



Webinar Series on Stigma and Substance Use
Sub-topic: Stigma, Family and Community

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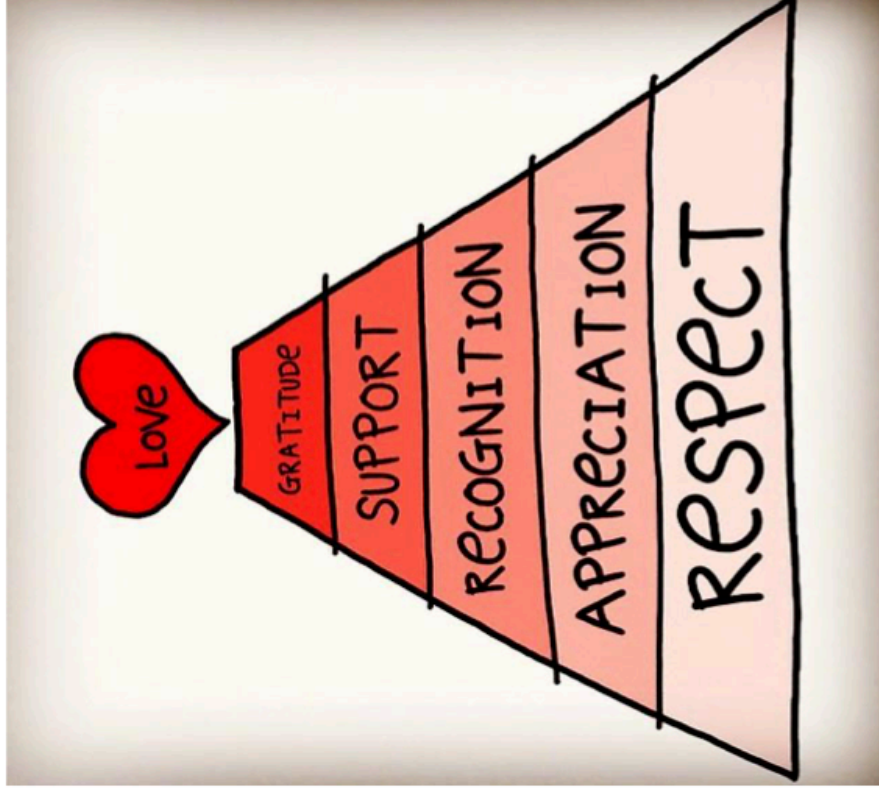
Welcome

We are very delighted to present this second session in the webinar series on stigma and substance use. This stigma series is organized as a collaborative effort of South Africa, Nigeria, Kenya and UK ISSUP chapters to curb stigma surrounding substance use disorder and treatment opportunities.

- ❖ The first series was held on 22nd March, 2023 where Prof. Liezille Jacobs and Paul Ashley discussed extensively on the topic “ the language of stigma and substance use disorders.
- ❖ This second series is titled “**stigma, family and community**”. I and my professional colleague (Peter Adenibukun Adenibuyan) will be discussing how family and communities can impact on substance use stigma with specific reference to Nigeria.

Appreciation

- We appreciate the President and entire members of the Nigerian Society of Substance Use Prevention and Treatment Professionals (ISSUP) for granting us this rare privilege to represent them in this webinar.
- We also express our gratitude to ISSUP Kenya for supporting us in this knowledge sharing Journey.



Learning Outcomes



At the end of the webinar, the participants should be able to:

1. Explain the nature and characteristics of substance use stigma in the context of Nigerian families and communities.
2. Discuss the “stigma and substance use process model”.
3. Analyse what families and communities can do to destigmatize substance use prevention and treatment.

Burden of Substance Use in Nigeria

- ❖ The problems of substance use in Nigeria are huge and it will get worse if nothing is done to halt the trend.
- ❖ Poverty, illiteracy, culture, leadership and other socioeconomic issues are some of the factors linked to substance use/disorder in Nigeria
- ❖ Unfortunately, treatment of persons with SUD is perhaps the most neglected area of health in Nigeria.



Burden of Substance Use in Nigeria contd.

