

ORIGINAL ARTICLE

Life and Stigma Experiences of Individuals With Substance Use Disorder: A Qualitative Study

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Main Points

- Individuals with substance use disorders may face social stigmatization and negative attitudes in their families, social environment, and even in the healthcare field.
- This study aimed to determine the life and stigma experiences of individuals with substance use disorder who received inpatient treatment in an adult detoxification center.
- The study revealed that participants experienced negative emotions, including regret, guilt, and shame, due to stigmatization, exclusion, and discrimination.
- Substance use disorder treatment should not only focus on pharmacotherapy but also on the psychological and social needs of the individual.

Abstract

This study aimed to determine the life and stigma experiences of individuals with substance use disorder who received inpatient treatment in an adult detoxification center. Data for this qualitative phenomenological study were collected in Istanbul between April and December 2023. The data were analyzed using Colazzi steps. A total of 26 individuals with substance use disorder were interviewed. The content analysis identified three main themes. The initial topic discussed was the effect of substance use on individuals' lives. The second theme discussed was stigmatization. The final theme addressed coping with stigmatization. The study revealed that participants experienced negative emotions, including regret, guilt, and shame, due to stigmatization, exclusion, and discrimination. Substance use treatment should not only focus on pharmacotherapy but also the psychological and social needs of the individual. Furthermore, to address negative attitudes in society, mental health professionals could inform families and disseminate anti-stigma programs.

Keywords: Life experience, psychiatric nursing, qualitative research, stigmatization, substance use disorders

Introduction

Substance use disorders, which are increasing all over the world and in our country, are a significant public health problem leading to psychological, social, physical, legal, and economic consequences (Uzun & Alban, 2020; Mokha, 2024; Dikeç & Kutlu, 2020). They can hinder individuals from fulfilling their social roles and responsibilities. By affecting individuals' self-control, they may cause behaviors that are not accepted by society, thus leading to new psychosocial problems (Dikeç & Kutlu, 2020; Cüceler et al., 2022). One psychosocial problem

individuals may face is social stigmatization and internalized stigma (Çam & Dağlı, 2017).

Mental disorders have historically been subject to significant stigma (Uzun & Alban, 2020). Among mental disorders, individuals with substance use disorders are one of the most stigmatized groups in society (Akhan & Gezgin Yazıcı, 2023). In society, individuals with substance use disorders are often subject to prejudice, with negative stereotypes suggesting that they are weak-willed, dangerous, and dishonest. Substance use disorders are often not recognized as mental disorders, which

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can lead to individuals being unfairly blamed for their problems (Crapanzano et al., 2019; Yılmaz & Cüceler, 2019). Individuals with substance use disorders may face social stigmatization and negative attitudes (Dikeç & Kutlu, 2020).

Individuals with substance use disorders often face challenges in areas such as interpersonal relationships, accessing healthcare, finding employment, and securing housing due to stigmatizing attitudes in society (Dikeç & Kutlu, 2020; Nolte-Troha et al., 2023; Mokha, 2024). Individuals who encounter difficulties in these areas may receive less treatment for physical or mental health issues (Crapanzano et al., 2019; Solberg & Naden, 2020) and may become homeless, losing their homes (Türkeş & Buz, 2022). When individuals experience homelessness, they are often unfairly perceived as irresponsible and dangerous, with no connections to work, family, or society (Cüceler et al., 2022). To address these issues, individuals may use substances, perpetuating a harmful cycle (Dikeç & Kutlu, 2020).

It has been reported that some individuals with substance use disorders feel ashamed and guilty about this situation (Crapanzano et al., 2019). Individuals who experience intense feelings of shame and guilt may be more likely to use substances, avoid seeking treatment, and isolate themselves at home. All of these situations have the potential to negatively impact treatment motivation, which is crucial in the treatment of substance use disorder (Akhan & Gezgin Yazıcı, 2023). Adverse effects on treatment motivation can lead to non-initiation, dropout, or relapse (Crapanzano et al., 2019; Demir et al., 2022).

It is essential to investigate both the social stigma toward individuals with substance use disorders and the internalized stigma of individuals to identify possible experiences of stigmatization. Examining the areas where individuals are stigmatized is crucial in determining where social information can be provided. The purpose of this study is to thoroughly investigate the life experiences and stigmatization faced by individuals who have been diagnosed with substance use disorder and have undergone inpatient treatment at a regional psychiatric hospital. The research aims to answer two fundamental questions: “How does substance use impact the lives of individuals with substance use disorder?” and “What are the experiences of stigmatization faced by individuals with substance use disorders in their daily lives?”

