towards their own drug addiction experience?
- 2) In which areas do substance uses commonly experience stigmatization related to drug addiction?
- 3) What specific stigmas do drug- addicted individuals encounter within their families?
- 4) How does the stigmatized attitude of others influence drug addicted individuals' perception of themselves?
- 5) In what ways does self- stigmatization impact the mental health of individuals struggling with drug addiction?

METHODOLOGY

This study employed an explorative research design to systematically review existing literature on the stigma associated with mental and substance use disorders, aiming to understand key themes and insights. Additionally, a descriptive research design was used to investigate

self-stigmas among individuals with substance use disorders, utilizing methods such as field surveys, semi-structured interviews, case studies, and focus group discussions.

The study included 40 participants undergoing substance use disorder treatment at Genesis Healing Centre in Patia, Bhubaneswar. Convenience sampling was employed as this rehabilitation centre granted permission for the research.

Multiple qualitative methods were used, including field survey with a semi-structured questionnaire for flexible insights. The case study method provided in-depth individual perspectives, while focused group interview captured collective opinions.

The literature review method involved a comprehensive examination of academic sources to identify research gaps and inform questionnaire construction.

Data Analysis and Interpretation:

Data were analyzed by using SPSS, employing cross-tabulation to explore the relationship between variables like Different types of stigma associated with different types of substance users.

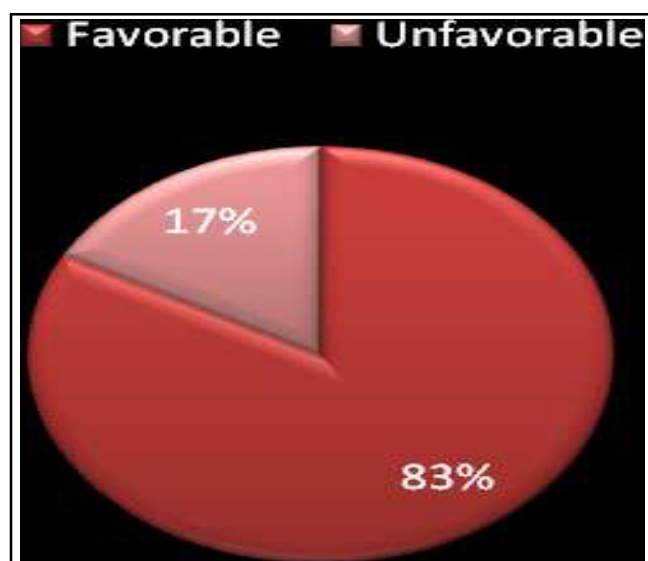
Ethical Consideration:

Informed consent was obtained, ensuring voluntary participation, the right to withdraw, and maintaining confidentiality to protect participant anonymity and privacy.

RESULTS AND DISCUSSION

From the provided data in the Fig. 1, it is evident that a substantial majority of individuals (83%) express an unfavorable attitude towards drugs. This emphasizes the perceived constant risk of addiction and life-threatening consequences associated with even moderate drug consumption. On the contrary, a minority (17%) holds a favorable attitude, suggesting that individuals without Obsessive-Compulsive Disorder (OCD) could consume drugs like alcohol without becoming addicted. Obsessive-Compulsive Disorder is characterized by persistent, unwanted thoughts (obsessions) often associated with anxiety and fear, leading to repetitive behaviors or mental acts (compulsions) (McKay, Taylor, and Abramowitz, 2010, p. 95). This distribution in attitudes raises important considerations about societal perceptions and potential areas for intervention. The majority response

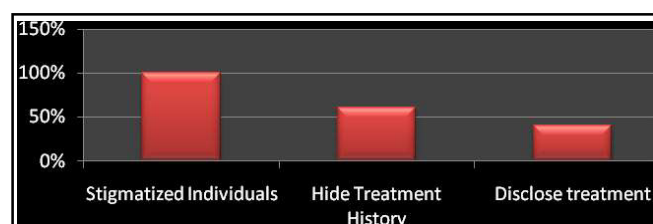
towards unfavorable stance highlights a widespread concern regarding the risks of drug use, emphasizing the need for comprehensive education and awareness programs to reinforce these perceptions.