- ❖ According to the report titled “**Drug Use in Nigeria 2018**” sponsored by United Nations Office on Drugs and Crime (UNODC) in response to drugs and related organized crime in Nigeria, one in seven Nigerian aged 15-64 years had used a drug (other than tobacco and alcohol) in the past year.
- ❖ The past year prevalence of any drug use is estimated at 14.4 per cent (range 14.0 % - 14.8 %), corresponding to 14.3 million people aged 15-64 years who had used a psychoactive substance in the past year for non-medical purposes.
- ❖ Among every **4** persons who use drugs in Nigeria **1** is a woman. More men (annual prevalence of 21.8 per cent or 10.8 million men) than women (annual prevalence of 7.0 per cent or 3.4 million women) reported past-year drug use in Nigeria.

Burden of Substance Use in Nigeria contd.

- ❖ Cannabis is the most commonly used drug (**kaya, wee-wee, igbo, oja, gbana, blau, kpoli and abana**). An estimated 10.8 % of the population or 10.6 million Nigerians, had used cannabis in the past year. The average age of initiation of cannabis use among the general population was **19 years**.
- ❖ An estimated 4.7 % of the population, i.e. 4.6 million people had used opioids (such as tramadol, codeine, or morphine) for non-medical purposes in the past year.
- ❖ The non-medical use of cough syrups containing codeine and dextromethorphan is estimated at 2.4 % of the adult population (nearly 2.4 million people).

Substance Use in Nigeria Contd.

- ❖ Further , 1 in 5 high-risk drug users injects drugs, i.e., nearly 80,000 people (nearly 0.1 % of the adult population) are estimated to be Persons with disability (PWD).
- ❖ The mean age of initiation of heroin use was **22** years, and almost half of regular heroin users reported smoking it.
- ❖ Proportionally more women than men, were likely to report injecting heroin. Reasons given include:reduction of menstrual cycle, childbirth pain, managing depression

Burden of Substance Use in Nigeria contd.

- ❖ It is also worthy of mention that the use of **aphrodisiacs** or libido boosters, popularly called manpower on the streets or qurantanshi by people from the northern part of the country, or aleko in the South West is also prominent among the youths as well as sexually active men to boost their sexual performances.
- ❖ While the uneducated are mostly associated with local gin mixed with herbs for solutions such as Afa-too, sepe, paraga, opa eyin, etc, the educated ones and students are big on drinks like Alomo Bitters and the other ever-increasing list of bitters solutions.



Burden of Substance Use in Nigeria contd.

- ❖ Regrettably, research conducted with producers of these local bottled herbal bitter reveals that there are no herbs in their products but chemicals. These chemicals are highly toxic to human system. (Research source: the drug Salvation Foundation).
- ❖ Local libido boosters such as paraga, shepe, ope eyin sell for as low as **N50 per shot**, while a bottle of Alomo Bitters sells for **N250**. Other bitters are available between **N200 and N400 (less than one dollar)**.
- ❖ These use and misuse culminates to drug addiction also called drug or substance use disorder. The 2018 UNODC survey in Nigeria show that **1 in 5** person who had used drugs in the past year is suffering from drug user disorders.

What is Substance Use Disorder?

- ❖ Substance use disorder (SUD) is a treatable mental disorder that affects a person's brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications. Symptom can be moderate to severe, with addiction being the most severe form of SUD.
- ❖ Substances impact the areas of the brain that are responsible for life-sustaining functions, such as motivation and the ability to solve problems and make decisions.

What is Substance Use Disorder?

- ❖ The 2018 survey shows that nearly 1 in 8 persons (12 percent of the adult population) in Nigeria has suffered some kind of consequence due to drug use. For example, one quarter of high-risk drug users had been arrested for a substance-related legal offence during the course of their drug use,
- ❖ Majority (73 %) had been arrested for possession of drugs, 12 per cent had also been arrested for theft, sex work (5 %), burglary (4 %) and shoplifting 2 (%).



What is Substance Use Disorder? Contd.

- ❖ Two-thirds of Nigerians who used drugs also reported having serious problems, as result of their drug use, such as missing school or work, doing a poor job at work/ school or neglecting their family or children.
- ❖ Substance use interferes with friendships, family relationships, or both. Five per cent out of the Nigerian population surveyed also revealed that someone using drugs had harmed them physically or that they had stopped seeing a relative or friend due to their drug use.