Material and Methods

Research data were collected from April to December 2023 at the adult detoxification center of a regional mental health and nervous diseases training and research hospital in Istanbul. A purposive random sampling method was employed for this qualitative research design study. The study sample comprised adult patients who were diagnosed with substance use disorder, including alcohol, cannabis, hallucinogens, stimulants, volatile substances, opioids, sedatives, hypnotics, and anxiolytics, according to diagnostic and statistical manual-5 diagnostic criteria. Only those who completed the detoxification process and agreed to participate in the study were included. The study excluded patients who declined to participate, were in the detoxification phase, dropped out of the interview, had only a diagnosis of caffeine or tobacco use disorder, were followed up as outpatients, or had another accompanying mental illness. For this study's sample, individual

in-depth interviews were concluded upon reaching data saturation. A total of 26 participants were interviewed.

Data Collection

Hospitalized patients were informed about the interview process. A plan was then made to interview individuals who met the inclusion criteria. The interviews were conducted in private rooms within the clinic. The participants underwent two interviews in total. In the first, individual in-depth interviews were conducted at the scheduled time, and in the second, the accuracy of the themes and sub-themes was tested. If individuals were discharged during this period, they were asked to evaluate the themes and sub-themes during outpatient follow-up. An experienced clinical psychiatric nurse with a Ph.D., who has worked with individuals with substance use disorders in this unit for 12 years and is currently employed at the clinic, conducted in-depth interviews. The participants provided written and verbal consent to record their interviews. The duration of each interview averaged between 45 and 60 minutes. Data were collected using the Information Form and Semi-structured Interview Form.

Information Form

The researchers developed a form that included ten questions to determine age, gender, educational status, marital status, employment status, substance use, duration of use, and the presence of a person with a mental disorder in their family.

Semi-Structured Interview Form

The researchers created twelve questions by reviewing the literature (Burgess et al., 2021; Mokha, 2024; Dikeç & Kutlu, 2020). The form aimed to determine individuals' experiences of stigmatization in their daily lives.

Data Analysis

The characteristics of the participants were analyzed using SPSS 24.0 version by number, percentage, mean, standard deviation, minimum, and maximum. The study employed Colaizzi's phenomenological interpretation method to analyze the data. This approach reveals experiences and meanings through data analysis. Colaizzi's phenomenological data analysis involves the following steps: (1) The descriptions provided by the participants are carefully analyzed to comprehend the meanings assigned to the phenomenon and the emotions felt. (2) Important statements directly related to the case have been selected. (3) By analyzing these key phrases, meanings are formulated. (4) Formulated meanings are organized into sub-themes, themes, and categories. (5) The results achieved are combined with rich and comprehensive life experiences. (6) The phenomenon's fundamental conceptual structure is defined. (7) The study involved re-interviewing some participants and verifying the findings by comparing them with the participants' own experiences (Colaizzi, 1978).

Ethical Consideration

Before starting the study, we obtained approval from the Fenerbahçe University Social and Human Sciences Ethics Committee, dated 01.03.2023, numbered 2023/2-2. Subsequently, we obtained institutional approval from the affiliated training and research hospital's Medical Specialty Thesis Ethics Committee for the relevant adult detoxification center. Written informed consent was obtained from all study participants.

Results

Participant Characteristics

The study participants had a mean age of 34.38 years [standard deviation (SD) = 9.72], with a majority being male. The majority of participants had a primary school education. They perceived their economic status to be at a middle level. Analysis of the substances used showed that they consisted of alcohol, multiple substances, synthetic cannabinoid, opioid and sedative, hypnotic, or anxiolytic. The study revealed that the participants had been using substances for an average of 14.15 (8.71) years and had attempted to quit substance use 3.86 (3.94) times (Table 1).

Thematic Analysis

The content analysis identified three main themes. The initial topic discussed was the effect of substance use on individuals' lives. This theme analyzes the impact of substance use on individuals' social lives and health, as well as the legal and economic issues that arise from it. The second theme was stigmatization. Under this theme, the discussion centered around labeling, exclusion, and stigmatization related to substance use. The final theme

was dealing with stigma. The third theme of this study is to examine adaptive and maladaptive coping strategies used to combat stigma (Table 2).

Effects of Substance Use on Life

All participants reported experiencing difficulties in various areas of their lives, including family, work, children, friendships, romantic relationships, and marriage, after they began using substances. Some reported receiving support from their spouses, while others reported reaching the point of divorce due to their substance use. During the divorce process, one participant agreed with their spouse when empathizing with them:

If I were a woman, I would put myself in my partner's shoes. I had never thought about it before. Should I lie? I have the opportunity to think about it now. I ask myself, "How can I sit next to a man who is drunk?" I am speaking as my wife right now. She wonders how she can sit beside and joke with him because he has an unpleasant odor. He needs help articulating his thoughts and gaining knowledge on the topic he is discussing. Additionally, his mouth is shifted to one side, and his eyes are different. I would have ostracized him as well. I agree with my wife right now. (P22)

Some participants with children reported being unable to fulfill their parental responsibilities due to substance use. Participants who consumed alcohol noted that their children would withdraw to their rooms and avoid interacting with them due to the smell of alcohol. The reaction of one participant's adult child was described as follows:

