إقـــرار

أنا الموقع أدناه مقدم الرسالة التي تحمل العنوان:

The burden of stigma among the wives of drug dependents in Gaza strip.

أقر بأن ما اشتملت عليه هذه الرسالة إنما هي نتاج جهدي الخاص، باستثناء ما تمت الإشارة إليه حيثما ورد، وإن هذه الرسالة ككل، أو أي جزء منها لم يقدم من قبل لنيل درجة أو لقب علمي أو بحث لدى أية مؤسسة تعليمية أو بحثية أخرى.

DECLARATION

The work provided in this thesis, unless otherwise referenced, is the researcher's own work, and has not been submitted elsewhere for any other degree or qualification.

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The burden of stigma among the wives of drug dependents in Gaza Strip

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واللجنة إذ تمنحها هذه الدرجة فإنها توصيها بتقوى الله ولزوم طاعته وأن تسخر علمها في خدمة دينها ووطنها.

والله ولي التوفيق،،،

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

[يَا أَيُّهَا الَّذِينَ آمَنُوا لا يَسْخَرْ قَوْمٌ مِّن قَوْمٍ عَسَى أَن يَكُونُوا خَيْرًا مِّنْهُمْ وَلا نِسَاء مِّن نِّسَاء عَسَى أَن يَكُنَّ خَيْرًا مِّنْهُنَّ وَلا تَلْمِزُوا أَنفُسَكُمْ وَلا تَنَابَزُوا بِالأَلْقَابِ بِئْسَ الاِسْمُ الْفُسُوقُ بَعْدَ الإِيمَانِ وَمَن لَّمْ يَتُبْ فَأُولَئِكَ هُمُ الظَّالِمُونَ (11) يَا أَيُّهَا الَّذِينَ آمَنُوا اجْتَنِبُوا كَثِيرًا مِّنَ الظَّنِّ إِنَّ بَعْضَ الظَّنِّ إِثْمٌ وَلا تَجَسَّسُوا وَلا يَغْتَب بَّعْضُكُم بَعْضًا أَيُحِبُّ أَحَدُكُمْ أَن يَأْكُلَ لَحْمَ أَخِيهِ مَيْتًا فَكَرِهْتُمُوهُ وَاتَّقُوا اللَّهَ إِنَّ اللَّهَ تَوَّابٌ رَّحِيمٌ (12)].

سورة الحجرات آية(11-12)

Dedication

I dedicate this work to

My Precious loved mother and father

My companion age, dear husband,

My children, Sadee, Mohammad, and Mohanad

The pure spirit of the father of my children that he wished to live

this great moment

my brothers, my sisters, and my family

who has shown unconditional love and support from beginning to end

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Abstract

The overall aim of this study was to assess the level of stigma burden among the wives of drug dependents in Gaza Strip. The researcher used descriptive, analytical, cross-sectional design to describe, and determine the level of stigma burdens . The study population includes all the wives of drug dependents who were treated in the addiction rehabilitation centers of psychiatric hospital in Gaza Strip. The total number were 500 cases , (180) of the wives of drug dependents , who have participated voluntarily in this study. The wives of drug dependents were interviewed directly to fill questionnaires including the demographic data about themselves , their husbands, and stigma burden questionnaire. Collected data were entered and analyzed by using Statistical Package for the Social Sciences (SPSS) , The major findings of this study were as the following: The mean of the stigma burdens according to the wives of drug dependents were (87.41) , the most burdens were with economical burden with mean (89.4) followed by psychological burden with mean(89.2) then the family burden with mean (87.36) followed by the spiritual burden and social burden.

And there were statistically significant differences between the total of stigma burdens and age of husbands 'drug dependents, above 45 years old, and between husband's working and the stigma burden, the differences was for the drug dependents who are not working ,while there were no statistical significant differences between educational levels of husbands and the all of stigma burdens .

There were statistical significant differences in the stigma burdens , due to the drug dependent's husband enter prison, and between stigma burdens,and years of dug dependence from (6-10 years) .

There were statistical significant differences in the all of stigma burdens due to the wives' age from (31 to 40) years old, and due to the wives' educational level, the differences was for the wives' with secondary level, but there were no statistical significant differences in the all of stigma burdens due to wives' working, and the total stigma burdens, due to the relative marriage .

The study recommended that understanding the stigma of drug dependence and current understanding of this group , their needs, and the provision of services to meet these needs.

الملخص باللغة العربية

هدفت الدراسة إلى معرفة مستوى عبء الوصمة لدى زوجات المدمنين المسجلين في قسم تأهيل المدمنين بمستشفى الطب النفسي في قطاع غزة.اعتمدت الباحثة المنهج الوصفى التحليلي، و قد تكونت عينة الدراسة من(180) زوجة من زوجات المدمنين المسجلين في قسم الإدمان. حيث تم اختيارهن بطريقة عشوائية ، و قد تم تعبئة الاستبانات وجها لوجه بعد إعطاء الموافقة على المشاركة في الدراسة عن طريق إجراء مقابلات متضمنة البيانات الشخصية لدى زوجات المدمنين. و قد طبقت عليهن استبانه عبء الوصمة من إعداد الباحثة ، و تم إدخال وتحليل البيانات المجمعة باستخدام الحزمة الإحصائية للعلوم الاجتماعية)، وقد كانت النتائج الرئيسية لهذه الدراسة على النحو التالي: متوسط عبء الوصمة لدى زوجات المدمنين حوالي (87.41) العبء الاقتصادي حوالي(89.4) العبء النفسي(89.2) لدى زوجات المدمنين.

وقد أظهرت الدراسة أنه توجد فروق ذات دلالة إحصائية عند مستوى الدلالة ($\alpha \leq 0.05$) في عبء الوصمة تعزى إلى عمر الزوجة لصالح الفئة من (30-41) سنة . بينما لا توجد فروق ذات دلالة إحصائية عند مستوى الدلالة($\alpha \leq 0.05$) في عبء الوصمة يعزى إلى عمل الزوجة.

و توجد فروق ذات دلالة إحصائية في عبء الوصمة لدى زوجات المدمنين يعزى إلى عمر الزوج من 45سنة فأكثر، وكذلك سنوات الإدمان من 5-10 سنوات و كذلك عمل الزوج لصالح الأزواج الذين لا يعملون.

أوصت الدراسة أن محاربة وصمة الاعتماد و تحسين طريقة التواصل والتفاعل مع المدمنين عوامل مهمة لتحسين مستوى التعافي لدى المدمنين وتطوير خدمات الصحة النفسية المجتمعية في قطاع غزة مما يؤدي إلى تحسين ظروف الحياة لدى زوجات المدمنين.

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List of Abbreviations

Abbreviations	Meaning
AIDS .	Acquired Immune Deficiency Syndrome
APA.	American Psychiatric Association.
BCMA' s	British Columbia Medical Association's
SBIRT	Brief Intervention, and Referral to Treatment
CNS.	Central Nervous System
DSM-IV.	Diagnostic and Statistic Manual of Mental Disorder 4th Edition
FBIS.	Family Burden Interview Schedule
HIV.	Human Immunodeficiency Virus
ICD-10.	International Classification of Diseases-10th edition
IV .	Intravenous
MOE.	Ministry Of Education
NCETA.	National Centre for Education and Training on Addiction
NIDA.	National Institute of Drug Abuse
ODS.	Opiod Dependence Syndrome
SUD.	Substance Use Disorders
UNODC.	United Nation Office of Drug and Crime
UNDCP.	United Nations International Drug Control Programme
UK.	United kingdom
USA.	United Stated of America
PCBS.	Palestinian Central Bureau of Statistics
PCT.	Primary Care Taker
WHO.	World Health Organization

Chapter one

Background

Chapter one

Background

1.1 Introduction

Allah crowns humans best means of thinking, perception and permitted them of the good things that save their lives , and make them healthy. Allah is generous, and protects human from things that are harmful to their bodies or their minds or their lives.

The True faith, both in Islam and Christianity, forms a protection against drug dependence. Firstly the use of alcohol and any other drug is prohibited especially among Muslims. Social faith is effective in addressing some of the risk factors associated with drug dependence, such as feeling of hopeless and isolation and lack of attachment. Muslim life style and family are another guarantee for drug free community. (Jayousi , 2003).

An individual whose drug taking patterns are dependent in some way. Although heavily criticized for its negative connotations, the term remains popular in everyday speech and is more familiar to the general public than more neutral terms 'drug addicted' or ' user'. Drug dependent is An individual who experiences social, psychological, physical or legal problems. (Bryan, et al. 2000:x.).

Thabet, &El Sarraj, (1992)described that Before the Intifada (1987), the drug dependence problem has reached its height. Variety of drugs have been abused like marijuana, alcohol, cocaine, heroin, and sedative- hypnotic. As the Intifada raised. It was observed that the number of hard drug dependence cases dropped dramatically . Later on, problem of drug dependence started to raise again. Mental health care workers observed that the number of drug dependence cases who came for detoxification were increasing steadily. This phenomena gave them a hint that the number of drug dependent is more than they expected. And they described that A statistical data about the exact number of drug dependents cases in Gaza never existed. However, from their clinical point of view, they believed that there is a big number of drug dependence cases in Gaza strip. (Jayousi, 2003) viewed that The situation, with regard to drug dependence, is difficult to assess, due to the lack of reliable data, and statistics, and drug dependents in Palestine are faced with socially imposed inhibition to admit their dependence and seek treatment.

Fedotov, (2012: 7) reported that Globally, it is estimated that in the years (2011) between (153 – 300) million people aged 15-64 (3.4-6.6 per cent of the world's population in that age group) had used an illicit drugs at least once in the previous year. It is also estimated that there were between(99,000 - 253,000) deaths globally in (2011) as a result of illicit drug use, with drug-related deaths accounting for between (0.5 - 1.3) per cent of all-cause mortality among those aged (15-64.1).

The researcher thinks that number of measures at the level of the individual, family, community and the health system can be initiated to address this problem, People who use alcohol, tobacco , and other drugs routinely experience stigma, and discrimination as a result of their drug dependence. People who use alcohol, and other drugs are not an homogenous community , subsequently, each individual's

experience of discrimination, and stigma varies ,and is impacted upon by other factors in their lives. (Alcohol, Tobacco and other Drugs Council . 2012 : 10).

Unfortunately in many societies drug dependence is still not recognized as a health problem and many people suffering from it are stigmatized and have no access to treatment and rehabilitation, over recent years, the biopsychosocial model has recognized drug dependence as multifaceted problem requiring the expertise of many disciplines . A health science multidisciplinary approach can be applied to research, prevention and treatment. In the past decades, drug dependence has been considered, depending on the different beliefs or ideological points of view only a social problem, only an educational or spiritual issue, only a guilty behavior to be punished, only a pharmacological problem. The notion that drug dependence could be considered a "self-acquired disease", based on individual free choice leading to the first experimentation with illicit drugs, has contributed to stigma and discrimination associated with drug dependence. (UNODC-WHO. 2008: 2).

New directions for health-related stigma research suggest initiatives that document the burden of stigma, compare stigma among health problems, define the determinants of stigma, develop measurement tools, and implement research methods that include consumers and families in research. That value research tend to focus on research as it relates to action. Having experienced stigma first hand, they are interested in what, exactly, to do about it (Everett, 2006:5). (Smart, 2004: 141) defined Stigma as a systematic process that reinforces existing divisions in society. and reported that stigma and discrimination are pervasive and destructive, and need to be recognized as significant obstacles to any effective education sector such discrimination can take away a person's rights. stigma associated with the diagnosis was more difficult to bear than the actual illness. Stigma has a considerable influence on whether people seek treatment, take prescribed medications, and follow through on treatment plans. (Everett, 2006:8). Stigma and drug dependence have been associated for a long time. They have also been popular topics of debate in recent years, and the focus of a growing body of research. But in the same way that families have often been absent in other drug policy discussions. Their perspective on stigma is much less widely researched. (Adfam families drugs and alcohol , 2012: 2).

Raj, (2001:443) reported that the psychological disturbances in wives of drug dependents give rise to two main problems. First, the interpersonal problems of the wives adversely affect her emotional well-being as the impact of addiction stigma . Secondly, it affects the smooth functioning of the home as well as the individual.

From the researcher's opinion ,it's time that all of the drug dependents, their family networks, and the community worked together to eliminate stigma barriers .by reducing the stigma , especially those in recovery, whose real desire to change would make families affected by it more likely to come forward and seek support. By improving their health, wellbeing and quality of life, and recovery, the outcomes will surely be improved for drug dependent families and for society, too.

The researcher hoped that this study will help to shine a light on the wives' experiences of the stigma burden, associated with drug dependence ,and focus the light on the recovery of their husband .

1.2. Problem statement:

In Palestine: there are no previous studies about the stigma that attached to drug dependence which the most serious problems facing drug dependents and their families equally in Gaza Strip and no surveys had been done to assess the burden of the stigma on the wives of drug dependents according to researcher's knowledge. This gap in research of these topic make it is important to conduct this study to determine the level of the stigma burden on the wives of drug dependents .

The drug dependent' patients in Gaza strip receive care through the de-institutionalization program in the addiction rehabilitation centers of governmental psychiatric hospital and some community mental health clinics ` thus a result of de-institutionalization and the increasing shift of inpatient psychiatric care to the community , the role of family caregivers has gained in importance., most of drug dependent' patients are discharged to their homes—in most cases this means back to their families especially to their wives. While the researcher review about the services that offered in the addiction rehabilitation centers the researcher note that the families in general, and wives of drug dependent do not receives any services as family psycho education, and psychological services despite the research's documentation of their psychological, social, family, economical, and spiritual suffering from drug dependence and the stigma associated with it .

This study that will give answers about what is the level of stigma burden among the wives of drug dependents in Gaza strip. It also gives solutions and recommendations to reduce the stigma and improve the levels of care provide in rehabilitation centers of drug dependence in Gaza strip. And the results of this study will lead to improve the community mental health care program as a holistic approach and the body of mental health knowledge will increase due to this study.

1.3. Research questions:

- What is the psychological burden level of stigma among the wives of drug dependents in Gaza strip?
- What is the family burden level of stigma among the wives of drug dependents in Gaza strip?
- What is the social burden level of stigma among the wives of drug dependents in Gaza strip?
- What is the economical burden level of stigma among the wives of drug dependents in Gaza strip?
- What is the spiritual burden level of stigma among the wives of drug dependents in Gaza strip?
- Are there statistical differences in the stigma burdens due to the socio-demographic characteristics of husbands as (age, education level , years of drug dependence ,and enter prison), among the wives of drug dependents in Gaza strip?
- Are there statistical differences in the stigma burdens due to the socio-demographic characteristics of the wives such as (age, education level, working, and relative marriage), among the wives of drug dependents in Gaza strip?.

1.4. General objective:

The main objective of this study was to investigate the level of stigma burdens on the wives of drug dependents in Gaza strip.

1.4. 1 Specific objectives:

- To recognize the level of stigma burdens(psychological, family, economical, social, and spiritual)among the wives of drug dependents in Gaza strip.
- To identify the differences in the stigma burdens due to socio-demographic characteristics of husbands as (age, educational level, working, years of drug dependence, and enter prison) among the wives of drug dependents in Gaza strip.
- To assess the differences in the stigma burdens due to socio-demographic characteristics of the wives as (age, educational level, relative marriage, and working) among the wives of drug dependents in Gaza strip.

1.6. Significance of the study:

A statistical data about the exact number of drug dependent cases in Gaza strip never existed. However, from the clinical point of view, they believed that there is a big number of drug dependents cases in Gaza strip. (Thabet, &El Sarraj, 1992).

Drug dependence is associated with health problems, poverty, violence, criminal behavior, and social exclusion, Its total costs to society are difficult to estimate, In addition to the health care costs and other costs associated with the consequences of drug dependence involves also social costs in the form of loss of productivity and family income, violence, security problems, traffic and workplace accidents, and links with corruption. These result in overwhelming economic costs and an unacceptable waste of human resources. (Everett, 2006:5).

From the researcher's opinion the wives of drug dependents face many suffering and problems due to their husbands' dependence, when the husbands become irresponsible at the under effect of drugs , the wives are forced to take up all the responsibilities of the family within their limited capacity and resource, That will increase their tension and worry. The presence of addiction stigma means that deterioration of seeking or receiving treatment thus intense drug dependency that means the burden on wives will determine without hope of solution or sense of recovery unluckily also the stigma by association affects them all of these thing make the wives complain with silence regarding to addiction stigma.

The problem of stigma is a global one and it crosses geographical, cultural and religious boundaries. So it is important to determine the level of stigma burden on the wives of drug dependents , and it is important to pay attention to mental health problems in Gaza strip in order to adjust to the increasing number of the psychiatric persons this study will Provides data for all concerned people to minimize the barriers and an obstacles of population face in order to guide and help them improve their living conditions .

Theoretical field as globally there is a few studies about the burden of stigma on the families of drug dependents and here is no study about the burden of stigma among their wives in Gaza strip . In specific as the researcher searches and knows; so the researcher encouraged to study this topic as first study conduct in Gaza strip, and the researcher hopes that such a study will open the door for other researchers to study the other related topics from another perspective.

This study introduce new scale for measuring the stigma burden (family, psychological, social, economical and spiritual) that developed by the researcher which may help other researchers in their studies. Also it provides a comprehensive body of knowledge about the burden of stigma .

In the other hand, this study will contribute in an increasing the mental health body knowledge in Palestine and provide guidelines for other researchers to conduct other related studies. Finally, it also provides recommendations according to the result of this study.

1.7 Operational definitions of terms:

Before the beginning of this study, the researcher would like to clarify and define the variables under investigation that include the drug dependence, stigma, and Stigma burden .

1.7.1 Drug dependents

The researcher defines drug dependents as every person who use non prescribed drugs that leads to changes in the functioning of human mind, compulsively in spite of it's negative consequences according to diagnostic and statistic manual of mental disorder 4th edition (DSM-IV).

1.7.2 Stigma

The researcher identifies stigma as the negative feeling regard undesirable mark, or discrimination, associated with drug dependence which affects many areas of life of those who are stigmatized.

1.7.3 Stigma burden

The researcher identifies the burden of stigma as any one who complains and suffers from the negative consequences of the stigma associated with drug dependency as measured by stigma burdens scale which includes (psychological ,social, economical, spiritual and family domains), among the wives of drug dependents.

1.8 Context of the study:

The study was conducted in Gaza strip, therefore the researcher presents some background data about the geographical context, and mental health centers in it.

1.8.1 Geographical context:

Gaza Strip is a very crowded area with the Size of 360km2, the concentration of Population in cities, small villages and (8) Refugee camps that contain two thirds of Population, Gaza Strip is divided into Five Governorates as follows: Gaza city, North Gaza, Mid-area, Khanyounis, and Rafah Governorate.

1.8.2 Community mental health centers in Gaza Strip :

In 1995, Ministry of health established (6) community mental health centers that were distributed in Gaza Strip, One of them is in Rafah governorate, the second is in Khanyounis governorate, the third is in Mid-area, the forth is in Gaza city, the fifth is in north Gaza, and the sixth is in West Gaza, These centers provide psychopharmacological treatments for psychiatric patients. (Emad , 2012 :7).

1.8. General view of the study chapters

This study consists of six chapters. The first chapter presents a background for study subject. Problem, objectives, and study questions. The second chapter shows a conceptual framework, The third one views the literature that is related to the study subject, which was collected from scientific researchers, published magazine, and other scientific ways. The fourth views the methodology of the study,. In the fifth the researcher views the results and its table. These results will be discussed in details in the six chapter followed by a conclusion about the study as well as a recommendations and study limitations in same chapter.

Chapter Two
Conceptual Framework

Chapter Two

Conceptual Framework

2.1. Introduction

In This chapter the researcher clarify the following variables context that consists of an overview of the conceptual framework diagram.

2.2 Conceptual frame work

The researcher in This part illustrated the outline of the conceptual framework of the study. This framework consists mainly from independent, dependent variable and the variables which affect on the independent variable and may lead to the stigma burden . This simple framework figure "2.1" consists of the model that is used by the researcher to support, guide and direct the research process to make research findings meaningful and applicable that was self - develop .

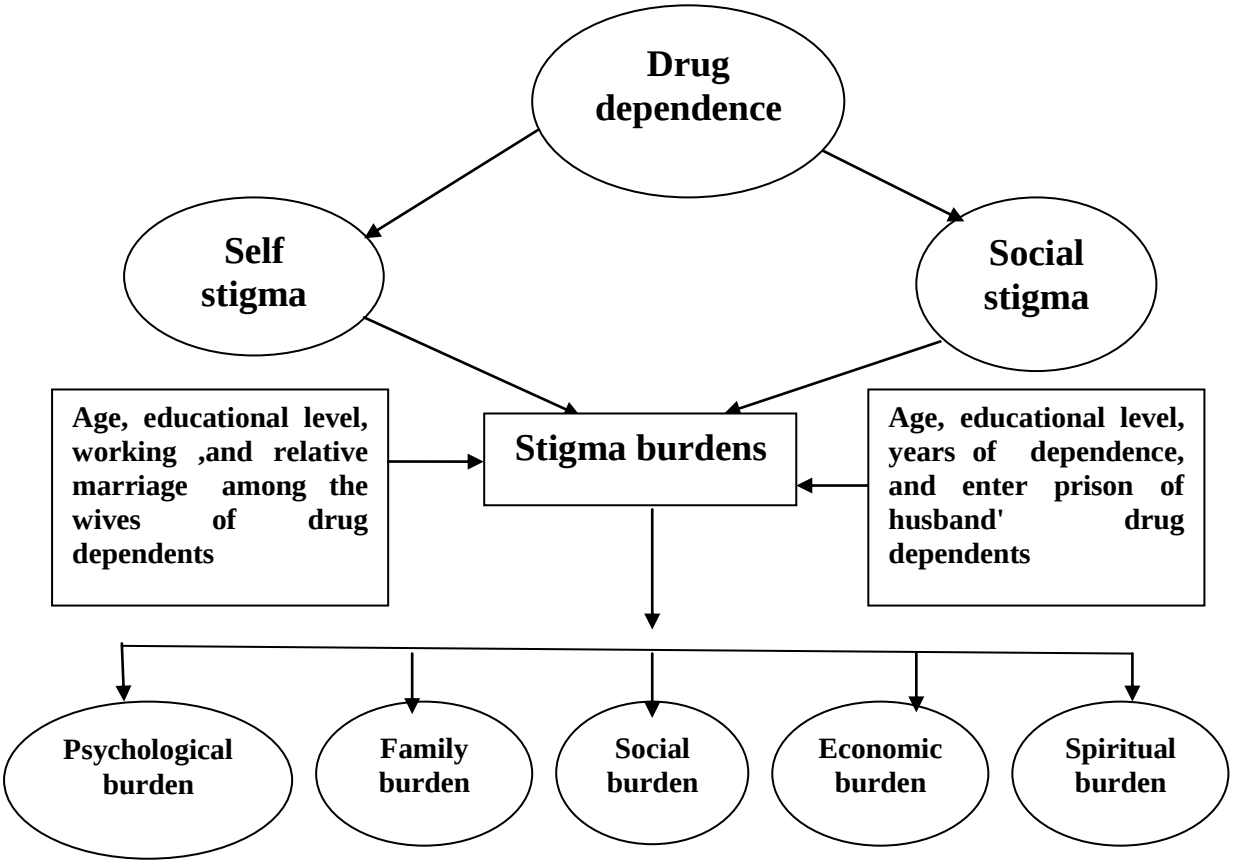


Figure (2.1) illustrate The conceptual models of the stigma burden on the wives of drug dependents which develop by the researcher .