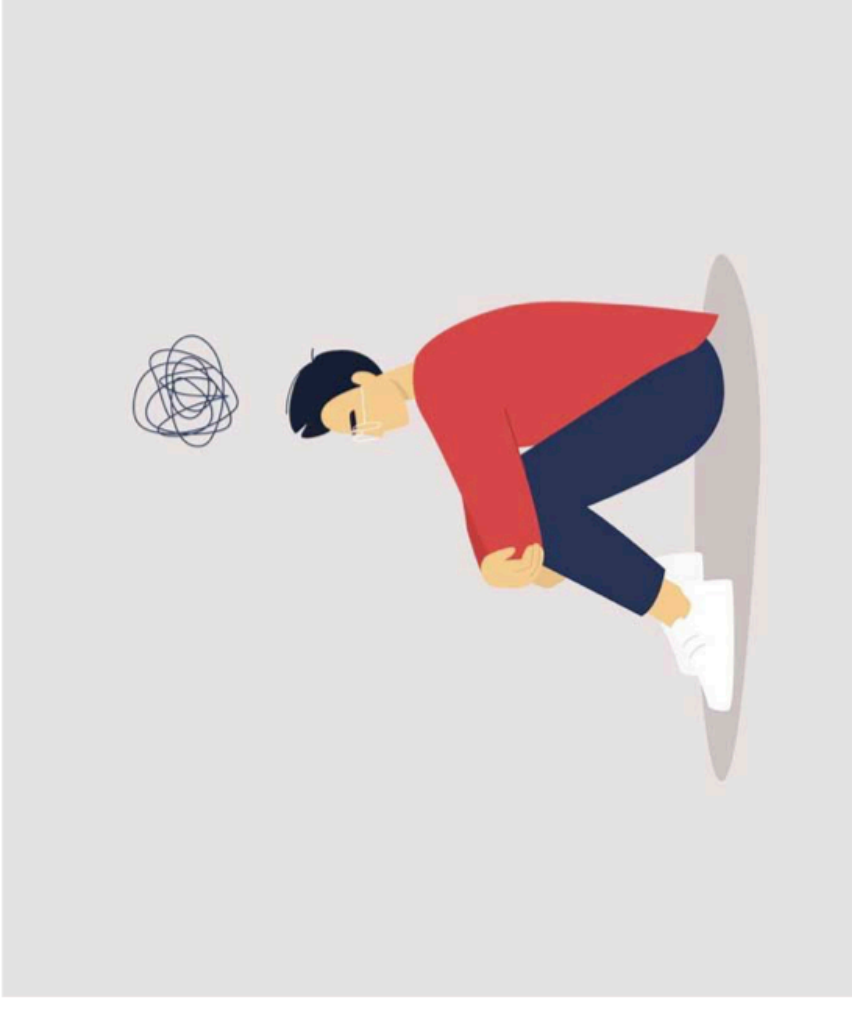
What is Stigma?

- ❖ Stigma is when someone sees one in a negative way because of a particular characteristic or attribute (such as skin colour, cultural background, a disability or a mental illness).
- ❖ Nearly 40 per cent of high-risk drug users indicated a need for treatment of drug use disorders however considered difficult to access drug treatment due to stigma .



Substance use Stigma in Nigeria

- ❖ Stigma attached to drug use and seeking treatment were cited as the primary barriers in accessing or availing drug treatment services.
- ❖ Stigma affects individuals with a substance use disorder, their families, communities, health care providers, treatments, research, policies, and the society as a whole.



Substance use Stigma in Nigeria Contd.

- ❖ People who use drugs, especially those struggling with addiction face discrimination and barriers to getting help.
- ❖ In several cases, stigma has resulted in significant physical, emotional and human rights abuses.



Substance use Stigma in Nigeria Contd.

- ❖ For example, there are places in Nigeria where mentally ill persons are chained and left outside in all conditions of the weather and beaten up from time to time in order to “heal” them.
- ❖ Sometimes they are are beaten by their spouses to exorcise the evil spirits they believed to be the cause of mental illness.
- ❖ This action is majorly due to wrong diagnosis by unscrupulous mental health professionals.

Substance Use Stigma in the context of Nigerian families and communities

- ❖ Nigeria is the most populous country in Africa, and the world's sixth-most populous country.
- ❖ The three largest ethnic groups are the Hausa in the north, Yoruba in the west, and Igbo in the east, together constituting over 60% of the total population.
- ❖ Nigeria is a federal republic comprising 36 states and the Federal Capital Territory, where the capital, Abuja, is located.
- ❖ Nigeria is a multinational state inhabited by more than 250 ethnic groups speaking 500 distinct languages, all identifying with a wide variety of cultures.
- ❖ Nigeria families are patriarchal with extended family members having more say than usual in comparison to family setups in the westernized world.
- ❖ Children are very important to Nigeria families because parents believe that their children will provide support for them in their old age.

