

OP 46

Stigmatization: Experiences of clients who undergo institutionalized rehabilitation therapy for drug dependence during the course of their recovery

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Background: Drug addiction and trafficking has become a significant public health issue in Sri Lanka. Social stigma is a major risk factor associated with successful recovery from drug addiction.

Objective: To explore the lived-experiences of the clients in a drug rehabilitation center with regard to stigmatization.

Method: A qualitative phenomenological research was performed at a drug recovery centre in Southern Sri Lanka. Twenty participants who were addicted to drugs for more than one year and are currently on recovering phase were invited to participate in this study. Semi structured, in-depth interviews were conducted using an in-depth interview guideline. Thematic analysis was done according to the Virginia Braun and Victoria Clarke’s method where six steps of analysing is included; familiar with the data, generating codes, generating initial themes, reviewing themes, defining and naming themes, and producing the report.

Results: The mean age of the participants was 33±6.8 years, and the mean duration of drug use behavior was 10.6±6.6 years. Four themes related to stigmatization emerged; dislike to maintain romantic relationships with partners, fear of re-socialization with the parents, labelling and rejection by the society, and commiserative behaviour by healthcare professionals. Labeling as social deviants and avoiding contacts with them by the general public, specifically by their spouses and partners, made them highly frustrated and generated fear of being subjected to social isolation after the rehabilitation process. The sympathetic and empathetic care received during the rehabilitation process seems to be a strong psychological support for the clients.

Conclusion: Disapproval of, or discrimination against persons with drug dependence is a major source of emotional distresses found in persons with drug dependence. Trust and understanding without discrimination are needed by them. Social and environment support mechanisms should be developed by rehabilitation counsellors using peer, family and community support.