Substance Use and Shame in Minority and Immigrant Communites

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Introduction

Substance use disorder (SUD) has increased worldwide, especially in the United States, with millions struggling with drug and alcohol problems. Substance use (SU) can lead to significant adverse health outcomes along with stigmatization in healthcare settings. Shame plays a complex role in the development and mitigation of developing substance use problems, influenced by cultural contexts such as dignity, face, and honor. A systemic review attempted to identify the relationship between SU and shame, stating shame was reliably associated with SU, but revealing mixed results in which it served both adaptive and maladaptive functions in its development.

Aims and Objectives

Though there is research connecting SU to shame, there is a paucity of research looking at these topics focused on minority and immigrant communities. We predict that, in some cultures and their respective races, shame and negative perception from others can have negative impact on one's self-worth, potentially leading to increased risk for SU. Therefore, our study seeks to explore how shame interacts and correlates with SU, particularly in immigrant and minority communities.

Methods

Using a cross-sectional survey, we assessed demographics, shame, self-esteem, and substance use history. Participants were recruited via flyers and social media from a multicultural metropolitan area in Michigan with a relatively large Middle Eastern population, 21.8% of all participants were immigrants.

Shame and self-esteem were assessed using the Internalized Shame Scale (ISS), a reliable and validated instrument in clinical and non-clinical populations, including substance-dependent populations.

Probable SUD was assessed using the Two-Item Conjoint Screen (TICS) for Alcohol and Other Drug Problems, in which a "positive response to at least one question detects a current substance use disorder with a sensitivity of 79.3% and specificity of 77.9%". To assess SU, the study utilized an investigator-design queries about various substance-related problems.

Results

Of 78 total participants, nearly a third of participants (29.5%) reported more drinking or more SU than intended in the last 12 months, 35.5% reported wanting or needing to cut down on SU in the last 12 months, and 40.3% screened positive for probable SUD.

Probable SUD was significantly associated with Caucasians (p=<0.001), non-binary gender status (p=0.0494), U.S. birth (p=0.0487), cannabis problems (p=<0.001), nicotine problems (p=<0.001), and poor self-esteem (p=0.0245), and frequent/high level of shame (p=0.0197). High shame was significantly associated with Caucasians (p=0.0401), non-binary gender status (p=0.0358), cannabis problems (p=0.0076), wanting to cut down on SU in the last 12 months (p=0.0017), alcohol problems (p=0.0056), and with pre-SU shame (p=0.0020). Poor self-esteem was significantly associated with wanting to cut down on SU in the last 12 months (p=0.0047), U.S. births (p=0.0164), difficulty controlling opioid use (p=0.0493), pre-SU shame (p=0.0010), and probable SUD (p=0.0245).

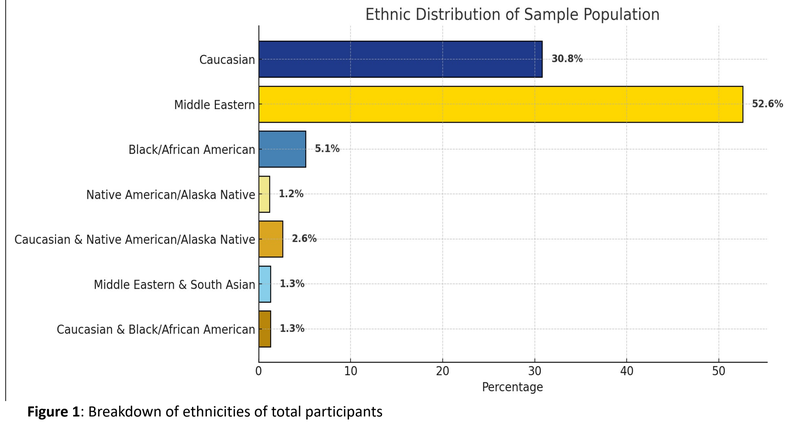

Figure 1: Breakdown of ethnicities of total participants

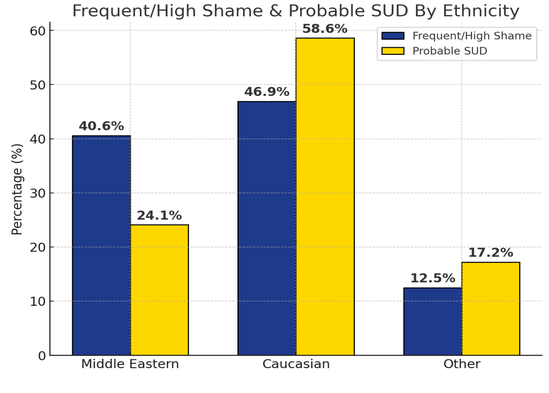

Figure 2: Comparisons of percentages of Frequent/High level of Shame and Probable SUD among race. "Other" includes all other races.

Conclusions

Multiple significant associations related to SU and shame were found. Contrary to our expected findings, Caucasians and U.S.-born individuals are significantly more likely to report frequent or high shame and screen positive for probable SUD compared to non-Caucasians and foreign-born individuals. These findings challenged the body of research that suggests that immigrants experience higher levels of hardships. This sentiment has been coined the "healthy immigrant effect" as a growing number of studies have arrived at similar conclusions related to healthier behavior and lower chronic health conditions. Understanding factors behind SU may help reduce related issues like depression, suicide, and hospitalizations.

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Acknowledgments

I sincerely thank the participants for their time, trust, and courage in sharing sensitive information to help others. I am grateful to Dr. Jeffrey Guina, for his guidance and support, and to Dr. Dwayne Baxa and Oakland University William Beaumont for the opportunity and freedom to pursue this meaningful project.