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The Perspectives of Recovered Drug Addicts on the Causes of Addictions and the Stigma Surrounding Addicts in the UAE

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Abstract: This study aims to identify the causes of drug use and the forms of social stigma surrounding drug addiction from the point of view of recovered drug addicts. Adopting a descriptive approach, the researchers based their conclusions on the results of a questionnaire that was responded to by 200 recovered drug addicts who have attended rehabilitation centres in the Sharjah. The study revealed that that main reasons for drug use were peer influence, followed by curiosity and the desire to experiment with drugs. Meanwhile, the majority of the respondents (approximately 44.0%) reported that they first used drugs due to peer influence. It also found that the highest percentage of participants had a drug use duration of more than two years, accounting for approximately 41.5%. Furthermore, the most commonly used substance among the participants was Lyrica with a rate of approximately 36.5%, followed by Methamphetamine, or crystal meth, with a rate of approximately 21.0%, and cannabis or hashish (approximately 14.5%). Our findings indicate that friends were the primary individuals who stigmatized individuals in recovery, accounting for approximately 38.5%, while spouses represented the group that stigmatized the target population the least with a rate of approximately 1.5%. In addition, we found that the most common forms of social stigma experienced by individuals in recovery from drug use and their families in the UAE were: damaged reputation, continuous social discrimination, family embarrassment due to the presence of a recovered addict in the family, being reluctantly introduced to other members of society in certain situations, lacking communication with neighbours, and that members of the community are often unwilling to marry someone from the recovered individual's family.

Keywords: social stigma; recovered drug addicts; drugs.

1 Introduction

Despite the increase in the global levels of education and health awareness, the rates of drug abuse have been on the increase among all sectors of society. Drug abuse has dire economic, health, and social consequences impact almost all the public services, and the economy of any country. This has prompted the global community, including United Arab Emirates, to collectively impose strict measures that are intended to curb the rise in drug trafficking and use. Historically, UAE has witnessed comparatively low incidence of drug abuse [1].

Combating drug abuse and assisting addicts are one of the main priorities of the UAE government. The diversity of nationalities and cultures in the United Arab Emirates poses challenges to drug control efforts. With individuals representing over 200 nationalities residing in the country, the complexities, and challenges of combating addiction and raising awareness about its risks are amplified. In response, the country has reinforced its efforts in this field by providing necessary support to addicts and improving the infrastructure related to addiction treatment, for example, by increasing the number of rehabilitation centres. It also organizes regular awareness campaigns that aim at educating the public of the severe consequences of drug use. Furthermore, the government has implemented stringent legislation and imposed deterring penalties to combat drug trafficking and use.

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One of the main challenges to the country's efforts to support drug users is the social stigma surrounding the issue. The Emirates is a conservative and closely-knit society that views drug use as a corrosive behavioural problem that is alien to its culture and customs. Unfortunately, several studies have highlighted that fact that the social stigma associated with drug use is widespread in all Arab societies. This is due to the close-knit nature of these societies, where individuals and families are often acquainted with one another. Since the stigmatized addict is perceived by society as a symbol of shame, the stigma remains attached to them even after they have recovered. Arab societies often view a recovered drug addict as a person without hope or a role to play in society. When recovering individuals face continuous social stigma and rejection, the medical, psychological, and social support offered to them to overcome the effects of addiction can be considerably ineffective. The recovered addict, and his/her family, are often subjected to contempt, stigmatization, and the attribution of inferiority and deficiency. They may not be accepted or supported in their efforts to adapt or resume their normal lives, encountering numerous obstacles and barriers. This contributes to widening the gap between the recovered addict and their community. Despite the efforts made by specialists and psychologists, as well as the efforts exerted by the recovering individuals themselves and their families to reintegrate into society, these endeavours often prove futile. This leads the recovering addict to rebel against society once again, deviating in their behaviour and potentially relapsing into addiction [2]. Goffman (1963) [3] has discussed the discrediting impact of social stigma. A discrediting attribute heightens the stigmatised individual's sense of inferiority, erodes their personal identity, and deprives them of social acceptance [4].

2 Significance of the Study

This study focuses on recovered drug addicts; a segment of society that has received little attention in academic research and studies in the UAE, when these individuals are in serious need for more attention, care, and support. The study provides an appropriate measurement of the social stigma attached to recovered drug addicts in the local context. Furthermore, it reveals new forms of stigma experienced by this population. The findings of this study will assist social, security, and law enforcement institutions, as well as professionals in rehabilitation centres such as social workers and psychologists, in designing counselling, therapeutic, and follow-up care programmes to mitigate the phenomenon of social stigma.