The past model figure (2.1) demonstrated the consequences and burden of stigma associated with drug dependence from both social and self –stigma .

Researchers distinguish between social stigma (ways in which the general public reacts to a group based on stigma about that group such as drug dependence)

and self-stigma (the reactions which individuals turn against themselves because they are members of a stigmatized group). Thus the negative consequences of both the self and social stigma associated with drug dependence result the stigma burden and in this study the researcher focus the light on the wives of drug dependents (stigma burden that's domains include the psychological social, family, spiritual and economical burden) .

From the opinion of the researcher the drug dependence in fact, creates a critical situation that threatens the physical , psychological, social ,economical , political and spiritual life of the drug dependents and their families and the association of stigma related to drug dependence that makes the problem more critical and serious .

The researcher clarifies the burden of stigma on the wives of drug dependents who complains and suffers from the negative experiences of stigma associated with drug dependency that include (psychological ,social, economical, spiritual and family domains), these domains are affected by the independent's variables such as some of the socio demographic factors such as age, educational level, working ,and relative marriage among the wives of drug dependents, and age, educational level, years of drug dependence, and enter prison of husband' drug dependents

Chapter Three

Literature Review

Chapter Three

Literature review

In this section the researcher reviews the literature review in three broad categories ; The first is about drug dependence , the second is about stigma, and the third about the stigma burden. Then introduces the previous studies that related to the stigma burden on the wives of drug dependents, in addition to the comment on the previous studies as a whole.

3.1 Drug dependence

The researcher in this part illustrated the definition of drug dependence, criteria & type of drug dependence, routes of administration, causes of drug dependence , consequences, and lastly the treatment of drug dependence.

3.1.1 Definition of drugs

Drugs: The term is used to refer to psychotropic drugs, i.e. chemical substances that affect the brain and the body.

Hard drugs: Usually refers to types of drugs, such as heroin or crack, which are seen to be 'more dangerous' than other types of drugs.

Illegal drugs :Certain drugs are controlled by legislation and are referred to as 'controlled drugs' or 'illegal drugs': it is the possession of controlled drugs by unauthorized persons that is illegal, not their use.

Illicit drug use: The term 'illicit drug use' has a broader scope than illegal drugs, referring to unacceptable use of drugs that may or may not be controlled, e.g. the use of benzodiazepine for non-medical purposes. (Bryan, et al. 2000:x.).

A drug, is any chemical that, throughout consumption, leads to changes in the functioning of human mind and more specifically leads to a state of intoxication. However, it must be remembered that not all use of drugs is pathological. Distinction must be made between “Use”, “Abuse”, “Misuse”, and “Dependence”, which are all distinctly defined terms. (Lal , & Ambekar , 2009 :5).

A drug, broadly speaking, is any chemical substance that, when absorbed into the body of a living organism, alters normal bodily functions.
In the area of Substance Use Disorders (SUD.) a drug or a substance is any chemical that, throughout consumption, leads to changes in the functioning of the human mind and more specifically leads to a state of intoxication. (Ambekar, et al . 2011:7).

3.1.2 Substance ‘Abuse’

Substance ‘abuse’ is a term used by (DSM–IV–TR.)and defined it as a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one or more of the following, occurring within a (12) month:

_ failure to fulfill major role obligations
_ use in situations in which it is physically hazardous

_ recurrent substance-related legal problems
_ continued use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance . Unlike dependence, 'abuse' is not characterized by withdrawal, tolerance or a pattern of compulsive use, only the adverse consequences of repeated use.(APA. 2000:199).

People who abuse drugs regularly may have ongoing serious problems without being dependent on the drugs .
Some of these problems are: inability to fulfill responsibilities (e.g., being absent from work, neglecting duties at home); dangerous use (e.g., using drugs in physically dangerous situations, such as when driving a car) ; legal problems (e.g., being arrested for disorderly conduct following drug use); social and family problems (e.g., arguing with family members about being intoxicated). If one or more of these problems has a significant impact on a person's life, the person may be diagnosed with a drug abuse disorder. (O'Grady, & Skinner, 2007: 14).

3.1.3 Drug addiction

Addiction has been defined in many ways. Some of the technical definitions are similar to the way in which drug dependence . Most people use the term more broadly to refer to compulsive behaviors, including drug use, that cause problems. People persist with these behaviors in spite of strong negative consequences. drug abuse is a less severe form of addiction than drug dependence. Other forms of addictive behavior include smoking, problem gambling and compulsive sexual behaviors. (O'Grady, & Skinner, 2007 :15).

Drug addiction is a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain—they change its structure and how it works. These brain changes can be long lasting, and can lead to the harmful behaviors seen in people who abuse drugs. (NIDA. 2007:5).

Hamer, et al. (2010 :21) illustrated that addiction involves loss of control and continued use of a drug , despite severe negative consequences (impaired driving charges, loss of work and relationships, injury, deteriorating health or involvement with the law).

3.1.4 Drug dependence

Various terms have been used to describe the phenomenon of drug dependence These include terms as "Use", "Abuse", "Misuse", "Dependence" etc.

Use: Use is simply the ingestion of alcohol or other drugs without experiencing any negative consequences.
It may be social use, like in parties; recreational or experimental use, dietary practice or may be religious ritual ,
Example: If a student had drank beer at a party and his parents had not found out we could say he had used alcohol. (Lal , & Ambekar , 2009 :12).

'Use' refers to any aspect of the drug taking process.

'Misuse' refers to the use of illegal drugs in a manner that results in physical or mental harm or loss of social well-being for the individual, for other individuals, or for society at large (Bryan, et al. 2000:x.).

Misuse: When a person experiences negative consequence from the use of alcohol or other drugs it is clearly misuse, example: A 40-year old man uses alcohol occasionally, his boss throws a party and the man drinks more than usual and on the way home he is arrested by police. This man has clearly misused alcohol.

Abuse: Abuse is a maladaptive pattern of use resulting in physical, social, legal harm or continued use in spite of negative consequences. Example: The same 40-year old man continues drinking alcohol even after the incident and continues to experience negative consequences (Lal , & Ambekar , 2009 :12).

The terms ”abuse” and ”dependence” are often used to clinically describe a person’s behavior caused by the use or misuse of a drugs (the British Columbia Medical Association’s . 2009: 11).

Dependence: A cluster of physiological, behavioral and cognitive phenomena in which use of a drug or a class of substances takes on a much higher priority for a given individual than other behaviors that once had greater value ,Thus, the stages of Use, Abuse and Dependence on a symptom can be seen as a pattern of drug use in increasing order of severity (Lal , & Ambekar , 2009 :12).

Hamer, et al. (2010 :21) described that the Dependence involves physiological dependence (bodily cravings with withdrawal symptoms if they are not satisfied) or psychological (use is required to manage moods or is thought to be necessary to function day-to-day) , While individuals can become addicted to a number of drugs, both legal and illegal, it is in fact addiction to legal drugs (alcohol, prescription medicines, tobacco)

3.1.5 Drug Dependence syndrome

Dependence syndrome has been defined in International Classification of Diseases (ICD.10) as “A cluster of physiological, behavioral and cognitive phenomena in which use of a substance or a class of substances takes on a much higher priority for a given individual than other behaviors that once had greater value”. Compulsive use means people keep using drugs in spite of the negative consequences, even though they want to stop and have tried to stop.
Many people who are drug dependent also experience cravings, A craving is an urge or a longing for a substance or drugs (O’Grady, & Skinner , 2007 : 14).

Sussman , & Ames , (2001:13) reported that the Drug dependence pertains simply to use of a drug. It may be injected, smoked, sniffed, huffed (inhaled), swallowed or sometimes absorbed through the skin, Drug misuse means not using a drug in the manner in which it was intended or prescribed. For example, one may use a pain medication for fun rather than for pain control, one may use too much, or may use too often).

3.2.Criteria for drug dependence:

There is no clear line that indicates when drug use becomes a problem that is severe enough to need treatment.
However, the Diagnostic and Statistical Manual of Mental Disorders, 4th–text revision(DSM-IV-TR) includes substance-related disorders as one of the classes of mental health disorders. Many clinicians use the DSM' s diagnostic criteria for substance abuse and substance dependence to help screen and assess people for drug dependence . (O'Grady, & Skinner. 2007 ; 14).

Clinical criteria that are widely used for the diagnosis of drug dependence related disorders. include ten classes of substances (alcohol, amphetamines, cannabis, hallucinogens, inhalants, nicotine, opioids, phencyclidine, and sedatives) that lead to drug dependence, another term for addiction (Hamer, et al. 2010 :8).

According to the DSM–IV–TR (APA, 2000) which described drug dependence as The maladaptive pattern of drug use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same (12) month period .
1. Tolerance, as defined by either a need for markedly increased amounts of the substance to achieve intoxication or desired effect or a markedly diminished effect with continued use of the same amount of the drugs.
2. Withdrawal, as defined by either the characteristic withdrawal syndrome for the drug or where the same drugs is taken to relieve or avoid withdrawal symptoms
3. The drug is often taken in larger amounts or over a longer period than was intended
4. There is a persistent desire or unsuccessful attempts to cut down or control use
5. A great deal of time is spent on activities necessary to obtain the substance or to recover from its effects
6. Social, occupational or recreational activities are given up or reduced
7. Drug use is continued despite awareness of recurrent problems associated with use.

The Health professionals describe the characteristics of drug dependence as the "three C's," such as:
1) Loss of Control: inability to stop using drug despite a desire or attempt to stop.
2) Use despite the Consequences: ongoing use of drug despite negative impact on family, job, finances, or health.
3) Increased Compulsion: persistent and often overwhelming urge or impulse to use drug that increases over time. (British Columbia Medical Association's , 2009:12).

3.3 Type of drug dependence

3.3.1 Depressants:

Drugs that slow the central nervous system (CNS.) functions (e.g., make people feel more relaxed and less conscious of their surroundings). Depressants include:
• alcohol (e.g., beer, wine, liquor).
•opiates, sometimes called narcotics (e.g., heroin , demerol, morphine, codeine).
• benzodiazepines, sometimes called tranquillizers (e.g., Valium and Ativan,)
• barbiturates, sometimes called downers (e.g., Nembutal, Seconal)
• cough and cold remedies (e.g., Benylin with codeine)

• allergy medications (e.g., Benadryl and Sudafed)
• other over-the-counter drugs (e.g., anti nausea drugs such as Gravol).
Depressants slow the central nervous system and affect the parts of the brain that control thinking, behavior, breathing and heart rate. Depressant drugs such as alcohol, opioids and benzodiazepines can make clients drowsy, slow them reaction time, and hinder their ability to pay attention or concentrate. The same is true for drugs with depressant side-effects—drugs such as cold remedies, cough medicines, antihistamines to control allergy symptoms, and drugs to prevent nausea or motion sickness. Mixing any depressant drug with alcohol, which is also a depressant, can be extremely dangerous. The combined effects of the two drugs are sometimes much greater than the effect of either one alone. (O'Grady, & Skinner, 2007 : 19).

3.3.2Stimulants

O'Grady, & Skinner, (2007 ; 23) denoted that stimulants increase activity in the central nervous system, including the brain. For example, they speed up mental processes and make people feel more alert and energetic. Stimulants include:
• cocaine and "crack" (a potent form of cocaine)
• amphetamines such as methamphetamine
• ecstasy
• caffeine in coffee, tea, cola drinks, "power" drinks and "stay-awake" pills
• over-the-counter medications such as allergy medicines (e.g., Sudafed).

3.3.3 Hallucinogens

The term hallucinogen is used to describe drugs that produce distortions of reality. Hallucinogens are sometimes called "psychedelic drugs." Hallucinogens dramatically affect perception, emotions and mental processes. They distort the senses and can cause hallucinations. Hallucinations are sensory images similar to dreams or nightmares—a person may see, taste or hear things that are not really present, except they occur when a person is awake. Hallucinogens include:
• cannabis/marijuana (the most common hallucinogen)
• LSD (the best-known hallucinogen)
• ecstasy (sometimes called "the love drug")
• ketamines (a painkiller and sometimes called "special K")
• solvents (e.g., glue, paint thinner, gasoline). (O'Grady, & Skinner, 2007: 26).

The production of drugs may be divided into three categories:
(a) Those processes which require only plant products, Examples of opium gathered in the fields for home use.
b) Those involving a semi-synthetic process where natural materials are partly changed by synthetic substances to produce the final product as coca bush leaves processed to make cocaine .
(c) Processes which use only manmade chemicals to produce consumable drugs. As psychotropic drugs made entirely in the laboratory or factory. UNDCP.(1995:4).

From the past the researcher concluded that there are three major types of drug dependence as some of them are synthesis, semi synthesis and others naturally products that include depressants , stimulants and hallucinogens drugs which have various degree of action and effects .

3.4 Routes of administration

Drugs can be taken in various ways. The mode of administration is a significant mediating factor on the effect of a drugs. Various routes of administration are preferred because they can enhance or facilitate drug effects. Different modes of administration have advantages and disadvantages. The most common routes of administration are:

_ **Oral ingestion:** probably the oldest and the most common form of taking drugs. Advantages are convenience, no special paraphernalia is required and degree of safety for some drugs. And the Disadvantages are the slow absorption of some drugs.

_ **Chewing:** used for coca leaf, tobacco, betel-nut . Absorption occurs across the oral mucosa

_ nasal insufflations: as snuffing, nasal inhalation or snorting. Absorption is through the nasal mucosa. Snuffing can be used for cocaine, powdered opium, heroin and tobacco. Sniffing of amyl nitrite occurs, as does sniffing of petrol and other volatile drugs .

_ **Smoking:** is used for a wide variety of drugs including tobacco, cannabis, opium, heroin, cocaine, amphetamines and phencyclidine .

_ **Rectal administration:** commonly used in medical treatment, it is also a method sometimes used by drug dependents. Disadvantages are the potential for irregular, unpredictable and incomplete absorption

_ **Parent rally (via injection)** which became possible in the late 19th century with the development of the hypodermic needle. Arguably this has irrevocably transformed hedonistic drug use. Administration can be intravenous , intramuscular, or subcutaneous. Injection carries with it a range of important health risks including transmission of viral and bacterial diseases and tissue damage Harm minimization strategies provide opportunities to educate users about safer ways to administer drugs. as Changing from one route of administration to another a useful stepping stone to cutting down and quitting. (Roche , 2004:6) .

From the above ,the researcher describe that there is different mode of drug taking such as orally , nasally , rectally and parent rally, drug administration vary in absorption and the effect of drugs on drug dependents according the rout of administration .

3.5 The Relationship between drug dependence and mental problems

The relationship between mental illness, and drug dependence is complex. Mental health problems can be a risk factor for drug dependence problems, and drug dependence can be a risk factor for mental illness , Because drug dependence is often much more visible and identifiable, it may mask the presence of mental illness. Experts agree that there is no simple cause of concurrent disorders, Each person's situation is different , Some people who have a mental health problem may use drugs to feel better , For other people, biological factors may come into play ,An event causing emotional or physical trauma could also precede concurrent disorders , There are also common risk factors for mental illness and drug dependence, poverty or unstable income, problems at work or school, lack of decent housing, family history, past trauma or abuse, and biological or genetic factors . The combination of these life issues, mental illness, and drug dependence has a devastating effect as each contributes to the occurrence of the others in a vicious cycle. (Hamer, et al. 2010 :23).

The relation ship between drug dependence and mental illness include the following:
1-Drug dependence and mental health problem may be triggered by the Same factor, they could be caused by a common factor, that could be genetic, developmental or environmental. For example, traumatic events (an environmental factor) can lead to both mental health and drug use problems.
2-Drug dependence may influence the development of mental problem , can induce psychiatric symptoms and psychosocial problems as trouble in family relationships, work and with the law. Thus could lead to a mental health problem as depression.
3-Mental health problem may influence the development of drug dependence, schizophrenia or bipolar disorder, may leave people more vulnerable to developing dependence problems, People may use drugs in the hope of relieving the symptoms of mental health problems, For example, someone with an anxiety may use alcohol to feel more at ease in social situations , This is called self-medication.
4-Drug dependence and mental health problem may not interact : Sometimes, both mental health and Drug dependence are present, but do not interact, so that even when one problem area is addressed, the other problem area is still active , For some people, getting Drug use under control will produce immediate positive changes in mental health symptoms. (O'Grady, & Skinner, 2007 :6- 7).

3.6 Causes of drug dependence

Not everyone who engages in a pleasurable behavior ends up becoming addicted. At many levels, behaviors that can become addictive are either encouraged or discouraged by larger social forces (think of advertising) or by factors that are within the person. (O'Grady, & Skinner, 2007:16) .

Figure (3.1) Illustration the factors leading to drug dependence .

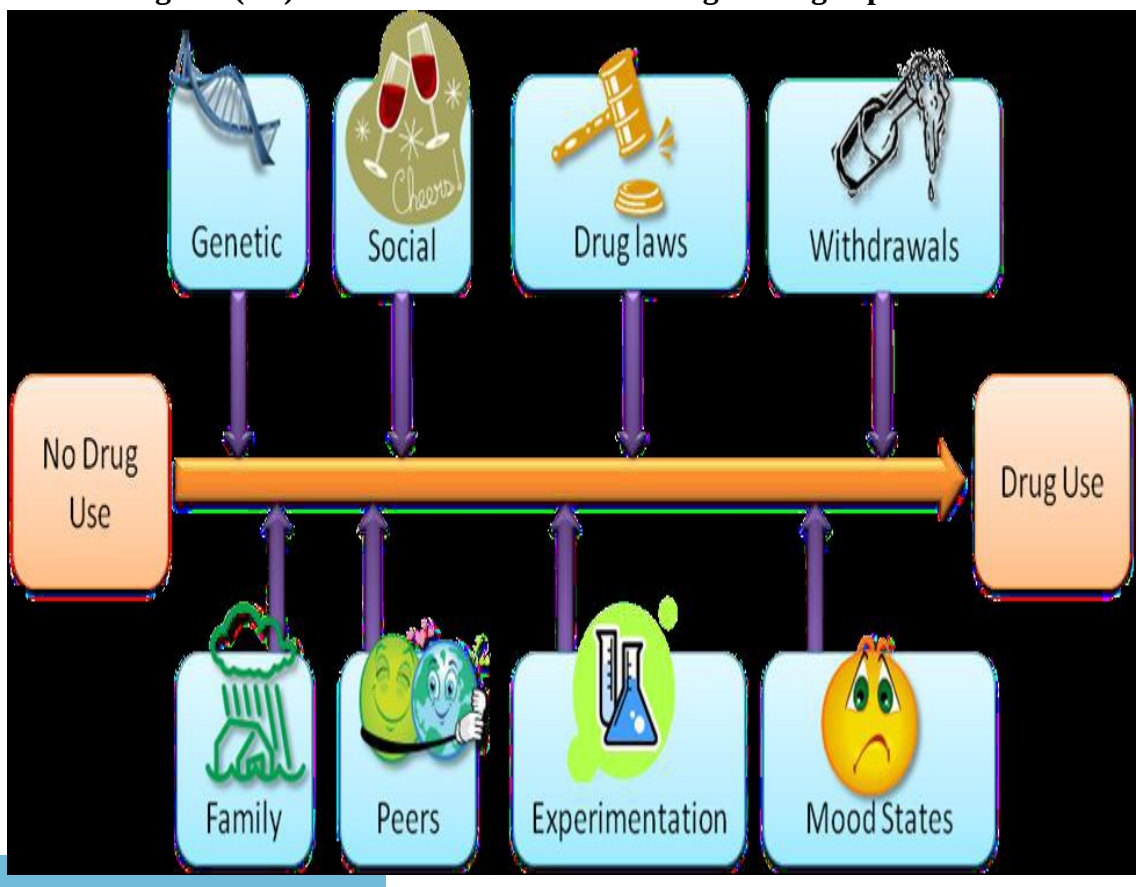


Figure (3.1) formed by (Lal , & Ambekar , 2009 :14) that showing various factors leading to drug use and thus drug dependence.

Drug dependence is considered a multi-factorial health disorder that often follows the course of a relapsing and remitting chronic disease However, scientific evidence indicates that the development of the disease is a result of a complex multi-factorial interaction between repeated exposure to drugs, biological and environmental factors. (UNODC-WHO. 2008: 2).

3.6.1 Factors influence of drug dependence :

Hua Lu, et al. (2009 : 13)reported that the science of addiction continues to evolve, but there are three basic factors that influence the likelihood of drug dependence such as individual , environment and drugs.

3. 6.1.1Individual

The factor related to the individuals which influence of drug dependence that Include such as genetics, physical , mental health, and age of first use of drugs.

A person usually perceives the behavior itself as being strongly rewarding in some way. The nature of the reward, may vary from person to person, and may change over time. Some individuals may be rewarded by the energizing, exciting or pleasurable effects of drugs. Some people may engage in drug dependency because the physiological or psychological effects that relieve the physical or emotional suffering. (O'Grady, & Skinner, 2007: 16).

National Institute of Drug Abuse (NIDA.), 2007:6) described that general people begin using drugs for a variety of reasons:
1-To feel good as the most of drug produce intense feelings of pleasure. This initial sensation of euphoria is followed by other effects, which differ with the type of drugs.
2-To do better that some individuals feel to chemically enhance or improve their athletic or cognitive performance can similarly play a role in initial experimentation and continued drug dependence .
3-Curiosity and "because others are doing it." As adolescents are particularly vulnerable because of the strong influence of peer pressure, they are more likely, for example, to engage in "thrilling" and "daring" behaviors.

3.6.1.2 Environments :

Environmental factor as neighborhood, family history, social policy and regulations (e.g., legal ages for purchasing alcohol). Hua Lu, et al.(2009 : 13)

Family factors that may lead to or intensify drug dependence are thought to include prolonged or traumatic parental absence, harsh discipline, failure to communicate on an emotional level, chaotic or disturbed members and parental use of drugs, which provides a negative role model for children , Lack of household stability, income or employment for a parent may increase stress on the family and its vulnerability. (UNDCP. 1995: 10).

3. 6.1.3 Drugs or behavior :

Cocaine, alcohol, or prescription medications. While no one is completely immune, most people do not develop drug dependence, for example many people are able to enjoy a glass of wine or buy a lottery ticket without becoming dependence for some, these activities become overwhelming. (Hua Lu, et al. 2009 : 13).

Smoking a drug or injecting it into a vein increases its dependence potential. Both smoked and injected drugs enter the brain within seconds, producing a powerful rush of pleasure. However, this intense "high" can fade within a few minutes, taking the abuser down to lower, more normal levels. It is a starkly felt contrast, and scientists believe that this low feeling drives individuals to repeated drug dependence in an attempt to recapture the high pleasurable state. (NIDA. 2007: 9).

On conclusion as (NIDA. 2007:9) reported that , a despite taking drugs at any age can lead to dependence , research shows that the earlier a person begins to use drugs, the more likely they are to progress to more serious abuse. This may reflect the harmful effect that drugs can have on the developing brain, it also may result from a constellation of early biological and social vulnerability factors, including genetic susceptibility, mental illness, unstable family relationships, and exposure to physical or sexual abuse, the fact remains that early use is a strong indicator of problems ahead, among drug dependence and addiction.

3. 6.2 The bio psychosocial approach of drug dependence

3. 6.2.1 Biological factors:

O'Grady, & Skinner, (2007 : 17) described that there is evidence that some people inherit a higher risk of dependence behaviors than others. To have a sibling or a parent with a history of drug dependence is to be at higher risk. These behaviors themselves might produce biological changes that make the person more vulnerable to relapsing (returning to the behavior).

T he existence of an addictive personality type does not appear to have been scientifically validated, but the obvious signs of troubled persons-exhibiting multiple symptoms -are easily recognized by expert and layman alike. (UNDCP.1995: 11).

