

**STIGMATISATION AND HELP-SEEKING BEHAVIOUR OF PATIENTS  
WITH SUBSTANCE USE DISORDER IN A SELECTED HOSPITAL IN  
LAGOS STATE**

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**Abstract**

*The present study explored the experiences of stigmatisation of individuals with substance use disorder (SUD) and how the experiences deter help-seeking behaviour. A total of 186 SUD outpatients of a tertiary health Institution in Lagos were selected using a convenience sampling technique. The data for the study were collected using the Helping and the General Help-Seeking Questionnaire (GHSQ) and the Perception of Stigmatisation by Others for Seeking Help (POSH). Participants' responses were analysed using independent t-tests and multiple regression. Results of the study showed that a significant negative relationship exists between the perception of public stigma of people with substance use disorder and help-seeking behavior. However, there were no statistically significant differences between males and females in help-seeking behaviour regarding perception of public stigma. The results also indicate that patients who are significantly high on perception of stigmatisation are less likely to present themselves for professional help, but more likely to seek help with family and friends.*

**Keywords:** Substance use, Stigma, patient, health, behaviour

## 1.0 INTRODUCTION

Substance abuse is defined as the harmful use of psychoactive substances such as alcohol, nicotine, opioids, stimulants, sedatives and some prescription medications (e.g., opioids, benzodiazepines, stimulants) that lead to clinically significant physical, psychological, or social harm, including impairment and distress (McLellan, 2017; Volkow and Blanco, 2023). Cannabis can lead to psychological issues such as depression, anxiety and psychosis, as well as lung issues, cerebral hemorrhage, heart failure and complications to all life-sustaining organs and body systems (Avellaneda-Gómez et.al. 2018; Rusiński et al., 2025). Substance use disorders (SUDs) cover patterns of use causing health damage or clinically significant impairment or distress in social, occupational, or other important areas of functioning. It is a global health challenge that affects individuals and communities worldwide. This is because it contributes to a range of negative consequences, including health issues, social problems, and economic burdens.

Substance abuse contributes to a range of negative outcomes, including increased healthcare expenses, lost productivity, and a heightened burden on the criminal justice system. These negative effects are particularly pronounced in developing countries like Nigeria, where resources are limited and healthcare systems are often under strain (Miriam, 2026). Moreover, substance abuse puts a huge strain on healthcare systems and resources, and this is particularly true in regions with limited access to healthcare. The stigma associated with SUD varies across cultures and could, thus, influence help-seeking behaviour in different ways among patients. Individuals involved in substance abuse experience stigmatisation because the phenomenon is seen as an antisocial behaviour in many societies; therefore, people who suffer the harmful consequences of the abuse are ridiculed, and this often acts as a barrier to seeking help (Asekun and Olaiya, 2018; Adegoke, 2022).

In addition to having some of the highest rates of drug use disorders in the world, high-income nations also have better but still insufficient treatment coverage. In addition to inferior health systems and extremely limited access to evidence-based care, Sub-Saharan Africa, and Nigeria in particular, exhibits fast-increasing usage, particularly of alcohol, cannabis, and opiates. Closing the enormous treatment and prevention gap is a top global concern because males and young people are at the highest risk everywhere (Vigo et al., 2025). Alcohol use disorder is more prevalent than all other drug use disorders combined, and the prevalence of SUD is roughly 2.2%

worldwide (Castaldelli-Maia and Bhugra, 2022). Alcohol use disorder is more common than all other drug use disorders combined, and the incidence of SUD is about 2.2% worldwide (Castaldelli-Maia and Bhugra, 2022). Drug use disorders are most common in the United States of America, followed by Canada, Australia, and the United Kingdom (Volkow and Blanco, 2023). According to Ebrahim, et al. (2024), alcohol is the deadliest substance used by young people in sub-Saharan Africa, followed by khat, stimulants, and cigarettes.

In many cultures, certain substances have traditional, religious, or ceremonial uses, which can impact their perceived acceptability and the stigma attached to their use (Emakpor and Emakpor, 2024). For instance, the use of ayahuasca in indigenous Amazonian cultures is both a spiritual practice and a potential therapeutic tool, affecting how substance use is viewed within these communities (Adegoke, 2022). Cultural norms and beliefs also influence gender-specific substance use patterns and expectations. In some cultures, men may be more socially accepted in their use of alcohol or drugs than women, leading to gender disparities in the prevalence of SUD and access to treatment (LaGrotta, 2021). This cultural context affects help-seeking behaviour, as individuals may be less likely to seek help if their substance use is either normalised or heavily stigmatised within their cultural framework. Substance Use Disorder (SUD) is a growing public health concern, exacerbated by widespread stigmatisation and inadequate help-seeking behaviours among affected individuals. Substance abuse is a global issue, with approximately 275 million people worldwide abusing substances at least once in 2020. Nigeria is not exempt from this trend, with increasing rates of substance use and SUD impacting communities across the nation.