3 Literature Review and Theoretical Framework

Both the family and society play a major role in protecting individuals from drug addiction and relapse by reducing the social stigma surrounding this habit. Often, patients emerge from the crisis of addiction to find themselves, and their families without a place in their community, having been given multiple negative labels that persist even after their recovery [5]. For example, Ben-Alsayeh, (2018) [6] examined the levels of stigma among a sample of alcohol and drug addicts in Algeria. Her study revealed that addicts feel ashamed of their addiction and, due to social stigma, are reluctant to disclose their addiction. They seek isolation and experience a sense of loneliness. These findings are consistent with other studies conducted in different communities. For example, studies by Jaberin (2012) [7] and Al-Harbi (2017) [8] highlighted the problems faced by families of addicts in the Saudi society. It is, therefore, evident that social stigma is detrimental to the addicts' efforts to recover.

The term "stigma" is derived from Latin via the ancient Greek word stigma which refers to a distinctive and noticeable mark on a person's body that is considered a deformity or disgrace. It represents the negative mental image associated with a particular individual who is the recipient of society's disapproval and rejection because of his/her behaviour that contravenes social values and principles [9]. Social stigma is a categorization that negatively identifies individuals or groups, highlighting their presumed negative characteristics and isolating them from others. The World Health Organization defines stigma as a sign of disgrace and shame, leading to the rejection of the target individual(s) and impacting their dignity. One of the leading scholars in the field of stigma, Erving Goffman emphasized that social stigma is a process rooted in the concept of social identity, and those individuals subjected to stigma transition from their normal social status to a questionable and dubious status [10]. Goffman's contributions are considered fundamental in defining, measuring, and developing interpretive theories related to stigma. He expanded the definition of stigma by identifying three types: (1) physical stigma, which is the stigma associated with bodily deformities or deviations from social norms; (2) stigma associated with character traits such as that directed at individuals in prisons, drug rehabilitation centres, or mental institutions; and (3) group identity stigmas, which are connected to negative perceptions of individuals based on their racial, ethnic, or religious affiliations4. Based on Goffman's concepts, Link & Phelan (2001) [11] postulate that there are six necessary conditions for stigma: (1) labelled differences, which are human distinctions; (2) stereotyping, which involves the arrangement of social stigmas and negative characteristics of the stigmatized group members; (3) the separation of the stigmatized individuals from the rest of society (isolation); (4) the emotional reactions

between the stigmatiser and the stigmatized, especially feelings of anger, anxiety, fear, shame, and isolation; (5) the experience of bias and loss of status by the stigmatized; and (6) power, as stigma is conditional on the ability of the individuals to access social, economic, and political power that leads to differentiation, stereotype construction, and the exclusion and non-acceptance of the stigmatized individuals.

Goffman believes that stigma is a characteristic that sets individuals apart from others. It is evaluated in our minds, ranging from a complete and normal person to someone who is tainted and has a damaged reputation. Stigmatization is a process through which society labels individuals, marking them as exhibits or collections of symptoms, as in the case of mentally ill patients. Stigma is an attribute that damages one's reputation and encompasses negative perceptions deeply rooted in the socially constructed meanings of the attribute. These associated labels and images lead members of society to treat stigmatized individuals as less than human [3].

The impact of this social stigmatization on the individual and his/her family can be crippling. For example, a study that focused on the social stigma attached to families that contracted the corona virus reported that members of these families displayed symptoms of mental health problems, including disrupted sleep patterns, changes in eating habits, excessive digital media use, anxiety, depression, excessive smoking, stomach aches, bedwetting among children, and persistent headaches [12].

Goffman's theory, also known as the theory of social identity, explores how people judge social structures and pass judgments on specific individuals or label them unfavourably within a community. It also examines how society views and judges behaviours that deviate from social norms. In 1963, Goffman discussed social identity when addressing the experiences of stigmatized individuals within society. An individual can be identified as stigmatized when he/she loses the ability to communicate with their surroundings and community, leading to feelings of distress and rejection. Goffman argued that an individual possesses multiple identities, and if a person is stigmatized based on one aspect of their identity, it is important to consider their other identities. For example, if someone is stigmatized due to illness, addiction, or deviance, that aspect is an identity but does not reflect the individual's entire personality. Therefore, they should not be viewed solely as a stigmatized person [13]. Accordingly, stigma arises from the community's failure to effectively interact with the stigmatized individuals, rather than being solely the result of the condition in question itself.

