

## A DESCRIPTIVE CROSS-SECTIONAL STUDY TO DETERMINE DISCLOSURE, INTERNALIZED STIGMA AND SOCIAL SUPPORT ASSOCIATED WITH SUBSTANCE USE DISORDERS AMONG PATIENTS WITH CAREGIVERS

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### ABSTRACT

Substance use disorder and associated issues has major impact in the society. Objectives: The study was undertaken to assess the relationship between disclosure and internalized stigma, to determine the relationship between disclosure and social support, to determine the relationship between internalized stigma and social support, and to determine the association of disclosure, internalized stigma and social support with selected socio personal variables. Methods: A quantitative research approach was adopted. Using convenience sampling, 94 patients with substances use disorders attending inpatient department with their caregivers were selected for this study. Socio demographic proforma, Self-concealment scale, Internalized stigma of substance abuse scale, Multidimensional scale of perceived social support were used to collect the data. Results: Findings of the study showed a statistically moderate positive correlation between disclosure and internalized stigma ( $r= 0.55$ ,  $p < 0.001$ ). The study also found that, negligible correlation between disclosure and social support ( $r= -0.07$ ,  $p=0.488$ ), internalized stigma and social support ( $r= -0.03$ ,  $p=0.786$ ). Among the selected socio demographic variables, internalized stigma was found to be significantly associated with religion ( $p=0.015$ ), and marital status ( $p=0.042$ ). Conclusion: This study concluded that patients with substance use disorders received low social support irrespective of disclosure and internalized stigma.

**Keywords:** Disclosure, Internalized stigma, Social support, Substance use disorders, Patients with caregivers.

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Article Info

Received 12/06/2023; Revised 10/07/2023

Accepted 19/07/2023

### INTRODUCTION

Substance abuse refers to the harmful use of psychoactive substances, including alcohol and illicit drugs which is a widespread problem having lot of consequences. The people experiencing the substance abuse undergoes personal, economic and social challenges. According to the United Nations Office on Drugs and Crime (UNODC) report, around 269 million people used drugs worldwide in 2020 [1]. Consumption of different substances has been in existence for many centuries and psychoactive substance abuse continues to be a functional problem. In India, substances like cannabis, opium, inhalants are illegal that affects huge

number of younger generations. The National Family Health Survey 2021 reports that around 20% people in Kerala consume alcohol much higher than the National average [2]. Moreover, the consumption pattern in Kerala has steadily increased in recent years and the age of onset of drinking has been decreased.

Substance abuse refers to the harmful use of psychoactive substances, including alcohol and illicit drugs which is a widespread problem having lot of consequences. The people experiencing the substance abuse undergoes personal, economic and social challenges [3]. Disclosure refers to revealing patients records, which are considered to be highly confidential to a third person.



Stigmatization is referred to the act of treating substance users unfairly by the public involves the discriminatory attitude which leads to physiological, cognitive and behavioural stress reactions [4]. Social support is a control mechanism for physical and mental stigma of person with substance abuse. Proper social support improves primary symptoms of physical health, handling strategies and negative consequence [5].

### STATEMENT OF THE PROBLEM

A descriptive cross-sectional study to determine disclosure, internalized stigma and social support associated with substance use disorders among patients with caregivers in a selected tertiary care center at Ernakulam district, Kerala

#### Objectives

1. To determine the relationship between disclosure and internalized stigma of substance use disorders among patients with caregivers
2. To determine the relationship between disclosure and social support of substance use disorders among patients with caregivers
3. To determine the relationship between internalized stigma and social support of substance use disorders among patients with caregivers
4. To determine the association of disclosure, internalized stigma and social support with selected socio personal variables among patients with caregivers

#### Operational definitions

- **Substance use disorders:** Refer to the recurrent use of alcohol or any other psycho active drugs which causes clinically significant impairment in health such as failure to meet major responsibilities at work, school and home which is diagnosed by psychiatrist using international classification of diseases (ICD 10).
- **Disclosure:** Refers to the sharing of information about substance use disorder, revealing history and treatment with others which is measured by using Self concealment scale.
- **Internalized stigma:** Refers to the process in which a person with substance use disorders cognitively or emotionally absorbs negative messages and believes about the substance use illness which is measured by using Internalized stigma of substance abuse scale.
- **Social support:** Social support refers to the psychological and material resources provided by a social network to help individuals to cope with any situation which is measured by using Multidimensional scale of perceived social support.
- **Caregivers:** Family members or significant others who are actively involved in caring of patients with substance use disorders for above 6 months and

accompanies the patient for continuing treatment in the selected setting.