3. 6.2.2 Psychological factors

T he way Drug dependence and mental health problems interact is specific to the person , the mental health problem and the drug being used, and may change over time, Both drug dependence and mental health problems could be caused by a common factor, that could be genetic, developmental or environmental. For example, traumatic events (an environmental factor) can lead to both mental health and drug use problems . (O'Grady, & Skinner, 2007 : 6).

Al Saud , (2011) reported that the most important psychological factors for retaking drugs are: constant failure and frustration, the feeling of being inferior and not having self-confidence, and the inability to control oneself upon seeing drugs.

Any powerfully rewarding experience encourages a person to repeat the experience. There are many aspects of dependence behaviors—including the rituals, the environmental factors, and the thoughts and feelings that are involved—that can help to understand dependence behaviors. Usually the rewards from these behaviors show up first, while the costs tend to follow later or gradually build up over time. When someone feels a powerful urge, and the reward is immediate, while the negative con sequences are nowhere in sight, it is tempting to give in to the power of the moment. (O'Grady, & Skinner, 2007 : 17).

The NIDA. (2007:6) reported that some people who suffer from social anxiety, stress , and depression begin using drugs in an attempt to lessen feelings of distress. Stress can play a major role in beginning, continuing use, or relapse of recovering from drug dependence .

Hamer, et al. (2010 :8) reported that people with mental illness are vulnerable to developing drug dependence problems.

Persons who are heavy users of alcohol or other drugs may show psychiatric symptom ms such as depression.
Dysfunctional drug or alcohol dependence may mask an underlying emotional illness. A frequent finding from clinical assessment of drug dependents is a "dual diagnosis", where two or more clinical conditions exist at the same time in an individual. (UNDCP. 1995: 11).

3. 6.2.3 Social factors

Al Saud , (2011) viewed that the social factors that contribute to retaking drugs are: returning to bad company, avoiding problems, and not knowing how to take advantage of spare time..

Drug dependence is strongly shaped by the relationships with other people and by interpersonal processes. Peer factors help to determine if someone will experiment with a behavior such as using tobacco, alcohol, marijuana or other drugs that may cause dependency. Availability affects the risk of a behavior becoming addictive (O'Grady, & Skinner, 2007 : 17).

Families with histories of psychological and social pathology may be at increase d risk for drug problems.
The degree to which similar processes apply to other drugs is not as well established. (UNDCP. 1995: 11)

Al Saud , (2011) described that the most important environmental factors that help retake drugs were, no commitment from the part of the dependence to the care programs , belittling the addicted, the unavailability of enough clubs to accommodate the recovered ones, concentrating on the health side and ignoring the psychological one, the availability of the drug, and the unavailability of adequate awareness from the part of media about the dangers of drugs.

3.6.3 Cultural background and Spiritual dimensions of drug dependence:

The increase in opportunities to gamble in the western world has led to an increase in the number of people with gambling problems in the region. Making cigarette smoking in public spaces illegal, along with higher prices through taxation, has led to significant decreases in the numbers of people who smoke. Cultural factors also shape what the people consider to be acceptable or an unacceptable .(O'Grady, & Skinner, 20 07 : 17).

The Guide is designed to be applicable to a wide range of cultural settings where t here is substantial variation in perspectives on drug dependence and some major economic, cultural , religious and political dimensions that affect the ways in which different societies tackle drug dependence. Such variation adds to the rich and diverse nature of the responses to drug dependent problems. There is a critical need for key cultural issues to be respected. The guide is based on the principle that treatment programmes that have been shown to be effective in one cultural setting should be cap able of adaptation for use in other cultural contexts. (UNODC.2003:1).

The different cultures vary in their attitudes of drugs. Alcohol consumption, for example, varies greatly between countries as In Italy, wine is commonly consumed with meals but intoxication is not accepted. Some cultures favor the use of drugs little known in Australia (e.g. khat, betel nut), while alcohol is much less widely used in many countries, including some which are significant sources of refugees and migrants to Australia. In many Asian countries, the traditional use of opioids once tended to be by smoking, However, this is rapidly changing with injecting becoming increasingly common of Asian populations. Religious affiliation also be relevant. Religious observance is often an important aspect of culture, and may play a part in the manner and extent of drug dependence . (Roche , 2004: 12) .

Woodruff, (2003:8) reported that "People in all walks of life are getting better by means of attitudes and practices they define as spiritual." There is a growing recognition, both inside and outside the framework of traditional religion, that there is a spiritual dimension to drug dependence , "the religion and spirituality can lower the risk of addiction."

Islam and Christianity, forms a protection against drug dependence, firstly the use of alcohol and any other drug is prohibited especially among Muslims, social faith is effective in addressing some of the risk factors associated with drug dependence, such as feeling of hopeless and isolation and lack of attachment. Muslim life style and family are another guarantee for drug free community. (Jayousi , 2003).

A person of Islamic background for instance develop a problem with alcohol, but be less willing to discuss it and may fear community criticism, there is need to review the many social attitudes, practices and positions to recognize the changing aspects of drug dependence. The problem has to be seen from a multicultural perspective and the solutions have to be also from a number of sectors. Health interventions are an important part of the effort to prevent drug dependence and treatment/rehabilitation. (WHO. 2005;10).

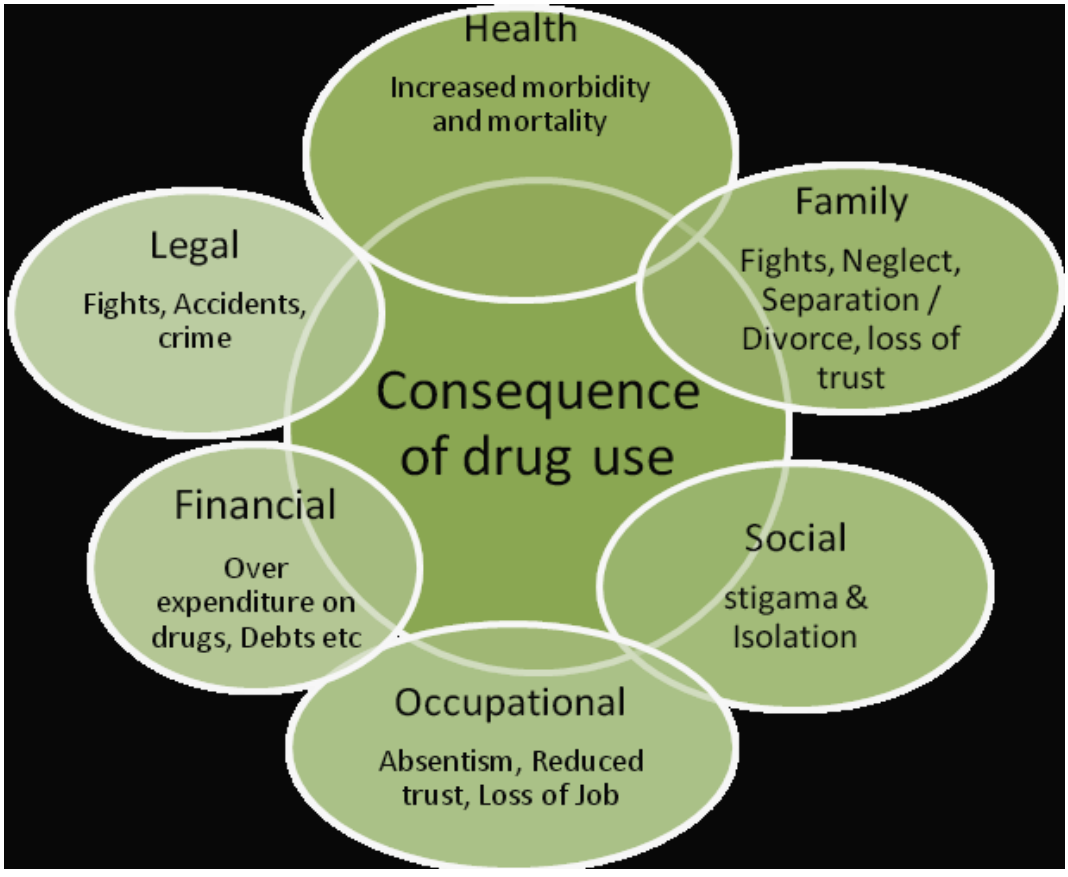
The religion and spirituality can lower the risk of drug dependence among adolescents and adults, and that it can be an important factor in people's recovery. (National Center on Addiction and Substance Abuse, 2001:13).

On conclusion the researcher view that there are different factors influence the developments of drug dependence. some of them related to the individuals them selves as biological factors (genetic) others are related to psychological factors(mood state, withdrawal) other related to the social factors (family history , peer),environmental factors (experimental), cultural (spiritual and drug law), and another related to the drugs it selves as early used , type and method of used .

3.7 Consequences of drug Dependence

The first level of the drug use burden is the drug dependence process itself, they typically experience compulsion, loss of control, continue drug use despite knowledge of adverse consequences, and episodes of relapse , The dependence process alone is a powerful and difficult burden on people's lives They generally experience significant bio psychosocial problems that caused or worsened by the addiction. (Rohrer, 2012: 10).

The figure (3.2) view the consequences of drug dependence .



The model figure (3.2) view the consequences of use thus the drug dependence as health social financial occupational and legal on drug dependents which adopted by (Lal , & Ambekar ,2009 :15) .

The proportion of all drug dependents who end up with serious health and social problems is not known. Whatever that proportion, drug dependence more frequently results in problems or disease rather than death. Since drug dependence is not evenly spread throughout the population, it is advisable to determine the characteristics of the specific groups involved in order to plan interventions. Drug dependence may be influenced by the social-cultural milieu, the degree to which a person is part of structured environment, his or her personal characteristics, the specific drugs involved and circumstances of drug dependence. (UNDCP. 1995: 15).

3.7.1 Health consequences:

3.7.1.1 Physical problems :

Physical complications of drug dependence are numerous and differ from drug to drug In general any drug harms the body in acute use by intoxication and by overdose toxicity. Chronic (long-term) use causes harm to almost all organ systems of the human body. Jaundice and liver-diseases (alcohol), dementia/loss of memory (alcohol), heart problems (tobacco and alcohol), cancer (tobacco and alcohol), lung diseases (tobacco), viral hepatitis , HIV. (injected drug uses), psychiatric illness. stoppage of drugs by a drug dependents can cause severe physical symptoms in the withdrawal state, which sometimes may be fatal. (Lal , & Ambekar , 2009 :15).

Fedotov , (2012: 7) reported that the Global prevalence of hepatitis infection among injecting drug dependents in (2011) was (46.7) per cent, meaning that some (7.4) million injecting drug users worldwide are infected with hepatitis C. And some (2.3) million injecting drug dependents are infected with hepatitis B. Evidence is also associated with an increased risk of human immunodeficiency virus (HIV.) infection.

The UNODC.(2010: 13) reported that drug dependents evidently has an impact on the health and physical well being.

3.7.1.2 Psychological consequences :

Psychological complications range from lack of wellbeing to frank depression and other mental illnesses. Any underlying mental illness is generally aggravated by drug dependence . (Lal , & Ambekar , 2009 :16).

Drug dependence can induce psychiatric symptoms. For example, a person using of cocaine could become paranoid to the point of being psychotic. D rug use can not only induce psychiatric symptoms, but also lead to psychosocial problems that in turn lead to mental health problems. Severe paranoia could lead to psychosocial problems as trouble in family relationships, work and with the law. These problems could lead to a mental health problem. (O'Grady, & Skinner, 2007 : 6).

The consequences include problems regarding physical and psychological health emotional problems such as shame, social functioning, employment stability, and legal or criminal justice involvement. (Rohrer, 2012: 10).

3.7.2 Legal consequences :

Lal , & Ambekar , (2009 :16)reported that the drug dependents are always at conflict with law. They are often incarcerated when caught with illicit drugs, and a life revolving in and out of jail follows, thereby severely hampering any gainful employment. In order to sustain drug use behavior, many drug dependents are forced to indulge in illegal activities, like stealing, robbing and peddling drugs. Vandalism, rash driving, intoxicated behavior often brings them to court. Such consequences of drug use make it imperative to develop strategies that will help in early identification of drug dependences and treat them effectively to minimize the harmful consequences of drug dependence.

Individuals involved in the criminal justice system may be at higher risk of health and social consequences of drug dependence. Drug taking behavior inside the prison involves more harmful patterns leading to increased risk of contamination with infectious diseases like HIV. and Hepatitis. (UNODC-WHO. 2008: 2).

Crime rates rise, and rash behavior often cause accidents and destruction of properties among drug dependents . (Lal , &Ambekar , 2009 :16).

Crime and drugs may be related in several ways, none of them simple. First, production, manufacture, distribution or possession of illicit drugs constitute a crime. Secondly, drugs may increase the likelihood of other, non-drug crimes occurring. Thirdly, drugs may be used to make money, with subsequent money-laundering. And fourthly, drugs may be closely linked to other major problems, such as the illegal use of guns, various forms of violence and terrorism. (UNDCP. 1995: 21).

3.7.3 Financial consequences :

The segment of the population, which most commonly is affected by the drug dependence problems, is young adult males, who are most productive members of any society. Apart from the direct economic loss of money spent on drugs, drug users face various indirect monetary loss due to loss in productivity, absenteeism from work, being expelled from job etc. Adolescent users drop out from school, thereby curtailing all future earning capabilities. Multiple physical complication and recurrent hospitalizations drain money. (Lal , & Ambekar , 2009 :15).

Drug dependence and illicit drug use are associated with health problems, poverty, violence, criminal behavior, and social exclusion. Its total costs to society are difficult to estimate. In addition to the health care costs and other costs associated with the consequences of drug dependence involves also social costs in the form of loss of productivity and family income, violence, security problems, traffic and workplace accidents, and links with corruption. These result in overwhelming economic costs and an unacceptable waste of human resources. (Everett, 2006:5).

Society at large suffers from loss of productivity and an increased burden to support and treat these potentially productive members. (Lal , &Ambekar , 2009 :16).

3.7.4 Family consequences :

Drug dependence often are referred to as family diseases because the serious negative consequences of addiction and the importance of recovery affect not only the drug dependents but all members of the family. (Bollinger , et al.2005:2).

Drug dependence poses various kinds of problems impacting not just on the dependents, but also on the family and community in general. Within the family, it is often woman, in the role of wife , who is the most affected by drug dependence, and bear a significant part of the family burden, This aspect of the burden of dependence has received scant attention. (Lamichhane , Shyangwa , &Shakya , 2007 : 2).

Families affected by drug dependence tend to be characterized by financial, marital problems, shifting family roles, increased exposure to illness, domestic violence, child neglect, inconsistent childcare, social isolation and exposure to crime , All of these factors also increase the risk that children growing up in these families will turn to tobacco, or drugs. Children who grow up in drug dependency households may never learn how a healthy family functions and may end up perpetuating the intergenerational cycle of addiction and its consequences (Bollinger , et al. 2005; 15).

Family often change their conventional family roles or they may take on new, inappropriate roles in order to adapt to the unpredictable, unreliable behavior of the drug dependents in the family , Drug dependents typically spend much of their time acquiring or using drugs and often are incapacitated by the effects of the drugs, leaving them unable to fulfill their responsibilities . Family roles may be redistributed, such that some members, might have to bear the burden of responsibilities as the drug dependency family member abdicates traditional role (Bollinger et al .2005:18).

Drug dependents are looked upon in a very negative manner and attitude is often extended to their families as well, making it difficult for them to function normally within their communities (UNODC. 2010: 17).

3.7.5 Social consequences:

Drug dependence is more than a health problem, it is a formidable moral, social and economic challenge with pandemic dimensions. (Kanan , 2011).

Drug dependents are at greater risk for job instability, long-term unemployment and accidents or injuries at work, often putting their families under tremendous financial pressure (Bollinger , et al. 2005:15).

Drug dependence are valid and treatable health conditions. Stigma leads people to avoid socializing, employing, working with, or living near persons who have drug dependence problems or histories. (Williams, 2012: 12)

The impact of stigma is multi-level, individually and socially , leading to a sense that there is nothing to be done to overcome the illness. (Everett, 2006:36).

Stigma of drug dependence prevents them from getting job even when they are trying to quit drugs. Apart from money being diverted from family fund for

sustaining drug use behavior, the whole family suffers from the stigma of drug use and discrimination. On a more personal level drug dependents are often in conflict with family members. (Lal , & Ambekar , 2009 :15).

3.8 The Treatment of drug dependence

3.8.1 Effectiveness of treatments

The important role of drug dependence prevention and treatment as part of demand reduction and public health has been repeatedly emphasized in an international agreements . drug dependence is a preventable, and treatable disease. The best results are achieved when a comprehensive multidisciplinary approach which includes diversified pharmacological and psychosocial interventions is available to respond to different needs. Even taking into account the requirements for the delivery of evidence–based treatment, its costs are much lower than the indirect costs caused by untreated drug dependence (prisons, unemployment, law enforcement, health consequences). Research studies indicate that spending on treatment produces savings in terms of reduction in the number of crime victims, as well as reduced expenditures for the criminal justice system. At a minimum there was a (3:1) saving, and when a broader calculation of costs associated with crime, health and social productivity was taken into account, the rate of savings to investment rose to (13:1). These savings can improve disadvantaged situations where opportunities for education, employment and social welfare are undermined, and increase possibilities for families to recover battered economies, thus facilitating social and economic development. Individuals involved in the criminal justice system may be at higher risk of health and social consequences of drug dependence. Drug taking behavior inside the prison involves more harmful patterns leading to increased risk of contamination with infectious diseases like HIV.(UNODC-WHO. 2008: 2).

3.8.2 Why Does Treatment Take So Long?

Drug dependence affects every part of a person's life, for that reason, treatment needs to affect every part of a person's life as well. Actually, stopping drug use is just the beginning of the recovery process. Drug dependents will need to learn how to deal with stress, or social situations. The first step in treatment then is to help them see that they do have a problem and to become motivated to change for themselves. This process often takes time. The family member also will need time to understand and begin to use the support of the self-help groups mentioned before. These groups will be important to his or her recovery for many years to come. It can take a long time for the disease to develop and it is often chronic, therefore, it can take a long time to treat it. (The Center for Substance Abuse Treatment, 2004: 18).

Counselor needs to get a full picture of the problem to plan and implement the most effective treatment. Medically supervised withdrawal (detoxification) to help people withdraw from drugs, It may take several days to a week. During that time, the person will receive medical care and may begin to receive education about disease. mild withdrawal symptoms from drugs do not generally need to be hospitalized for detoxification. they may need outpatient medical care, a lot of support, and someone to ensure their well-being. (The Center for Substance Abuse Treatment. 2004:6).

3.8.3 Principle of drug dependence treatments

3.8.3.1 Assessments

Complete assessment of an individual is needed to help treatment professionals offer the type of treatment that best suits them and it also helps to design an effective treatment plan. Although clinical assessment continues throughout a person's treatment, it starts at or just before a person's admission to a treatment program, begin by gathering information about the person, asking many questions such as :
-Type , amount, length of time of drug use and cultural issues around use of drugs.
-Effects of drug use on the person's life , mental health issues / behavioral problems.
-Medical history , current medical problems and current take medications .
-Family , social issues and educational background and needs.
-Legal or financial problems, current living situation and environment.
-Previous treatment experiences(The Center for Substance Abuse Treatment, 2004:6).

Assessments are comprehensive to enable broad medical and psychosocial interventions, integration of services or at least standardized procedures for referrals are established in order to provide continuity of care for patients with co-morbid conditions and minimize the risk of losing a patient, also due to non-compliance, existing treatment policies and guidelines facilitate integration and linking of drug dependence and infectious services to guarantee evidence-based and accessible treatment for both conditions. (UNODC–WHO.2008: 13)

Assessment of drug use disorders is carried out at various stages: before, during and after the intervention. Obtaining a detailed history and conducting examination are the key methods for assessment. It is important that during the process of assessment one should express a warm concern, be non directive, non judgmental and supportive(Lal , & Ambekar , 2009 :5).

3.8.3.2 Intervention

1- a comprehensive treatment system offers a wide range of evidence-based and integrated pharmacological and psychosocial interventions, aimed at treating the whole person. The range includes interventions of diverse intensity, from outreach, low-threshold and brief interventions to long-term, structured treatment.
2- the duration of treatment interventions is determined by individual needs, and there are no pre-set limits to the duration of treatment .
3- whenever possible, services are staffed by multidisciplinary teams adequately trained in the delivery of evidence-based interventions.
4- basic services including detoxification, psychosocially assisted opioid agonist maintenance pharmacotherapy for opioid dependence, counseling, and social support.
5. more complex cases, including patients with concomitant severe somatic and psychiatric disorders receive adequate care, possibly referral to specialized services.
6. psychosocial interventions are effective in rehabilitation and relapse prevention, cognitive behavioral therapy, motivational interviewing and contingency management, employment and vocational training, counseling and legal advice.
7. interventions are adapted for relevance to the socio-cultural environment in which they are applied, constantly updated in accordance to research developments and diversified research is conducted in all regions of the world.(UNODC–WHO.2008:9).

3.9 Stigma

In this part, the researcher describes the definition of stigma, type of stigma, stigma and cultures, the experience of stigma, and lastly consequences of stigma.

3.9.1Definition of stigma

The researcher provided a number of definitions of stigma which can help to understand these complex issues.

According to the Oxford dictionary sigma is defined as 'Mark of disgrace associated with a particular circumstance, quality, or person' or Medicine a visible sign or characteristic of a disease. (Oxford dictionary 2011: 1418). Porter, (2008:2) The dictionary Encarta defined stigma as "a sign of social unacceptability: the shame or disgrace attached to something regarded as socially unacceptable."

Stigma is a Greek word that in its origins referred to a kind of tattoo mark that was cut or burned into the skin of criminals, slaves, or traitors in order to visibly identify them as blemished or morally polluted persons These individuals were to be avoided or shunned, particularly in public places. The word was later applied to other personal attributes who considered shameful or discrediting. (Hamer, et al. 2010 :9).

Stigma is as old as history. "The concept is universal, although the origin of the word is Greek and refers to the physical mark made by fire or with knives on individuals considered outsiders or inferiors. Today the physical marks have gone, but stigma remains, based on one or more factors, such as age, caste, class, color, ethnicity, religious belief, and sexuality".(Foreman, Lyra , & Breinbauer , 2003 : 11).

Goffman , (1963) defined stigma in terms of undesirable 'deeply discrediting' attributes that 'disqualify one from full social acceptance' and motivate efforts by the stigmatized individual to hide the mark when possible. However, he also commented that the difference between a normal and a stigmatized person was a question of perspective, not reality, and that stigma is in the eye of the beholder.

According to the Mental Health Commission of Canada: "Stigma refers to the negative and prejudicial ways in which people living with mental illness are labeled. Often that means being labeled as nothing more than the disease itself. Stigma is an internal attitude and belief held by individuals, often about a minority group such as people with mental illness." .(Hamer, et al. 2010 :9).

Stigma is the application of a negative label or mark that distinguishes people in the community. It is manifested in negative attitudes, behaviors, and feelings toward the identified group. (Bakshi , Rooney, & O'Neil, 1999 : vi) .

Ostman , & Kjellin, (2002:494) defined Stigma as a sign of disgrace or discredit that sets a person apart from others.

A more definition proposed by (Smart , 2004:122) as "Stigma is the unfair, uneducated and unholy disgrace that have allowed to develop around the disease.