Help-seeking behaviour refers to the decisions and actions individuals make when they experience physical or psychological health issues and decide to seek assistance, advice, or treatment from healthcare professionals, social support systems, or other relevant sources (Bryant et al., 2021). Help-seeking behaviour is a complex process influenced by individual, social, and cultural factors. It involves recognising the need for assistance, selecting a suitable source of help, and actually reaching out to that source (Sotardi, 2024). An individual's recognition of their health issue and perception of its severity plays a significant role in determining whether they seek help (Lien, et al., 2024). Understanding the factors that shape help-seeking behaviour is imperative for the effective management of clinical programs and healthcare interventions. It is important to

acknowledge the cultural dimensions of mental illness and the relationship with interpersonal engagement with patients struggling with substance use disorder.

For instance, in Nigeria and elsewhere, the stigmatisation faced by individuals with SUD may hinder their willingness to seek help, perpetuating a cycle of addiction, health deterioration, and social isolation. Stigma manifests in various forms, including negative societal attitudes, discrimination, and internalised shame, which collectively discourage individuals from accessing the necessary support and treatment services. This reluctance to seek help is compounded by a lack of culturally sensitive and accessible healthcare resources. The economic and social costs of SUD in Nigeria are substantial, affecting not only the individuals suffering from these disorders but also their families and the broader community (Babalola and Yelwa, 2020). The issue of SUD in Nigeria requires a comprehensive approach that includes reducing stigma and improving help-seeking behaviours among affected individuals. This exploratory study aims to investigate the influence of stigma on help-seeking behaviour among patients with substance use disorders in Nigeria and their subsequent help-seeking behaviours. By understanding these dynamics, the research seeks to inform the development of targeted interventions and policies that can mitigate stigma, enhance access to treatment, and ultimately improve the quality of life for individuals with SUD in Nigeria. The study aims to ascertain the influence of perceived stigma on help-seeking behaviour; determine if there are gender differences in the health-seeking behaviour of persons living with substance use disorder (SUD) and find out the effects of demographic variables on help-seeking behaviour

## 2.0 LITERATURE REVIEW

Substance Use Disorder (SUD) is a complex condition influenced by various interrelated factors. Understanding these variables and their interactions is crucial for addressing the variations in the quality of life among individuals with SUD. The key variables include cultural factors, stigma, help-seeking behaviour, and social support systems (Ma, et al., 2024; Whipple, et al., 2025). Each of these variables influences and is influenced by the others, creating a multifaceted landscape that shapes the experiences and outcomes of those with SUD. Patients with substance abuse disorder have been subjected to various types of stigmatisations (Dobson and Stuart, 2024). Stigmatisation involves negative societal attitudes such as being condemned, neglected, abandoned, or treated as "junkies" (Hoover et al, 2022). Health professionals also have negative opinions about SUD patients, perceiving them as violent, manipulative, or hopeless, thereby affecting patient engagement, SUD treatment and (Cazalis, et al. 2023).

A recent study by Kim, et al. (2026) notes that the health care providers stigmatise SUD patients due to the perception that they are dangerous, responsible for their condition, and that providing treatment for them is of no use. Stigma in hospital settings regularly lowers the quality of care that individuals with SUD get and deters them from seeking and staying in treatment. Reducing stigma through staff Education, addiction-informed services, structural improvements, and polite language appears key to enhancing help-seeking behaviour and treatment outcomes in hospital-based SUD care (Witte and Oldenburg, 2025). The stigmatisation experienced by SUD patients often leads to fear of being judged, low self-esteem, further health complications, social problems, legal issues and discouragement from seeking the help they need for formal and informal treatment (Krendl and Perry, 2023).