Source- Field Study

Fig.1: Attitude towards Drug Consumption (In percentage)

The data from Fig. 2 reveals a significant trend among stigmatized individuals concerning the disclosure of treatment history. All respondents (100%) acknowledged experiencing stigmatization is associated with treatment of drug addiction. Notably, 60% of stigmatized individuals admitted to concealing their treatment history, citing a fear of heightened stigmatization if their treatment were to be exposed. Conversely, 40% openly shared their treatment experiences, aiming to raise awareness about drug addiction's treatability and promote understanding. The prevailing pattern suggests a prevailing perception that the revelation of treatment details may amplify the stigmatized experienced by individuals seeking assistance for drug addiction. This finding underscores the need for

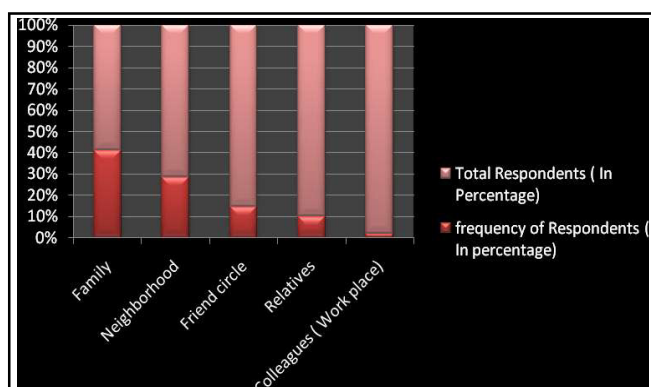


Source- Field Study

Fig. 2: Stigmatized Individual's disclosure of treatment history (In percentage)

targeted interventions to address and mitigate the perceived stigma associated with seeking and undergoing treatment.

The Fig. 3 provides a revealing glimpse into the prevalence of stigmatization across different social domains, shedding light on the multifaceted nature of social prejudice and discrimination. At the forefront, within the familial realm, a staggering 70% of respondents report encountering stigmatization, signifying a deeply ingrained issue that permeates the very foundation of individuals' social support structures. This finding underscores the profound impact of familial attitudes and behaviors on shaping individuals' perceptions of self-worth and acceptance. Moving outward into the neighborhood, where interactions are more diverse and dynamic, 40% of respondents report experiencing stigmatization, highlighting the pervasive nature of societal biases that transcend the confines of family units. Within the intimate sphere of friend circles, 17% of respondents face stigma, indicating the presence of interpersonal tensions and conflicts that erode the fabric of supportive relationships. Even among relatives, a significant 11% of respondents encounter stigmatization, revealing the complex dynamics of extended family networks where judgment and discrimination can manifest. In contrast, the workplace emerges as a relatively less hostile environment, with only 2% of respondents reporting stigmatization, perhaps indicative of organizational efforts to promote diversity and inclusion. Nevertheless, these findings collectively underscore the urgent need for societal introspection and concerted efforts to challenge entrenched stereotypes, foster empathy, and create inclusive spaces where every individual is valued and respected, irrespective of societal norms or prejudices.



Source- Field Study

Fig. 3: Perceived areas of stigmatization among individuals affected by drug addiction

Table 1 : Family stigma survey Results and demographic overview

Statements	Percentage of frequency of respondents	Percentage of total Respondents
Parent shows hatred and anger towards me	27 (68%)	40 (100%)
Family makes me solely responsible for my own condition.	17 (43%)	40 (100%)
Parents feel shameful about introducing me as their Children.	16 (40%)	40 (100%)
Wife shows hatred and anger towards me	04 (36%)	11 (100%)
Wife feels embarrassed of having me as her Husband.	07 (64%)	11 (100%)
Siblings try to avoid going out with me in public.	04 (10%)	38 (100%)
I have considered as less capable than my siblings.	04 (10%)	38 (100%)

Source- Field study

Demographic information of respondents (100%)**Marital Status**

- 1) Married respondents- 11 (28%)
- 2) Divorced- 01 (2%)
- 3) Unmarried Respondents- 28 (70%)
- 4) Single Children- 02 (5%)

Total Respondents (40)

The Table 1 provided offers valuable insights into the dynamics of stigmatization within familial relationships. The data reveal a troubling trend wherein a significant majority of respondents, comprising 68%, report experiencing expressions of hatred and anger from their parents. This indicates a profound level of conflict and emotional distress within the family unit, potentially contributing to strained relationships and negative psychological impacts on the individuals involved. Additionally, the data show that 43% of respondents feel solely blamed by their families for their own condition, suggesting a lack of empathy and understanding from family members who may unfairly attribute personal circumstances to individual responsibility. Furthermore, a substantial 40% of respondents report that their parents feel ashamed to introduce them, indicating the presence of social stigma within the family environment. Such feelings of shame can exacerbate feelings of isolation and inadequacy, further deepening the emotional toll of stigmatization. Overall, the data underscore the urgent need for greater awareness and support for individuals experiencing stigmatization within their families, as well

as the importance of fostering empathy and understanding within familial dynamics to promote healthier relationships and enhance the well-being of all family members.