Stigma is a 'stain or attribute' marking out someone as unacceptable in other people's eyes that leads to prejudice and discrimination. Stigmatization occurs when a person possesses an attribute or status (a 'stigma') that makes that person less desirable or acceptable in other people's eyes and which thereby affects their interactions with others. this phenomenon becomes much more serious when the stigma takes centre stage, to the obscuration of the rest of a person's identity: when it becomes a 'master status'. (Lloyd, 2010:7).

According to the past definition researcher concluded that the stigma is a complex word that referring to the Undesirable mark or label to a group of people who possess any trait or disorder such as drug dependence which identified, and viewed by others of society in a deviant condition which lead to affects many areas of life of those who are stigmatized .

3.10 Types of stigma

The researchers the Illustrated the constructs underlying the formation of stigma which helped to understanding of stigma that include the social stigma, self-stigma, professional stigma , stigma by association , "Felt" and "enacted" stigma.

3.10.1 Public/Social Stigma

Corrigan, (2004) defined Public stigma as the extent to which the general public negatively stereotypes and discriminates against a stigmatized group, and perceived public stigma is the extent to which an individual perceives the public to stereotype and discriminate against a stigmatized group .

Corrigan, & Matthews, (2003) reported that the Social stigma may be better described as "what a naïve public does to the stigmatized group when they endorse the prejudice about that group". A statement demonstrating social stigma is "all people with mental illness are dangerous." These perceptions can be harmful because they lead to stereotyping, prejudice, and discrimination of individuals who seek psychological help. Public stigma includes the negative beliefs that individuals in society have about individuals from stigmatized groups and people tend to hide psychological concerns and avoid treatment to reduce the perceived detrimental consequences linked with public stigma.

stigma is embedded in the social framework to create inferiority. This belief system may result in unequal access to treatment services or the creation of policies that differentially affect the population. Social stigma can also cause disparities in access to basic services and needs .(Ahmedani, 2011 : 3).

3.10.2 Self Stigma

Link, (1987) proposed that self-stigma originates from personal perceptions of public stigma that begin to form at a very early age.

Corrigan & Watson, (2002)defined Self-stigma as internalized devaluation that individuals from stigmatized groups turn against themselves and they reported that In contrast to public endorsements of stigma, self stigma is a reduction in an

individual's self-esteem or self-worth as a consequence of that individual's self-identification as being someone in need of mental health services.

Self stigma can be thought of as "what members of a stigmatized group may do to themselves if they internalize public stigma" (Corrigan, 2004) .

Self-stigma relates to internalized negative stereotypes that lead people and their families to adopt attitudes of self-loathing and self-blame leading to a sense of helplessness and hopelessness. (Everett, 2006:4).

Self-stigma Occurs when individuals believe and adopt negative assumptions about themselves. (Winkelstein, 2010 : 20).

Tab . (3.2)comprise public/social and self-stigma .

Item	Self stigma	Social / public stigma
Stereotype:	Negative belief about the self example : character weakness incompetence	Negative belief about a group example: dangerousness incompetence character weakness
Prejudice:	Agreement with belief Negative emotional reaction example : low self-esteem low self-efficacy	Agreement with belief and/or negative emotional reaction example :anger fear
Discrimination:	Behavior response to prejudice example ;fails to pursue work and housing opportunities	Behavior response to prejudice example :avoidance of work and housing opportunities withhold help

Tab .(3.2) adopted from (Watson, & Corrigan, 2005:6) that illustrated Three levels of psychological structures that comprise the self and social stigma .
qZ

Researchers distinguish between social stigma (ways in which the general public reacts to a group based on stigma about that group such as drug dependence) and self-stigma (the reactions which individuals turn against themselves because they are members of a stigmatized group).

3.10.3 Professional stigma

Corrigan, & Watson, (2002)reported that Public stigma does not restrict itself to non-experts; in fact, several studies have found that professionals (mental health, medical doctors, etc.) hold negative views of stigmatized groups.

Another , less studied level of stigma is that which is held among health professionals toward their clients. Since health professionals are part of the general public, their attitudes may in part reflect social stigma; however, their unique roles and responsibility to 'help' may create a specific barrier. (Ahmedani, 2011: 4).

3. 10.4 Stigma by association

Stigma affects not only people with illnesses, but their families as well. The process by which a person is stigmatized by virtue of association with another stigmatized individual. Goffman , (1963) referred to this stigma by association as "courtesy stigma." or 'associative' stigma. To widen the knowledge of stigma by association in families of patients it might be valuable to measure aspects of psychological distress and burden perceived by members of families. Understanding how the situation of stigma affects family members both in connection with psychological feelings towards the ill person and connection with psychiatric services increase the knowledge of the situation of families (Ostman & K jellin, 2002:494).

Corrigan, Watson,& Miller, (2006) commented that being a close relative of stigmatized person creates 'a particularly difficult and delicate position if they cannot remove themselves, for they are both marker and marked'. To widen the knowledge of stigma by association in families of patients might be valuable to measure aspects of psychological distress and psychological burden perceived by members of these families. Accordingly, understanding how the situation of stigma affects family members both in connection with psychological feelings towards the ill person and in connection with psychiatric services can increase the knowledge of the situation of these families. Stigma by association in relatives of people with illness is itself a cause of psychological distress, and this is more pronounced when relatives themselves Experience mental health problems .

3.10.5"Felt" and "enacted" stigma

Perceived stigma refers to beliefs that members of a stigmatized group have about the prevalence of stigmatizing attitudes and actions in the society .

Enacted stigma refers to directly experienced social discrimination such as difficulty in obtaining employment, reduced access to housing, poor support for treatment, or interpersonal rejection. (Link, et al .1989).

Felt stigma are perceptions or feelings towards a group, such as people living with different in some respect.

Enacted stigmas are actions fuelled by stigma and which are commonly referred to as discrimination. (Smart , 2004 :141).

Foreman, Lyra, & Breinbauer , (2003 : 13) reported that Felt stigma leads people to hide their stigmatizing condition, if possible, which limits the extent to which they experience discrimination. Meanwhile, enacted stigma is defined as actual experience of stigma and discrimination. And they reported that "felt stigma" is a useful term that describes internal perceptions of stigma, "enacted stigma" is no more than an alternative term for discrimination.

"Experienced stigma" is a more appropriate term to describe discrimination from the affected individual's point of view and it is used in place of "enacted stigma". In other words, felt stigma is internal - how people outside the social norm perceive their status – while experienced stigma is external – how the same people experience discriminatory acts.

Cross, & Choudhary , (2005 : 317) reported that 'Enacted' Stigma : negative actions conducted by others to the detriment of labeled individuals,
Perceived stigma : an individual assumes that his label will incite negative affects from others) or 'Self imposed' stigma (an individual enters a state of self loathing due to the label). And however, regardless of the type of stigma, an individual's well-being will be adversely affected.

Enacted stigma refers to the discrimination experienced by the stigmatized in terms of exclusion from employment, housing etc. Perceived stigma refers to a stigmatized person's views on how his/her stigma is regarded by others: for example, how common stigmatizing attitudes are among the general public.(Lloyd , 2010: 20).

3.11 Stigma and Cultures :

Theories about why people stigmatize, involve ideas about humankind's natural protective responses to perceived threats, and social processes that tend to identify, and categorize human difference, leading to decisions regarding which individuals or groups are valued and which are not. The exercise of power is central to stigma overtly to reject and exclude to devalue and discredit. (Everett, 2006: 4).

White, (1996) reported that the Individuals who share the "spoiled identity" of addiction have historically organized their own countercultures marked by distinct language, values, roles, rules (behavioral codes), relationships, and rituals .

Pinel, (1999) illustrated that The knowledge that stigmatized groups exists within the culture can lead people to fear being allocated to that group—so-called stigma consciousness.

Kurzban & Leary, (2001) described that stigma refers to a set of culture-wide beliefs that indicate how different attributes of people should be judged and treated Stigma typically relate to attributes that are seen as threats to the social cohesion of a group, or can be used to devalue individuals and keep them from participating and sharing, and to justify exploitation, exclusion or reduce resources being allocated .

Ahmedani, (2011 : 4) described that the problem of stigma is widespread, but it often manifests in several different forms There also varying ways in which it develops in society, which have implications for social work – both macro and micro-focused practice.

stigma is a part of our culture. It is the subject of numerous silly phrases such as "they are coming to take you away ", which all in turn influence how we are seen. There are inaccurate myths associated with illness (Morgan, 2003:5).

From the researcher's opinion that stigma and its component like labeling and discrimination in our Islamic culture are viewed as different from other culture . as Allah said that "O mankind! we have created you from a male and female and made you into nation and tribes that you may know one another. Verily the most honorable of you with Allah is that (believer) who has At-Taqwa verily Allah is all-knowing all-aware". (Qur'an surah al-hujurat 49 number 13) .

3.12 The experience of stigma

- Shame
- Blame
- Secrecy
- The “black sheep of the family” role
- Isolation
- Social exclusion and discrimination.
- Stereotypes (Byrne, 2000:65).

Stigma experienced and seen by many of us as:

- Being alienated and seen as different.
- Being regarded as socially unacceptable.
- Being discriminated against and abused.
- Worrying too much about what other people will say.
- Being the subject of a set of unreasonable generalizations .
- Being a range of negative views and perceptions by other people .
- Being seen as an unknown quantity - as another species.
- Being a group that other people do not know how to talk to or act with.
- Not being normal.
- Feeling ashamed and weak because we cannot cope.
- Being avoided and verbally harassed.
- Being seen as failures and as weak.
- Having a condition that we have to hide and lie about.
- Being seen as unpredictable.
- Not being seen as part of social conversations. People often don't speak about illness, as the intensity of emotion is not acceptable to them.
- Being seen as 'mad' or 'nuts'.
- Being labeled and stereotyped and defined by illness.
- Not being understood. (Morgan, 2003:5).

3.13 Consequences of stigma

3.13.1 The impact of stigma

The impact of stigma is multi-level, individually and socially, The damaging messages are internalized, leading to a sense that there is nothing to be done to overcome the illness. Friends, family and co-workers may reject and ostracize, increasing isolation exactly at the time when support and understanding are required. Social structures that should protect either turn a blind eye or actually participate in discriminatory acts, leaving people feeling abused and abandoned. (Everett, 2006:36).

Williams, Gonzalez-Medina, & Le, (2011:58)described that stigma created a barrier between the sick and the rest of society that prevents them from acting on their instinctive desire to seek curative treatment that will enable them to re-enter into their social activity.

‘Stigma results from a process whereby certain individuals and groups are unjustifiably rendered shameful, excluded and discriminated against them.’ (WHO. 2002:8).

Everett, (2006: 13-14) described that the stigma can lead to:

• Denial of signs of mental illness in self and Self-blame
• Failure to recognize signs in others
• Secrecy and failure to seeking help
• Ostracism by one's friends, family and co-workers
• drug misuse to control symptoms.
• Isolation and Problems in relationships, school and work
• Family breakdown and even Suicide thought . The effects of stigma are far-reaching and costly, in human, social and economic terms.

The Felt and enacted stigma can take many forms as:

• physical and social isolation from family, friends and community;
• being kicked out of one's family, house, school, and the community
• gossip, name-calling and insults;
• judging, blaming and condemnation;
• loss of rights and decision-making power;
• stigma by association – e.g. the whole family is affected by the stigma;
• stigma by looks/appearance/type of occupation;
• loss of employment;
• impaired access to treatment and care;
• depression, suicide, more drug misuse ;
• break-up of relationships and violence. (Smart , 2004 : 125).

3.13.2 Stigma as a Barrier to seek help

Feelings of shame and worthlessness that prevent people and their families seeking help, which may exacerbate their problems. (Singleton, 2011: 5).

Clearly, many relevant factors exist that play a role in a person's decision to seek services. However, the most frequently cited reason for why people do not seek counseling and other services is the association of stigma (Corrigan, 2004).

Stigma can elicit social isolation, reduce help-seeking, and compromise long-term physical and mental health (Ahern, Stuber, & Galea, 2007).

Vogel, Wade, & Haake , (2006) notified that the "stigma associated with seeking mental health services is the perception that a person who seeks psychological treatment is undesirable, or socially unacceptable"

Vogel, et al.(2006) denoted that Stigma has consistently been cited as one of the main factors inhibiting individuals from seeking care and there is a great deal of research suggestive of the strong stigma attached to addiction and seeking psychological services.

Stigma is a factor that deters people from seeking and receiving treatment, which leads to an unwarranted deterioration in the person's condition and, subsequently, to the need for more "intense" treatment, which might have been prevented had the problem been addressed at an earlier stage. (Struch , et al. 2007:1) .

3.14 Stigma and drug dependence

In this part the researcher focuses the light toward the relationship between the stigma and drug dependence as clarifies the drug dependence related stigma elements of drug related stigma and source of stigma towards drug dependence .

3.14.1 Drug dependence related stigma

Problem drug use is one such master status It has been suggested that stigmatization can only take place when there is a power imbalance between stigmatized and stigmatiser. People who are seen to be responsible for their own stigma tend to be more greatly stigmatized, as those are perceived to be dangerous. Stigmatization seems to stem from the normal way in which people make sense of the world, categorizing and stereotyping people in order to simplify the great complexity of the social world. It may be functional in some respects, enhancing the self-esteem and group identity of the stigmatiser . (Lloyd , 2010:7).

Some individuals view drug dependence as choice or a weakness, as opposed to a symptom of emotional pain and/or illness. they may continue to be prejudiced against those with drug dependence . They may behave in inappropriate ways, use inappropriate labels or language, or make jokes about mental illness or addictions, or refuse to believe a person is ill because the problem is not physical and therefore readily visible. (Hamer, et al. 2010 :11)

Williams, (2012:11) proposed that stigma means a mark or sign of shame, disgrace, or disapproval; of being shunned or rejected by others. It emerges when people feel uneasy or embarrassed to talk about behavior they perceive as different.
Addiction-related stigma affects people in different ways.
As a result, there is a wealth of ways in which people understand, perceive, and define stigma and the effects of stigma on addicted people. The Anti-Stigma Project characterizes stigma as a pervasive and damaging influence on the quality of services, treatment outcomes, and therapeutic, professional, and personal relationships.

Stigma is one of the first barriers individuals with some illness must face. And the One of the worst tragedies of drug dependent is that, invariably, those suffering from it try hard to conceal it or deny it exists. For example, among friends or strangers an individual may be quick to identify himself or herself as a cancer survivor; the same cannot be said for a person with an addiction. Many people with an addiction will deny that they have a problem—this denial is part of the illness. The stigma of addiction may be reinforced by an addicted individual's belief that nothing can be done to help them or by misinformation about the characteristics of the disease. Addressing this stigma, the element of shame, must be a critical consideration of any approach to improving dependence care and involves education, and treatment to help overcome it. (BCMA' s. 2009:14).

Stigma is manifested those experiencing drug dependence concerns include:
- Avoidance of seeking treatment
- Decreased employment
- Low self worth
- Stigma by association . (Hamer, et al. 2010 :10).

According to the researcher's knowledge as It is well-known that the problem of stigma associated with drug dependence are a global one, and it crosses geography, cultural and religious boundaries, and the level of the stigma of drug dependency in Gaza strip is highly present.

3. 14.2 Elements of drug related stigma

3. 14.2.1 Criminalize

Lloyd , (2010:9) Viewing problem drug dependence as a health issue rather than a crime is likely to lead to less stigmatization, although some health conditions are also stigmatized. The illegal status of heroin, cocaine and other drugs undoubtedly plays an important role in the strong stigma attached to problem drug dependents. 'War on drugs' and 'tough on drugs' rhetoric from politicians may also play a role.

The ways in which drug-related stigma relies on the element of criminalization is the "war on drugs" which is really a "war on drug dependents". Drug use is treated as a criminal matter as opposed to a public health issue.

By criminalizing drug dependents, poor treatment, labeling and judgment are all legitimized. Behavior deemed as criminal is already associated with stigma, and drug use magnifies this. Criminalizing drug dependents is cyclical because drug dependents who are caught up in the criminal justice system are likely to have diminished opportunities. Further, by criminalizing the behavior, it pushes it underground – making it more stigmatized. There is an important intersection with class-related stigma which increases the impact of stigma. Effects of criminalizing drug dependence lead to more resources for incarceration, less for supportive services Increased stigma (external + internalized—"criminal") and Interruptions in services. Hide the use of drugs; increased risk behaviors; and therefore engage in additional criminal acts, fewer services available, shame, etc. (Winkelstein, 2010 :25).

Crimes as theft, shop-lifting, burglary, and street robbery were all increasing and the vast majority of individuals apprehended for these crimes were found to be drug-dependent, the connection had become apparent. (Singleton, et al. 2009:9).

3.14. 2.2Pathologies

Anthologizing drug dependents – or the diseasing of drug use disorders – is an important part of drug-related stigma. This is not the same as a public health approach to drug dependence wherein drug-related harm are placed within a larger public health context , it is important to be critical of how discussions around dependence as a disease are framed in order to avoid stigma , Pathology implies that drug dependents are sick, diseased or otherwise cannot help themselves; can also imply a sickness of character that lead to decreased sense of autonomy, frustration if unable to change behavior, lower self-esteem, fatalistic attitudes, different kind of accountability, and responsibility for relationship to drug dependence (Winkelstein, 2010 :26).

3. 14.2.3 Patronize:

Drug dependents are often patronized, spoken down to or otherwise treated as though they are a lower class of individual. This comes through in language (as the way that information is communicated) as well as in presumptions about the needs, desires and experiences of drug dependents very often, there is a sentiment that others (be it service providers, friends, family members, treatment programs, etc) know what is the best for drug dependents; people are very often telling drug dependents what they should do, or what they need, as opposed to seeking input and involving drug dependents in the decisions that matter most to them. (Winkelstein, 2010 :26).

3. 14.2.4 Blame and Moral Judgment

Blame lies at the heart of the particular stigma associated with problem of drug dependence ,they are blamed for taking drugs in the first place and are also perceived to have a choice whether or not to take drugs in the future. (Lloyd, 2010:9)

The belief that drug dependence , and problematic use at that, is purely a choice is a huge driver of drug-related stigma. It brings up many emotions including anger and frustration. As opposed to some stigmas, drug dependents are blamed for bringing their conditions "upon themselves." Blame also in relation to HIV. acquired through drug dependence, Drug dependents are held accountable at the highest standard for the problems that are linked to drug use , despite the web of socially constructed barriers to opportunity and care. There is often little acknowledgment of the conditions which may lead people to problematic drug dependence , however, there is a great deal of judgment placed on individuals who struggle with drug dependence Moral judgment may also be tied to beliefs about them as a sin – wherein drug dependents are considered weak which Impact on them as Fear to be identified , shame, isolation, internalize judgment, lowered self-esteem (Winkelstein , 2010 :20).

Some individuals view patients with drug dependence as choice or a weakness They may behave in inappropriate ways, use inappropriate labels or language, or make jokes about drug dependence . (Hamer, et al. 2010 :11)

3. 14.3 Source of stigma toward drug dependence :

3. 14.3.1 Family dimensions

The family is often viewed as the basic source of strength, providing nurturance and support for its individual members as well as ensuring stability and generational continuity for the community and culture , At least four conceptual views of the family have been identified. First, it may be seen as protecting both strong and weak members, helping them to deal with stress and pathology while nurturing younger and more vulnerable members. Secondly, the family may be a source of tension, problems and pathology, influencing weaker members in harmful ways, including destructive drug or alcohol use. Thirdly, it may be viewed as a mechanism for family members to interact with broader social and community groups, such as peer groups, schools, work colleagues and supervisors and persons associated with religious institutions. Fourthly, the family may be seen as an important point of intervention - a natural organizational unit for transferring and building social and

community values. Rapid social, economic and technological change may, under certain circumstances, weaken the sense of family and reduce the sense of belonging to other people, groups and places.
Stability of relationships, environment and expectations is a powerful force in helping people manage their lives (UNDCP. 1995: 10).

Collins, et al (2010:12) Provided a research project to capture people's experiences of stigma related to their dependence. The experiences about the types, sources and impacts of stigma and discrimination, which are The most significant source of stigma and discrimination with the most negative impact was the family members. The incidents of being cut off from family connections, a lack of support, and negative judgments not only about drug dependence's behavior but also about their character. The family members were the most discriminatory because they are the only people in drug dependents lives aware of their history of drug use. Friends are another source of discrimination raised specifically people they know before they started using drugs and they lose friendships because of their drug dependence.

3. 14.3.2Community and Society dimensions:

The general public perceives problem of drug dependents to be dangerous, deceitful, unreliable, unpredictable, hard to talk with and to blame for their predicament. Young people may have more negative views in this respect than adults The families of drug dependents are also stigmatized, being seen as partly responsible for their relative's drug dependents (Lloyd , 2010:7).

Experiences of stigma and discrimination by "everybody, everywhere." Against drug users is deeply ingrained as socially un acceptable, and therefore, cannot be eliminated. 'Society is very judgmental of drug dependence' Family of drug dependents expressed a sense of hopelessness that they could have the same opportunities and advantages as others in the community. (Collins, et al. 2010:13).

The impact of stigma is both far-reaching and profound. It affects family, friends, and the professionals who serve people with drug dependence, as well as the individuals themselves. No aspect of a stigmatized person's life remains untouched. Stigma can also have a profound impact on social policy. (Hamer, et al. 2010 :14).

3. 14.3.3 Health and social service providers:

Another major source of stigma and discrimination raised of health care providers, including hospital and physicians, nurses, and hospital security staff. Such as drug dependents feel that their medical concerns are not taken seriously, and some of health care providers believed that they are only there to get drugs.
Also they use labeled language as (addicts , abusers ,dependents). drug dependents may feel of being denied access to health care and receiving poor treatment , the negative experiences of drug dependents in the health care system, some of them stopped trying or getting health care (Collins, et al. 2010 :14).

Hospital staff can be distrustful and judgmental in dealing with problem drug users but drug users can themselves be aggressive and manipulative. In United States

staff chosen to work in hospitals serving the most deprived, inner-city populations appear to be more compassionate and patient (Lloyd , 2010:7).

3. 14.3.4 Law enforcement

Collins, et al.(2010 :14) notified that the Another common theme raised in the drug dependence are stigma and discrimination by police officers. Drug dependents may unfairly targeted or "profiled" by the police because of their history of drug use.

Street policing of problem drug users can be publicly humiliating and add to feelings of injustice, alienation and stigmatization. This may be particularly damaging for recovering users trying to make a fresh start (Lloyd , 2010:9).

3. 14.3.5 Landlords/housing provide

Drug dependents have the issue of stigma and discrimination by landlords and housing providers that related to their drug dependence.
Drug dependents may face difficulties in finding and maintaining stable housing because landlords would either reject their application for housing ,or later evict them because of their drug dependents (Collins, et al. 2010: 15).

3. 14.3.6 Teachers and employers

Teachers also may be a source of stigma and discrimination of drug dependents as threats of suspension or expulsion from school if they continued their dependence a better approach would be for principals and teachers to talk with youth about why they are using drugs rather than disciplining them or taking a hard line approach. Several drug dependents were dismissed by employers because of their drug dependence. So the majority of drug dependents were unemployed and living in poverty (Collins, et al. 2010 :15).

Stigma continues to haunt such ex-users, preventing access to good housing and employment (Lloyd , 2010:9).

As stated above the most of sources of stigma towards drug dependency included : Family, Community, and Society dimensions, Health and social service care providers, Law enforcement, and others as employers in community.

3. 14.4 Coping with stigma among drug dependents

Drug dependents cope with stigma in deferent's way such as Increase drug uses, Seek support from peers, or helping professionals and Indifference .

3.14.4.1 Increase drug uses

Winkelstein, (2010 : 37) denoted that internalized stigma can easily diminish self-worth and self-esteem. Subsequently, clients may have more difficult time making changes to harmful behaviors or other positive changes.