Stigma and cultural beliefs can either hinder or facilitate help-seeking behaviour, while social support can mitigate the adverse effects of stigma and encourage treatment engagement. Further, cultural norms that stigmatise substance use can create significant barriers to help-seeking behaviour. Help-seeking behaviour refers to the actions individuals take to seek assistance for their health issues. This behaviour is influenced by numerous factors, including individual perceptions of their health condition, the availability and accessibility of healthcare services, and the level of social support they receive (Jorm, 2012). Previous studies note that several barriers can impede help-seeking behaviour. These include perceived stigma, concerns about treatment

costs, and a lack of trust in healthcare systems (Nyashanu, 2023). Cultural norms also play a significant role; in some societies, seeking help for mental health or substance use further discourages individuals from pursuing treatment (Daraz, et al. 2025). The interplay between cultural factors, stigma, help-seeking behaviour, and social support systems significantly impacts the quality of life for individuals with SUD.

Mushi, et al. (2022) examined substance use disorder prevalence and healthcare system detection in northern rural Tanzania and found that while AUD was common among 1,604 adult participants, help-seeking from patients and detection by primary healthcare providers are extremely low, indicating a major need for intervention. Hassan et al. (2022) examined the relationship between help-seeking behaviour and psychological well-being among substance abuse patients using the Perceived Stigma of Addiction Scale, Psychological Well-being Scale, and general Help-seeking questionnaire. The study found that perceived stigma was significantly and negatively associated with psychological well-being. In contrast, help-seeking behaviour showed no significant relationship with well-being and did not mediate the relationship between perceived stigma and psychological well-being. The authors concluded that these findings have implications for improving assessment tools, treatment interventions, and rehabilitation strategies for SUD patients.

Evidence from existing social support systems cannot be underestimated in the aspect of social determinants of health and well-being for individuals with SUD. Support from family, friends, and community networks can provide emotional comfort, practical assistance, and encouragement to seek treatment (Lookatch, et al., 2019). Positive social support can counteract the negative effects of stigma, helping individuals feel more accepted and less isolated (Birtel, et al., 2017). A lack of social support can lead to increased feelings of isolation and despair, making it more difficult for individuals to seek help and adhere to treatment regimens. Supportive relationships can significantly enhance the likelihood of successful recovery by providing a safety net during challenging times and motivating individuals to persist in their treatment efforts. Positive social support is associated with increased help-seeking and better health outcomes. Individuals with strong support networks are more likely to seek and adhere to treatment, thereby improving quality of life (Whipple et al., 2025). Social support can buffer the negative effects of stigma, providing the necessary encouragement to seek help (Chhabra et al., 2026).

De Leon Tesani (2025) conducted a study on how stigma affects patients seeking help for drug addiction and found that stigma is a major barrier to seeking and sustaining treatment for substance use disorders, negatively affecting healthcare access, treatment adherence, and recovery outcomes. The study shows that discrimination from healthcare providers and internalised stigma contribute to delayed help-seeking, psychological distress, social isolation, and higher relapse rates. It recommends interventions such as addiction medicine Education, trauma-informed care, harm reduction, and peer support, alongside leadership efforts to reframe addiction as a neurobiological condition rather than a moral decadence. To improve treatment for patients with substance use disorders, Ciesluk et al. (2026) suggest multi-level improvements to substance use disorder (SUD) treatment, such as stigma-reduction training to reduce provider bias and burnout, stronger staff mentoring, and manageable workloads.

In a study on the role of stigma in seeking psychological help Vogel (2018), revealed that individuals' perceptions of stigma strongly predict their willingness to seek formal support. Even when recognizing the need for professional help, perceived stigma can act as a deterrent, leading individuals to rely on informal support networks or avoid treatment entirely. Similarly, Schomerus (2020) identify that societal attitudes toward alcohol and drug use significantly shape intentions to seek care, with higher perceived stigma linked to lower treatment uptake.

Corrigan, Druss, and Perlick (2014) accentuate that stigma functions on several levels: self-stigma, public stigma, and structural stigma. Public stigma involves adverse social attitudes toward people with SUDs, often displaying as discrimination in employment, healthcare, and social relationships. Self-stigma occurs when people internalize these societal attitudes, leading to feelings of shame, low self-esteem, and reduced self-efficacy, which directly impede help-seeking behaviors (Livingston, Milne, Fang, & Amari, 2012). Structural stigma refers to policies and institutional practices that systematically disadvantage those with substance use disorders (Hatzenbuehler, Phelan, & Link, 2013).

**Hypotheses**

H<sub>1</sub>. There will be a significant difference in the help-seeking behaviour of people with low and high perceptions of stigma.

