



Whom can I rely on?

Confronting self-stigma in patients undergoing methadone maintenance treatment

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Article History

Received: 2 October 2024
Received in revised form: 3 November 2024
Accepted: 5 November 2024
Published online: 7 December 2024
DOI: [10.29252/jgbfm.21.4.1](https://doi.org/10.29252/jgbfm.21.4.1)

Article Type: Letter to the Editor



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Dear Editor

Substance use disorder (SUD) is characterized by the persistent use of drugs despite experiencing significant harm and adverse effects on both the individual and their surrounding environment. This condition has become a growing global public health concern, influencing individuals, families, and communities. It presents complex challenges that impede recovery efforts and restrict available treatment options (1).

Despite the increase in awareness of SUD, stigma remains a major barrier for individuals seeking help for addiction. This stigma can discourage people from seeking necessary treatment, lowering their self-esteem, and hindering their recovery. Those with chronic diseases, mental health issues, and addiction problems are at risk of receiving inadequate care and facing the negative effects of stigma. The results of stigma can include social isolation, shame, and a decline in overall health and well-being. Different types of stigma, such as self-stigma, public stigma, and structural stigma, all contribute to discrimination and increased isolation (2).

Stigma often stems from rigid beliefs and can hinder both seeking treatment and achieving positive outcomes for individuals with SUD. Addressing social issues such as poverty, societal judgment, isolation, and lack of education may effectively prevent the formation of inflexible beliefs that hinder social interactions and problem-solving abilities. Moreover, efforts to reduce stigma should focus on challenging the shame associated with substance use, aiming to raise awareness and prevent discrimination. By sharing empathetic stories, the experiences of those affected can be humanized, thereby reducing stigma, while messages that place blame can worsen negative emotions (3,4).

Stigma negatively affects mental and physical health, as well as interpersonal relationships and the perceived quality of the treatment. Therefore, it is crucial to actively combat stigma within methadone maintenance treatment to improve patient outcomes. Healthcare professionals should engage in conversations about stigma with patients and involve family members in the treatment process. Educating the treatment team is necessary to reduce stigma and promote positive attitudes toward SUD treatment (5).

Addressing misconceptions and stereotypes associated with methadone maintenance treatment is key to implementing effective strategies for changing attitudes. Sharing statistics and information about the benefits of the treatment can help dispel myths and alleviate concerns. Educating families about treatment challenges and the importance of their support can lead to better outcomes. Ultimately, addressing stigma related to substance use disorders is vital for increasing access to care, ensuring treatment retention, and achieving successful recovery (6).

Conclusion

Substance use disorder is a prevalent issue with long-lasting effects. The stigma surrounding this condition can discourage people from seeking help, resulting in isolation and harmful impacts on their health and well-being. Interventions for SUD should focus on reducing stigma through empathetic storytelling and educational programs. Additionally, involving family members in the treatment process can enhance patient outcomes.

Acknowledgments

We thank the authors of the articles used in this letter.

Funding sources

No funds were obtained for this manuscript.

Conflicts of interest

The authors declare no conflict of interest.

Author contributions

All authors made a substantial contribution to drafting the manuscript and met the four criteria for authorship recommended by the International Committee of Medical Journal Editors.

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How to Cite:

Aghakhani N, Ewald-Kvist BM, Abedini A, Abolfathpour P. Whom can I rely on? Confronting self-stigma in patients undergoing methadone maintenance treatment. *J Res Dev Nurs Midw*. 2024;21(4):1.