#### Assumptions

- a) Patients with caregivers may experience reluctance in disclosing the information related to substance use disorders
- b) Patients with caregivers of substance use disorders may experience stigma which may lead to relapse and discontinuation of treatment on substance use disorders
- c) Disclosure, internalized stigma and social support may have a significant influence on the recovery of patients with substance use disorders

#### Hypotheses

- **H<sub>1</sub>)** There is a significant difference in the mean score of disclosure, social support and internalized stigma among patients with caregivers
- **H<sub>2</sub>)** There is a significant relationship between disclosure and internalized stigma among patients with caregivers
- **H<sub>3</sub>)** There is a significant relationship between disclosure and social support among patients with caregivers
- **H<sub>4</sub>)** There is a significant relationship between internalized stigma and social support among patients with caregivers
- **H<sub>5</sub>)** There is a significant association of disclosure, internalized stigma and social support with selected socio personal variables with caregivers

### MATERIALS AND METHODS

#### Study design

This cross-sectional study was conducted at psychiatric in-patient department of MOSC medical college hospital in Kerala. The study was approved by the institutional ethical committee and written informed consent was obtained from all the participants.

#### Variables

- **Outcome variables**  
Disclosure, internalized stigma and social support
- **Socio demographic variables**  
Age in years, gender, educational status, occupation, religion, type of family, marital status, care givers relationship with the patient, duration of stay with the patient, clinical diagnosis, duration of substance use, regularity in follow up, medication adherence and current status on substance use.

#### Setting of the study

Psychiatric inpatient department of the M.O.S.C. Medical college hospital, Kolenchery.



## Population

### Target population

Patients with caregivers seeking treatment for substance use disorders in hospitals in Ernakulam district

### Accessible population

Patients with care givers seeking treatment for substance use disorders from the selected hospital at Ernakulam district.

## Sample and sampling technique

### Sample

Patients with caregivers of substance use disorders from the selected setting who met the inclusion criteria

### Sampling technique

Non-probability convenience sampling technique

### Sample size

93 patients with caregivers of substance use disorders from the selected setting.

The size was estimated using the equation:

$$n = \frac{(Z_{1-\alpha/2} + Z_{1-\beta})^2}{r^2/(1-r^2)}$$

Where Anticipated correlation,

$r = 0.279$ (From pilot study)

$Z(\alpha)$  table value = 1.96 ( $\alpha = 5\%$ )

$Z(\beta)$  table value = 0.84 ( $\beta = 20\%$ )

Required sample size,  $n = 93$

## Sample selection criteria

### Inclusion criteria

- Patients of substance use disorders aged between 18-65 years
- Patients with caregivers admitted in deaddiction units of the selected hospital.

### Exclusion Criteria

- Care givers who have a history of clinically proven psychiatric disorders
- Patients with substance use disorders who are intellectually disabled and have chronic medical disorders

## Tools and techniques

### Tool 1

#### Socio demographic proforma

Socio demographic proforma include socio demographical characteristics of patients with caregivers of substance use disorders.

- Socio demographic proforma of patients with caregivers of substance use disorders:

Age in years, gender, educational status, occupation, religion, type of family, marital status, patient's

relationship with caregiver, duration of stay with the patient, clinical diagnosis, duration of substance use, regularity in follow up, medication adherence and current status of the substance use.

### Tool 2

#### Self-concealment scale (SCS)

It is a standardized scale developed by Larson D. G. and R. L. Chastain in 1990, to measure the degree to which a person tends to conceal personal information perceived as negative or distressing. It is a self-report scale that can be completed by an informant. The scale has a total of 10 items rated from one to five. The minimum score is 10 and maximum is 50. A score between 25 to 50 indicates poor self-concealment. A score below 25 indicates high self-concealment.