Stigma can manifest in various ways and contexts, impacting the individuals' social interactions and experiences within society. Researchers have identified various forms and patterns of social stigma. For example, Ali (2014) [2] identifies physical, mental, sensory, linguistic, and racial stigma. The following is a list of some of the different types of stigma identified in the literature:

1. Social stigma: This is a mental image that becomes associated with an individual in the mind of the stigmatisers and reflects their feelings of disgust and disapproval towards the stigmatised individuals due to their engagement in behaviour that contravenes social norms.
2. Stigma associated with criminality: This type of stigma is attributed to errors and sins that indicate moral decay, resulting in individuals being identified with traits that bring them shame and spark rumours [14].
3. Physical stigma: This stigma is linked to physical disabilities including those resulting from motor system disorders, cerebral palsy, limb amputation, bone and joint deformities, or muscular atrophy [15].
4. Stigma associated with mental illness: This stigma is associated with mental health or cognitive disability, rendering the target individuals incapable of coping with their social environment [16].
5. Racial stigma: This stigma is connected to differences in race, nationality, or religion within a single society. Racial discrimination in the United States is considered one form of racial stigma.
6. Linguistic stigma: This stigma is related to language and speech impairments [17].
7. Sensory stigma: In this type of stigma the targets are individuals who suffer impairments in one of their senses, particularly hearing and vision [18].

The different manifestations of stigma have the same effect on the recovered drug addicts. They are negatively labelled and perceived as inferior others resulting in their exclusion from their communities. This discrimination negatively affects the individual's recovery process due to various social, psychological, and economic aspects. For example, a study conducted by Bu-harah & Mdoudi (2017) [19] concluded that drug addiction is a complex psychological and social problem influenced by familial, social, economic, and political factors. Addicts often experience confusion and agitation, rejecting themselves and their treatment, particularly when faced with family rejection, and social stigma. These factors pose significant barriers to the recovery of drug users participating in therapeutic rehabilitation programmes. In addition to the rejection of the treatment, stigmatized drug users resort to other, probably more subtle, strategies that prevent them from receiving treatment. For example, in a paper titled ""I'm not like others": Stigma Navigation by People Who Inject Drugs in Vietnam," Trang et al (2022) report that the participants of their study not only masked their drug habit but also intentionally displayed a pro-social image. Furthermore, the participants sought to disassociate themselves from the stereotype of being the type of individuals who rely on financial support from others by deliberately withdrawing from social relationships.

In Brazil, Ventura, et al. (2022) [20] examined general beliefs about illicit drug use and stigma from the perspective of

drug users. The research revealed that stigmatization against individuals involved in drug use remains a prevalent societal issue. The drug addicts face various personal, family, professional, and societal challenges, in addition to legal complications. The participants expressed a sense of victimization due to the stigma attached to their substance abuse, while simultaneously expressing prejudiced and discriminatory attitudes, thereby highlighting self-stigmatizing viewpoints Stigma also impacts the drug user's family and their social wellbeing and mental health [21]. Several studies report a strong association between the stigma of addiction and feelings of shame and fear of ridicule experienced by the addicts' relatives. Many families may hide the issue for years without seeking help for the addict, which can exacerbate the addiction and its health side-effects [5]. The addict's family feels ashamed of his/her illness or addiction, which can lead to one parent rejecting their presence in the family. In extreme cases, addicted individuals may be expelled from their homes or subjected to violence [22].

Furthermore, a study that aimed to explore the relationship between drug abuse and social class in the United Arab Emirates revealed that recovering addicts and their families faced various economic, psychological, legal, and social obstacles, including the lack of a stable monthly income and family strife, that contribute to relapse. The sample of the study consisted of 60 addicts from the National Rehabilitation Centre in Abu Dhabi who responded to a questionnaire that assessed their economic, social, and demographic characteristics, as well as the onset of the addiction and the types of drugs used. The results of the study also indicate a statistically significant relationship between social class, including "family debts and income and, and the addict's educational level, and occupation," and drug abuse. Additionally, the study revealed a significant relationship between social class, whether upper or middle, and drug addiction. The author provided several recommendations, such as treating addicts as patients rather than criminals, supporting their reintegration into the workforce, and providing social assistance to both the addict and their family [23].