For example, clients may increase drug use as a way of coping with internalized stigma and to boost self-esteem. In addition, they may not feel like they deserve help or respect.

Collins, et al. (2010 :17) reported that The most common strategy used for coping with the negative feelings associated with stigma and discrimination of drug dependents is to continue uses or to increase their use of drugs in an effort to "numb the pain."

3.14.4.2 Seek support from peers

O'Grady, & Skinner,(2007 : 17)described that Peer factors help to determine if someone will experiment with a behavior such as using tobacco, alcohol or other drugs that may cause dependency. Availability affects the risk of a behavior becoming addictive

The second most frequently mentioned way of coping with stigma among drug dependents is to turn to other people who use drugs as a source of support. Because their peers had similar experiences that they would be less judgmental and better able to understand what they were going through (Collins, et al. 2010:18).

NIDA. (2007:6) reported that the Adolescents are particularly vulnerable to the influence of peer pressure, they are more likely as to engage in "thrilling" and "daring" behaviors .

3.14.4.3Seek support from helping professionals

Hospital staff can be distrustful and judgmental in dealing with dug dependence problems but clients can themselves be aggressive and manipulative.
In the United States the staff who choose to work in hospitals serving the most deprived, inner-city populations appear to be more compassionate and patient (Lloyd , 2010:7).

Collins, et al. (2010:18) described that the drug dependents have difficulty trusting workers, they are more likely to seek support from a worker who had a history of drug dependence rather than someone they feel only had academic understanding of dependence .

3.14.4.4Indifference

Drug dependents are often patronized, spoken down to or otherwise treated as though they are a lower class of individual. (Winkelstein, 2010 :26).

Collins, et al. (2010 :18) reported that A strategy used by some drug dependents to cope with the negative impacts of stigma and discrimination. As they ignore or dismiss what other people said or how they acted as not important or relevant to them.

3.15 The burden of stigma

In this part the researcher talked about the stigma burden of drug dependence and the stigma burden on wives of drug dependents .

3.15.1 The burden dimension

Hoenig, & Hamilton, (1966) were the first researchers to differentiate between the objective and subjective dimensions of burden: objective burden is defined as the concrete and observable costs to the family that result from the disease, such as financial expenditures and the disruption of everyday life, whereas subjective burden refers to the individual's own assessment of his or her impairments and the extent to which he or she perceives the situation as burdensome. (Jungbauer, et al. 2011:665).

3. 15.2 Stigma burden of drug dependence :

Link, & Phelan, (2001:367) conceptualized sigma as the stigma exists when the following interrelated components converge.
In the first component, people distinguish and label human differences.
In the second, dominant cultural beliefs link labeled persons to undesirable characteristics (negative stereotypes).
In the third, labeled persons are placed in distinct categories so as to accomplish some degree of separation of "us" from "them."
In the fourth, labeled persons experience status loss and discrimination that lead to unequal outcomes. Finally, stigmatization is entirely contingent on access to social, economic, and political power that allows the identification of differences, the construction of stereotypes, the separation of labeled persons into distinct categories, and the full execution of disapproval, rejection, exclusion, and discrimination. Thus, they apply the term stigma when elements of labeling, stereotyping, separation, status loss, and discrimination co-occur in a power situation that allows the components of stigma to unfold.

Stigma is called the hidden burden of disease. It is a phenomenon which is added on to the burden of disease that can be measured. Stigma and its consequences have a negative impact on individuals, families and public health programmes. Stigma and discrimination are a public health problem. It is sometimes called 'the Hidden Killer' or 'the Hidden Burden of Disease' or 'the Enemy within'. The 'hidden killer' can be seen in relation to the results of attitudes, responses and behavior of society towards diseases. The 'hidden burden of disease' can be seen in relation to public health because stigma and discrimination have an adverse effect on prevention and control. The 'enemy within', self stigma can be seen in relation to the perception and experience of the individual having disease which can lead to psycho-social problems causing great suffering. (Hagens , 2007: x).

Stigma is manifested by bias, distrust, stereotyping, fear, embarrassment, anger, and/or avoidance. Stigma leads others to avoid living, socializing or working with, renting to, or employing people with stigma . (Hamer, A. et al. 2010 :9).

The experienced stigma and discrimination related to drug dependence has an impact on all aspects of lives. Impacts included the quality of relationships and ability

to access services, resources and opportunities in the community. However, the most severe impact of stigma and discrimination are negative self esteem frequently shared feelings of worthlessness, powerlessness, and hopelessness. Once people internalize the negative opinions of others (self-stigma) it can cause significant damage to self esteem and well-being. (Collin , et al. 2010 : 23).

The double stigma of being a mentally ill drug dependents creates barriers to receiving community-based services. The dually diagnosed are not preferred candidates for rehabilitation programs or residential facilities, nor are they medically compliant. They are misfits in the mental health and drug dependence service systems that struggle to make adequate provisions. And even with services in place, they involved with the criminal justice system because of their dependency and its associated behaviors. Spending time incarcerated leaves them with a triple stigma to contend with on return to the community. (Hartwell, 2004: 95)**.**

People living drug dependence problem often report feeling that they carry a "double burden": their illness and its stigma. The stigma that affects those facing concurrent disorders is especially debilitating, and people can be said to carry not a double, but a triple burden, People living with concurrent mental health and dug dependence problems face increased stigma for the following reasons:

• A perception that people living with drug dependence problem are dangerous.
•The view that drug dependents are law-breakers and don't deserve treatment.
•The view that using drugs implies a lack of self-control.
•The fact that certain drug dependence can increase of contracting certain conditions such as AIDS. and hepatitis. And treatment for drug use problems often takes place in different settings, with a different set of professionals. (Hamer, et al. 2010 :24)

As stated above the researcher describe the burden of stigma as any one who complain and suffering from the negative consequences of stigma associated with drug dependency that include (psychological, social, economical, spiritual, and family problems) .

3. 15.3 Labeling

White, (2009:2) described Stigma as it involves processes of labeling, stereotyping, social rejection, exclusion, and extrusion as well as the internalization of community attitudes in the form of shame by the person/family being discredited.

Winkelstein ,(2010 : 38)reported that the differentiation and labeling is a social process – it exists only because people create it. Although labels may at times be proved to be true generalizations are dangerous, unhelpful, and are not accurate. The linking of negative attributes to differentiated groups of individuals facilitates a sense of separation: "us" and "them". Individuals of the labeled group are fundamentally different which leads to stereotyping.

Once people identify and label ones differences others will assume that is just how things are and the person will remain stigmatized until the stigmatizing attribute is undetected (if possible). Language is complicated. In some cases, language that is typically negative can be re-appropriated by members of the group the language refers to – for example, some users identify as junkies or dope fiends or addicts ext..

Language extends beyond the labels placed on drug dependents; language used when talking about drug use in general and the process of change can be particularly "charged". (Winkelstein, 2010 : 38).

3. 15.4 Discrimination

Discrimination describes as a sets of activities based on false beliefs that seek to exclude stigmatized persons or groups from life's opportunities. (Everett, 2006:18).

"Discrimination refers to the way people living with some illness are treated, intentionally or unintentionally, due to stigma. They are often treated with disrespect, experiencing such behaviors as exclusion, bullying, aggression, ridicule and devaluation. That can result in limits and barriers to many of life's opportunities. Simply put stigma refers to an attitude. Discrimination is the behavior created by that attitude." (Hamer, A. et al. 2010 :9).

The effects of stigma are wide-ranging and may include actions taken by the person concerned in response to the stigma, as a discriminatory . (Smart , 2004 : 125)

Roche ,(2004 :10) described that the drug dependents often experience discrimination and stigma when accessing health services. The primary barriers to accessing health care are the poor treatment and discriminatory practices as negative attitudes are often based on stereotypes and fears of drug dependency. Such stereotypes can result in discrimination, stigma, and marginalization. Like other groups in the community, drug dependents are a diverse group with differing needs and backgrounds. In the health care context, recognizing the diverse needs of every individual is critical to professional and effective treatment and ensures appropriate standards of care are met. Participation in an illegal behavior does not mean that individuals surrender their basic health and human rights. drug dependents should be treated in the same way as other people, that is, as individuals with specific needs requiring information, and communication on all options, professional diagnosis, and appropriate treatment.

3.15.5 Stigma and recovery

Addiction-related social stigma constitutes a major obstacle to personal and family recovery, contributes to the marginalization of addiction professionals and their organizations, and limits the cultural resources allocated to drug-related problems. Efforts to forge "recovery-oriented systems of care" inevitably confront social stigma as a barrier to shaping community attitudes and policies supportive of long-term addiction recovery.
Social stigma is a major factor in preventing individuals from seeking and completing addiction treatment . Social stigma increases the service needs of persons with drug dependence, but that same stigma decreases access to such services by fostering social rejection and discrimination (Van- Olphen , et al. 2009).

Stigma deters the public from wanting to pay for treatment, reducing access to resources and opportunities for treatment and social services. Stigma stops people from seeking help for fear that the confidentiality of their diagnosis or treatment will be broken. It gives insurers—in both the public and private sectors—tacit permission

to restrict coverage for treatment services in ways that would not be tolerated for other illnesses. Stigma stops people from seeking treatment because of the fear that they will not be treated with respect or dignity within the treatment system. Powerful and pervasive, stigma prevents people from acknowledging their drug dependence problems, much less disclosing them to others. An inability or failure to obtain treatment reinforces destructive patterns of low self-esteem, isolation, and hopelessness. (Williams, 2012: 12).

Williams, (2012) noted that stigma toward people with drug dependents negatively affects their ability to obtain services, their recovery, the type of treatment they need, the support they receive, and their acceptance in the community.

There can be little doubt that drug dependents in recovery face stigma in its various forms, including enacted, perceived, and self-stigma (Link, et al. 2004).

Low self-esteem prevents a belief in recovery, to which the long-term nature of stigma contributes. (Singleton, 2011: 5).

There is a relationship between shyness and avoiding treatment so, the potential of self-stigma can yield label avoidance, and decreased treatment participation. Stigma is dangerous because it interferes with understanding, asking for help and support from friends and family, and it delays recovery process (sometimes for years). All of the above show an important evidence that the stigma adversely affect on the recovery of illness.

These concerns affect self-esteem and adaptive social functioning outside the family. These effects are not limited to one diagnosis.(Emad ,2012).

On conclusion the researcher view that the burden of Stigma is manifested by bias, distrust, label ,discriminate , and/or avoidance as leads others to avoid living, socializing or working with, renting to, or employing people with drug dependence as the presents of stigma thus it interfere with seeking help and the hope of recovery from drug dependency.

3.16 The stigma burden on the wives of drug dependents :

The researcher illustrated in this part the Psychological burden of stigma, family burden ,social burden ,economical burden and spiritual burden.

3.16.1 Psychological burden

In this part the researcher describe The effect of drug dependence on Spousal relationships ,Physical violence , the emotional impact .

3.16.1.1 The effect of drug dependence on Spousal relationships:

Pirsaraee , (2006 :96) described that the Drug dependence and its effects on spousal relationships are some of the most challenging problems in the world. Most empirical studies of families with drug dependents tended to ignore the spousal system and focused instead on the original family .However, the neglected subject is one of the most difficult and sensitive aspects of the drug problem. shed light on the

way drug dependence affects spousal roles in the family, including the consideration of how and to what extent satisfaction from one's matrimonial life and spousal communication are overshadowed by drug dependence.

3.16.1.2 Physical violence

Violence against women has always remained a part of patriarchal value system combined with the societal mechanism by which women are forced into a subordinate position. Thus it can be said that basically it is a manifestation of unequal power relation. violence may take place at various levels i.e. within the family, at workplace, at public places and even in the state/judicial custody. Violence is defined as a physical act of aggression of one individual or group against another or others. Violence results in or is likely to result in physical, sexual, psychological harm of suffering. This also includes the threat of such act, coercion or arbitrary deprivation of liberty in public or private life and violation of human rights of women in situation of armed conflicts. Violence against women is also getting manifested in the form of rape, sexual abuse, dowry death, suicide, and female infanticide, social violence against widows and psychological and physical violence by addict husbands to their wives.(National Institute of Public Cooperation and Child Development , 2007:3)

The wives of drug dependents may being subjected to physical and sexual violence , and are extremely vulnerable to HIV. (UNODC. 2010 :3) .

Alternatively, the wives and the children of the injected drug dependents are also vulnerable to an impact on their health. There is a greater risk of illness involved towards sexually transmitted infections (UNODC. 2010: 13).

Violence is very much a part of the daily lives of women married to drug dependents that takes place when their husbands need money for drugs, or when husband being in a state of intoxication. In order to avoid violence, spouses often give in to their husband's demands for money; borrow money from neighbors or relatives to avoid being beaten. neighbors and other community members preferred to stay away from the families of a drug dependents with the fear that the "habit" of drug use would spread to their own homes. wives aware of such community attitudes, and had come to accept the lack of community support. As a result, wives are forced to deal with regular physical violence without respite. the wives remain tense and afraid when their husband are under the influence of drugs (UNODC.2010: 14).

3.16.1.3 The psychological and emotional impact

Stigma destroys self-esteem, destroys families, disrupts communities and takes away all hope for future generations."
Stigma: The holding of derogatory social attitudes or cognitive beliefs, a powerful and discrediting social label that radically changes the way individuals view themselves or the way they are viewed by others. (Smart , 2004:122) .

The UNODC. (2010: 21) denoted that while the financial, physical/health, and social impact of drug dependence on the wives of drug dependents can be observe, the psychological impact of drug dependence is more difficult to ascertain and the most obvious issue are a feeling of hopelessness , helplessness and defeat

caused by the inability to provide proper care for their families and unable to do anything to better the lives of them . And when women seek about their husband's treatment. It mean stigma and discrimination receive. Thus helpless as they are not able to afford longer treatment. The unrelenting cycle of ineffective treatment and prompt relapse had left the spouses of drug users hopeless. wives defeat and admitted to have given up hope that their husbands will ever recover. Endless violence, and the constant stress and tension experienced by women when in the presence of abusive husbands also contribute to such feelings. Prolonged feelings of hopelessness, regret and helplessness may lead to bring suicidal thoughts for some women who feel that there is no end to their troubles and that their life are meaningless.

The psychological impact of drug dependence on women leads to an unstable family environment for other young children in the household. (UNODC.2010: 22).

Stigma by association in relatives of people with dependence is itself a cause of psychological distress, and There are minimal gender differences in coping with the burdensome situation of having a relative with drug dependence , although women tend to express more inner thoughts of death.& For some people, having a relative with drug dependence leads to serious thoughts about life and death (suicidal thoughts),both in connection to the ill person.(Ostman , & Kjellin , 2002 : 498).

On conclusion from the past description of The impact of drug dependence on Spousal relationships ,Physical violence , the emotional impact and the association of stigma of drug dependence and it's consequences that by other meaning refer to psychological suffering and burdens.

3. 16.2 Family Burden

Stigmatization occurs when a person possesses an attribute or status that makes them less acceptable in the eyes of other people, that affect the way of interact them. the stigma associated with drug dependents and their families can even become a ‘master status’ by taking centre stage and obscuring the other elements of a person’s character and identity. (Adfam families drugs and alcohol. 2012 : 5) .

The social stigma attached to families affected by drug dependence carries the implication that the family somehow failed to prevent this problem, contributed to its onset, and/or played a role in failing to prevent or inciting relapse episodes. The social stigma attached to drug dependence can be experienced by families, organizations (e.g., addiction treatment), neighborhoods, and whole communities. family may be socially shunned due to the perception that they have been contaminated by the drug dependence . (Corrigan, Watson,& Miller, 2006).

Everett, (2006:4)reported that the Stigma is dangerous because it interferes with understanding, obtaining support from friends and family, and it delays getting help (sometimes for years).

The UNODC.(2010: 17) described that the Drug dependents are looked upon in a very negative manner and this attitude is often extended to their families as well, making it difficult for them to function normally within their communities .wives of

drug dependents have little material or emotional support from those around them and find themselves isolated from their communities.
This alternatively affects the future of the family of drug dependents as they are seldom accepted in society and often find it difficult to settle and have families of their own.

One result of such isolation is less availability of help and support, which further increases the family's stress. Another result is that if children do develop Drug dependence problems due to the difficulties of their home lives, they are less likely to get support from helpful adults or the community. In this atmosphere of stress and anxiety, children may become withdrawn and uncommunicative, making them more vulnerable to isolation and loneliness. Also because of this isolation, children of drug dependents tend to have fewer opportunities to interact with other children and thus have fewer age-appropriate social skills (Bollinger , et al. 2005:21).

The social Isolation of drug dependent's wives often meant that there is little or no support available to them when needed and they are unable to tell their communities, or even their families, of their condition in fear of being further ostracized. Many of the wives expressed a desire to find suitable matches for their adult children, especially daughters According to feeling that there are no one want to marry the "daughter of a drug dependents", The financial and emotional stresses of such situations are borne entirely by the wives of drug dependents , and often had a serious psychological impact. Due to this discriminated, wives may admitted to hiding their husband's drug use from her family and community (UNODC. 2010:17).

While many mothers devote their free time entirely to their children, it seem that many others are too psychologically fatigued to deal with their children's emotional needs. The social and economic changes that are bring due to a husband's drug dependent may weak the sense of family, which is important for the development of children. The combination of a negative role model as a drug using father, and a mother who is immersed in trying to meet financial obligations, along with the social isolation of a family can have a serious impact in a household, which can perpetuate the cycle of drug dependence (UNODC . 2010: 22).

3.16.2.1 Marital Dissatisfaction and Increased Risk of Divorce:

Bollinger , et al. (2005:17) reported that Drug dependence in the family increases the likelihood of unhappy marriages and divorce .Even when Drug dependence does not end a marriage, it can affect its quality. Male alcoholics and their wives report less sexual satisfaction and more sexual dysfunction, particularly with regard to reports of impotence. Marriage often serves a protective function against Drug dependence. Married smokers are more likely than unmarried smokers to quit smoking successfully, perhaps because of the social support often available from a spouse, and heavy drinking is reduced among newly married couples whereas it is increased among the newly divorced.

The wives of husband's drug dependence effects their economic situation, physical and psychological well-being, and their social status (UNODC.2010 :2).

3.16.2.2 Divorce Increases Children's Risk for drug dependence

Bollinger , et al (2005:17) reported that Divorce or separation might make a child more susceptible to drug dependence in several ways. The stress of a divorce on the family can reduce the bond between children and parents, making children more vulnerable to peer influence. A divorce in the family also often coincides with change in lifestyle, which could involve reduced socioeconomic standing, a geographic move or less support and attention from preoccupied parents.

3.16.2.3 Stigma Interfere with Children's Academic and Social Success

Bollinger et al. (2005:21) described that such attributions might make the teacher treat that student differently from how he or she treats other students, contributing to a sort of self-fulfilling prophecy where the child's academic progress suffers primarily because of others' expectations of him. These children's peers may avoid contacting or interacting with them in a way that can be detrimental to their ability to do well in school.

Some wives are not able to send their children to school; however, they know that their young children had to work in order to supplement household income. combination of not being able to provide food and education to their children also the Mothers worry about protecting their children from falling into the cycle of drug dependence as the presence of a drug using father 'a negative role model' to children. And the young children who work have greater exposure to drugs and may be at a higher risk of adopting the habit of drug dependence than those who are either in school or stay at home this will added the level of burden (UNODC. 2010: 22).

3.16.2.4 Exposure to Crime

Children of drug dependents are more likely to have undue exposure to crime and the criminal justice system which may result in inappropriate knowledge about criminal activity and, in some cases, resentment and ill will toward legal authorities. Children with alcoholic parents are (2-3) times likelier than other children to have had a family member incarcerated while they were growing up. The high levels of exposure of children to drug dependence and other criminal activity. Unstable family environments contribute to children's drug dependence Stress, anxiety and feeling unable to confide in parents-common by-products of living with an addicted parent increase the likelihood that children will engage in drug dependence in an attempt to relieve their negative feelings. That a cycle of problems can develop where poor family relationships lead to drug dependence and then aggravates the existing family problems, leading to more drug dependence. (Bollinger , et al. 2005:21).

From the researcher view the stigma by association among the wives of drug dependents are itself a causes of family burdens as the wives suffer from increase their responsibilities as feeling of absents of the husband' role model and they complain of marital problems / dissatisfaction and increased risk of divorce due to drug dependency thus Interfere with academic and social success of their children's and increases risk for the drug dependence cycling.

3. 16.3 Social burden

Everett, (2006:19)reported that Some theories of why stigma exists refer to the evolution of humankind whereby the survival of individuals and groups mean that they were attuned to threat. Threats (perceived or real) are accompanied by emotional responses that may include fear or disgust. Today, humans retain this innate response which may apply not only in times of threat, but also in the face of difference or that which seen to be unfamiliar. As a result of investigations into health-related stigma, other theories regarding why people stigmatize have come to include social and psychological dimensions. For example, one focus has been on the social process of stigmatization where propose five components:
1. People naturally identify and categorize human difference – this, in itself, is benign. However, they also…
2. Decide which differences are valued and which are not.
3. Link the perception of difference to a set of undesirable characteristics – the process of stereotyping.
4. Separate "us" from "them." In health-related stigma, this is often accomplished by blame. you brought this on yourself.. if you just tried harder you could shake it.. this is malingering…
5. Exercise power to reject, exclude and attack the credibility of the stigmatized person .

Yang ,et al. (2007: 1525) viewed that stigma is not located entirely within the stigmatized person, but occurs within a social context that defines an attribute as devaluing. Also, these authors cite briefly the influence of power in determining one's susceptibility and possible response to stigma.

Stigma means of social control, defining social norms and punishing those who deviate from the norm. Although the concept is negative, stigma can have positive consequences. It can create a sense of community among stigmatized individuals, motivating them to support each other and make changes that will improve their lives. Discrimination: An action based on a pre-existing stigma; a display of hostile or discriminatory behavior towards members of a group, on account of their membership to that group (Smart , 2004:122).

"Stigma is typically a social process, experienced or anticipated, characterized by exclusion, rejection, blame, or devaluation that results from experience or reasonable anticipation of an adverse social judgment about a person or group. This judgment is based on an enduring feature of identity conferred by a health problem or health-related condition, and the judgment is in some essential way medically unwarranted. In addition to its application to the persons or group, the discriminatory social judgment may also be applied to the disease or designated health problem itself with repercussions in social and health policy. Other forms of stigma, which result from adverse social judgments about enduring features of identity apart from health-related conditions. (Everett, 2006:11-12).

Bollinger , et al. (2005:21) reported that families of Drug dependence tend to be less involved in social, religious and cultural activities. They experienced self-imposed isolation or ostracized from the community. As a result, many suffer in silence, partly due to efforts to maintain secrecy or deny or ignore the problems of

Drug dependence and partly because of community rejection and prejudice. A majority of the women feel extremely isolated from their communities as they often subjected to ridicule and taunting from people. Wives also very often blamed for their husband's drug habit by their community accused of being negligent or dominating, which supposedly caused and/or exacerbated their husband's drug abuse. In order to avoid such attitudes, wives preferred staying home. Many choose to completely avoid neighbors, relatives and other community members and became totally isolated although the negative effects of social isolation on both themselves and their children, they are often see no other choice. wives are feelings of embarrassment and hurt, and therefore preferred to stay away from everyone who may use of derogatory street language to address her family.

As stated above the wives of drug dependents complain from the social burden of stigma as characterized by exclusion, isolation , rejection, blame or devaluation and decrease family or social supports which result from discriminatory social judgments of drug dependency.