I mean, I have a 23-year-old daughter. When I go home drunk, all ... I have three daughters, to be honest ... I go into the house, and the children scatter like crazy; they escape me. Why?... Just because of the smell ... I do not shout or anything, I mean ... I enter the house, and they all scatter because of the smell; of course, they were disturbed. (P3)

Most participants reported experiencing workplace problems due to substance use. One participant summarized the work-related problems caused by alcohol use as follows:

In my work life, going to work drunk was a big problem. I was warned a few times and verbally warned. I ignored them. I worked for 12 years in a company. Then we had a court case. Because of compensation. There were problems like this. (P26)

Although some participants had no problems finding, renting, or buying a house as a result of their substance use, others admitted that they did not choose to return to their homes because they wanted to use substances in a more comfortable environment or to avoid their families finding out about their substance use, so they had to stay on the street or in a car until the effects of the substances had subsided. One participant reported staying in the hospital garden for sixteen days before starting treatment and also reported substance use during this time.

Before I was admitted here, before the 4th of July, I stayed here in the garden for sixteen days. At the entrance of that

Table 1.

Characteristics of the Participants

Characteristics	Mean (SD)	Min – Max
Age	34.38 (9.72)	23 – 52
Gender	n	(%)
Female	2	7.7
Male	24	92.3
Educational status		
Elementary education	10	38.5
High school	9	34.6
University	7	26.9
Economic situation		
Poor	2	7.7
Medium	20	76.9
Good	4	15.4
Employment status		
Working	11	42.3
Not working	15	57.7
Duration of substance use (year)	14.15 (8.71)	1 – 30
Substances used		
Alcohol	9	34.6
Polysubstance	10	38.5
Synthetic cannabinoid	1	3.8
Sedative, hypnotic, or anxiolytic	1	3.8
Opioid	5	19.2
Substance use in family		
Yes	4	15.4
No	22	84.6
Trying to quit substance	3.86 (3.94)	1 – 20

Table 2.
Themes, Codes, and Frequency

Themes	Codes	Frequency
Effects of substance use on life	Effects of substance use on social life	25
	Effects of substance use on health	14
	Legal problems caused by substance use	7
	Economic losses caused by substance use	16
Stigmatization resulting from substance use	Label	17
	Exclusion due to substance use	22
	The emotional response to stigmatization	21
Dealing with stigmatization	Adaptive coping	12
	Maladaptive coping	10

gate...at the entrance of Bakırköy State Hospital, I lived in the garden for sixteen days. I did not want to go home like that; I did not want to upset my family. I did not go home when my wife said so, so I did not go home. I mean, I preferred not to go home ... I did not rent a house or anything; I lived in the garden. I stayed here because I was panicking; I was panicking if I did not use it. I thought I would die; I thought I would be crippled with that fear. Well...I was always at the emergency room door here for sixteen days. (P2)

Some participants reported that they were unable to attend events such as weddings and funerals because they were under the influence of the substance or wanted to use it as soon as possible and that they experienced social isolation. According to one participant's explanation,

I started not attending things like mass weddings, associations, and funerals. I mean, I could not even go to the funerals of my closest ones because I had drunk alcohol the day before. I could not be a part of that society. I started to get bored at weddings. In that process, for example, I wanted to drink at the wedding. I started to have weaknesses such as let me go and drink alcohol as soon as possible. (P20)

The majority of participants reported a deterioration in their mental and physical health as a result of using the substance. Some participants reported anger, memory problems, depressive symptoms, hallucinations, fatigue, weakness, and body aches, while others reported weight loss. Patients who used certain substances reported a decline in their skin and dental health. One of the participants described the skin sores and gum problems as follows:

I used to use methamphetamine, to be honest. I did, I mean, before I came in here. My teeth ... you know, they are not aesthetically beautiful. In addition to that, this methamphetamine has caused numerous scars on my body. You know, like, I rip them off, they bleed. Apart from that, you can see things on my forehead, you know, such lumpy things. I can say that the effects of this methamphetamine on my body are too much, physically. (P23)

The participant reported that she had lost weight and was working in a supermarket, stocking the aisles, but was experiencing pain from her substance use, which was preventing her from doing her job.