In some contexts, there is a stronger stigma attached to substance abuse than to poor mental health. Barry et al (2014) [24] explored public attitudes towards individuals engaged in drug abuse and sufferers of mental illnesses. The study found that the participants exhibited notably more negative attitudes towards drug users, with the majority of the respondents being unwilling to consider marrying or employing someone with a drug addiction. They tended to favour discriminatory practices against drug users [25]. In fact, the social stigma associated with substance abuse have been shown to have far-reaching effects on the victims. For example, Addison (2023) [26] researched the concept of framing stigma as an avoidable social harm that widens inequality. He particularly examined the social impact of stigmatisation on individuals with drug habits, and how it negatively affects their "human flourishing" and restricts their "life choices." In other words, stigma negatively impacted these individuals' mental health, restricted their access to essential services, and increased their feelings of isolation and worthlessness.

Furthermore, Alruwaili (2008)[15] conducted a study titled "Social Stigma and its Relationship to Relapse: A Field Study on Former and Non-returning Inmates in the Northern Border Prisons." The study examined the experiences of individuals released from correctional institutions in the northern border region of the Kingdom of Saudi Arabia and their failure to reintegrate into society. The study found that society and various organizations engage in social stigmatization toward individuals with a criminal record, resulting in their rejection for employment or partnership. They also face reputational damage and contempt from members of society. Additionally, the majority of the study's participants suffer from unemployment and low income.

Our review of the literature has revealed that there is a scarcity of research addressing social stigma and the reasons for drug abuse in the UAE. Consequently, the present study focuses on a sample of Emirati recovered drug addicts and are undergoing treatment in rehabilitation centres and clinics. The current study also differs from previous research in terms of the research instrument employed, as a specific scale measuring various forms of social stigma has been developed for the purposes of this study.

4 Aims of the Study

This study aims to identify the effect of social stigma on Emirati recovered drug addicts and their families. In particular, the study attempts to answer the following questions:

1. What are the social demographic characteristics of the recovered drug addicts?
2. From the point of view of the recovered addicts, what are the factors that drive individuals to abuse drugs?
3. What forms of social stigma are attached to recovered drug addicts in the Emirati society?

5 Key Definitions:

* Social stigma: stigma is the act of attaching a discrediting or shaming label to the drug addicts which causes them and their families constant strife. It manifests in social exclusion, and harassment. It is operationally expressed by the score obtained by respondents through the researcher-designed Social Stigma Scale.

* Recovered drug addicts are those individuals who have successfully overcome the effects of addiction and the influence of drugs for a period exceeding three years. This is achieved through their residence in treatment centres, attendance of rehabilitation programmes, and receiving specialist assistance in overcoming addiction.
* Drugs encompass all types of substances, whether natural or synthetic, that cause psychological and social crises. Their use leads to drug addiction and affects the individual's mental faculties and mood, making it difficult for the abusers to control their impulses and emotions.

6 Methodology

To achieve the aims of the study, the researchers adopted the descriptive approach. This approach was used to describe and analyse, and identify the relationship between the problem's various components, the different views on the issue, and its effects.

The sample of the study consists of male, and female recovered drug addicts residing in the Emirate of Sharjah and affiliated with drug rehabilitation and treatment centres. The data collection period was from October 1, 2022, to February 1, 2023. A purposive sample of 200 recovered addicts was selected. The data was sourced from active recovered individuals affiliated with rehabilitation and treatment centres in Sharjah, with the assistance of specialists in these centres for distributing and filling out the questionnaire.

The questionnaire was used as a tool to collect data from the research sample, which comprised recovered individuals from drug addiction and their families in the UAE. It includes questions related to the demographic and social characteristics of the participants, such as gender, age, marital status, employment status, emirate of residence, duration of drug use, reasons for drug use, duration of incarceration, type of substance used, and individuals involved in stigmatization and forms of stigma.

The questionnaire was designed based on a review of previous studies and relevant measurements used to assess social stigma among recovered addicts. The Five-Point Likert Scale was used, and the researcher benefited from the scales used in the studies conducted by Ben-Alsayeh (2018) [6], and Badwan (2019) [27] to tailor the measures to the UAE society and the nature of the current study's sample and ensure the validity of the instrument.

The purpose of the scale is to identify the level of social stigma among recovered drug addicts. It consists of 50 items related to the effects of social stigma. For each item, there are five responses: strongly agree, agree, neutral, disagree, and strongly disagree. All ethical aspects related to the current study were taken into consideration.