### Tool 3

#### Internalized stigma of substance abuse scale (ISSA)

It is a standardized tool used for assessing internalized stigma which was developed by Ritsher et al, in 2003. It is a self administered tool with five subscales. The scale has 29 items rated from one to four. The scale mean score is ranging from 1.00-2.00 indicates minimal to no internalized stigma, 2.01-2.50 indicates mild internalized stigma, 2.51-3.00 indicates moderate internalized stigma, 3.01-4.00 indicates severe internalized stigma.

### Tool 4

#### Multidimensional scale of perceived social support (MSPSS)

It is a standardized tool used to measure social support which was developed by Zimet et.al in 1988. It is a self report scale that can be completed by an informant. The scale has total of 12 items scored from one to seven. The total score is calculated by finding the sum of 12 items. Mean score ranging from 1 to 2.9 indicates low support, score of 3 to 5 indicates moderate support and score from 5.1 to 7 indicates high support. The reliability of the tool was established by using test retest method and tool was found to be reliable with  $r = 0.93$ .

## Ethical clearance

Study protocol was approved by the institutional ethics committee of Hospital. Formal administrative permission was obtained from the Administrative Director, of selected setting. A letter explaining the purpose of the study was handed over to the subjects and informed written consent was taken before data collection, after ensuring the confidentiality and anonymity pledge of the data. The content validity was received from various experts in the field of psychiatry, psychology and mental health nursing.

### Pilot study

The pilot study was conducted among 30 subjects visiting the inpatient deaddiction center of selected setting, to ascertain the feasibility of the study. After obtaining



informed consent, the data were collected using the sociodemographic proforma, Self concealment scale, Internalized stigma of substance abuse scale and Multidimensional scale of perceived social support. After the pilot study, it was found to be feasible in terms of time, money, manpower and resources.

#### Data collection process

The study was conducted after obtaining ethical clearance from the institutional ethics committee. Formal administrative permission was obtained from the Administrative Director of selected setting. 94 subjects who fulfilled the inclusion criteria were selected by convenience sampling technique from the psychiatric inpatient department of selected setting. After a brief self-introduction, the subjects were explained regarding the purpose of the study. The subjects were allowed to read the participant information sheet and made provision to clarify the doubts. Following this, informed consent was obtained from the participants. After that sociodemographic data was collected by using sociodemographic proforma. Following this, disclosure was assessed by using Self concealment scale, internalized stigma was assessed by using Internalized stigma of substance abuse scale and social support was assessed by using Multidimensional scale of perceived social support. Confidentiality was ensured during and after the study.

#### Plan for data analysis

All categorical variables were summarized using frequency and percentage. The quantitative variables are

summarized using median and IQR because the data were not following normal distribution. Pearson correlation coefficient was used to study the relationship between disclosure and internalized stigma as data follows normality. The relationship between various quantitative variables such as disclosure, internalized stigma and social support were analysed using Spearman's correlation coefficient test, as data violates normality. The association were seen using Chi-square/Fishers exact test, since the data follows normality, Man Whitney U test/Kruskal wallis test was used to find the association between social support with selected socio personal variables as data violates normality. The p value <0.05 was considered as to be statistically significant. The data was analysed by using R Software.

#### Description of socio demographic variables of patients with alcohol substance use disorders

Among 94 patients all (100%) were males and most of them 56.4% were belonged to the age group between 41-65 years. Among that 63.8% were coming from nuclear family, 45.7% were belonged to Hindu religion and 75.5% were married. Also 42.6% of them had primary education, 45.7% of patients were self-employed and 51.1% caregivers were spouses. Further 79.8% were staying with patient more than 10 years, 77.7% were using substances more than 10 years, 56.4% were currently addicted with substances, 51.1% were interested on regular treatment and 52.1% were alcohol dependents (Table: 1).