Substance Use Stigma in the context of Nigerian families and communities

- ❖ The community serves both as a place for the individual and family as well as for the larger group. It can be a place for small groups or family only groups to congregate or it can be a place for the larger community to bond together.
- ❖ This sense of community can be found most often in times of stress and disasters where everyone becomes a **“brother Keeper”**



Substance Use Stigma in the context of Nigerian families and communities

- ❖ This makes it possible for them to provide material and non-material care and support to its members, from children to older persons or any individual suffering from illness, sheltering them from hardship.
- ❖ Societal structures reflect public norms and values, and many of these factors influence substance use stigma
- ❖ Public perceptions are also strongly influenced by social norms which shapes attitudes, beliefs, and behaviours.
- ❖ Public perceptions and beliefs about mental and substance use disorders are influenced by:
 - a. knowledge about these disorders,
 - b. the degree of contact or experience that one has had with people with mental and substance use disorders,
 - c. Media portrayal of people with mental and substance use disorders,
 - d. Media coverage of substance related tragic events such as gun violence and kidnaps, robbery etc

Substance Use Stigma in the context of Nigerian families and communities

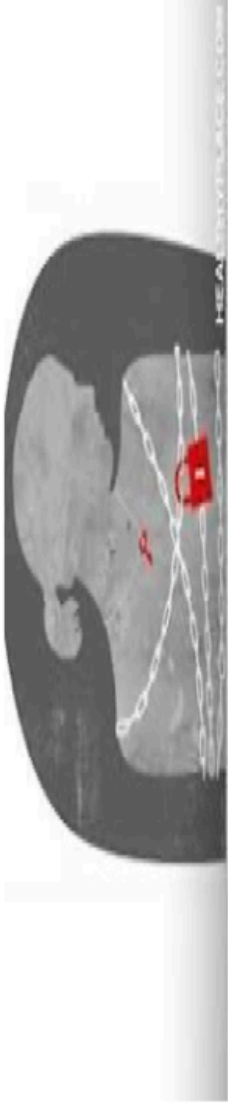
- ❖ One of such norm is to blame people with substance use disorders. They are generally considered to be more responsible for their conditions than people with depression, schizophrenia, or other psychiatric disorders
- ❖ There is a general belief that a substance disorder is a result of the person's own behavior and this belief influences attitudes towards caring for the individual .
- ❖ There is also a general misconception that people with substance use disorders are even more dangerous and unpredictable than those with schizophrenia or depression



Substance Use Stigma in the context of Nigerian families and communities

- ❖ In Nigeria, stigma manifests itself in all sorts of discrimination – from the personal (marriage, relationships) to external matters like employment and appointments. They also suffer unnameable horrors and terrible violations of human rights.
- ❖ Larson et al. assert that “family stigma contains the stereotypes of blame, shame, and contamination; public attitudes which blame family members for incompetence may conjure the onset or relapse of a family member’s mental illness”
- ❖ As a result of supernatural and non-supernatural explanations of SUD leads to family stigma in Nigeria
- ❖ The upshot is a society where mental health issues and challenges are hidden because of the perceived stigma.
- ❖ This is in line with what In the work of Goffman, described as “courtesy or associative stigma, which is the process by which a person is stigmatized by virtue of association with another stigmatized individual”
- ❖ Yet the secrecy does not ensure a mental health challenge free society. What is more likely accomplished is merely a driving underground of people with substance use challenges, with its many adverse consequences.

Self stigma



- ❖ Substance use stigma makes persons with SUD to internalize negative messages about themselves.
- ❖ In addition, due to the limited education available on mental disorders, many mentally ill persons end up in the hands of quacks, both of the medical and spiritual variety.
- ❖ can cause someone to not access support because they fear being judged or discriminated against .
- ❖ Persons who have received effective care through orthodox means are not encouraged to speak openly about their illness or the care that they have received.
- ❖ Self stigma can lead to low self-esteem and feelings of shame
- ❖ They will likely to hide their illness, fail to seek help, and when they seek help do so surreptitiously without much information or support.
- ❖ can cause someone to hide their drug use or use drugs alone.