7 Findings

To answer the questions of this descriptive study, the means, standard deviations, relative importance, and rank were obtained and calculated based on the respondents' responses to each item.

Table 1: Distribution of respondents according to gender.

Gender	Ni	%
Male	144	72
Female	56	28
Total	200	100

Table 1 illustrates the number of respondents. It is evident that there are more male recovered drug addicts than females representing 72 % and 28 % of the sample of the study respectively.

Table 2: Number of respondents by age group.

Age Group	Ni	%
20-less than 25	25	12.5 %
25-less than 30	44	22 %
30-less than 35	65	32.5 %
35-less than 40	35	17 %
40-less than 45	23	11.5 %
45 and older	8	4 %
Total	200	100 %

Table 2 shows that the highest proportion of the respondents falls within the age group of 30 to less than 35, accounting for approximately 32.5 % and representing over three-quarters of the sample. Meanwhile, the proportion of individuals in the age group of 25 to less than 30 was about 22.0 %, and those in the age group of 20 to less than 25 accounted for approximately 12.5 %. Additionally, individuals in the age group of 35 to less than 40 represented around 17.5 %, while those in the age group of 40 to less than 45 constituted approximately 11.5 %. The lowest proportion of respondents was found in the age group of 45 and above, with a percentage of approximately 4.0 %.

Table 3: Number of respondents by age group.

Marital Status	Ni	%
Married	61	30.5 %
Single	96	48 %
Divorced	25	12.5 %
Widow(ed)	2	1 %
Separated	15	7.5 %
Missing data	1	0.5 %
Total	200	100 %

The data presented in Table 3 indicates the distribution of the respondents according to their marital status. It is evident that the highest proportion of respondents were single, accounting for approximately 48.0 %. This can be attributed to the fact that individuals who have recovered from drug addiction may not have gotten married and do not have responsibilities or children, which may lead them towards deviant behaviour. Following this group, the married individuals constituted approximately 30.5 %. Consequently, this group represents the category that experiences the most social, economic, and psychological problems due to the pressures faced by the family resulting from the drug addiction of one of the parents. Furthermore, the table indicates that the proportion of divorced individuals was approximately 12.5 %, while widowed individuals accounted for around 1.0 % of the sample. Additionally, the proportion of separated individuals was 7.5 %. There was also one missing response, where the participants did not provide an answer, representing 0.5 % of the sample.

Table 4: Number of respondents by level of education.

Level of Education	Ni	%
Primary Education	8	4 %
Preparatory Education	15	7.5 %
Secondary Education	129	64.5 %
Tertiary	38	19 %
Postgraduate	10	5 %
Total	200	100 %

Table 4 indicates that the highest proportion of respondents was among those who had completed secondary education, accounting for approximately 64.5 %. This suggests that the majority of the respondents completed their secondary education and opted to remain at this educational level instead of pursuing higher education. This is influenced by the incentives provided by His Highness Sheikh Dr Sultan bin Muhammad Al-Qasimi, the Ruler of Sharjah, to secondary school students to encourage them to pursue higher education instead of engaging in deviant behaviour and addiction.

The data also reveals that a similar number of respondents completed primary education and postgraduate studies, with approximately 4.0 % and 5.0 % respectively. The proportion of participants at the university level was approximately 19.0 %, followed by the preparatory stage with a proportion of 7.5 %.

Table 5 illustrates the distribution of the respondents according to their employment status. The data reveals that the highest proportion of the participants were unemployed, accounting for approximately 57 %. Conversely, the lowest proportion was among employed individuals, at around 38 %. This indicates that the majority of recovered addicts who participated in this study are currently unemployed after their recovery, mainly due to the difficulty of finding suitable jobs as a result of the challenges they faced during their substance abuse. Furthermore, there were some unanswered responses, and the proportion of missing responses was approximately 5 %.

Table 5: Number of respondents by employment status.

Employment	Ni	%
Employed	76	38 %
Unemployed	114	57 %
Missing data	10	5 %
Total	200	100 %

Table 6: Number of respondents by duration of drug abuse.