H<sub>2</sub>. Socio-economic status (SES), age, religion and educational qualifications will have significant joint and independent influence on the help-seeking behaviour of individuals with substance use disorders

H<sub>3</sub>. Females with substance use disorder will report significantly higher help-seeking behaviour than their male counterparts with substance use disorder

### 3.0 RESEARCH METHOD

A cross-sectional survey design was utilised, employing structured instruments for data collection to investigate the experiences of stigmatisation and help-seeking behaviours among individuals with substance use disorder (SUD).

#### **Participants and Sampling Technique**

Participants included individuals attending the clinic for substance use therapy in a selected tertiary hospital in Lagos. The hospital selected for the study had a total of 348 registered patients, according to hospital records made available following a formal request by the researchers. The sample size was therefore determined using Taro Yamane's formula. :  $n = N / (1 + N (e)^2)$  Where  $n$  signifies the sample size,  $N$  signifies the estimated population under study, and  $e$  signifies the margin of error. (Lammers and Baddia, 2013). Thus  $n = 186$ . The sample comprised both male and female patients diagnosed with SUD. The Inclusion criteria included the following: (i) Participant must be diagnosed for SUD (ii) They must signify an interest in participating by filling and then return the informed consent form, while the exclusion criteria included the below: (i) People with SUD but were not attending clinics (ii) those who were attending but not willing to sign and return the informed consent, (iii) The potential participants must be at least 18 years old and above.

#### **Research instrument**

The instrument for data collection was a structured questionnaire, which had three sections as described below:

#### **Socio-Demographic information**

This section was designed to elicit information on the participants' demographic characteristics for the study. It consisted of five items that tapped information on age, gender, employment status, religion, and marital status.

**The Perceptions of Stigmatisation by Others for Seeking Help (PSOSH),**

This scale was developed by Vogel et al. in 2009, and assessed the stigma related to seeking mental health treatment as perceived in social interactions. It consists of five (5) items reflecting a one-factor model. Participants were instructed to imagine seeking mental health services and rate on a 5-point Likert scale (1 = not at all, 5 = a great deal) the degree to which they believe people they interact with would stigmatise them for seeking help. In this study, the measure was adapted for assessing perceived stigma in the Psychiatric Clinic environment. Participants were asked to rate their perceptions of stigma whenever they seek counselling services at the clinic for a particular issue. The measure's reliability is considered appropriate for adolescents and adults ( $r = 0.78$ ; Vogel et al., 2009). The current reliability coefficient is 0.82.

**Help-Seeking Behaviour Scale**

The General Help Seeking Questionnaire (GHSQ), adapted from Rickwood et al. (2005), assesses future help-seeking intentions for personal or emotional problems from various sources, including informal supports (friends or family), formal community-based supports (such as doctors), and school-based mental health service providers (like school counsellors or psychologists). Participants rate their likelihood of seeking help for each of the 12-item sources on a 7-point Likert scale. The modified version used in this study shortened the time frame to four months. The GHSQ has demonstrated reliability and validity in its original form, with high internal consistency ( $\alpha = 0.85$ ). In the present study, the coefficient reliability for the help-seeking scale is 0.79.

**Procedure**

Ethical approval was obtained from the hospital management, and written informed consent was secured from all participants before administering the questionnaire. Data were collected at the selected Hospital in Yaba, Lagos. The researchers ensured that participants understood the study's purpose and procedures. The principle of anonymity, which was promised to be upheld, prevented the researchers from mentioning the hospital selected for this study. The facility was selected because it was One of the leading health institutions designated by the government for the care of persons with substance use. Participants for this study were recruited through purposive sampling.

#### 4.0 DATA ANALYSIS

Inferential statistics, specifically the t-test and multiple regression, were used to test the three hypotheses. The statistics are appropriate because the study aimed to conclude a sample on a population of patients with substance use disorder (SUD). Unlike descriptive statistics, which only summarise data, inferential statistics allow the researcher to test hypotheses and generalise findings beyond the sample. the t-test is particularly suitable when a study seeks to examine differences between two groups, thus in this context it is justified for comparing levels of help seeking behaviour of those with low perception of social stigma with those with high perception of social stigma moreover for the third hypothesis, it helps to compare whether females with substance use disorder will report significantly higher help-seeking behaviour than their male counterpart with substance use disorder Further, Multiple regression analysis is particularly appropriate for examining the predictive influence of help seeking behaviour among individuals with substance use disorders, Multiple regression allows the researcher to control for extraneous variables, ensuring that the observed relationship between stigmatization and help-seeking is not false.