Weight, I had a very extreme weight loss. I dropped from seventy kilos to fifty kilos in 2 months. After that, when my family realized the situation, I came here again. It started to cause great physical pain after a while. Now ... normally, because I work in the market sector, I cannot line the aisle because of the pain. I could not lift anything. When I bent down, I could not get back up. When I got up, I felt like I would stagger and fall to the ground. (P12)

Some participants reported that they had lost their driving licenses for drunk driving, some reported that they had committed theft to obtain substances, and some reported that they had started selling substances in order to obtain substances. One participant reported being incarcerated for substance sales, which led to subsequent issues;

How did it affect your life? Badly affected. Here I am in prison. For example, I will get married when I go to prison; I am engaged. His family kidnapped him. I could not get engaged. I could not get married. Because I went to prison, my father started drinking alcohol. My mum left home. My family fell apart. It was not good for everything. I could not work anyway. I could not work, so I had to start trading. I mean, it is bad. (P19)

Almost all participants reported that substance use hurt their financial situation. One participant summarized the economic problems caused by the substance as follows:

I cannot pay my debts when I start drinking all the time at work, my credit cards explode, etc. My family withdrew support from me; I had two rental incomes. Moreover, when they were taken away from me, it caused much negativity in my life. This time, I felt even more empty. This time, I ended up with loan sharks. I got money from outside. I got money from loan sharks. I could not pay them; it was a bigger problem. Then I put my flat on the market. Then, my brother-in-law came in and helped me. My debts have been paid, and so on, so there are many examples like this. (P26)

Stigmatization Resulting From Substance Use

Under this theme, participants reported on the new labels they received as a result of their substance use, their experiences of exclusion, and the emotions they felt in the face of these stigmatizing experiences. It was found that many participants referred to themselves by alternative names in their social circles due to

their substance use. The most commonly used terms for substance users were “substance addict,” “junkie,” and “user,” while “drunkard” was the most frequently used term for alcohol users. One participant reported the insulting nature of this labeling as follows:

You are a junkie ... junkie' ... You are a junkie' ... Isn't that a very insulting word? When you look at it ... It is a very mocked and ridiculed word, but when you look at it, and after you turn 30, you are not a 20-year-old or 18-year-old. You are 30 years old, and when you are 40 years old, if you have a child, I do not have a child, so I do not know that feeling. However, I am 30 years old now, but when someone calls me a “junkie,” I am sweating right now, look how I am sweating right now when I say the word “junkie” ... that is what I was called (The patient wiped his forehead with his hand, showing his face). (P1)

Almost all participants reported being excluded by their family, relatives, friends, and neighbors. One participant reported being excluded by their spouse, child, sibling, and parents.

My child was ashamed of me. So my wife started not looking at me. My mum and dad started avoiding me. My sister started not to look at me or talk to me. I started not talking to anyone. That is how it affected me. (P7)

One of the participants said that he/she was held responsible for whatever happened to him/her because he was a substance addict and that he/she was mistreated. The participant stated that he/she was accused of theft as follows:

I was accused of theft because of my substance abuse in my circle of friends... Because of the three people we sat with ... For example, someone stole his mobile phone. I was framed for the offense because I am a heavy substance user. A few days later, it turned out that the boy had taken it. Otherwise, the use of the teacher ... (silence). (P9)

Some participants reported that they had experienced exclusion in their romantic relationships due to substance use and that they had met their relationship needs by using more substances. One participant described the experience as follows:

Where the opposite sex fills, the heart is also important. We have left it empty because of matter. You know, when a person tells his/her problems to someone whom he/she sees as a life partner, he/she may feel relieved and may not drink substances, but this time, girls did not approach us because “this is a substance addict.” So we did not go for girls. I mean, our emotional life was empty. We had to replace it with substances. (P17)

The participants indicated that they experienced feelings of being belittled, humiliated, regret, guilt, and shame in the context of stigmatization, exclusion, and discrimination. One of the participants expressed their sentiments as follows:

I mean, while I was at the top level in my work environment, I suddenly fell to the lowest level. I mean, it was a very embarrassing thing for me. So, it was stigmatizing for me,

and I had to quit my job. I could not swallow my pride, so I quit. (P7)

Dealing with Stigmatization

This theme explores how the participants responded to their experiences of stigmatization and exclusion. The results indicated that nearly half of the participants employed adaptive coping strategies, whereas the other half employed maladaptive coping methods.

It was established that some participants sought treatment due to the stigmatization and exclusion they had experienced and, therefore, applied to the clinic. Some of the participants made the following statements:

You know I am in hospital right now. I think that it was a success because I came voluntarily. I am neither a judicial case nor have I committed a crime nor been forced to come by my family. I am an individual; I am a mature person, educated, a university graduate, and a person of advanced age. I am also a very aware child. My biggest initiative was to be admitted to hospital, and from this time onwards, I want to be a good son to my country and my family by correcting myself. (P1)

Some participants indicated that they continued to utilize substances to cope with the negative experiences they were facing. The statements of a participant were as follows:

I could not cope, do I lie? So you were out for two days. You did not drink for two days. How is that? I mean, to get the weight off you, to get the weight off you. I was doing it for two days, and then I was saying, “I do not care what anyone says, I am making my money, I am drinking.” I was going on again, sir. When I drink, I feel like I am forgetting. Here, how can I say, if you ask 10 of those who have been hospitalized here, nine of them will say, “I was forgetting when I drank.” I could not think of anything. I mean, to not remember yesterday. That is what I was doing, teacher. That is how I coped ... I could not cope any other way. (P22)

Discussion

This study examined the life and stigma experiences of people with a substance use disorder, looking at the impact of substances on their social, physical, mental, legal, and economic lives, as well as their experiences of stigma and coping strategies. Substance use can often hurt family relationships, leading to conflict, loss of trust, domestic violence, and disruption of family life (Dikeç & Kutlu, 2020; Mokha, 2024). Substance use is associated with a range of adverse psychological, physical, social, legal, and economic consequences, including family conflict, financial difficulties, legal problems, reduced work productivity, and social isolation (Mokha, 2024). All participants in this study reported experiencing problems in various aspects of their lives, including family, children, friends, romantic relationships, marriages, and work, after they began using substances.