**Table 1: Frequency and percentage distribution of socio demographic variables of patients with substance use disorders**

Socio demographic variables	Frequency	Percentage (%)
<b>Gender</b>		
<b>Male</b>	<b>94</b>	<b>100.00%</b>
<b>Age</b>		
<b>18-40</b>	<b>41</b>	<b>43.60</b>
<b>41-65</b>	<b>53</b>	<b>56.40</b>
<b>Type of Family</b>		
<b>Joint Family</b>	<b>30</b>	<b>31.90</b>
<b>Nuclear Family</b>	<b>60</b>	<b>63.80</b>
<b>Extended Family</b>	<b>04</b>	<b>04.30</b>
<b>Religion</b>		
<b>Hindu</b>	<b>43</b>	<b>45.70</b>
<b>Christian</b>	<b>41</b>	<b>43.60</b>
<b>Muslim</b>	<b>09</b>	<b>09.60</b>
<b>Others</b>	<b>01</b>	<b>01.10</b>



<b>Marital Status</b>		
<b>Married</b>	<b>71</b>	<b>75.50</b>
<b>Single</b>	<b>23</b>	<b>24.40</b>
<b>Education</b>		
<b>Primary</b>	<b>40</b>	<b>42.60</b>
<b>Secondary</b>	<b>27</b>	<b>28.70</b>
<b>Degree and above</b>	<b>27</b>	<b>28.70</b>
<b>Occupation</b>		
<b>Private employee</b>	<b>37</b>	<b>39.40</b>
<b>Govt. employee</b>	<b>08</b>	<b>08.40</b>
<b>Self-employee</b>	<b>43</b>	<b>45.70</b>
<b>Unemployed</b>	<b>06</b>	<b>06.50</b>
<b>Relationship with caregiver</b>		
<b>Spouse</b>	<b>48</b>	<b>51.10</b>
<b>Others</b>	<b>46</b>	<b>48.90</b>
<b>Duration of staying with caregiver</b>		
<b>10 years and below</b>	<b>19</b>	<b>20.20</b>
<b>Above 10 years</b>	<b>75</b>	<b>79.80</b>
<b>Duration of substance use</b>		
<b>Less than 10 years</b>	<b>73</b>	<b>77.70</b>
<b>10 years and above</b>	<b>21</b>	<b>22.30</b>
<b>Current status of substance use</b>		
<b>No</b>	<b>53</b>	<b>56.40</b>
<b>Yes</b>	<b>41</b>	<b>43.60</b>
<b>Regular treatment</b>		
<b>Yes</b>	<b>48</b>	<b>51.10</b>
<b>No</b>	<b>46</b>	<b>48.90</b>
<b>Diagnosis</b>		
<b>ADS</b>	<b>49</b>	<b>52.10</b>
<b>ADS, TDS</b>	<b>27</b>	<b>28.70</b>
<b>ADS, CDS</b>	<b>03</b>	<b>03.20</b>
<b>ADS, TDS, CDS</b>	<b>08</b>	<b>08.40</b>
<b>TDS</b>	<b>01</b>	<b>01.10</b>
<b>CDS</b>	<b>01</b>	<b>01.10</b>
<b>TDS, CDS</b>	<b>05</b>	<b>05.40</b>
<b>Others if any</b>	<b>00</b>	<b>00.00</b>

### Description of outcome variables

To determine disclosure and internalized stigma of substance use among patients with caregivers, mean and standard deviation was computed as data follows

normal distribution. Median, interquartile range was computed as the social support variable violates normality (Table: 2).

**Table 2: Description of outcome variables**

<b>Variables</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>SD</b>
Disclosure	10.00	46.00	26.13	10.023



Internalized stigma	29.00	108.00	71.14	16.988	
<b>Variable</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Median</b>	<b>Q1</b>	<b>Q3</b>
Social support	12.00	84.00	65.00	53.75	72.00