Married Respondents (11):

The provided data offers valuable sociological insights into the dynamics of stigmatization within marital relationships. The statistics reveal a significant portion of respondents, comprising 36%, reporting experiencing feelings of hatred and anger from their wives. This suggests a notable presence of hostility within marital bonds, which can stem from various sources such as unresolved conflicts or societal influences shaping marital expectations. Furthermore, a substantial majority of respondents, 64%, indicate that their wives feel embarrassed to have them as husbands. This highlights the presence of social stigma within intimate partnerships, where individuals may feel judged or devalued based on certain attributes or circumstances. Societal norms and expectations regarding gender roles and socioeconomic status may contribute to these feelings of embarrassment within marital relationships. From a sociological standpoint, these findings underscore the intricate interplay between individual experiences and broader societal influences within the marital context. Stigmatization within marital relationships can have profound implications for individuals' emotional well-being and marital satisfaction. Addressing these issues necessitates both interpersonal communication and broader societal efforts to challenge stigmatizing attitudes and promote empathy within intimate partnerships. Overall, this data emphasizes the significance of recognizing and addressing stigmatization within marital relationships to cultivate healthier and more supportive marital environments.

Respondents Having Sibling:

The data provided indicates that a relatively small percentage of respondents, specifically 10% in each case, report experiencing certain dynamics within their sibling relationships. Firstly, a portion of respondents report that their siblings try to avoid going out with them in public. This could suggest underlying tensions or discomfort within sibling interactions, potentially stemming from various factors such as personality differences, unresolved conflicts, or societal pressures. Additionally, an equivalent percentage of respondents indicate feeling less capable than their siblings. This perception of inferiority could be

influenced by comparisons made within the family environment, societal expectations, or individual insecurities. Overall, while these percentages may seem relatively low compared to other forms of stigmatization, they nonetheless highlight the complexity of sibling relationships and the potential for negative dynamics to impact individuals' self-perception and social interactions within the family unit.

In Table 2, it is evident that individuals exhibit multiple self-stigmas, as each person responds to various statements. The collective responses indicate a common experience of self-stigma and self-blame among all respondents. These negative beliefs among themselves have been generated after being treated badly by people in their stigmatized area. This phenomenon is known as "self-stigma." Self-stigma occurs when people accept the way others treat and judge them, leading to negative beliefs about themselves (West *et al.*, 2011). Self-stigma arises when individuals internalize how others perceive and judge them, resulting in negative self-perceptions. Notably, the highest percentage of respondents (98%) expresses a sense of responsibility for their conditions, reflecting self-blame. They believe they deserve mistreatment due to their decisions to become addicted to drugs. A significant portion (90%) experiences feelings of embarrassment and shame, likely associated with societal attitudes toward drug addiction. They contend that society doesn't respect drug addicts, leading to a negative perception regardless of one's education or moral character. A notable percentage (80%) indicates a sense of inferiority and disappointment influenced by their condition. Participants express that drug addiction creates numerous life problems, making them feel inferior and disappointed compared to non-drug users. Half of the respondents (50%) indicate that respondents find it challenging to be understood, indicating difficulties in self-expression or communication. Nearly half of the respondents (48%) believe that their illness has ruined their lives. This indicates a profound impact of their condition on various aspects of their lives, including

relationships, work, and overall well-being. Such perceptions may contribute to a sense of hopelessness and despair.

Overall, the data highlight the pervasive nature of self-stigma experienced by respondents, encompassing feelings of self-blame, shame, inferiority, difficulty in communication, and a perception of life ruination. These findings underscore the importance of addressing self-stigma in mental health interventions and promoting self-compassion, acceptance, and resilience among individuals facing stigmatizing conditions. Despite these negative self-beliefs, many respondents express optimism about changing their lives for the better. Through ongoing programs and daily disciplines, they are learning to overcome their challenging situations and lead more meaningful lives. The societal perception of drug addiction as a choice contributes to the self-blame experienced by individuals. This misconception overlooks the social and biological factors influencing addiction. The blame imposed by society gradually leads individuals to internalize these beliefs, fostering the concept of self-blame. It is crucial to recognize that drug addiction is a complex, multifaceted disease, often requiring more than mere intention or willpower to overcome (NIDA, 2008).