Social stigma

- ❖ Social stigma makes people have negative attitudes or behaviours towards people who use drugs or towards their friends and family members.
- ❖ Lead to negative labels and images in everyday conversation and in the media talking about addiction like it's a choice
- ❖ Judgement and discrimination from other people can lead to self stigma, and cause harm such as not reaching out for help or using drugs alone



Structural stigma

- ❖ Is when policies in health and social services difficult to access.
- ❖ Is when healthcare providers or first responders do not take people affected by drug use seriously.
- ❖ workplace policies that cause harm and unintentionally encourage people to hide their drug use or prevent them from seeking help (example: unnecessary drug tests).
- ❖ Not connecting people with health or social services because of their drug use and lower quality of care when services are accessed

Stigma & Bias in Healthcare:
The Obstacles, Consequences and
Changes Needed



Stigma and Substance Use Process Model

- ❖ In order to develop destigmatizing strategies for handling substance use stigma many models have been propounded. Some of these are these models include:
 - a. **progressive model**
 - b. cognitive model,
 - c. motivational model
 - d. Sociological of stigma.
- ❖ Unlike these mentioned previous models, Phelan, Link, and Tehranifar stigmatization process model best describes substance stigma in Nigeria and the framework is promising for destigmatising substance use stigma in Nigeria context
- ❖ Thus the process model of stigma is promising for achieving sustainable stigma reduction intervention.
- ❖ According to the theorists when people have an interest in keeping other people down, in or away, stigma is a resource that allows them to obtain that end they desire.

Stigma and Substance Use Process Model Contd.

- ❖ This is called “stigma power”. This stigma processes makes it possible to achieve the aims of stigmatizers with respect to the exploitation, control or exclusion of others.
- ❖ In this model stigmatization is contingent on “access to social, economic, and political power that allows the identification of differences, construction of stereotypes, the separation of labeled persons into distinct groups, and the full execution of disapproval, rejection, exclusion, and discrimination”
- ❖ Thus, the stigmatizers have strong motivations to keep people down, in or away and they best achieve these aims through indirect, broadly effective, and hidden in taken-for-granted cultural circumstances.

Stigma and Substance Use Process Model Contd.

The processes of the stigma model

- 1. identifying**
 - ❖ Identifying which human differences are salient, and therefore worthy of labeling, is a social process.

- 2. Linking to stereotypes**
 - ❖ The second component of this model centers on the linking of labeled differences with stereotypes. Goffman's 1963 work made this aspect of stigma prominent and it has remained so ever since.