**Relationship between disclosure and internalized stigma of substance use disorders among patients with care givers.**

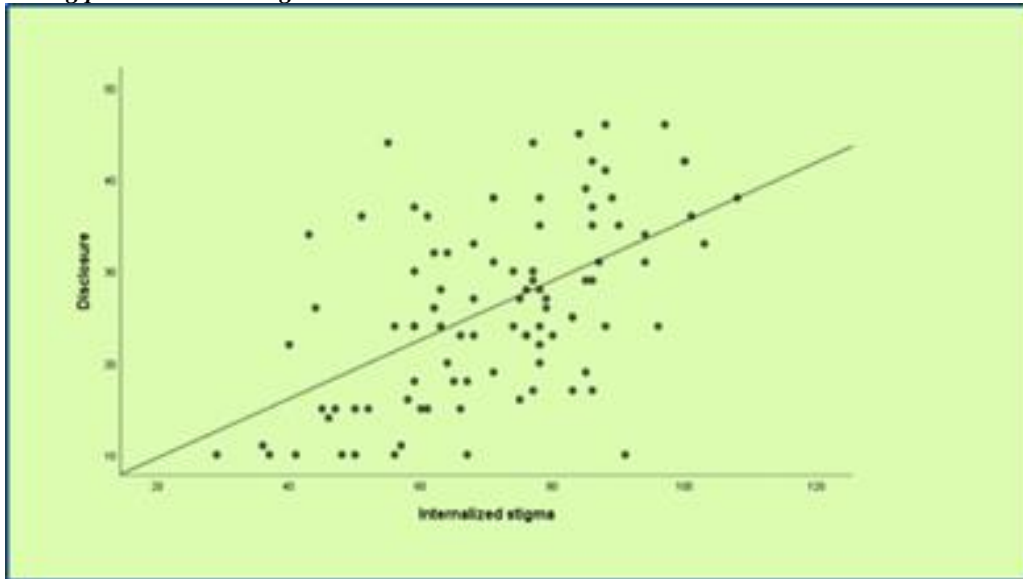
Pearson’s correlation coefficient is estimated to determine the relationship between disclosure and internalized stigma of substance use disorders among patients with caregivers as data follows normality.

The observation showed a moderate positive correlation ( $r = 0.55, p < 0.001$ ) exist between disclosure and internalized stigma. Hence it is interpreted that internalized stigma is increased with higher disclosure status of substance use disorders in this study. (Table: 3) (figure: 1).

**Table: 3-Relationship between disclosure and internalized stigma of substance use disorders among patients with care givers**

Variables	Pearson’s correlation (r)	p value
Disclosure and Internalized stigma	0.55	< 0.001*

**Figure: 1-Scatter diagram depicting the relationship between disclosure and internalized stigma of substance use disorders among patients with caregivers**



**Relationship between disclosure and social support of substance use disorders among patients with caregivers**

Spearman’s rank correlation coefficient is estimated to determine the relationship between disclosure and social support of substance use disorders among patients with caregivers as data violates normality.

The observation showed a negligible correlation ( $r_s = -0.07, p = 0.488$ ) between disclosure and social support, which is not found to be significant. It is concluded that, in spite of the disclosure status among the patients having substance uses, the social support was less in this study. (Table: 4) (Figure: 2)

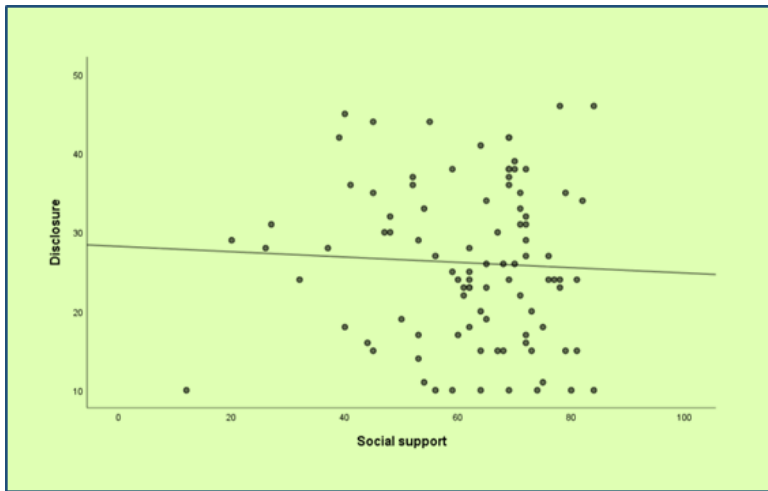
**Table:4-Relationship between disclosure and social support of substance use disorders among patients with caregivers**

Variables	Spearman’s correlation (r <sub>s</sub> )	p value
Disclosure and Social support	-0.07	0.488

**Figure: 2-Scatter diagram depicting the relationship between disclosure and social support of substance use disorders among patients with caregivers**