Substance use can cause a range of medical problems, including cardiovascular, liver, and respiratory diseases; gastrointestinal problems; nutritional deficiencies; sexual and reproductive health

problems; oral and dental health problems; certain cancers; and serious infectious diseases such as hepatitis C and HIV due to a weakened immune system. Death from overdose is also a risk. It is important to note that the type of substance used can affect the specific medical problems that can occur (Amin et al., 2023; Dikeç & Kutlu, 2020; Mokha, 2024). The participants' statements regarding fatigue, weakness, body aches, weight loss, and deterioration of skin and dental health appear to align with the literature on the adverse effects of substance use on physical health.

Substance use is often associated with criminal activities, e.g., substance use, possession, production and dealing, theft, extortion, etc., to obtain substances, and with dangerous behavior, e.g., drink-driving and aggressive driving (Dikeç & Kutlu, 2022; Mokha, 2024). These behaviors can result in legal consequences, such as arrest, imprisonment, fines, and a criminal record (Mokha, 2024). The European Drug Report states that there were approximately 1.5 million substance-related offenses reported in the European Union in 2020, which is a 15% increase compared to 2010 (The European Monitoring Centre for Drugs and Drug Addiction, 2022). According to the Türkiye Drug Report, 35.4% of those convicted and imprisoned in Türkiye in 2022 were there for substance-related offenses (Türkiye Drug Report, 2023). This study supports the literature in that it reports that those caught driving under the influence of alcohol, theft to obtain substances, and selling substances to obtain substances had their licenses revoked, and those caught selling substances had their licenses revoked and received probation.

Substance use disorders can result in absenteeism, low work performance, and decreased productivity, leading to an increase in work accidents. Additionally, the families of addicted individuals may experience serious victimization due to their loved one's loss of work (Cüceler et al., 2022; Mokha, 2024). Therefore, this situation affects individuals' and society's overall productivity and economic stability (Mokha, 2024). Research has found a link between employment status and substance use, with higher rates of substance use among the unemployed (Nolte-Troha et al., 2023), suggesting that substance use may be a risk factor for future job loss (Türkeş & Buz, 2022). In this study, the vast majority of participants reported that their substance use hurt their economic situation, stating that they had lost income because they were unable to work due to substance use and that they were dependent on financial support from their families.

People with substance use disorders are often perceived as having more control over their illness than people with other mental illnesses, leading to a greater sense of responsibility for their behavior (Goodyear et al., 2018). The language used to describe substance use disorders and related issues may perpetuate existing stigma against people with substance use disorders and may reinforce implicit cognitive biases that can negatively affect individuals' participation in treatment and their health outcomes (Ashford et al., 2018; Werder et al., 2022). People with substance use disorders are often stigmatized and discriminated against by society and labeled with derogatory terms such as "liars," "losers," "junkies," "weak," "dirty," "sleeping," and "addicts" (Atayde et al., 2021; Wilkens & Foote, 2019; Burgers et al., 2021; Pasman et al., 2024). In this study, many participants reported being called by different names due to their substance use. The most commonly

used terms for substance users were "substance addict," "junkie," and "addict," while "drunkard" and "drunk" were frequently used for alcohol users. The language used toward individuals with substance use disorders is believed to reinforce social stigmatization (McGinty et al., 2019) and hurt the quality of care (Goodyear et al., 2018). Favorable terms are believed to reduce stigma (Ashford et al., 2019) effectively. To avoid stigmatization, it is recommended to use alternative terms such as "person with substance use disorder" instead of stigmatizing terms like "addict" or "substance addict" (McGinty et al., 2019).

People with substance use disorders are often subject to discrimination and stigma, leading to isolation from society and conflict in interpersonal relationships (Yılmaz & Cüceler, 2019). Individuals with substance use disorders are considered a high-risk group for social exclusion. While substance use disorders are a problem in themselves (Derin & Tapan, 2017), they also lead to various social problems, including exclusion (Crapanzano et al., 2019; Derin & Tapan, 2017). Research has indicated that individuals with substance use disorders perceive themselves as being excluded from society and that society does not accept substance use disorders (Akbaş & Mutlu, 2016; Ingram et al., 2020; Soy & Kocataş, 2020). In line with the literature, the findings of this study indicate that nearly all participants experienced ostracism from their families, relatives, friends, and neighbors. Some even reported that their family members and spouses treated them differently and avoided them after discovering their substance use. Additionally, a few participants noted that their relatives changed their behavior toward them when encountering them in public.