#### Results

This section outlines the findings of the study.

**Hypothesis One:** There will be a significant difference in the help-seeking behaviour of people with low and high perceptions of stigma. This was tested using a t-test for independent samples, and the results are presented in Table 2.

*Table 2: Summary of t-test Results: Help-Seeking Behavior and Perceived Stigma*

Stigma	N	$\bar{X}$	Std. Dev	Df	T	P
Low stigma	103	39.08	9.74	186	3.992	<.05
High Stigma	85	36.19	9.21			

Table 2 shows differences in help-seeking behaviour between people with low and high perceptions of stigma. The results showed that individuals who use substances with a high perception of stigma report a low level of help-seeking behaviour compared to their counterparts

with a low perception of stigma [ $t(186) = 3.992$ ;  $P < .05$ ]. Hence, the result confirms the stated hypothesis and is accepted.

**Hypothesis Two:** Socio-economic status (SES), age, religion and educational qualifications will have significant joint and independent influence on help-seeking behaviour of individuals with substance use disorders. This hypothesis was tested using a multiple regression analysis, and the results are presented in table 3.

**Table 3:** Summary of Multiple Regression Showing demographic variables as predictors of help-seeking behaviour among individuals with substance use disorders

Variables	Beta	t-value	R	R <sup>2</sup>	F	P
SES	.448	6.431				
Age	.129	3.588	.440	.194	8.740	<.01
Religion	-.028	-.119				
Educational qualification	-.033	-.474				

**DV:** Help-seeking behaviour

Table 3 displays the joint and independent influence of SES, age, religion, and educational qualification on help-seeking behaviour among people with substance use disorders. The results indicate that SES, age, religion, and educational qualification jointly predicted help-seeking behaviour among people with substance use disorders.  $\{R = .440$ ;  $R^2 = .194$ ;  $F(4, 186) = 8.740$ ;  $p < .01\}$ . This implies that demographic variables (SES, age, religion and educational qualification) collectively predicted about 19.4% variance in help-seeking behaviour among people with substance use disorders. Further analysis indicates that only SES- Social Economic Status and age had significant independent influence on help-seeking behaviour among people with substance use disorders at  $\{\beta = .448$ ;  $t = 6.431$ ;  $P < .01\}$ . Therefore, the results supported the stated hypothesis.

### Hypothesis Three

Females with substance use disorder will report significantly higher help-seeking behaviour than their male counterparts with substance use disorder. This hypothesis was tested using a t-test for independent samples, and the results are presented in Table 4.

**Table 4:** Summary of t-test showing that females with substance use disorder will report significantly higher help-seeking behaviour than their male counterparts with substance use disorder

Sex	N	$\bar{X}$	Std. Deviation	Df	T	P
Male	105	37.78	9.64	186	1.685	>.05
Female	83	37.18	9.47			

Table 4 shows that there are no significant gender differences in help-seeking behaviour among individuals with substance use disorder. The results showed statistically insignificant at [t (186) = 1.685; P>.05]. This hypothesis is rejected.

## Discussion

The first hypothesis stated that there would be a significant difference in help-seeking behaviour between people with a low and those with a high perception of stigma. The t-test result confirmed this hypothesis. Our findings suggest that those with a high perception of stigma reported lower levels of help-seeking behaviour compared to those with a low perception of stigma. High levels of perception of stigma discourage individuals from seeking help due to fear of judgment, discrimination, and social exclusion. This finding aligns with previous research. For example, Kernel and Perry (2023) argue that stigma creates psychological barriers that prevent individuals from seeking treatment. Similarly, Anvari et al. (2025) found that stigma is a pervasive barrier to treatment, leading to social withdrawal and reluctance to seek help. Not seeking help can exacerbate the poor mental state of individuals with substance use disorder (Asekun and Olaiya, 2018).