**Relationship between disclosure and social support of substance use disorders among patients with caregivers**

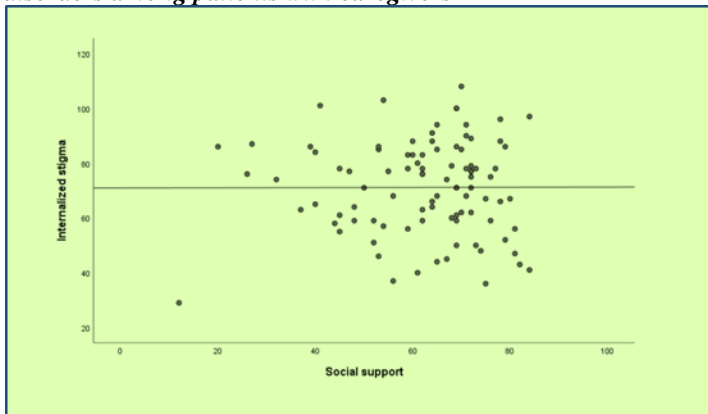
Spearman’s rank correlation coefficient is estimated to determine the relationship between internalized stigma and social support of substance use disorders among patients with caregivers as data violates normality.

The observation showed a negligible correlation ( $r_s = -0.03$ ,  $p = 0.786$ ) between internalized stigma and social support, which is not found to be significant. Hence it is interpreted that, in this study patients with substance use disorders have less social support irrespective of internalized stigma. (Table: 5) (Figure: 3).

**Table 5-Relationship between internalized stigma and social support of substance use disorders among patients with caregivers**

Variables	Spearman’s correlation ( $r_s$ )	p value
Internalized stigma and Social support	-0.03	0.786

**Figure: 3-Scatter diagram depicting the relationship between internalized stigma and social support of substance use disorders among patients with caregivers**



**To determine the association of disclosure, internalized stigma and social support with selected socio personal variables among patients with caregivers**

Chi-square test and Fisher’s exact test is performed to determine the relationship of disclosure with socio demographic variables.

The observation showed that none of the demographic variables are associated with disclosure. (Table: 6)

Chi-square test and Fisher’s exact test is performed to determine the relationship of internalized stigma with socio demographic variables. The observation showed that a significant association between religion (0.015), marital status (0.042) with internalized stigma. (Table: 7).

Mann Whitney U test and Kruskal wallis test is performed to determine the relationship of social support with socio demographic variables as data violates



normality. The observation showed that none of the demographic variables are associated with social support. (Table: 8).

**Table 6: Association of disclosure with selected socio demographic variables**

Socio demographic variables	DISCLOSURE			Chi- square / Fisher's exact Test	p value
	Scoring				
	High	Low			
<b>Gender</b>					
Male	45	49	-	-	
<b>Age in years</b>					
18-40	19	22	0.068	0.794	
41-65	26	27	(Chi-square)		
<b>Education</b>					
Primary	18	22	0.898	0.638	
Secondary	15	12	(Chi-square)		
Degree	12	15			
<b>Occupation</b>					
Government employee	02	04	3.728	0.285	
Private employee	22	15	(Fisher's exact)		
Self employee	17	26			
Unemployed	04	04			
<b>Religion</b>					
Hindu	26	17	5.846	0.054	
Christian	14	27	(Chi-square)		
Muslim	05	05			
<b>Marital status</b>					
Married	37	34	2.160	0.368	
Single	08	15	(Fisher's exact)		
<b>Type of family</b>					
Nuclear family	28	32	0.097	0.756	
Joint family	17	17	(Chi-square)		
<b>Duration of substance use</b>					
Less than 10 years	09	12	0.273	0.602	
10 years and above	36	37	(Chi-square)		
<b>Current use</b>					
No	24	29	0.326	0.568	
Yes	21	20	(Chi-square)		
<b>Relation with caregiver</b>					
Spouse	24	24	0.178	0.673	
Others	21	25	(Chi-square)		
<b>Duration of stay with caregiver</b>					
10 years and below					
Above 10 years	06	13	2.533	0.111	
	39	36	(Chi-square)		
<b>Regular treatment</b>					
Yes	25	23	0.697	0.404	
No	20	26	(Chi-square)		
<b>Diagnosis</b>					
ADS	22	27	0.363	0.547	
ADS, TDS, CDS	23	22	(Chi-square)		