Duration of Drug Abuse	Ni	%
Less than 3 months	47	23.5 %
3-less than 6 months	40	20 %
6 months-less than a year	17	8.5 %
A year-less than 2 years	12	6 %
2 years and above	83	41.5 %
Missing responses	1	0.5 %
Total	200	100 %

Table 6 illustrated the distribution of respondents according to the duration of their drug abuse. The highest proportion of respondents was among those who had been using drugs for more than two years, accounting for approximately 41.5 %. The proportion of respondents who had been using drugs for less than three months was around 23.5 %. Following that, individuals who had been using drugs for three to six months accounted for approximately 20.5 %. Moreover, respondents who had been using drugs for six months to one year constituted about 8.5 % of the sample. The lowest proportion was found among individuals who had been using drugs for one to two years, which was approximately 6.0 %.

Table 7: Number of respondents by incidence of drug use.

Incidence of Drug Use	Ni	%
4 and above	89	44.5 %
First time	43	21.5 %
3	35	17.5 %
2	24	12 %
Total	200	100 %

Table 7 illustrates the distribution of the sample according to the incidence of drug use. The highest rate was observed among individuals who had used drugs more than four times, accounting for approximately 49 % of the sample. The lowest proportion, approximately 12 %, was found among individuals who had used drugs twice, specifically their second occurrence of drug use. Around 21.5 % of the sample had used drugs for the first time, while approximately 17.5 % had engaged in drug abuse three times, representing their third drug use occasion.

Table 8 illustrates the distribution of respondents according to the type of substance abused. The highest number of respondents reported abuse od Lyrica, accounting for approximately 36.5 %. This was followed by those who used crystal meth with a proportion of around 21.0 %, and cannabis with a proportion of approximately 14.5 %. Abuse of Tramadol was reported by approximately 9.0 % of the respondents, followed by heroin with a proportion of around 7.0 %. 5.0 % of the respondents reported that they used Pregabalin, while around 4.0 % of them said that they abused amphetamines. The lowest proportion was found among participants who reported the abuse of Rohypnol, Xanax, and cocaine, with each substance accounting for approximately 1.0 % of the sample.

Table 9 illustrates the distribution of the respondents according to the manner in which they were introduced to their first drug use experience. The highest percentage was observed among those who fell under the influence of bad peers with an estimated rate of approximately 44.0 %. This indicates that individuals who are influenced by their peers and are affected by their behaviour are more likely to engage in drug use. Following that, the category of ”friends” accounted for a moderate percentage of approximately 38.5 %. Subsequently, the initiation of drug use through ”parties and social gatherings” accounted for approximately 6.5 %. Additionally, the data indicates that a very small percentage of participants

began their drug use experience through ”relatives” with a rate of 3.5 %. Finally, the lowest percentage was observed when initiation occurred through ”the Internet and social media” with a rate of 1.5 %.

Table 8: Distribution of respondents by the type of substance they abused.

Name of Substance	Ni	%
Amphetamines	8	4 %
Pregabalin	10	5 %
Tramadol	18	9 %
Cannabis	29	14.5 %
Rohypnol	2	1 %
Xanax	2	1 %
Crystal meth	42	21 %
Cocaine	2	1 %
Lyrica	73	36.5 %
Heroine	14	7 %
Total	200	100 %

Table 9: Distribution of respondents by how they were introduced to drug use.

Introduction to Drug Use	Ni	%
Through friends	77	38.5 %
Through relatives	7	3.5 %
Overseas trips	12	6 %
Peer influence	88	44 %
Through the Internet and social media	3	1.5 %
Parties and social gatherings	13	6.5 %
Total	200	100 %

Table 10: Reasons that led the recovered addicts to use drugs.

Introduction to Drug Use	Ni	%
Curiosity and desire to experiment	49	24.5 %
Peer influence	120	60 %
Emotional trauma	8	4 %
Weak personality	10	5 %
Lack of strong religious convictions	5	2.5 %
Social problems	8	4 %
Total	200	100 %

Two thirds of the respondents cited peer influence as the reason why they abused drugs (table 10). The second most cited reason for drug abuse was curiosity and the desire to experiment which was cited by approximately 24.5 % of the participants. This was followed by having a weak personal character, which accounted for approximately 5.0 % of the responses. Additionally, social problems and emotional shock trauma were equally reported by approximately 4.0 % each. The least reported reason for drug use was the lack of strong religious convictions, with a rate of 2.5 %.