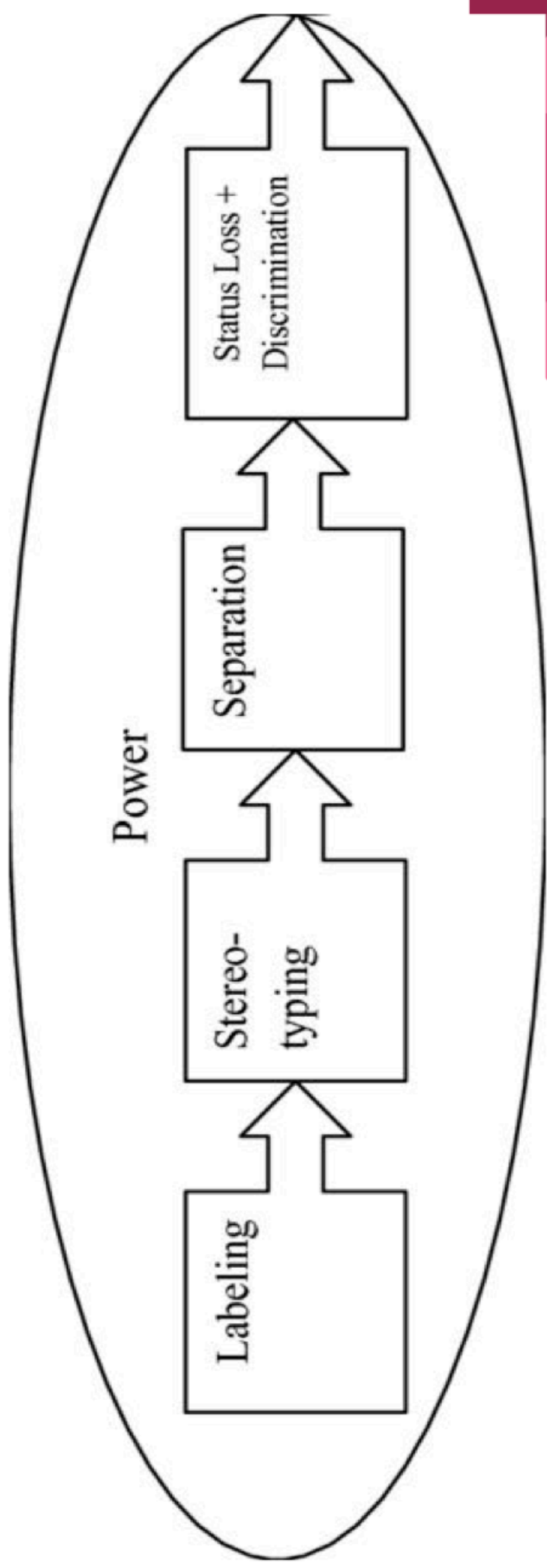
3 Us and them

- ❖ Thirdly, linking negative attributes to groups facilitates separation into "us" and "them".
- ❖ Seeing the labeled group as fundamentally different causes stereotyping with little hesitation.
- ❖ "Us" and "them" implies that the labeled group is slightly less human in nature and at the extreme not human at all.

4. Discrimination

- ❖ The fourth component of stigmatization in this model includes "status loss and discriminations aspect, however, these authors believe that this loss occurs inherently as individuals are "labeled, set apart, and linked to undesirable characteristics."
- ❖ The members of the labeled groups are subsequently disadvantaged in the most common group of life chances, well-being, housing status, health, mediacl opportunities, education etc

Stigma and Substance Use Process Model Contd.



Challenging Stigma

- ❖ Stigma though powerful and enduring, is not inevitable, and can be challenged. There are two important aspects to challenging stigma: challenging the stigmatization on the part of stigmatizers and challenging the internalized stigma of the stigmatized.
 - a. There are efforts to educate individuals about non-stigmatising facts and why they should not stigmatize.
 - b. There are efforts to legislate against discrimination.
 - c. There are efforts to mobilize the participation of community members in anti-stigma efforts, to maximize the likelihood that the anti-stigma messages have relevance and effectiveness, according to local contexts.
- ❖ To challenge stigmatization, Campbell et al. (2005) summarise three main approaches:

what families and communities can do to destigmatize substance use prevention and treatment.



What families and communities can do to destigmatize substance use prevention and treatment Contd.

- ❖ Get SUDs treatment you need. Try not to let the Get SUDs treatment you need. Try not to let the fear of being labeled stop you from getting help.
- ❖ Do not believe it. Don't let other people's ignorance influence the way you feel about yourself.
- ❖ Do not hide away. Many people with SUDs want to isolate themselves from the world.
- ❖ Reaching out to people you trust – family, friends, coaches or religious leaders of being labeled stop you from getting help.
- ❖ Reaching out to people you trust – family, friends, coaches or religious leaders.



What families and communities can do to destigmatize substance use prevention and treatment Contd.

- ❖ Connect with others. Joining a mutual support group – either online or in person – can help you deal with feelings of isolation.
- ❖ You are not your illness. Do not define yourself by your illness as other people might. There is power in language.
- ❖ It's not personal. Remember that other people's judgments often come from a lack of understanding. These judgments are made before they get to know you.

What families and communities can do to destigmatize substance use prevention and treatment Contd.

- ❖ A family is not just a collection of people
- ❖ Talking to individuals in isolation does not help in understanding the problems in totality.
- ❖ A cake is not just a combination of ingredients. In the same way, information about individual members would not be sufficient to understand the problem in its entirety.
- ❖ Understanding how family members interact and relate to each other is important



What families and communities can do to destigmatize substance use prevention and treatment Contd.

- ❖ Family involvement in SUD treatment is positively associated with increased treatment engagement, decreased dropout rates during treatment, and better long term outcomes.
- ❖ Both the individual with the SUD and the family members get the help they need to achieve and maintain abstinence.
- ❖ Family approach capitalize on family strength, mobilizing ongoing support for the client's and the family's recovery
- ❖ When families are involved in treatment the focus can be on the larger family issues, not just the substance use
- ❖ SPEAK OUT: As you learn more about addiction, treatment, and recovery, you are more likely to notice misinformation and adverse effects of stigma.

What families and communities can do to destigmatize substance use prevention and treatment Contd.

- ❖ Speak out, challenge inaccuracies, educate others and guide them to authoritative source of information. Don't be quiet.
- ❖ Educate the general public that recovery is a dynamic and multiple-phased process in which success is measured through improvement in multiple bio-psycho-social domains and that these improvements are often incremental.