**Table 7: Association of internalized stigma with selected socio demographic variables**

INTERNALIZED STIGMA
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Socio demographic variables	Scoring				Chi- square / Fisher's exact Test	p value
	Nil	Mild	Moderate	Severe		
<b>Gender</b> Male	20	26	33	15	-	-
<b>Age in years</b> 18-40 41-65	04 16	13 13	16 17	08 07	05.861 (Chi-square)	0.119
<b>Education</b> Primary Secondary Degree	10 03 07	12 08 06	13 10 10	05 06 04	03.373 (Chi-square)	0.761
<b>Occupation</b> Government job Private employee Self-employee Unemployed	00 08 09 03	00 08 16 02	04 14 13 02	02 07 05 01	09.405 (Fisher's exact)	0.354
<b>Religion</b> Hindu Christian Muslim	14 04 02	14 10 02	13 15 05	02 12 01	14.718 (Fisher's exact)	<b>0.015*</b>
<b>Marital status</b> Married Single	13 07	18 08	27 06	13 02	11.550 (Fisher's exact)	<b>0.042*</b>
<b>Type of family</b> Nuclear family Joint family	12 08	17 08	21 12	10 05	00.207 (Chi-square)	0.976
<b>Duration of substance use</b> Less than 10 years 10 years and above	04 16	07 19	09 24	01 14	02.934 (Fisher's exact)	0.424
<b>Current use</b> No Yes	09 11	16 10	22 11	06 09	04.391 (Chi-square)	0.222
<b>Relation with caregiver</b> Spouse Others	08 12	11 15	21 12	08 07	03.896 (Chi-square)	0.273
<b>Duration of stay with caregiver</b> 10 years and below Above 10 years	03 17	03 23	10 23	03 12	03.376 (Fisher's exact)	0.323
<b>Regular treatment</b> Yes No	09 11	11 15	22 11	06 09	05.042 (Chi-square)	0.169
<b>Diagnosis</b> ADS ADS, TDS, CDS	08 12	11 15	21 12	09 06	04.308 (Chi-square)	0.230

\*Significance at  $p < 0.05$ **Table 8: Association of social support with selected socio demographic variables**

Socio demographic variables	SOCIAL SUPPORT			
	Median	IQR (Q1, Q3)	Maan whitney U test / Kruskal wallis test	p value



<b>Gender</b>				
Male	65	54, 72	-	-
<b>Age in years</b>				
18-40	65	53, 72	1101.00	0.912
41-65	67	56, 72	(Maan whitney)	
<b>Education</b>				
Primary	63	56, 69	0002.99	0.224
Secondary	69	53, 72	(Kruskal wallis)	
Degree	67	52, 76		
<b>Occupation</b>				
Government employee	69	62, 72		
Private employee	67	62, 72	0001.93	0.587
Self employee	62	52, 72	(Kruskal wallis)	
Unemployed	59	48, 72		
<b>Religion</b>				
Hindu	65	53, 72	0003.87	0.144
Christian	69	62, 72	(Kruskal wallis)	
Muslim	55	45, 61		
<b>Marital status</b>				
Married	65	59, 72	0003.09	0.213
Single	69	55, 79	(Kruskal wallis)	
<b>Type of family</b>				
Nuclear family	64	53, 72	0944.50	0.552
Joint family	69	59, 72	(Maan whitney)	
<b>Duration of substance use</b>				
Less than 10 years	61	48, 72	0684.50	0.456
10 years and above	67	56, 72	(Maan whitney)	
<b>Current use</b>				
No	65	52, 72	1143.00	0.666
Yes	65	59, 72	(Maan whitney)	
<b>Relation with caregiver</b>				
Spouse	65	58, 72	1092.50	0.931
Others	65	52, 73	(Maan whitney)	
<b>Duration of stay with caregiver</b>				
10 years and below	64	53, 72	0754.00	0.696
Above 10 years	65	54, 72	(Maan whitney)	
<b>Regular treatment</b>				
Yes	67	55, 72	1144.00	0.762
No	65	53, 72	(Maan whitney)	
<b>Diagnosis</b>				
ADS	64	53, 70	1316.50	0.105
ADS, TDS, CDS	69	56, 74	(Maan whitney)	

## DISCUSSION

The present study was intended to assess disclosure, internalized stigma and social support associated with substance use disorders among patients with caregivers. The findings of the present study have been discussed about to the observation made by other studies which the investigator had reviewed.