Table 11 illustrates the distribution of participants in the sample according to the reasons for the social stigma they have experienced. The highest reported reason was ”lack of awareness and knowledge about substance abuse,” accounting for approximately 51.5 %. Following that, 20 % of the respondents reported being discriminated against for being a former drug user. This indicates that the stigmatized individuals were treated differently in all interactions, places, or occasions due to their past addiction, which significantly affects their psychological well-being. Furthermore, the reason of ”considering the addict as a criminal or an immoral person” accounted for approximately 10.0 %. Subsequently, the

reason of ”considering the addict undeserving of treatment” was reported at a rate of approximately 7.30 %. The reason of receiving ”poor post-recovery medical care” followed with a percentage of approximately 6.0 %. The lowest reported reason was the lack of specific guidelines for the care of recovered drug addicts,” which accounted for approximately 5.5 % of the responses.

Table 11: Distribution of participants in the sample according to the reasons for the social stigma they have experienced.

Reasons for the Social Stigma that the Respondents Have Been Subjected to	Ni	%
Being considered a criminal or immoral	20	10 %
Being considered undeserving of treatment	14	7 %
Being discriminated against as a recovered addict	40	20 %
Poor post-recovery medical care	12	6 %
Institutions and organizations do not have clear guidelines on how to care for recovered addicts	11	5.5 %
The Public’s lack of awareness and knowledge (about substance addiction)	103	56.5 %
Total	200	100 %

Table 12: Reported stigmatisers of the recovered addicts.

Stigmatisers	Ni	%
Friends	76	38 %
Relatives	41	20.5 %
Neighbours	9	4.5 %
Spouse	3	1.5 %
Treatment team	4	2 %
Community	56	28 %
Co-workers	11	5.5 %
Total	200	100 %

Table 12 illustrates the distribution of the respondents according to the individuals who stigmatize them. The highest percentage reported indicates that friends are the ones who stigmatize them, accounting for approximately 38.5 %. Following that, the ”community” was reported at a rate of approximately 28 %. Moreover, approximately 20.5 %. of the respondents cited relatives or family members. Additionally, co-workers accounted for approximately 5.5 % of the responses, followed closely by neighbours who were cited by approximately 4.5 %. Furthermore, the ”treatment team” was reported to stigmatize them at a rate of approximately 2.0 %. The lowest reported percentage was attributed to spouses, accounting for approximately 1.5 % of the responses.

Table 13 indicates that the mean scores of the responses to items in the subscale concerned with the different forms of social stigma that the respondents suffered ranged from 3.32 to 3.90, with an overall mean score of 3.48, which is higher than the neutral mean of 3. The relative mean was 69.67 %, which is higher than the neutral relative mean of 60 %. The standard deviation was 1.19 and the calculated t-value was 5.739, which is higher than the tabular t-value of 1.97. This suggests that addiction negatively affects the reputation of individuals in recovery and their families, leading people to avoid them and view them in a negative light, considering them as criminals to be avoided and not engaged with. There are multiple negative effects of stigma, including feelings of rejection, isolation, weakened social relationships, a sense of inferiority, and demoralization. The following is the ranking of the forms of social stigma experienced by recovered and their families in the UAE:

First rank: ”Believing that my addiction harms my reputation and the reputation of my family” with a relative mean of 77.99 %. Second: ”Feeling a persistent sense of societal disdain toward me from the community” with a relative mean of 70.50 %. Second ”My family feeling embarrassed by my presence and being reluctant to introduce me to others in certain situations” with a relative mean of 70.50 %. Third: ”My family suffering from a lack of communication with neighbours due to my addiction” with a relative mean of 70.40 %. Fourth: ”Acquaintances not willing to marry any member of my family” with a relative mean of 68.94 %. Fifth: ”My family experiencing issues related to isolation due to my addiction” with a relative mean of 68.30 %. Sixth: ”Experiencing a lack of appreciation from all members of my family” with a relative mean of 67.80 %. Seventh ”People avoiding communication with my family” with a relative mean of 67.20 %. Eighth: ”Relatives and friends not accepting my invitations to social occasions” with a relative mean of 66.60 %. Ninth: ”My children not accepting the guidance and counselling I offer” with a relative mean of 66.41 %.

Table 13: The mean, standard deviation, percentage, T-value, probability value, and rank of responses to each item on the reasons forms of social stigma subscale.