When examining the most common emotions experienced by addicted individuals due to stigmatization, negative emotions such as shame and guilt are often prevalent (Çam & Dağlı, 2017; Gul & Aqeel, 2021). Substance use can cause shame, an emotional state where individuals perceive themselves as inferior, defective, or worthless (Gul & Aqeel, 2021). Stigmatizing attitudes in society can cause individuals struggling with addiction to experience low self-esteem, shame, and guilt, leading them to withdraw from society and avoid seeking help (Birtel et al., 2017; Paris et al., 2020). They may hide their use for fear of being judged (Paris et al., 2020). In this study, participants reported feeling belittled, humiliated, and experiencing regret, guilt, and shame due to stigmatization, exclusion, and discrimination.

Substance use may be a coping mechanism for negative emotions (Russell et al., 2019). The continuation of substance use is often attributed to negative emotional states and the ineffective use of emotion regulation strategies (Dingle et al., 2018). Stigmatization can cause stress for individuals struggling with substance use (Birtel et al., 2017). Due to stigmatization, individuals struggling with substance use may experience negative emotions such as shame and guilt, which can lead to increased substance use and risky behaviors (Çam & Dağlı, 2017; Bielenberg et al., 2021). Therefore, individuals may turn to substances as a means of coping with social problems, leading to a vicious cycle (Dikeç & Kutlu, 2020).

On the other hand, stigma is known to be a barrier for people with substance use disorders to enter and remain in treatment

or to access harm reduction services (Bielenberg et al., 2021; Crapanzano et al., 2019; Werder et al., 2022). In this study, nearly half of the participants reported using maladaptive coping methods, continuing to use substances to cope with stigmatization, and frequently increasing their substance use. However, in contrast to the literature, some participants in this study reported seeking treatment due to the stigmatization and exclusion they faced, leading them to apply to the clinic. The study's location in an inpatient treatment center and the participants' motivation may have influenced this result.

Limitations

The information obtained from the study is limited as it is based solely on in-depth interviews with participants. The data was collected by a psychiatric nurse employed by the institution. This situation may have prevented participants from disclosing any stigmatization they may have experienced from mental health professionals. Therefore, impartial individuals should gather data in future research. Finally, most participants were male, which is another limitation of this study. While limited services for women may affect this result, the findings often point to men's life experiences. In addition, the study was conducted with individuals receiving inpatient treatment rather than outpatient services, which can be considered another limitation due to the difficulty of following up with the latter.

The study found that participants experienced social, physical, economic, and legal problems as a result of their substance use, as well as stigma from their family, work, and social environments. It also found that substance use or treatment was used as a coping mechanism to deal with this stigma. The study revealed that participants experienced negative emotions, including regret, guilt, and shame, due to stigmatization, exclusion, and discrimination.

It is important to note that feelings experienced in the face of stigmatization can be a significant factor that leads individuals to alcohol and substance use, which can cause relapse. In addition to effective substance use disorder treatment methods, it is vital to address the stigmatization experienced by individuals and the associated feelings. The treatment should not only focus on pharmacotherapy but also the psychological and social needs of the individual. Furthermore, to address negative attitudes in society, mental health professionals could inform families and disseminate anti-stigma programs. This study aims to provide data for structuring anti-stigmatization interventions for patients, relatives, and society by conducting an in-depth examination of the lives and experiences of individuals who have been stigmatized.

Data Availability Statement: Data from this study could be shared upon reasonable request from the corresponding author.

Ethics Committee Approval: This study was approved by the Ethics Committee of Fenerbahçe University (Date: 01.03.2023, Approval No: 2023/2-2).

Informed Consent: Written informed consent was obtained from the patients who agreed to take part in the study.

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Genişletilmiş Özet

Madde Kullanım Bozukluğu Olan Bireylerin Yaşam ve Damgalanma Deneyimleri: Nitel Bir Araştırma