The present study identified that there is a statistically significant, moderate positive correlation ( $r_s = 0.55$ ) between disclosure and internalized stigma of substance use disorders among patients with caregivers ( $p < 0.001$ ). This finding is supported by Magdelina Kulezsa et.al to assess internalized stigma and risk factors

of substance use problems ( $p < 0.01$ )<sup>8</sup>. Another cross-sectional study was conducted by Jason B Luoma et.al to assess internalized stigma among patients with SUD highlighted that disclosure was associated with internalized stigma ( $p < 0.01$ )<sup>9</sup>.

The current study identified that there is statistically negligible correlation ( $r_s = -0.07$ ) between disclosure and social support of substance use disorders among patients with caregivers ( $p = 0.488$ ). This finding is supported by Yan Liu to assess social support solicitation and provision in an online alcohol use disorder forum. The researcher found that there was both negative and positive



relationship variance between disclosure and social support<sup>10</sup>.

The present study found that there is a significant association between religion (0.019), marital status (0.006) with internalized stigma among patients with caregivers. The findings supported by Dorota Szczesniak to assess internalized stigma and its correlates among patients with severe mental illness. The researcher found that duration of disease was the only one clinical factor was significantly associated with internalized stigma ( $p = 0.01$ )<sup>11</sup>. This result was contradicted by Samet Kose et.al which showed that there was no statistically significant relationship between sociodemographic variables of patients with internalized stigma<sup>12</sup>.

### Nursing implications

The present study has significant implications in the field of nursing administration, nursing education, nursing practice, and nursing research.

#### Nursing practice

- Can be Identify the areas where the patients with substance use disorders need more help, support and confidence building.
- Implement patient focused intervention programs to reduce negligence to seek treatment in the field of practice.
- Play an important part in primary prevention by facilitating early detection and management of mental distress among patients with substance use disorders.
- Can implement psycho education sessions for educating the patients with caregivers of substance use disorders for identifying and managing their problems

#### Nursing education

- Appropriate nursing interventions can be a plan for improving the quality of life of patients with caregivers.
- Train the student nurses to identify the factors affecting disclosure, internalized stigma, and social support of substance use disorders among patients with caregivers based on which appropriate nursing interventions can be a plan for improving the quality of life of both patients and caregivers.
- Motivate the student nurses to do flash mobs, role plays in different places to educate the society about

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### Nursing administration

- Collaborate with governing bodies in formulating policies to employ specially qualified nurses in a psychiatric unit to supervise the teaching program.
- Develop psycho education protocol for educating the patients with caregivers of substance use disorders for identifying and managing their problems.
- Train the nurses who are working in the de addiction unit to identify disclosure, internalized stigma and social support of patients with caregivers of substance use disorders and to provide them adequate support and education.

### Nursing research

- Based on the findings of the present study, nurses can undertake interventional studies to understand the effectiveness of strategies designed for improving the support system to avoid discrimination and discontinuation of treatment.
- The findings of the present study can be considered as a cornerstone for future researches.

### Recommendations

- Similar studies can be conducted in different settings.
- A comparative study regarding disclosure, internalized stigma and social support can be conducted among patients and caregivers with substance use disorders.
- A qualitative study can be conducted to assess disclosure, internalized stigma and social support associated with substance use disorders among patients and caregivers.
- Interventional studies can be undertaken to assess the effectiveness of improving the attitude towards treatment and prevent relapse of patients with substance use disorders.

### CONCLUSION

The Study has its importance in the present scenario of increased substance use in the younger generation. Caregivers and society have major role in the process of their recovery. Patients with caregivers of substance use disorders internalized stigma is increasing with higher disclosure status and they receive less social support.



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