The data from the above Table 3 reveals significant associations between drug addiction and self-stigma related to mental health issues. Among the respondents: Loneliness was reported by 80% of individuals, suggesting a pervasive feeling of social isolation. Anxiety was prevalent among 73% of respondents, indicating high levels of stress and apprehension. Depression affected 60% of individuals, highlighting a substantial proportion experiencing persistent feelings of sadness or hopelessness (Chand, 2023). Broken relationships were noted by 58% of respondents, implying a strain on interpersonal connections due to drug addiction. Lack of self-esteem and confidence were both reported by 58% of individuals, indicating a negative self-perception and diminished belief in one's abilities. This data underscores the complex interplay between drug addiction and mental

Table 2 : Self-Stigma Faced by the Respondents

Statements	Percentage of frequency of Respondents	Total percentage of Respondents (N=40)
I am the one who must be blamed for my own condition	39 (98%)	100%
I am Feeling embarrassed and ashamed in myself	36 (90%)	100%
I am Feeling inferior and disappointed in myself	32 (80%)	100%
I am difficult to understood	20 (50%)	100%
My illness has ruined my life	19 (48%)	100%

Source- Field study

Table 3: Mental Health issues faced by the respondents due to negative self perception

Mental Health Issues	Frequency of Respondents	Total Respondents
Loneliness	32 (80%)	40 (100%)
Anxiety	29 (73%)	40 (100%)
Depression	24 (60%)	40 (100%)
Broken relationship	23 (58%)	40 (100%)
Lack of self esteem	23 (58%)	40 (100%)
Lack of confidence	23 (58%)	40 (100%)

Sources- Field study

health, revealing how individuals struggling with addiction often face profound challenges beyond substance abuse itself. These findings underscore the complex interplay between self- stigma, mental health, and the challenges faced by individuals navigating the repercussions of drug addiction. Understanding these patterns is crucial for designing effective interventions and support systems to address the multifaceted impacts of self- stigma on individuals' wellbeing.

Limitations:

The study is confined to male respondents within the drug addiction center, preventing an exploration of potential gender based differences in experiencing stigmas. Consequently these findings may not be generalizable to females, highlighting a limitation in the broader understanding of stigma dynamics across genders.

Conclusion:

In the results and discussions, it becomes evident that a significant portion of respondents harbor unfavorable attitudes towards drug use, firmly asserting that drugs is not be consumed under any circumstances. This prevailing sentiment is rooted in the recognition of the profound pain associated with drug addiction and the severe consequences it entails. A particularly striking revelation is the identification of the family as the primary source of stigmatization in every respondent's opinion. When asked about the reasons behind this perception, a common answer emerged: despite their efforts to control drug use, all attempts were ultimately futile. Respondents acknowledged the detrimental impact of drugs on themselves and society but expressed a lack of self-control, attributing their addiction to being a disease they did not choose. They plead for family members to understand their situation, recognize addiction as a

disease, and offer support in their struggle. According to the American Society of Addiction Medicine, addiction is a treatable chronic disease involving complex interactions among brain circuits, genetics, and the environment.

Many respondents reported experiencing anger from their parents, indifference from siblings, and disappointment and embarrassment from their spouses. They also expressed numerous negative beliefs about themselves. When asked about the origins of these negative beliefs, they attributed them to the way society and family treats them as criminals, leading to feelings of inferiority. These negative self-perceptions can be categorized as self-stigma, wherein individuals with mental illness internalize negative stereotypes about themselves, leading to negative emotions, low self-esteem, and self-discrimination, all of which can significantly impact mental health and overall well-being (Corrigan and Rao, 2012). Respondents expressed feelings of self-blame, embarrassment, shame, inferiority and disappointment due to their condition. They perceive themselves as complicated and difficult to understand, viewing their illness as dominating their lives, which fosters a sense of hopelessness. These negative self-perceptions have resulted in various mental health issues among the respondents, including loneliness, anxiety, fractured relationships, depression, low self-esteem, and a lack of confidence. Research indicates that self-stigma is positively related to anxiety, stress, and depression (Trigueros *et al.*, 2021), and higher self-stigma is significantly associated with poor self-esteem (Dubreucq *et al.*, 2021). Stigma was identified as one of the principal barriers to treatment seeking (Hammarlund *et al.*, 2018). To address stigma and negative self-perception among individuals with drug addiction, implement education campaigns, offer family counseling, establish peer support groups, and launch anti-stigma initiatives. Integrate mental health care into addiction treatment, provide empowerment workshops, and advocate for policies improving access to support services. These efforts aim to reduce stigma, foster understanding, and empower individuals in their recovery journey.

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