Giriş: Özellikle tüm dünyada ve ülkemizde artan önemli bir sağlık sorunu olan madde kullanımı, madde kullanan bireylerin yaşamlarında sosyal ilişkilerini, rol ve sorumluluklarını yerine getirmeyi engellemektedir. Bireylerin özdenetimlerini etkileyerek toplum tarafından kabul edilmeyen davranışlara neden olabilmekte, böylece de yeni psikososyal sorunları beraberinde getirebilmektedir. Yaşanan bu psikososyal sorunlardan biri de toplumsal damgalama ve içselleştirilmiş damgalanmadır. Toplumda madde kullanım bozukluğu olan bireylere yönelik zayıf iradeli, tehlikeli, sahtekâr gibi bireysel özelliklere işaret eden önyargılar söz konusudur. Bu nedenle madde kullanım bozuklukları ruhsal bozukluk olarak daha az kabul edilmekte, sıklıkla bireyler mevcut sorunlardan sorumlu tutulabilmekte ve suçlanabilmektedir. Böylece madde kullanım bozukluğu olan bireyler toplumda daha az kabul görerek, negatif tutumlara maruz kalmaktadır. Madde kullanım bozukluğu olan bazı bireyler ise toplumda var olan bu damgalamayı içselleştirmekte ve içselleştirilmiş damgalanma bireylerin benlik saygısında ve öz yeterlilikte azalmaya neden olur. Bu nedenle hem madde kullanım bozukluğu olan bireylere yönelik toplumsal damgalamanın hem de bireylerin içselleştirilmiş damgalanmasının ölçülmesi ve olası damgalama deneyimlerinin belirlenmesi önemlidir. Bu çalışmanın amacı madde kullanım bozukluğu olan ve erişkin arındırma merkezinde yatarak tedavi alan bireylerin, madde kullanımı nedeniyle yaşam ve damgalanma deneyimlerinin belirlenmesidir.

Gereç ve Yöntem: Nitel araştırma türünde fenomenolojik türde yapılan bu çalışma verileri Nisan-Aralık 2023 tarihleri arasında İstanbul'daki bir bölge ruh sağlığı ve sinir hastalıkları eğitim ve araştırma hastanesinin erişkin arındırma merkezinde toplandı. Verilerin analizinde Colazzi basamakları kullanıldı. Klinikte yatarak tedavi alan, 18 yaş ve üzerinde olan, DSM-5 tanı kriterlerine göre madde kullanım bozukluğu tanısı alan ve detoksifikasyon sürecini tamamlayan bireyler çalışmaya dahil edildi. Toplam 26 alkol ya da madde kullanım bozukluğu olan birey ile görüşüldü. Klinikte yatan hastalar bilgilendirildi, bilgilendirme sonrası çalışmaya dahil edilme kriterlerine uyan bireylerle görüşme için plan yapıldı ve klinikte mahremiyetin sağlandığı bireysel görüşme odalarında derinlemesine görüşme yapıldı.

Katılımcılarla toplam iki kez görüşüldü. İlkinde planlanan tarihte bireysel derinlemesine görüşme yapıldı, ikinci görüşmede ise tema ve alt temaların doğruluğu sınıandı. Bu süre zarfında bireyler taburcu oldu ise, ayaktan takip sırasında tema ve alt temaları değerlendirmeleri istendi. Derinlemesine görüşmeler madde kullanım bozukluğu olan bireylerle 12 yıldır çalışma deneyimi olan ve klinikte çalışan PhD unvanına sahip klinik psikiyatri hemşiresi tarafından yapıldı. Katılımcılardan bireysel görüşmelerin kayıt altına alınması hususunda yazılı ve sözlü onam alındı. Her bir bireysel görüşme ortalama 45 ile 60 dakika arasında sürdü. Araştırmada verilerin toplanmasında Bilgi Formu ve Yarı Yapılandırılmış Görüşme Formu kullanıldı.

Bilgi Formu: Araştırmacılar tarafından geliştirilen formda; yaş, cinsiyet, eğitim durumu, medeni durum, çalışma durumu, kullanılan madde, kullanım süresi, ailesinde ya da çevresinde ruhsal bozukluğu olan bir bireyin varlığını belirlemeye yönelik toplam on soru yer almaktadır.

Yarı Yapılandırılmış Görüşme Formu: Toplam on iki sorunun yer aldığı form, literatür taranarak araştırmacılar tarafından oluşturuldu. Formda bireylerin günlük yaşamdaki damgalama deneyimlerinin belirlenmesi hedeflendi.

Bulgular: Yapılan içerik analizinde üç ana tema belirlendi. İlk tema madde kullanımının bireylerin yaşamları üzerine etkisiydi. Bu ana tema altında dört alt tema belirlendi. Bunlar madde kullanımının sosyal yaşama etkisi, fiziksel sağlık üzerine etkisi, madde nedeniyle kullanımı nedeniyle yaşanan ekonomik ve yasal sorunlar olarak adlandırıldı. İkinci tema damgalanmaydı. Bu tema altında madde kullanımı nedeniyle yaşanan etiketlenme, dışlanma, damgalanma ve dışlanma karşısında hissedilen duygular ele alındı. Son tema ise damgalanma ile baş etmeydi. Bu ana temada damgalanma karşısında kullanılan adaptif ve maladaptif baş etme yöntemleri vardı.