3. 16.4 Economical burden

3.16.4 .1 Financial Problems

Stigma affects the ability to find housing and employment, enter higher education, obtain insurance, and get fair treatment in the criminal justice or child welfare systems. (Everett, 2006:4).

The financial burden of drug dependence on the wives is profound as their husbands unemployed and contributed little or nothing to household income. Wives are entirely responsible for meeting basic financial obligations including food, utilities and clothing for children. The financial situation of the families of drug dependents had an impact on family nutrition and education, as well as prevented wives from obtaining adequate treatment for their drug using husbands (UNODC.2010 :2).

Family members may have to work harder to compensate for the drug dependent's lost wages due to job loss, incarceration or hospitalization. Even in less extreme cases, the family's economic health may suffer from the diversion of family funds to support a smoking, or drug use habit (Bollinger , et al. 2005:15).

The economic situation of the wives of drug users, followed by an impact on their health, social standing within the communities in which they live, and finally on their psychological/emotional well-being. Not only do the wives of drug dependents face stigma and discrimination, they are burdened with additional responsibilities such as managing the household and raising children (UNODC.2010: 7).

Cultural norms, and traditions kept women at home therefore limiting the employment opportunities available to them. Women may being forced to stay home by their husbands, therefore having access to few income generating opportunities. Either way, the income generated by working women are often not sufficient to cover basic household expenses. Unfortunately, working women may also at a higher risk of being subjected to violence as husband's asked them for money , and would become violent if refused to provide them with money for drugs. Women either found

themselves restricted to their homes due to cultural norms, unable to generate an income to support themselves and their children. This brings to light the unrelenting cycle of violence and poverty endured by spouses of drug dependents. they ever consider leaving their husbands, many believed that a marital bond should not be broken. Another woman may think how she left her husband, but they are unable to take their children with them for financial reasons. Many of wives sense to accept their fate and feel that they are unable to change their lives. (UNODC.2010:10).

The wives may survey to have some form of employment, They often have to borrow money , and may subject to embarrassment and humiliation as the spouses are unable to return. (UNODC.2010: 21).

3.16.4.2 Cost of Caring for drug dependents

Bollinger , et al. (2005: 16) described that Direct costs of assistance to adults with drug dependents and other psychiatric problems, including time, money and in-kind contributions. Indirect costs may include lost career opportunities, psychological or social stress and stress-related illnesses for other family members as well. For example, time spent helping a drug-abusing family member can reduce time available for work, which may reduce family earnings.

On conclusion the wives of drug dependents faced economical burden of stigma as their husbands unemployed, although the financial need regard drug takings and cost of caring for them and decrease receive of socioeconomic support due to the stigma of drug dependence so the wives are entirely responsible for meeting basic financial need to their family .

3. 16.5 Spiritual Burden

3.16.5.1 Drug dependence in Islamic Religion:

The belief that drug dependence is purely a choice is a huge driver of drug-related stigma .Knowing about the client's use of tobacco, alcohol, other illicit drugs, and (overuse of) prescribed medications is critical. Many Muslims may not perceive some drugs as harmful or addictive. Clients may not report using khat, as it may not be viewed as a drug of abuse. Likewise, water-pipe smoking (a tobacco-smoking practice otherwise known as sheesha) has been gaining noteworthy popularity among teenagers and adolescents. In the Islamic tradition, the use of alcohol and recreational drugs is explicitly forbidden. Many Muslims are likely to hide their drug abuse habits from their family and communities, as a considerable amount of social stigma exists within communities with regard to drug dependence. The moderate use of some drugs, such as alcohol, may be normative for non-Muslim populations. However, for the Muslim client, even in moderate amounts, alcohol use may be looked down upon as a failure to live up to Muslim cultural and religious standards. Inquiry into the client's perceptions of how substance use has affected his or her relations with family and community members may give the clinician a clearer picture of the client's experience. (Ahmed , & Amer , 2012: 60).

It is obvious that the presence of a drug dependence is a barrier to spirituality. One cannot choose freely and behave responsibly while under the influence of psychoactive drugs; moreover, the need for these drugs tends to displace all other values in an individual's life. (Woodruff, 2003: 8).

Analysis of the true condition of the Region cannot be complete without consideration of the strong cultural, religious and social assets of the Region.
Islam is the religion of 90% of the people of the Region .Christianity is the second religion. Both these religions promote strong family ties, helping those in need and moral and spiritual codes that promote healthy lifestyles. (WHO. , 2005: 4).

Jayousi , (2003) described the True faith, that both in Islam and Christianity, forms a protection against drug dependence. Firstly the use of alcohol and any other drug is prohibited especially among Muslims.
Social faith is effective in addressing some of the risk factors associated with drug dependence , such as feeling of hopeless and isolation and lack of attachment. Muslim life style and family are another guarantee for drug free community.

Islam in particular takes a strong stand against use of alcohol (khamr) and others related drug dependence **.**

"They ask you (O Muhammad) concerning alcohol drink and gambling. Say 'in them is great sin and (some)benefit for people. But sin of them is greater than their benefit'. (Qur'an Surah al-Baqarah 2: 219).

يَسْأَلونَكَ عَنِ الْخَمْرِ وَالْمَيْسِرِ قُلْ فِيهِمَا إِثْمٌ كَبِيرٌ وَمَنَافِعُ لِلنَّاسِ وَإِثْمُهُمَا أَكْبَرُ مِنْ نَفْعِهِمَا

"O you who have believe, approach not as-salat (the prayer) when you are in drunken state (intoxicated) until you know(the meaning)of what you are utter (saying)" Qur'an Surah al-Nisa (4: 43).

يَا أَيُّهَا الَّذِينَ آمَنُوا لَا تَقْرَبُوا الصَّلَاةَ وَأَنْتُمْ سُكَارَىٰ حَتَّىٰ تَعْلَمُوا مَا تَقُولُونَ

This verse was revealed before the total prohibition of intoxicants.
"O you ho have believe!, intoxicants(all kind of alcohol drinks),and gambling and Al- ansab and Al-azlam (arrows for seeking luck or decision), are an abomination of shaita's (Satan) handiwork .so avoid (strictly all)that abomination in order that * it you may be successful. Shaitan's (Satan) wants only to excite enmity and hatred between you with intoxicants and gambling, and hinder you from the remembrance of Allah and from As-Salah (the prayer). So will you not then abstain?" Qur'an Surah al-Ma'idah(5: 90).

إِنَّمَا الْخَمْرُ وَالْمَيْسِرُ وَالْأَنْصابُ وَالْأَزْلامُ رِجْسٌ مِنْ عَمَلِ الشَّيْطانِ فَاجْتَنِبُوهُ لَعَلَّكُمْ تُفْلِحُونَ

Contrary to what some people believe, and according to many authentic Islamic narrators,(khamr) refers not only to alcohol but to any drugs that clouds or veils the mind and consciousness.

Islamic teachings also emphasize the development of a human personality, As the person resorts to drugs to escape from problems, while Islam refuses passiveness

and escaping challenges, Islam urges individuals to act positively and try to change the bad reality, An ideal Muslim is a responsible human being who always urges decency and opposes what is detestable. (WHO. , 2005:4).

Another aspect of Islamic teachings which can be used in planning for prevention of drug dependence and care of the drug-dependent rests on the activation of the role played by individuals and the community in providing mental, spiritual and social support to those dependent on drugs , Community participation and each individual's responsibility to assist when another member of the community is in distress are important assets that can be used in the development of programmes, Awareness of this great religious heritage and finding ways of using it in the best way for prevention, care and reduction of harms related to drugs is of great importance.
In the Eastern Mediterranean Region, as well as many other areas of the world, the breakdown of extended family, unplanned urbanization, internal migration and the appearance of an underclass nouveaux poor are among major social causes of drug dependence , However, the fact that the foundation of the family is still strong is an asset. any programme for dependence treatment and control should have a component of working with and through families, particularly families affected. (WHO. 2005:10).

3.16.5.2 Rights of the wives in Islam

Attili , (2009) reported that Firstly, a husband has great duties and rights towards his wife. The right of obedience is one. However, it doesn't mean absolute obedience in calling to bed and also not authorize any one to their house unless she has prior permission; provided by not fasting and not prolonged prayers for few of depriving the husband of his rights.
God raises the degree of a wife to the Heaven's highest levels for general, obedience of her husband as long as this doesn't break Gods commandant, A wife is committed to serving a husband, keep his money of which she and her children deserve charity, She must help her husband practice rituals ship, She need not deny his grace, A husband has the right to teach his wife manners so as to disciple and behave by abandoning sharing bed with her or even smack her but non-severely, As for wife's rights, she has the rights for alimony, dowry, support, tolerance, residence and not to miser her law full rights and demands, including good treatment and satisfaction of her feminine urges. Moreover, a husband has to consider his wife's feebleness and weakness and overlook ill-manner behavior, Instead, shed light on his wife's morality and good conduct.
Furthermore, a husband must assist his wife to fulfill her needs and worship duties, also to help her in some house works as possible. It's also important to a lot a specific day or time to spend with her if he has other wives, so that can be fair and just,
A wife has the right to ask for separation of her husband if there's a legal cause.
He can't prevent her what God permitted her to do, such as going out to get what she needs. He has no right to physically tarnish or hurt her, He also must meet her needs and entertain her, considering her age and her play full typical charisma.

The researcher believes that the Moslem couples have responsibilities toward each of others as a husbands have great duties and rights towards his wives and the wives have right's and duties towards their husbands.

Allah said that **: 'And among his signs is this that , he created for you wives from among yourselves , that you may find repose in them , and he has put between you affection and mercy , verily .in that are indeed signs for people who reflect'.** (Qur'an surah al- Room 21: 30) .

(وَمِنْ آيَاتِهِ أَنْ خَلَقَ لَكُمْ مِنْ أَنْفُسِكُمْ أَزْوَاجًا لِتَسْكُنُوا إِلَيْهَا وَجَعَلَ بَيْنَكُمْ مَوَدَّةً وَرَحْمَةً إِنَّ فِي ذَٰلِكَ لَآيَاتٍ لِقَوْمٍ يَتَفَكَّرُونَ)

From researcher's opinion the Moslem wives of drug dependents are face spiritual burden as the Islamic religion in particular takes a strong stand against use and others related drug dependence thus the problematic dependence of husband are a huge driver of drug-related stigma burden as they keep that issues as secret, silence and hide the husband' habits and the stigma exist with regard to drug dependence which is a barrier to spirituality , Although they deprive from get her rights as wives and confronts the duplication of their husbands life condition and their believes regard drug dependency **.**

3.17 Challenge stigma of drug dependence :

Stigma around drug dependence as it is widespread and can shroud not only the drug dependent or person in recovery in shame and secrecy but also all those who stand by them. Stigma isolates families, breaks down the strong bonds that support recovery, and threatens the moral code and social justice of giving everyone – as an individual – a fair chance. It's time that all of the – drug users, their family , and the community worked together to eliminate this barrier to a more tolerant society. This enforced silence that needs to be challenged. In short, reducing the stigma associated with dependence especially those in recovery, whose real desire to change can be hampered by discrimination – would make families affected by it more likely to come forward and seek support. By improving their health, wellbeing and quality of life, and enabling their positive role in recovery, outcomes will surely be improved for drug dependents for society too. (Adfam families drugs and alcohol , 2012: 14).

3.17.1Ideas for reducing stigma

3.17.1.1Humanize people with drug dependence issues

Humanizing people who drug dependents are the most common suggestion for countering stigma. And not view as "non-human," and this enabled other people to feel justified in discriminating against drug dependents . so people in the community understand that they are "human beings with feelings" and that discrimination affects them as negatively as it does anyone else. (Collins, et al. 2010 :19).

3.17.1.2 Education and training

Educating professionals about why people use drugs could help lessen stigma and discrimination. if workers were better informed they would be more understanding of the varied and complex reasons for drug dependence .Government employees , emergency shelter workers, health care professionals, pharmacists, law enforcement, and even every one in public. educating the general public about the roots of drug dependents through advertising campaigns. (Collins, et al. 2010 :20).

Previous studies

The researcher shows previous studies in main axis reviews four main axis about the burden of stigma among wives of drug dependents which viewed the firstly dimension about drug dependence in Palestine ; the second about Stigma and Discrimination of drug dependence; the third about the Consequence of stigma and the fourth Burden on wives of Drug dependents . In the end ,the researchers provide comment and discussion around the all of previous study.

3.18 The drug problem in Palestine

1-Kanan , (2011) studied about the Assessment of Controlled drug Dependence and its Management by the Pharmacist as a cross sectional descriptive analytic study in the Gaza Strip pharmacies.

The study population included (205) of the public pharmacies in the Gaza Strip governorates. study and analysis of the drug dependence situation in the Gaza Strip, knowledge, attitude and practice of pharmacist.

The majority of pharmacists (90.2%) agree about existence of drug dependence as phenomenon in Gaza strip and 32.2% of pharmacists believe that the physician, the pharmacist and the inspection department all of them share the responsibility towards drug dependence existence. Most of pharmacists (70.7%) believe that marked increase in the demand for (controlled drugs) in their pharmacies and 67.6% of them believe that the increased anxiety and tension in the community is the most reason for this demand increase. About 50.2% of pharmacists don‘t believe that their colleagues dispense any of the controlled drugs without a doctor's prescription but 45.4% of them believe the opposite. About (89.8%) of pharmacists are convinced of the need to a medical prescription to dispense any of the drugs listed in all cases,

The study showed that drug dependence was an existing phenomenon in the Gaza Strip and lacking the suitable care and attention to reduce its spread and impact on society.

2-Omran , (2006) studied about Drug Addiction in Jerusalem which aimed at diagnosing drug dependence in Jerusalem and its prevalence among Palestinian youth; the effect of drugs and its negative impact; addicts perceptions of themselves and consequent remedy and degree of its isomorphic results were also delineated, their appalling set of values were also laconically investigated.

A stratified Sample of (230) addicts have been used as a sample of the study to see into the scope of variables such as age, sex, social status, income, residence, parents’ education, and finally religion and then relation to addiction. Descriptive statistics were approbated to see into classification and analysis of the data collected.

The study revealed that the majority of drug dependents are single adults of (22) years of age living in the city. Deviance in their behavior, low self morale, hampered perception of self, extricated vision of solution to addiction, and a consequent inconsonance in peoples’ perception to addicts were the major products of

the study. The study furnished a description for the mechanisms of drugs prevalence in addition to recommendations correlated to drug dependence.

3-Study of Jayousi, (2003) which aimed at defining the drug problem in northern Palestine: types of drugs used and their availability, networks of distribution, definition of users and trends of addiction, it also examined the level of awareness of the dangers of drug use among Palestinians and their understanding of its socio-economic impacts on the one hand, and their attitudes towards drug dependence, on the other hand. Finally it aimed to study and define risk factors and their possible effects.

The sample consisted of 315 respondents which were selected randomly from different places of Tulkarem. These include the university, work places, homes, café shops, data collection was a self-admitted questionnaire, which consisted, the first part regarding socio-demographic status, the second part contains questions about the common sense , knowledge and attitude concerning drugs and the problem of drug dependence, and finally the third part about the trends of drug addiction.

Descriptive Study In Palestine, there were no centers for treatment of drug dependence or for development of research in the field of addiction; that study proposes a few answers or solutions on how to address the problem. There was discrepancy between the founding's about the number of drug dependents (the percent the study found is more than 4%) and those officially declared (less than 0.5%). This makes it urgent to draw the attention of those who are directly and indirectly concerned with the issue among official bodies and the community and stress the need for a widespread awareness campaign particularly among the youth who are a most vulnerable group.

3.19 Stigma and Discrimination of drug dependence

1- Oliveira, et al (2013) studied about an Evaluation of an intervention to reduce health professional stigma toward drug dependents That aimed to evaluate the impact of Screening, Brief Intervention, and Referral to Treatment (SBIRT) training plus the addition of 2 anti-stigma training modules on stigma regarding drug use and drug dependents among Brazilian health professionals.

A pretest-posttest wait-list design with intervention and comparison cities. Participants included 95 primary health care professionals, of whom 54 received training plus training (intervention group) and 41 received assessments only (comparison group).Baseline and outcome included validated and non-validated measures of general attitudes and beliefs about drug dependents. assess stigma in the context of ethical issues, which assessed how much participants attributed responsibility for the onset and resolution of dug abuse to the patients themselves—the degree to which they "moralized" drug use.

Marked differences between experimental and comparison communities. nearly all (range 72%-90%) providers held a uniformly high "moralized" view of drug dependence. These attributions were not changed by the trainings there were no significant differences between intervention and control groups when they examined how much their stigma toward drug dependents changed after the anti-stigma module.

The most professionals blamed drug users for their dependence. The future research is warranted to better understand, address stigma. Research could explore what predicts stigmatized views of drug dependents, and sorts of interventions reduce stigma.

2-Collins, et al .(2010) Conducted The study to identify types and sources of stigma and discrimination experienced by drug dependents , the impact of these experiences, and identify strategies to help reduce their negative impacts.

Six focus groups were held at a range of community-based agencies across Toronto, with a total of 60 participants. People who are homeless and/or otherwise living in poverty were the main focus of the study as they represent the most marginalized group of people who use drugs in their society.

Key findings included the following: Families are the most significant source of discrimination, with the most negative impacts ,People are facing multiple forms of discrimination at the same time (e.g., related to their dependence, poverty, gender and age), and the compounded effect intensifies the severity of the stigma and discrimination, negative self-esteem leading to self-stigma is the major impact of stigma and discrimination, that creates barriers to accessing services people need to stabilize their lives and stops people from seeking help due to fear of how they will be treated, Peer support is an important coping strategy of stigma and discrimination, informed of their rights to access services, Language about them needs to be less judgmental.

3-Janulis, (2010) provided a study of understanding addiction stigma: Examining desired social distance toward addicted individuals, The objectives of study was to evaluate a theoretical stigma models of desired social distance for dependence and To provide a detailed account of addiction stigma perceived dangerousness and fear towards addicted to alcohol, marijuana, and heroin.

The sample was undergraduate college students(212) and data was collected online, by used Psychometric Scales to measure the four variables in model: familiarity, perceived dangerousness, fear, and desired social distance. As Comparative and analytical study .

marijuana and heroin, familiarity had an indirect effect, through perceived dangerousness and fear, on desired social distance. perceived dangerousness had a direct and indirect effect, through fear, on desired social distance. fear had a direct effect on desired social distance. Greater familiarity predicted lower levels of perceived dangerousness, fear, and desired social distance for drugs. study showed that familiarity tended to negatively predict desired social distance toward drug users .

3.20 Consequences of drug dependence stigma

1-Latkin, et al.(2012) The Relationship between Drug dependence Stigma and Depression among Inner-City in Baltimore as a few studies have examined the stigma associated with using illicit drugs. they examined the relationship between social network characteristics, drug dependence stigma, and depression.

Study participants were comprised of(340) of cocaine, crack, and/or heroin users in the prior 6 months and were involved in an HIV. prevention study.

The stigma scale was comprised of eight items, such as "feel ashamed of using drugs?" Depression was assessed with Depression Scale, In the bivariate analyses, gender, homelessness in the past 6 months, drug dependence stigma

larger size of drug network, and current use of heroin, cocaine, and crack were all significantly associated with high levels of depression, whereas in the multivariate analyses, only drug dependence stigma remained significantly associated with depression. The resulted of the study suggest that drug treatment providers and other professionals who provide services to drug dependents should consider developing trainings to address drug user stigma. These programs should focus on the attitudes and behaviors of health and service providers toward drug dependents themselves, and family members and others who provide social support to drug dependents.

2-Scott & Wahl (2011) conducted study about drug dependence Stigma and Discrimination among African- American Male drug dependents

The study examined the experience, manifestations, and impact of racial discrimination and drug dependence stigma, also known as a double stigma.(10) African-American male drug dependents .

In terms of a double stigma, drug dependents were viewed differently, and less favorably, than the drug related disorders of non-minority clients. Spirituality also was an important aspect of coping for a majority of interviewees. The qualitative approach utilizing Grounded Theory was successful in collecting and summarizing the narrative experiences of double stigma among African American male drug dependents. A double stigma experienced by African-American males with drug disorders may cause potentially harmful effects on treatment engagement and success.

3-Study conducted by Sharac, et al. (2008) in London, aimed to identify literature on the Economic impact of stigma.

The method of this study was a systematic review of the literature identified 30 papers from 27 studies by searching electronic databases and hand searching reference lists. The systematic literature review was designed to include searches of electronic databases and checking the reference lists of included studies.

The results showed, stigma/discrimination was found to impact negatively on employment, income, public views about resource allocation and healthcare costs.

4-Adhikari , et al. (2008) studied the Experiencing stigma: Nepalese perspectives The objective of the study was to find out experiences/ perceptions and coping of stigma and stigmatizations among patients .

A retrospective , cross sectional study of (53) were 29 male and 24 female of patients admitted in psychiatry ward. they assessed using self-report questionnaire concerning of stigma which focused on beliefs about discrimination, rejection experiences, and ways of coping with stigma.

There were experiences of rejection by family members and colleagues (43.4%) and health care professional (30.2%). There were strong perceptions of stigmatization felt by patients in different social circumstances. Though maintaining secrecy and avoidance/withdrawal of stigma were not experienced much, the questionnaire items in "perception", "rejection" and "coping" showed statistical significance (p=0.001).People experience stigma during their course of illness and treatment and it is an important determinant for the relapse of symptoms and non-compliance to treatment. Patients develop various mechanisms to cope with stigma, mostly secrecy and avoidance.

5- Luoma, et al. (2007) examined the impact of stigma on patients in drug dependence treatment.

Patients (N=197) from fifteen residential and outpatient drug dependence treatment facilities completed a survey focused on their experiences with stigma as well as other measures of drug dependence and functioning.

Participants reported experiencing fairly high levels of enacted, perceived, and self-stigma. the current treatment system may actually stigmatize people in recovery in that people with more prior episodes of treatment reported a greater frequency of stigma-related rejection, even after controlling for current functioning and demographic variables. Intravenous drug users, compared to non-IV users, reported more perceived stigma .Those who were involved with the legal system reported less stigma than those without legal troubles. Higher levels of secrecy coping were associated with a number of indicators of poor functioning as well as recent employment problems.

3.21 Impact of drug dependence stigma on the families

1-Singleton, (2011) investigated the extent and nature of stigma towards people with a history of drug problems and their families in the UK.

Sample involving about 3,000 individuals It included a boosted sample of (566) people aged 16 and over living in Scotland.
Qualitative study of the stigma experienced by current and ex-drug dependents and their families and the impact on their lives was undertaken using focus groups and a web survey .

The result was Feelings of shame and worthlessness prevent people and their families seeking help, which may exacerbate their problems. Low self-esteem prevents a belief in recovery, to which the long-term nature of stigma contributes. Participants in reported being stigmatized by professionals in a wide range of healthcare and social care settings That raised in many of the focus groups, both with drug users and their families. For many drug dependents the desire to care properly for their children is a key reason for trying to overcome their dependency, so this can have a huge impact on help-seeking and recovery, although clearly a balance must be struck with respect to child protection. Stigma makes it difficult for patients recovering from drug dependence to obtain jobs, which are important for reintegration and participation in society.

2-Singleton, (2010) investigated the extent and nature of stigma towards people with a history of drug problems and their families and the impact on their lives in Wales and Scotland.

The overall sample size is 2,945 adults (aged 16+), selected to be representative of adults , A Comparative study and random location sampling methodology was used.