What families and communities can do to destigmatize substance use prevention and treatment Contd.

- ❖ The willingness of intimate partner and family members to participate in treatment.
- ❖ The presence of others in recovery within the family or among social contacts.
- ❖ Connections and access to conventional institutions, such as school, a workplace, a place of worship and community organizations.
- ❖ Access to opportunities for recovery-based or at least abstinent based fellowship and leisure activities.



What families and communities can do to destigmatize substance use prevention and treatment Contd.

- ❖ Prepare the family to what to expect in early recovery not to have unrealistic expectations.
- ❖ Educate the family about relapse warning signs and in turn help relief burden of care.
- ❖ Identify and support a change of family ways that works with discrimination.
- ❖ Enable family to see the need to make the necessary changes in their lives and take responsibility for their emotional, physical and spiritual recovery.

What families and communities can do to destigmatize substance use prevention and treatment Contd.

- ❖ Availability of treatment centers and recovery homes, and recovery ministries.
- ❖ Recovery mutual aid and support resource that are accessible e.g. 12 steps, P.P.T.F.
- ❖ Sources of sustained recovery support and early re-intervention through after care programmes.

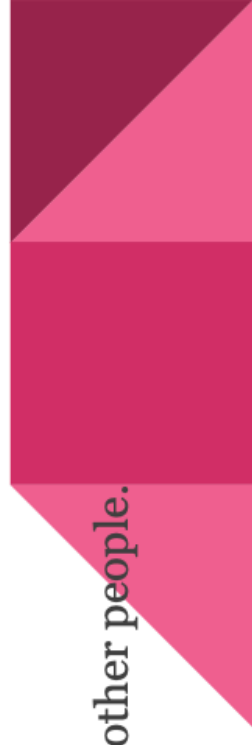


What families and communities can do to destigmatize substance use prevention and treatment Contd.

- ❖ Increase awareness and knowledge about SUD and mental health
- ❖ Engage various community partners and stakeholders in conversations about SUD and mental health
- ❖ Educate about stigmatizing language and its impact on population health
- ❖ Provide opportunities to interact with people with substance use or mental health disorders (contact-based education programs)
- ❖ Media...

What families and communities can do to destigmatize substance use prevention and treatment Contd.

- ❖ The best ways to eliminate stigma are to first pay attention to the language we use when we talk about those with substance use disorders.
- ❖ We need to focus on the person and not their behavior. The person is always of value and deserves kindness and empathy.
- ❖ It is important to distinguish the person for his or her behavior. We may disagree with someone's behavior, we must always value the person.
- ❖ We also need to have positive expectations for ourselves and for other people.



PREFERRED LANGUAGE

Language is an important key to eliminate stigma and discrimination and also inspire hope while advancing recovery

Stigmatizing Language	Preferred Language
Abuser/addict/alcoholic	A person with a substance use disorder
Addicted to [alcohol/drug]	Has a [alcohol/drug] use disorder
Addicted infant or crack baby	Infant with withdrawal; infant with neonatal abstinence syndrome
Clean/clean screen	Drug-free; substance free
Dirty/dirty screen	Testing positive for substance use
Drug habit	Regular substance use
Lapse/relapse/slip	A single use after no use/a recurrence of use/resumed use
Opioid replacement/opioid replacement therapy	Opioid medication treatment
Pregnant addict	Woman with substance use disorder who is pregnant
Substance abuse or substance dependence	Substance use disorder

Summary

Reducing and ending stigma and discrimination for individuals with substance use disorders, and the medications that treat such disorders starts, with each of us :

- ❖ Taking care with the language we use can reduce and prevent stigma and discrimination.
- ❖ Helping to share facts and dispel myths
- ❖ Listening to the people who depend on you for care.
- ❖ Tuning-in to non-verbal communication.
- ❖ Being fully present when you are with people.
- ❖ Reducing stigma and discrimination is one of the most powerful things recovery allies can do to help others!

things recovery

Conclusion

- ❖ Conclusively, the role of family and community in curbing Stigma among people with SUDs can not be overemphasized.
- ❖ For better prevention, treatment and recovery of an individual with SUDs the family involvement and provision of adequate facilities in the community will curb stigmatization.
- ❖ If we all join our hands together with the families of people with Substance Use Disorders, our society will be free of stigmatization and there will be improvement in treatment outcome.

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