The second hypothesis examined the influence of socio-economic status (SES), age, religion, and educational qualifications on help-seeking behaviour. Multiple regression analysis revealed that SES, age, religion, and educational qualifications jointly predict help-seeking behaviour, indicating that people's socio-economic status, age, religion and educational qualification can determine the extent to which they can engage in help seeking behaviour, Further, SES and age had significant independent influences on help-seeking behavior, Previous studies show that people with higher socio economic status are more likely to seek help (Zhang and Wu. 2025) The researchers reported that higher SES correlates with access to resources and healthcare services. Similarly, the likelihood of seeking appropriate healthcare improved as socio-economic status improved (Latunji and Akinyemi, 2018). Regarding age, Okpala et al. (2019) found that respondents' age influenced their health-seeking behaviour, which aligns with our present findings. However, neither religion nor educational qualifications influenced health-seeking behaviour. This comes as a surprise, because past studies demonstrate that stigmatised people believe that the negative disposition people have towards them is usually due to a lack of understanding, knowledge, and fear of being perceived as people who deviate from the norm in behaviours (Anderson, 2022). Although another past study has a contrary finding, for example, Itunu and Joshua (2018) in their work on health-seeking behaviour of malaria patients in Lagos, South-West, Nigeria, found that the level of Education appears to play a role in the health-seeking behaviour.

The third hypothesis proposed that females with substance use disorder would report significantly higher help-seeking behaviour than their male counterparts with substance use disorder; however, the t-test results showed no significant gender differences in help-seeking behaviour. This finding contradicts previous research indicating that women are generally more proactive in seeking health services (Camacho-Ruiz et al. 2024). Factors such as the severity of substance use and the presence of support networks might influence help-seeking behaviour across genders, suggesting a need for tailored interventions that address the specific barriers faced by individuals with SUD (Keyes et al., 2010). Overall, the findings highlight the significant impact of social stigma on help-seeking behaviour among individuals with SUD and underscore the importance of addressing socioeconomic disparities to improve access to treatment. Interventions should focus on reducing stigma, enhancing access to treatment, and providing robust support networks to mitigate the barriers that affect help-seeking behaviour, regardless of gender.

## 5.0 CONCLUSION

This exploratory study highlights the pervasive and multifaceted nature of stigmatisation experienced by patients with substance use disorders (SUDs) and underscores its profound influence on help-seeking behaviour. The findings demonstrate that stigma, which could manifest as social rejection, moral judgment, and discrimination, acts as a critical barrier to timely and sustained engagement with treatment and support services (Corrigan et al., 2014). Our study suggests that participants may conceal their substance use problems, engage in delayed care-seeking, and rely on informal or unsafe coping strategies. Conversely, participants who encountered empathetic, non-judgmental attitudes within healthcare settings were more likely to seek help early, adhere to treatment, and express hope for recovery, highlighting the protective role of supportive social and institutional environments. Overall, the findings emphasize the need for comprehensive stigma-reduction strategies that operate at individual, community, and health system levels. Public education campaigns, provider training on stigma-informed and person-centered care, and the integration of psychosocial support into substance use treatment services are essential to improving help-seeking behaviours among people with SUDs. By addressing stigma as a structural and psychological determinant of health, policies and interventions can foster more inclusive care pathways, enhance treatment uptake, and ultimately contribute to improved recovery outcomes and social reintegration for individuals living with substance use disorders.

### Recommendations

Based on the findings of this study, targeted and multi-level interventions are recommended to reduce stigmatisation and improve help-seeking behaviour among patients with substance use disorders (SUDs). First, stigma-reduction interventions should be prioritised at the community level. Public awareness and Education campaigns should be designed to reframe substance use disorders as treatable health conditions. Engaging community leaders, religious institutions, and media outlets can help challenge prejudices, promote empathy, and encourage supportive social norms that facilitate early help-seeking. Second, healthcare systems should strengthen stigma-informed and person-centered care practices. Training programs for healthcare providers should emphasize respectful communication, confidentiality, and non-judgmental attitudes toward patients with SUDs. Incorporating stigma-awareness modules into medical, nursing, and allied

health curricula can improve provider competence and reduce discriminatory practices within treatment settings, thereby enhancing patients' trust and willingness to seek care.

Third, psychosocial support services should be integrated into substance use treatment programs. Counselling, peer support groups, and family-based interventions can help address internalised stigma, build self-esteem, and improve motivation for treatment engagement. Peer-led programs, in particular, may provide safe spaces for shared experiences and serve as powerful models of recovery. Fourth, policies and institutional frameworks should support inclusive and accessible treatment pathways. This includes strengthening legal protections against discrimination, expanding community-based treatment services, and ensuring affordability and confidentiality of care. Reducing structural barriers—such as cost, distance, and fear of exposure—can significantly improve help-seeking behaviour.

Finally, further research is recommended to build on the exploratory nature of this study. Longitudinal and mixed-methods studies could deepen understanding of how stigma evolves and its long-term impact on treatment outcomes. Research focusing on culturally specific experiences of stigma will also be valuable for designing contextually relevant interventions.

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