The results of The survey, were Overall, when compared people with mental health problems, those with a history of drug dependence face significantly more negative public attitudes, the major barriers of social stigma must be overcome if they are to successfully 'reintegrate' into society. There was a broad belief that people with a history of drug dependence are to blame for their condition; as a result, there is a lack of tolerance. the public is less supportive of care for this group than for those with mental health problems. those who have had contact with a person with drug dependence, either through living or working with or having a friend with drug dependence, had more positive attitudes towards such people than those who had not had such contact.

3-Hobson, (2008) viewed that Stigma is an important factor in people's decision to seek out and engage in psychotherapy or counseling. He attempted to measure the effects of mental health education on students' endorsements of self stigma and social stigma, as well as attitudes towards counseling, and intentions to seek counseling.

Several surveys were used to assess the relationship between social and self stigma to attitudes toward seeking psychological help and intentions to seek counseling.

There was a statistically significant positive relationship between ratings of self , social stigma and attitudes toward seeking psychological services . and between self , social stigma and intentions to seek counseling. study also found that the experimental group exposed to a brief session of Education were more likely to seek counseling services than the control group. study did not find that individuals exposed to a brief session of Mental Health Education will have more positive attitudes toward seeking psychological services. or lower ratings of social stigma and self stigma. The findings indicate that while there is a significant relationship between stigmas and attitudes toward seeking help that brief mental health education did not improve these attitudes.

4-Vogel, Wade, & Hackler, (2007) examined the mediating effects of the self-stigma associated with seeking counseling and attitudes toward seeking counseling on the link between perceived public stigma and willingness to seek counseling for psychological and interpersonal concerns.

Structural equation modeling of data from 676 undergraduates indicated that the link between perceived public stigma and willingness to seek counseling was fully mediated by self-stigma and attitudes.

Perceptions of public stigma contributed to the experience of self-stigma, which, in turn, influenced help-seeking attitudes and eventually help-seeking willingness. Furthermore, 57% of the variance in attitudes toward counseling and 34% of the variance in willingness to seek counseling for psychological and interpersonal concerns were accounted for in the proposed model.

5-Corrigan, et al (2006) reported that Family members of relatives with mental illness or drug dependence or both were frequently harmed by public stigma. No population-based survey, however, has assessed how members of the general public actually view family members.

The authors examined ways that family role and psychiatric disorder influence family stigma. A national sample (N = 968) was recruited for the study.

A vignette design describing a person with a health condition and a family member was used. Family stigma related to mental illnesses, such as schizophrenia, is not highly endorsed. Family stigma related to drug dependence, however, is worse than for other health conditions, with family members being blamed for both the onset and offset of a relative's disorder and likely to be socially shunned.

6-Abu Garbu , (2005) reported that the feeling of stigma among patients plays an important role in creating a hard life ,full of anxiety ,depression ,shame ,and stresses. This feeling may lead to isolation ,fear and tension which prohibit the parents to seek for the treatment and they don't complain to avoid embarrassment ,The interest in studying the root of stigma and its causes will help in understanding it well and will enlighten the way for creating the most suitable solutions and counseling programs .

The purpose of study was to apply counseling program to diminish the feeling of stigma among their parents to be able to live an accepted social life .The sample was consisted of ten fathers and ten mothers (parents).

The result indicated that there is a significant difference in stigma feeling of mental illness before and after the program among experimental group .The study show that the feeling of stigma was higher among females than males .

3.22 The Burden on the wives of Drug dependents

1-Malik , et al. (2012) planned to assess the impact of drug dependence and factors affecting it on PCT. (Primary Care Taker) in rural area of Punjab.

A systematic, randomized, cross sectional study which involved (83) PCT. of drug dependents with ICD-10 diagnosis of drug dependence. sociodemographic attributes of dependence were taken on semi-structured proforma. All PCT underwent detailed assessment using Family Burden Interview Schedule.

Majority of PCT. (77.5%) was found to have moderate burden especially in financial areas, disruption of routine activities, family leisure and family interaction. Higher proportion of burden was seen in PCT of illiterate patients of reproductive age

group, of lower socioeconomic status, having multiple and longer duration of drug dependence and had relapsed many times. The Burden on PCT was observed more in temporal association to the number of drugs , type and duration of dependence. The impact of drug dependence on family members must be assessed at every stage of patient treatment for better quality of life.

2- Tiwari , et al. (2010) conducted study of Presumptive Stressful Life Events Among Spouse of Alcoholics, They described that Spouse of alcoholic suffers from various stressors due to their husband's alcohol dependence.

Objective of the study was to find out those presumptive stressful life events among spouse of alcoholic and to what extent those stressors are different from non-alcoholic spouse.(100) spouse of alcoholics whose husbands met (DSM IV) criteria of alcohol dependence were taken as experimental group and (100) spouse of nonalcoholic were selected as control group. After taking their consent, presumptive stressful life events scale were administered on both groups.

Results shown that score of personal and impersonal stressful life events are significantly higher among spouse of alcoholic in comparison to non-alcoholic's spouse. Findings of the study clearly indicates that spouse of alcoholics have more stressful life events in comparison to non- alcoholic's spouse.

3-Singh , (2010) provided a study aimed to explore and describe the various strategies espoused by wives of addicts in response to the dependency of their husbands.

The association of various socio-economic variables with the strategies adopted by wives of addicts in wake of addiction and problems associated with the addiction of their husbands (100)wives of addicts were interviewed wives of addicts were interviewed on pre-tested interview schedule. A partially exploratory and descriptive study

Wives of addicts were actively attempting to de-addict their husband (89%), and (57%) took husbands to de-addiction center. (59%) of wives of addicts reported to village panchayat while (15%) reported to police about problems associated with addiction of their husbands. (37%) reported to pressurize their husbands through their father or brother(s) by using coercion.10%of wives of addicts employed psychological pressure like stop talking/communicating with their addict spouses, Only (4%) resorted to divorce or live separated from their husbands permanently.

4-United Nations Office on Drugs and Crime in Viet Nam Country Office, (2005) Provided the study that aimed to: Document women's situation, with special attention to wives, in relation to drug use; Identify consequences facing women whose husbands are drug users ; Examine the awareness of community institutions towards the problem of women burdened with additional responsibilities in relation to drug using family members and existing support provided by the community to reduce women's burden; and Draw practical recommendations to cope with and prevent drug use in the family.

The Women with husbands 's drug users; A total of 194 participated in the study. qualitative methods were used to collect and analyze data. These included focused group discussions and individual in-depth interviews.

The major findings of the study were: Women are the most vulnerable and disadvantaged when families face difficulties due to the drug use of husbands .They are work harder to provide the additional money needed and often suffer physical abuse if the needs of the user are not met. women's lives are negatively affected, including health, work, economic situation, home life, relationships with family members and status in the community. Pervasive traditional socio-cultural beliefs severely limit women's options in times of difficulty. Strong beliefs about the role of women in the family and the lack of available alternatives for support or independence leave women in desperate situations with little hope of any improvement. Stigma is the main barrier to community support for women with husbands using drugs.

5-Murthy, & Shankardass, (2005),conduct The study 'Burden on Women due to Drug dependence by Family Members' attempted to document the burden perceived by women relatives of drug dependents and understand the social, familial, economic health and psychological consequences on these women.

The study was exploratory and qualitative in nature. Interviewed with 179 women with a male family member currently abusing drugs. It was carried out in 8 centers throughout India .

Almost half of the women were between 20 to 40 years of age. One of the major burdens faced by the women was the burden of blame of being responsible for the drug use in the family member, blame of hiding the issue from others, and blame of not getting timely treatment. This often led to feelings of guilt, shame, embarrassment, depression (47%), anxiety (55%) and isolation, and frequent suicidal thoughts (35%). In addition to emotional distress, many of the women faced various health problems including weight loss (40%), pains (23%) and insomnia (47%), Many of them had attempted to take the drug dependents for treatment, but were overwhelmed by the high costs. Physical violence was reported by 43% of the women and verbal aggression by 50%. The lack of social and family supports of origin together with the blame for the drug addict all seem to put an overwhelming burden on these women. they were taking on the major responsibility for the family and the drug dependents.

6-Ponudurai, et al. (2005) reported that One hundred and fifty seven suicide attempters who were the wives of drug dependents

Wives Interviewed with the help of a self innovated perform that was designed to explore the causative factors for their suicidal behavior. These subjects were selected from the Intensive Medical Care Unit of Government Stanley Hospital, Chennai.

The family and personal problems encountered were attributable to their husbands' behavior, such as disturbed relationship with the relatives (84.7%), being manhandled by their husbands (79.5%)', financial problems (76.4%) and deprivation

of emotional support and love (51%), the fighting behavior of their spouses with others (58.6%), the influence of the symptoms of delusional jealousy (24.8%) and suicidal ideas (14,0%) manifested by their husbands as driving forces for their suicidal behavior might be of specific relevance to this group of suicide attempters. The cultural influence on the women in response to these symptoms of their husbands has been highlighted.

3.23 Family Burden of drug dependence

1-Shyangwa, Tripathi , & Lal , (2008) provided study about Family Burden in Opioid Dependence Syndrome in Tertiary Care Centre

A cross-sectional, hospital based study conducted in De-Addiction centre , the Patients and their spouses fulfilling inclusion criteria were enrolled in the study after taking informed consent. A diagnosis of Opioid Dependence Syndrome (ODS) was made based on ICD-10 criteria and the assessment of severity of ODS. was determined and Subsequently the family burden, perceived by spouses was assessed using Family Burden Interview Schedule (FBIS).

The maximum number of subjects was of age group 31-40 years with majority of having below high school level education. Both subjective and objective family burden was perceived as "severe" by subjects' spouses. The relationship between spouses' perceived burden and socio-demographic variables including duration of drug dependence were not correlated. Hence it was found that opioid dependent subjects cause considerable amount of distress to their care providers.

2-Pirsaraee , (2007) reported the findings of a qualitative grounded theory study on drug dependence and marital satisfaction in Iran.

Data were obtained through semi-structured interviews with 41 opium and heroin dependents selected from the Self-Referred Drug Addicts' Treatment Centre in Rasht, Iran. All participants were married.

The study found that drug dependence has an impact on various aspects of marital satisfaction such as emotional satisfaction and sexual satisfaction. Intervention and prevention programs should be offered to the spouses of drug dependents.

3- Lamichhane , Shyangwa , & Shakya , (2006) conducted study of Family burden in drug dependence Syndrome and reported that ; drug dependence possesses problems not only on the individual users but also on the family and the community. Within the family, it is often the women who are most affected and bear a significant brunt of the burden. Such burden becomes obvious in a developing country like Nepal, where women are already disadvantaged. cross-sectional, descriptive hospital based study. Subjects and their primary care takers (60) were included. ICD-10 criteria were used for the diagnosis. Family burden interview schedule was used to assess the family burden. The subjects made two groups 30 with alcohol dependence (ADS) and 30 with| injecting drug use (IDU).The overall burden was higher on IDU than ADS (66.7% vs.46.7%) while the spouses were generally more tolerant than the other caregivers as primary care takers (PCT s), (46.7% vs. 84.5%) burden perceived.

3.24 Comment and Summary of previous studies .

According to the researcher knowledge a Lack of regional studies that discussed the stigma among the wives of drug dependents and absent of local studies what made the present study mainly depends on international studies.

The researcher discuss previous studies and provided comment by: the first one is the Instruments were used in these studies, the second is samples of the studies and the third about the results of the previous studies, as the following:

3.24.1 Instruments

Firstly Most of the studies used different instruments , as the studies of: Jayousi, (2003) & Singleton, (2011) questionnaire, which consisted of knowledge and attitude of drugs problem , and finally about the trends of addiction.

Luoma, et al. (2007) a survey focused on drug dependence experiences with stigma. and Hobson , (2008)Attitudes and Self Stigma toward Seeking Professional Psychological Help Scale and Social Stigma for Receiving Psychological Help Scale .

Adhikari, Pradha & , Sharma, (2008)questionnaire which focused on beliefs about discrimination, rejection experiences, and ways of coping with stigma.

Tiwari, Srivastava , & Kaushik , (2010) presumptive stressful life events scale. Shyangwa , Tripathi , & Lal , (2008) and Lamichhane , Shyangwa ,& Shakya ,(2006) used Family Burden Interview Schedule (FBIS).

Murthy , & Shankardass , (2005) the social, familial, economic health and psychological consequences on the women of drug dependents .

Bhowmick, et al (2005)The wives were administered Social Support Scale Coping Resources Inventory and Codependence Assessment Questionnaire .

3.24.2 Samples of previous studies.

In the field of samples of the previous studies, the study samples were differs in the population of studies and ranged between small samples to large sample.

And some of studies sample selection focus on the drug dependents as:_ Scott, & Wahl, (2011);Collins, et al. (2010);Heinz, et al (2010) Luoma, et al. (2007) And study of Omran , (2006) 230 of addicts.

Some sample of studies included the drug dependents and their wives as: Shyangwa ,Tripathi ,& Lal , (2008) and Lamichhane, Shyangwa, & Shakya ,(2006).

Other studies sample were the wives of drug dependents such as:_ Tiwari, ; Srivastava , & Kaushik , (2010); Singh ، (2010) ; Pirsaraee , (2007) and study of Ponudurai, et al. (2005) .

3.24.3 Summary of the results of the previous studies

The studies congruent in the result of the following studies as :

The Stigma of drug dependence such as studies of :
Scott , & Wahl, (2011) A double stigma experienced with drug disorders that effects on treatment engagement and success. And (Adhikari , Pradha, & Sharma, 2008) experienced stigma determinant for the relapse and non-compliance to treatment.

Singleton, (2010) drug dependents were blame for their condition and study of Luoma, et al. (2007) Drug dependents experiencing high levels of enacted, perceived, and self-stigma.

Hobson , (2008) a positive relationship between stigma and attitudes toward seeking services. And (Vogel, Wade, & Hackler, 2007) the link between perceived public stigma and willingness to seek counseling was fully mediated by self-stigma

The burden of Stigma among families of drug dependents
-Singleton, (2011) Feelings of shame and worthlessness prevent their families seeking help, Stigma makes it difficult for reintegration and participation in society.
-Collins, et al .(2010) Families were the most significant source of discrimination, with the most negative impacts ,
-Corrigan, et al. (2006) Family stigma related to drug dependence, worse than other health conditions, being blamed of a relative's disorder and socially shunned.

Finally the studies about the Burden on wives of Drug dependents as:
-Singh ، (2010)10% of wives employed psychological burden .
-Tiwari , Srivastava , & Kaushik , (2010) the spouse of alcoholics have more stressful life events in comparison to non- alcoholic's spouse.
-Shyangwa ,Tripathi, & Lal, (2008) family burden perceived as "severe" by spouses.
-Pirsaraee ,(2007) the drug dependence has an impact on various aspects of marital satisfaction such as emotional satisfaction and sexual satisfaction.
-Lamichhane, Shyangwa, & Shakya ,(2006) burden was higher on IDU. than ADS.
-United Nations Office on Drugs and Crime (2005) Stigma the main barrier to support for wives due to the surrounding of drug dependence .
-Murthy, & Shankardass , (2005) the major burdens faced the wives was the burden of blame that led to feelings of guilt, shame, isolation, and frequent suicidal thoughts.

The researcher show that, the explanation of that discrepancy in the results related to many causes such as use of different objectives and goals of studies , methodology in different studies including method of sample selection (e.g., drug dependents, wives of drug dependents and the both), instruments and the method of evaluation (different scales and tool used).

And the researcher took the advantage of the previous studies and used it to develop questionnaire, selecting study design, and writing the conceptual framework, and explanation of the recommendations. Previous studies were applied in many countries, used different objectives about stigma and the burden of drug dependence in separated studies. In other hand, the researcher developed most aspects of the stigma burden on the wives of drug dependents in one study.

Chapter Four

Research Design and Methodology

Chapter Four

Research Design and Methodology

4.1 Introduction

This chapter described the main methodological parts that were used by the researcher as it used to assess the level of the stigma burden on the wives of drug dependents, this chapter includes; review of the research method , study design , discussion of the population , research sample size, and time frame of the study. In addition , study place, eligibility criteria, ethical consideration ,study instruments (questionnaire design), data collection procedures and statistical data analysis , and content validity and Pilot study.

4.2 Research method and design appropriateness

This study use of cross-sectional non-experimental descriptive analytical research design, in order to answer study questions about the level of the burden of stigma among the wives of drug dependents .

The researcher adopted the selection of descriptive design in which the investigator deliberately seeks to assess the level of the stigma burden variables without introducing an intervention because this type of studies is useful for descriptive purposes and then the researcher analyzed the research result . This design is relatively easy and economically to perform, which is needed in the present study which has limited resources. Also this design enables the researcher to meet the study objectives in short time .

4.3 Methodology of the study

4.3.1 Research Phases:

The first phase of the research included identifying and defining the problems and establishment objective of the study and development research plan.
The second phase of the research included a summary of the comprehensive literature review. Literatures on claim management was reviewed. The third phase of the research included a field survey which was conducted with The burden of stigma among wives of drug dependents in Gaza Strip. The fourth phase of the research focused on the modification of the questionnaire design, through distributing the questionnaire to pilot study. The purpose of the pilot study was to test and prove that the questionnaire questions are clear to be answered in a way that help to achieve the target of the study. In addition, it was important to ensure that all information received from wives would be useful in achieving the research objective. The questionnaire was not modified based on the results of the pilot study. The fifth phase focused on distributing the questionnaire. This questionnaire was used to collect the required data in order to achieve the research objectives. The sixth phase of the research was data analysis and discussion. Statistical Package for the Social Sciences, (SPSS) was used to perform the required analysis. The final phase includes the conclusions and recommendations.

4.3.2 Study design:

The design of this study is descriptive, analytical and cross-sectional, one which involves the collection of data at one point.
The justification of selected non experimental (descriptive, analytical, and cross-sectional). The researcher preferred to use non-experimental design because ;
researcher deal with human being and mental health behavior, in addition to the ethically reason .
 Play important role in the mental health because, many problems are not amenable to experimentation.

4.4 The Study Population:

Unfortunately, there is no formal statistics about the accurate number of drug dependents cases in governmental mental health care centers in Gaza Strip at 2011-2012. So, the researcher calculated the numbers of drug dependents in the all of drug dependents who receive treatments in the governmental mental health clinics by calling the leaders and the mental health care provider colleges in it and asking them for checking the file about the number of cases they recorded and have diagnosis as drug dependence in Gaza Strip at 2011-2012. The total number was 1400 cases that divided as the following:-
-Rehabilitation centers in the psychiatric hospital of Gaza strip (600).
-El Nousirat clinic (250 cases).
-El agaa jasser centers in Khaniouness(250).
-Tall el sultan in Rafah (300).

4.4.1Sample size:

The sample size was calculated by statistical equation . Therefore, the sample size is 200 of the wives of patient from (500) cases that meet the inclusion criteria . (20)of eligible wives refused to participate in this study.

4.4.2 Sample and sampling

The sample is defined as a subgroup of the target population that the researcher plans to study for generalizing who are representative of the entire population . This is a cross-sectional study which included (500)from the wives of husbands with confirmed diagnosis of drug dependence who were treated in the governmental addiction rehabilitation centers of psychiatric hospital in Gaza Strip during 2011-2012, meet the Inclusion and exclusion criteria .
The sample was randomly selected through simple sampling by the researcher through closed the both eyes and put the hand on the mouse of computers and made click on the name numbers of the drug dependents and the first numbers was (10)as started point then chosen counted equal number three to (200) cases . and 200 questionnaires were distributed to the research sample . The total participants who responded to the study were (180) participants and each of participants participated voluntarily in this study and were interviewed at addiction rehabilitation centers personally by the researcher. While there were (20) questionnaires not received due to refusal of, some participants who are not available, and cannot be reached .

4.5 Period of the study

The study was conducted on April 2012 to April 2013 and the questionnaires were completed by the wives during march 2013.The researcher worked three days a week with in the addiction rehabilitation center of the psychiatric hospital to collect data for more than two months to check the file and record of drug dependent and review the accurate eligible sample.

4.6 Setting of the study

The study was carried about the wives of drug dependents who had file numbers with diagnosis as drug dependence and receive care in addiction rehabilitation center of governmental psychiatric hospital in Gaza strip. Filling the questionnaire by the wives took place in the rehabilitation center .

4.7 Eligibility criteria

4.7.1 Inclusion criteria

The inclusion criteria of the study was the wives of husbands who diagnosed and registered as drug dependents in governmental organizations, that diagnosed by psychiatrist according to Criteria of DSM-IV. for more than one years ago and age range of spouses from (20-65) years and have children and the both spouses are not divorced or widowed or by other meaning not lived with each other , and haven't any previous psychological or sever physical disease at the time of the study .

4.7.2 Exclusion criteria

There were no significant exclusion criteria in this study except for husband diagnosed and receive care for drug dependence less than one years ago or the spouses at the time of study have:

1. previous psychological or sever physical illness
2. Couples who are not live with each of others or not have children .
3. Refusal to give informed consent or to participate in the study.

4.8 Research control

The researcher made the condition during data collection as similar as possible for all subjects. The researcher made control of external factors as:

1-The time:

The researcher conducted data at limited time from 8--11 am, 3 days in a week as the rehabilitation center program clinic for at least tow month.

2-Communication:

The researcher collected data alone, and explained and clarified questions and informed the study purpose to all participants at the same meaning and level.

3-Environment:

The researcher chose one place for all participants include the governmental addiction rehabilitation centers in psychiatric hospital .

Control intrinsic (confounding) factors:
1-Randomization: Each participants has an equal chance to be included in the study.
2-Blocking and matching: The study involved information about participant's characteristics to form comparison to the both the husbands and their wives as age, educational level …..

4.9 Data collection

Interviewed questionnaire was used in this study. Each selected and eligible wives received full information about the study and its purposes and encouraged to participate in the study. Scanning by questionnaire can be the fastest and the easiest method of collecting data. Questionnaires are much less costly and require less time and energy to administer. And is more accurate when starting processing and analyzing these data. Interviewed questionnaire method was used to ensure highest possible response rate, and to encompass difficulties that may arise in completing or understanding the questionnaire.

4.10 Ethical considerations and Permission

The ethical considerations and procedures are very important conditions in applying the research . The permission to assess and obtain the acquired data was obtained from general mental health directorate before starting this study .One important procedure is consent form and agreement of the wives of drug dependents to participate and they have the right to refuse to participate in this study every subject in the study will have an explanatory letter about the study , the researcher will explain to all participants the important issues in the research. Consent form is optional and emphasis confidentiality , ethical concepts, respect for trust and respect for people who have been considered. Immediately after receiving the packet, the researcher separated the consent form from the completed questionnaires.
The packet contained the following:
1. Instructions.
2. Informed Consent.
3. Demographic Information sheet about the husband's drug dependents .
4. Demographic Information sheet about the wives.
5. The stigma burden scale .

4.11 Questionnaire Design and Content:

After reviewing the literature and after interviewing with experts who were dealing with similar subject at different levels, and working with drug dependents, also the researcher conduct face to face interviewing with some of the wives of the drug dependents who were in the prison because of drug dependency problems and with others who came to the addiction rehabilitation center to take treatments to their husbands, all the information that could help in achieving the study objectives were collected, reviewed and formalized to be suitable for this study then, after many stages of brain storming, consulting, amending, and reviewing executed by the researcher with both supervisors, a questionnaire was developed and designed into closed ended questions.

The questionnaire was sent to a specialist in English translation and after that the Arabic version sent to a specialist in Arabic for accreditation then finally back translation to English was done. An English version is attached in (Annex 3).

The scale was provided with a covering letter explaining the purpose of the study, the way of responding, the aim of the research and the security of the information in order to encourage a high response rate .