Item No.	Forms of Social Stigma	Average	Standard Deviation	Percentage	T-Value	Probability Value	Rank
5	I believe that my addiction harms my reputation and the reputation of my family	3.90	1.24	77.99 %	10.207	0.000	1
2	My family feels a persistent sense of societal disdain toward me from the community	3.53	1.47	70.50 %	5.052	0.000	2
6	My family feels embarrassed by my presence and are reluctant to introduce me to others in certain situations	3.53	1.31	70.50 %	5.665	0.000	2
1	My family suffers from a lack of communication with neighbours due to my addiction	3.52	1.382	70.40 %	5.322	0.000	3
10	Acquaintances are not willing to marry any member of my family	3.45	1.28	68.94 %	4.923	0.000	4
3	My family has experienced issues related to isolation due to my addiction	3.42	1.38	68.30 %	4.267	0.000	5
8	I experience a lack of appreciation from all members of my family	3.39	1.26	67.80 %	4.366	0.000	6
4	People avoid communication with my family	3.36	1.41	67.20 %	3.618	0.000	7
9	Relatives and friends do not accept my invitations to social occasions	3.33	1.30	66.60 %	3.580	0.000	8
7	My children do not accept the guidance and counselling I offer	3.32	1.25	66.41 %	3.479	0.001	9
	All items in this subscale	3.48	1.24	69.67 %	5.739	0.000	

8 Discussion

The aim of this study was to identify the forms of social stigma on recovered drug addicts, and their families in the UAE. To achieve the study's aims, a non-probability hypothetical sample of 200 recovered drug addicts in the UAE was used. Interviews were conducted with five cases as part of the study sample. Interviews were also conducted with three experts in the field of drug control and treatment centres in Sharjah and Dubai to understand the problems faced by drug users and the social, psychological, economic, and religious effects they experience before and after recovery.

The current study yielded several significant results. The results of the study indicate that the most prevalent forms of stigma faced by recovered drug addicts are centred around the belief that addiction harms their reputation and the reputation of their families. Additionally, their families experience a continuous sense of societal disdain, and face issues related to isolation from their community and neighbours. These results confirm that recovered addicts are subjected to a negative perception from society, and after recovery, they need to be viewed in a positive light. They should engage and interact with others, celebrate occasions and events with them, and be regarded positively by neighbours. This is consistent with studies conducted by Jaberin (2012)[7], Al-Harbi (2017)[8], and Laithi (2012)[5]. It is also aligned with the ideas proposed by Goffman which emphasize that addiction and substance abuse harm the reputation of individuals and result in a negative societal perception. These findings also align with the theories put forth by Goffman who emphasizes the effects of social stigma regardless of whether they are social, psychological, linguistic, or otherwise, and include the denial of social and economic rights.

9 Implications and Conclusion

The responses to the interviews and questionnaire used in this study point to a number of mechanisms and approaches that mitigate the severity of social stigma on recovered drug addicts. Most respondents emphasized that the strategies and approaches to reducing the severity of social stigma they face include:

1.Confronting the problems related to stigma rather than avoiding them
2.Seeking group and psychological counselling when the effects of stigma intensify

3.Training oneself to regulate emotions

While these strategies may seem both attractive and effective at the individual level, we recommend that there are other methods that involve the recovered addicts' families and communities that could reinforce such efforts. For example, Yang and Mackert [28] studied reducing stigma through effective health communication campaigns. The researchers showed Rx Awareness videos to college students participated in an online experiment. They observed a significant reduction in participants' stigmatizing attitudes and perceived public stigma because of viewing the Rx Awareness videos. Another important strategy is to address the issues faced by the families of the recovered addicts. Focusing on the stigma attached to the family and friends of an overdose death, Stout [29] explored the role of storytelling in relation to drug addiction and the recovery process.

In addition, UAE government has implemented comprehensive strategies to combat and reduce addiction, focusing on five pillars:

1.Reducing opportunities for drug supply and controlling traffickers
2.Prevention through enhancing early intervention efforts
3.Detection and treatment, which include effective mechanisms for screening, follow-up, and treatment
4.Social reintegration to support individuals recovering from addiction
5.Establishing a code of conduct to ensure the preservation of patient identity and confidentiality of information

To conclude, this study aimed to explore the perceptions of recovered drug addicts on the causes of drug use and the forms of social stigma they experience. The findings revealed that peer influence was the primary reason for drug use, followed by curiosity and the desire to experiment. The most commonly used substances were Lyrica, Methamphetamine, and cannabis. The study also highlighted the prevalence of social stigma experienced by individuals in recovery, with friends being the main source of stigma. The forms of stigma included damaged reputation, social discrimination, family embarrassment, and limited social interactions. These findings emphasize the need for comprehensive support and awareness campaigns to address the social stigma surrounding drug addiction and facilitate the successful reintegration of recovered addicts into society.

Conflict of Interest

The authors declare that there is no conflict regarding the publication of this paper.

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