Tartışma: Bu çalışmaya katılan bireylerin madde kullanımı nedeniyle sosyal, fiziksel, ekonomik ve yasal sorunlar yaşadığı; aile, iş ve sosyal çevreleri tarafından damgalandıkları ve damgalanma ile baş etmede madde kullandıkları ya da tedaviye başvurdukları belirlendi. Katılımcıların damgalanma, dışlanma ve ayrımcılık nedeni ile pişmanlık, suçluluk ve utanç gibi olumsuz duygular yaşadıkları saptandı. Damgalama karşısında yaşanan bu duyguların bireyin alkol ve madde kullanımına yönelterek nükse neden olan önemli bir faktör olduğu söylenebilir. Madde kullanımı sıklıkla aile bağlarını etkileyerek bağımlı bireylerin aile içinde anlaşmazlıklar yaşamasına, güven kaybına, aile içi şiddete, aile yaşamının bozulması gibi sorunlara ve ailede işlev bozukluğuna neden olmaktadır. Madde bağımlılığı kullanılan uyuşturucu maddenin özelliğine göre; kardiyovasküler, karaciğer ve solunum yolu hastalıkları, gastrointestinal sorunlar, beslenme yetersizlikleri, cinsel/üreme sağlığı sorunları, ağız ve diş sağlığı sorunları, bazı kanser türleri gibi tıbbi sorunların yanında, zayıf bağışıklık sistemi nedeniyle Hepatit C ve HIV gibi ciddi enfeksiyon hastalıkları, aşırı doz ölümler gibi çok sayıda fiziksel sağlık sorununa da neden olmaktadır. Madde kullanımı, genellikle madde kullanma ve bulundurmanın yanı sıra üretim ve ticaretini yapma, madde satın almak ve maddeyi elde etmek için hırsızlık, gasp ve diğer suçlara yönelme, uyuşturucu madde etkisindeyken araç kullanma, saldırgan davranışlar sergileme gibi suç teşkil eden yasa dışı davranışlarla ilişkilidir.

Madde bağımlılığı işe devamsızlık, düşük iş performansı, iş kazalarında artışa yol açarak iş verimliliğinde azalmaya ve aynı zamanda yaşanan iş kaybı bağımlı bireylerin ailelerinin de ciddi mağduriyet yaşamasına neden olabilmektedir. Madde kullanım bozukluğu olan bireylerin diğer ruhsal hastalıklara göre hastalıkları üzerinde kontrol sahibi oldukları ve dolayısıyla bu bireylerin davranışlarından

daha fazla sorumlu oldukları düşünölmektedir Toplum tarafından bu bireyler genellikle tehlikeli, kendine zarar veren ve iş potansiyeli olmayan bireyler olarak algılanmaktadır. Madde kullanım sorunu olan kişiler sıklıkla “yalancılar”, “kaybedenler”, “keşler”, “bağımlılar”, ‘uyuşturucu bağımlısı’, ‘müptela’, ‘eroınman’, ‘müptezel’, ‘ayyaş ve sarhoş’ gibi etiketlenmelere maruz kalmakta, ahlaksız olarak yargılanmakta ve toplum tarafından dışlanmaktadır. Madde kullanım bozukluğu olan bireylerin yaşadığı ayrımcılık ve damgalanma, bireyin toplumdaki izole edilmesine ve kişiler arası ilişkilerinde çatışmalar yaşamasına neden olmaktadır. Bağımlı bireylerde damgalanma nedeniyle en sık karşılaşılan duygular incelendiğinde utanç ve suçluluk gibi negatif duyguların ön planda yer aldığı görölmektedir. Yapılan çalışmalarda madde kullanım bozukluğu olan bireylerin sıklıkla korku, utanç, suçluluk duyguları yaşadıkları ve yargılanacaklarını düşünmeleri nedeniyle madde kullanımlarını gizledikleri bildirilmiştir Madde kullanımı, genellikle kişinin olumsuz duygularla başa çıkmasının bir yoludur. Dolayısıyla, birey yaşadığı bu sosyal sorunlarla başa çıkabilmek için ise, tekrar alkol ve maddeye yönelerek kısır bir döngü içerisine girmektedir. Öte yandan damgalamanın madde kullanım bozukluğu olan bireylerin tedavi arama, tedavide kalma veya zarar azaltma hizmetlerine erişimde bir engel olduğu bilinmektedir.

Sonuç: Bağımlılık tedavisinde etkin tedavi yöntemlerinin yanı sıra bireylerin damgalama deneyimlerinin ve yaşadıkları bu duyguların ele alınması da önem arz etmektedir. Tedavide farmakoterapiye ilişkin ilerlemelere ek olarak, bağımlı bireyin ruhsal ve sosyal ihtiyaçlarına odaklanılmalıdır. Ayrıca toplumdaki olumsuz tutumlarının değişimi açısından, ruh sağlığı profesyonellerinin bireylerin ailelerini bilgilendirmeleri ve damgalama ile mücadele programlarının yaygınlaştırılması önerilebilir. Bu çalışmada bireylerin yaşam ve damgalama deneyimlerinin derinlemesine incelenmesi, hasta, hasta yakını ve toplum için oluşturulabilecek damgalama karşıtı müdahalelerin yapılandırılmasında veri sağlayacağı düşünölmektedir.