The scale included multiple choice questions, which used widely in the scale, the variety in these questions aims first to meet the research objectives, and to collect all the necessary data that can support the discussion, results and recommendations in the research.
The scale, which is used, aimed to study the stigma burden on the wives of drug dependents in Gaza Strip. This questionnaire has been prepared in suitable papers, pointed, cleared statements and proper arranged of ideas to make fullness of the questionnaire easy and simple.

The researcher designed one instrument (stigma burden scale).
The stigma burden scale design composed of seven sections to accomplish the aim of the research, as follows:
- First: socio demographic questions about the husband' drug dependents .
- Second: socio demographic questions about the wives of drug dependents
- Third: psychological burden of stigma
- Fourth: family burden of stigma
- Fifth : social burden of stigma
- Sixth :economical burden of stigma
- Seventh: spiritual burden of stigma

The sections in the questionnaire verified the objectives in this research related to the burden of stigma among the wives of drug dependents in Gaza Strip as described in Table 4.1.

Table 4.1 illustrates the questionnaire of stigma burden domains contents

Number	Domains	Items
First	**Psychological burden .**	**Questions from 1-14.**
Second	**Family burden .**	**Questions from 15-26.**
Third	**Social burden .**	**Questions from 27-33.**
Fourth	**Economical burden .**	**Questions from 34-41.**
Fifth	**Spiritual burden.**	**Questions from 42-50.**

4.11.1 Correction of scale:

It has developed scalar for answer in Likerts way to measure trends which include five degrees (Totally disagree: one degree, disagree: two degrees, don't know: three degrees, agree: four degrees, Totally agree: five degrees) , and thus the degree to which can be obtained by participant ranged between 50-250. High grades obtained by the wives on the dimensions of the scale indicates that the wives face severe burden of stigma related drug dependence .

All questions follow likert scale as the following:

Levels	Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree
Scale	1	2	3	4	5

4.12 Pilot Study

A pilot study for the questionnaire was conducted before starting to collect data. It provides a trial run for the questionnaire, which involves testing the wordings of question, identifying ambiguous questions, testing the techniques that used to collect data, and measuring the effectiveness of standard invitation to respondent's .
It is a customary practice that the survey instrument should be piloted to measure its validity and reliability and test the collected data. The pilot study was conducted by distributing the prepared questionnaire to number of the participants in the pilot study was (30) of the wives of drug dependents from the addiction rehabilitation center in psychiatric hospital in Gaza strip, and they excluded from total sample .

4.13 Validity of the scale :

Validity refers to the degree to which an instrument measures what it is supposed to be measuring. High validity is the absence of systematic errors in the measuring instrument. When an instrument is valid; it truly reflects the concept it is supposed to measure. Achieving good validity required the care in the research design and sample selection.

4.13.1Content Validity of the Questionnaire:

It is the extent to which the questions on the instrument and the scores from these questions are representative of all the possible questions that the researcher could ask about the content or skills .

Content validity test was conducted by consulting groups of experts. The first was requested to evaluate and identify whether the questions agreed with the scope of the items and the extent to which these items reflect the concept of the research problem. The other was requested to evaluate that the instrument used is valid statistically and that the questionnaire was designed well enough to provide tests between variables. Panels of experts were contacted to the questionnaire validity. The first panel, which consisted of (9)experts viewed in annex (6), in addition to both supervisors was asked to verify the validity of the questionnaire topics and its relevance to the research objectives. panels of experts having experience in the same field of the research to have their remarks on the questionnaire, some minor changes, modifications and additions were introduced to the questions and the final scale was constructed in the pilot study and distributed after modifications from panel of experts. The second panel, which consisted one experts in statistics, was asked to identify that the instrument used was valid statistically, and that the questionnaire was well designed enough to provide relations and tests among variables, in addition to two experts in English and Arabic languages.

All of the groups of experts agreed that the questionnaire was valid and suitable enough to measure the concept of interest and the purpose that the questionnaire designed for.

4.13.2 Internal consistency:

Internal consistency of the questionnaire is measured by a scouting sample , which consisted of scale , through measuring the correlation coefficients between each paragraph in one field and the whole filed.

Tables No. (4.2) below shows the correlation coefficient and p-value for each field items. As show in the table the p- Values are less than 0.05 or 0.01,so the correlation coefficients of this field are significant at á = 0.01 or á = 0.05, so it can be said that the paragraphs of this field are consistent and valid to be measure what it was set for to achieve the main aim of the study.

Table No. (4.2) Validity of stigma burden domains

No.	Domains	R	Sig.
1.	**Psychological burden**	**0.88**	**0.000**
2.	**Family burden**	**0.90**	**0.000**
3.	**Social burden**	**0.83**	**0.000**
4.	**Economical burden**	**0.81**	**0.000**
5.	**spiritual burden**	**0.77**	**0.000**

4.14 The reliability of the scale:

The reliability was estimated by using the standard method Alpha Cronbach, which reaching 0.93 of the total degree, while ranged between 0.64 - 0.91 for the five dimensions of the scale.

4.14.1 Reliability of the scale

4.14.2 Half Split Method

This method depends on finding Pearson correlation coefficient between the means of odd rank questions and even rank questions of each field of the questionnaire. Then, correcting the Pearson correlation coefficients can be done by using Spearman Brown correlation coefficient of correction. The corrected correlation coefficient (consistency coefficient) is computed according to the following equation : Consistency coefficient = 2r/(r+1), where r is the Pearson correlation coefficient. The normal range of corrected correlation coefficient 2r/(r+1) is between 0.0 and + 1.0 As shown in Table No.(4.3) the general reliability for all items equal 0.877, and the significant (á) is less than 0.05 so all the corrected correlation coefficients are significance at á = 0.05. It can be said that according to the Half Split method, the dispute causes group are reliable.

4.14.3 Cronbach's Coefficient Alpha.

Is another internal consistency approach, used to overcome disadvantages seen with the split-half reliability approach, which is, in essence, the average of all possible split-half correlations within a measure.
This method is used to measure the reliability of the questionnaire between each field and the mean of the whole fields of the questionnaire.
The normal range of Cronbach's coefficient alpha value between 0.0 and + 1.0, and the higher values reflects a higher degree of internal consistency.

As shown in Table No. (4.3) Cronbach's coefficient alpha was calculated for the first field of the causes of claims, the second field of common procedures and the third field of the Particular claims. the general reliability for all items equal 0.897 . This range is considered high; the result ensures the reliability of the questionnaire.

Tab (4.3)Reliability _of stigma burden domains

No.	Domains	Alpha	half Spilt
1.	Psychological burden	0.677	0.690
2.	Family burden	0.603	0.665
3.	Social burden	0.834	0.775
4.	Economic burden	0.832	0.789
5.	Religious burden	0.643	0.628
6.	All burdens	0.897	0.877

4.15 Statistical Manipulation:

To achieve the research goal, researcher used the SPSS for Manipulating and analyzing the data.

4.14.1 Statistical methods are as follows:

- Frequencies and Percentile.
- T- test.
- ONE WAY ANOVA.

Chapter Five

Data Analysis and Results

Chapter Five

Data analysis and results

5.1 Introduction:

This chapter illustrates the statistical analysis of the data that presents the demographic characteristics of the husbands and their wives and the answers of the research questions about the stigma burden among the wives of drug dependents .

5.2 Descriptive analysis of the study:

Total number of the study sample was 180 of the wives of drug dependents

5.3 Socio demographic data of the husbands

The table(5.1) illustrates the results of demographic variables of the drug dependent' husbands which included (age – educational - working-income level- type of housing**)**

Table (5.1): Socio demographic data of the husband

No.	Items	Frequency	Percentages
1.	Age		
	35 years, and less	67	37.2
	36 to 45 years	59	32.8
	More than 45 years	54	30.0
	Total	180	100
(Mean = 40.32 , MD = 40.0 , Std= 9.34)			
2.	Education		
	Preparatory, and less	91	50.6
	Secondary	74	41.1
	University and more	15	8.3
	Total	180	100.0
3.	Number of children		
	5 member. and less	86	47.8
	More than 5 members	94	52.2
	Total	180	100.0
(Mean = 5.75 , MD= 6.00, Std = 2.74) , (Male mean = 2.61 , Female mean = 3.16)			
4.	Working		
	Yes	68	37.8
	No	112	62.2
	Total	180	100.0
5.	Income		
	No income	74	41.1
	Less than 1000 NIC	68	37.8
	1001 to 2000 NIC	24	13.3
	More than 2000 NIC	14	7.8
	Total	180	100.0
6.	Type of housing		
	Own	97	54.2
	Rent	54	30.2
	Other (family home)	28	15.6
	Total	179	100

Table (5.1)illustrate that(37.2%)from the husband of the sample ages "Less than 35 years ", and(32.8%) ages from " From 36 to 45 years ", and (30.0%)of the husband of the sample ages " More than 45 years ". And (50.6%) of the husband of the sample educated from Preparatory and less, and (41.1%) had Secondary . And (52.2%) had More than (5) members. And (62.2%) of dug dependent' husbands of the sample weren't work . And (41.1%)of the sample hadn't income. (54.2%) of the sample are lived in the own house.

5.3.1Data about drug dependence

The table(5.2) show the information regarding drug dependency among the husbands of the wives of drug dependents of this study that included (years and type of drugs- method of administration)which illustrates in the next table as the following:

Table (5.2):Information about drug dependence .

No.	Items	Frequency	Percentages
1.	**Years of drug dependence**		
	5 years and less	43	29.9
	6 to 10 years	45	31.3
	More than 10 years	56	38.8
	Total	144	100
(Mean = 8.74 , MD = 7.0 Std= 8.149)			
2.	**Type of drug**		
	Drugs	124	68.9
	Others (Hashish, Cocaine, Heroin, more than one drug)	24	31.1
	Total	148	100
3.	**Way of use**		
	Orally	123	68.3
	Others way (injection , nose)	23	12.8
	More than one way	34	18.9
	Total	180	100
4.	**Type of Smoking**		
	Not smoke	12	6.7
	Cigarettes	151	83.9
	Argils, pipe, and others	17	9.4
	Total	180	100

Table (5.2) show that (68.9%)of drug dependents were addict on one drugs while (21.7%)of them had addicted on more than one drug. And (68.3%) of them taking drugs by oral while (18.9%) takes drugs by more than one way. (83.9%)of drug dependents were smoking cigarettes.

5.4 Socio demographic data about the wives of drug dependents

The result in this study about the socio demographic characteristics and the properties of the wives of drug dependents which included (Age – Educational levels- Relative marriage- Years of marriage- Working of the wives.)that illustrates in the next table (5.3) as the following:

Table (5.3): Socio demographic data of the wives .

No.	Items	Frequency	Percentages
1.	**Age**		
	30 years, and less	72	40.0
	31 to 40 years	52	28.9
	More than 40 years	56	31.1
	Total	180	100
(Mean = 35.0 , MD = 35.0 Std= 11.9)			
2.	**Educational levels**		
	Preparatory and less	79	44.1
	Secondary	69	38.6
	University and more	31	17.3
	Total	179	100
3.	**Relative marriage**		
	Yes	65	36.1
	No	115	63.9
	Total	180	100
4.	**Years of marriage**		
	5 Years, and less	21	11.7
	From 6 to 15 Years	81	45.0
	More than 16 Years	78	43.3
	Total	180	100
5.	**Working**		
	Yes	37	20.6
	No	143	79.4
	Total	180	100

Table (5.3) shows that 40% of wives were less than 30 years old and 44.1% educated to Preparatory and less. 36.1% from the wives married relative husband . 88.3% married from 6 years and more. Only 20.6% from the wives work.

5.5. Statistical analysis for research questions

5.5.1- What is the burdens of stigma among the wives of drug dependents.?

The researcher test the opinion of the wives of drug dependents about the burden of stigma domains which associated with drug dependency as the followings (psychological, family, social, economical, and spiritual), by using descriptive statistical as measure the (mean-median –standard deviation –and weight of means). And the results show in Table No. (5.4)

Table (5.4):Mean of the Stigma Burdens Domains

No.	Domains	Mean	MD	Std.	Weight of means
1.	**Psychological burden**	89.22	92.00	11.94	35.688
2.	**Family burden**	87.36	92.73	13.57	34.944
3.	**Social burden**	83.11	88.57	17.05	33.244
4.	**Economic burden**	89.40	95.00	14.17	35.76
5.	**Spiritual burden**	86.04	86.67	10.85	34.416
6.	**All burdens**	87.41	91.00	11.17	34.964

Table (5.4) show that the mean of the stigma burdens according to the wives of drug dependents were (87.41%) , the most of stigma burdens were with economical burden with mean (89.4%) followed by psychological burden with mean (89.2%) then the family burden with mean (87.36%) followed by the spiritual burden and social burden .

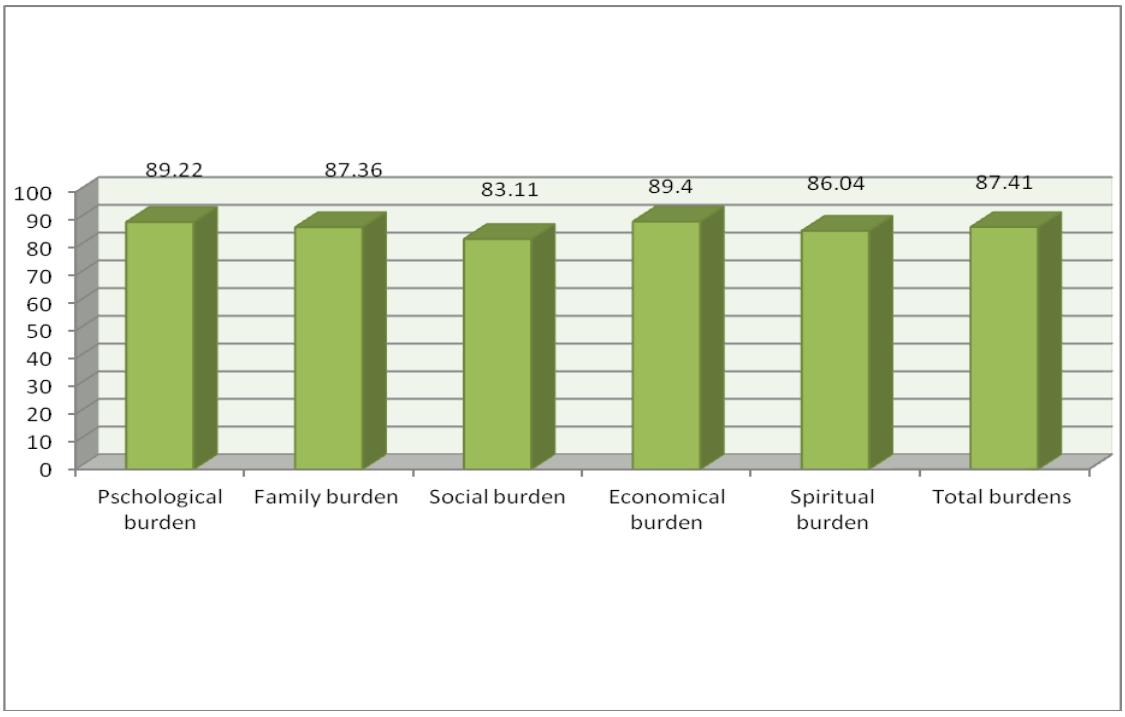


Figure (5.1) illustrated the results of stigma burden domains .

5.5.2 - Are there statistical differences at $\alpha \leq 0.05$ in the stigma burdens due to the age of husbands among the wives of drug dependents?

To test this question, the researcher used the one way ANOVA test, by measuring the (mean–standard deviation —frequency and significant level). And the results show in Table No. (5.5)

Table (5.5) :The differences in the stigma burdens due to the age of husband

Domain	age	Mean	Std.		Sum of Square	df	Mean Square	F	Sig.
Psychological burden	35 years & less	87.8	14.5	Between Group	466.6	2	233.3	1.649	0.195
	36 to 45 Y.	88.6	11.7						
	more than 45 Y.	91.6	7.8	Within Group	25040.5	177	141.5		
	Total	89.2	11.9		25507.1	179			
Family burden	35 years &less	83.4	14.8	Between Group	2511.3	2	1255.6	7.301	0.001
	36 to 45 Y.	87.0	13.7						
	More than 45 Y.	92.6	9.9	Within Group	30442.6	177	172.0		
	Total	87.4	13.6		32953.9	179			
Social burden	35 years &less	81.2	17.7	Between Group	419.5	2	209.7	0.719	0.489
	36 to 45 Y.	84.6	16.4						
	More than 45 Y.	84.0	17.0	Within Group	51634.2	177	291.7		
	Total	83.1	17.1		52053.7	179			
Economic burden	35 years& less	87.1	17.2	Between Group	1999.5	2	999.8	5.217	0.006
	36 to 45 Y.	87.4	13.9						
	More than 45 Y.	94.5	7.8	Within Group	33917.5	177	191.6		
	Total	89.4	14.2		35917.0	179			
Spiritual burden	35 years &less	85.3	12.0	Between Group	73.7	2	36.8	0.310	0.734
	36 to 45 Y.	86.1	10.4						
	More than 45 Y.	86.9	10.0	Within Group	21005.6	177	118.7		
	Total	86.0	10.9		21079.3	179			
Total	35 years & less	85.4	12.5	Between Group	764.0	2	382.0	3.136	0.046
	36 to 45 Y.	87.0	11.2						
	More than 45 Y.	90.4	8.7	Within Group	21562.8	177	121.8		
	Total	87.4	11.2		22326.8	179			

From the past table (5.5)which illustrated that that there are statistical significant differences in the total stigma burdens, family burden, and economical burden due to the age of husbands above 45 years old, with mean 90.4% , 92.6% and 94.5% respectively and the significant less than 0.05 (α = 0.046 , 0.001 and 0.006). While there were no statistical significant differences between ages of husband and Psychological , social, and spiritual burdens as the significant more than 0.05 .

5.5.3Are there statistical differences at $\alpha \leq 0.05$ in the stigma burdens due to the husbands' educational level among the wives of drug dependents ?

To answer this question the researcher used one way ANOVA, by measuring the (mean–standard deviation –frequency and significant level). And the result illustrated in table No. (5.6) as the following**:**

Table (5.6):differences in the stigma burden due to husband's educational level

Domains	Level	Mean	Std.		Sum of Squares	Df	Mean Squares	F	Sig.
Psychological burden	Less than Preparatory	**174.8**	**49.0**	Between Group	**12611.0**	**2**	**6305.5**	**1.722**	**0.182**
	Secondary	**192.0**	**74.7**	Within Group	**648128.8**	**177**	**3661.7**		
	University and more	**188.9**	**42.0**						
	Total	**183.0**	**60.8**		**660739.8**	**179**			
Family burden	Less than Preparatory	**89.1**	**11.4**	Between Group	**586.1**	**2**	**293.1**	**1.603**	**0.204**
	Secondary	**85.3**	**15.7**	Within Group	**32367.8**	**177**	**182.9**		
	University and more	**87.0**	**13.7**						
	Total	**87.4**	**13.6**		**32953.9**	**179**			
Social burden	Less than Preparatory	**85.1**	**15.6**	Between Group	**773.0**	**2**	**386.5**	**1.334**	**0.266**
	Secondary	**80.9**	**18.7**	Within Group	**51280.7**	**177**	**289.7**		
	University and more	**81.7**	**16.5**						
	Total	**83.1**	**17.1**		**52053.7**	**179**			
Economic burden	Less than Preparatory	**90.2**	**14.1**	Between Group	**117.7**	**2**	**58.8**	**0.291**	**0.748**
	Secondary	**88.5**	**14.1**	Within Group	**35799.4**	**177**	**202.3**		
	University and more	**89.0**	**15.3**						
	Total	**89.4**	**14.2**		**35917.0**	**179**			
Spiritual burden	Less than Preparatory	**86.2**	**10.2**	Between Group	**255.6**	**2**	**127.8**	**1.086**	**0.340**
	Secondary	**85.1**	**11.8**	Within Group	**20823.7**	**177**	**117.6**		
	University and more	**89.6**	**9.3**						
	Total	**86.0**	**10.9**		**21079.3**	**179**			
Total	Less than Preparatory	**88.5**	**9.7**	Between Group	**269.4**	**2**	**134.7**	**1.081**	**0.341**
	Secondary	**86.0**	**13.0**	Within Group	**22057.4**	**177**	**124.6**		
	University and more	**88.0**	**9.8**						
	Total	**87.4**	**11.2**		**22326.8**	**179**			

Table (5.6) showed that there are no statistical significant differences in the all of stigma burdens due to the husband' educational levels, among the wives of drug dependents as the significant level more than 0.05 (F = 1.081 , α=0.341).

5.5.4 -Are there statistical differences at α ≤ 0.05 in the stigma burdens due to the husband's working among the wives of drug dependents ?

To test the question the researcher used a one sample t- test to test the opinion of the respondents about the differences between their husband's working and the level of stigma burdens. And the result illustrated in table no. (5.7) as the followings .

Table (5.7):Differences in the stigma burden due to husband's working.

Domains	Working	N	Mean	Std.	T	Sig.
Psychological burden	**Work**	68	86.22	12.05	-2.678	0.008
	Not Work	112	91.05	11.54		
Family burden	**Work**	68	83.69	13.74	-2.888	0.004
	Not Work	112	89.59	13.02		
Social burden	**Work**	68	77.98	17.36	-3.225	0.001
	Not Work	112	86.22	16.16		
Economical burden	**Work**	68	84.71	16.27	-3.579	0.000
	Not Work	112	92.25	11.92		
Spiritual burden	**Work**	68	82.94	11.41	-3.051	0.003
	Not Work	112	87.92	10.09		
Total	**Work**	68	83.68	10.55	-3.614	0.000
	Not Work	112	89.68	10.96		

Table (5.7) showed that there are statistical significant differences in the all stigma burdens, due to the husband's who were not work, with the mean (89.68%) at the significant level less than 0.05 (t = -3.614; α =0.000).

5.5.5-Are there statistical differences at α ≤ 0.05 in the stigma burdens due to the years of husband' drug dependence among the wives of drug dependents ?

To answer this question the researcher used the one way ANOVA by testing the (mean–standard deviation —frequency and significant level). And the result illustrated in table No. (5.8**)**

Table (5.8) : Differences in the stigma burden due to years of drug dependence

Domain	Years	Mean	Std.		Sum of Square	Df	Mean Square	F	Sig.
Psychological burden	5 years and less	86.05	13.40	Between Group	1567.9	2	783.9	8.016	0.001
	6 to 10 Y.	93.69	8.03	Within Group	13789.6	141	97.8		
	More than 10 Y.	92.83	7.88						
	Total	91.07	10.36		15357.4	143			
Family burden	5 years and less	82.66	12.88	Between Group	3404.6	2	1702.3	16.243	0.001
	6 to 10 Y.	92.24	9.95	Within Group	14777.0	141	104.8		
	More than 10 Y.	93.93	7.92						
	Total	90.04	11.28		18181.6	143			
Social burden	5 years and less	82.39	18.26	Between Group	489.7	2	244.9	0.887	0.414
	6 to 10 Y.	86.41	15.90	Within Group	38911.6	141	276.0		
	More than 10 Y.	86.43	15.83						
	Total	85.22	16.60		39401.3	143			
Economic burden	5 years and less	88.08	14.25	Between Group	1250.4	2	625.2	4.935	0.008
	6 to 10 Y.	93.39	11.91	Within Group	17862.0	141	126.7		
	More than 10 Y.	95.09	7.51						
	Total	92.47	11.56		19112.3	143			
Spiritual burden	5 years and less	87.49	11.20	Between Group	13.6	2	6.8	0.066	0.936
	6 to 10 Y.	87.21	10.12	Within Group	14479.4	141	102.7		
	More than 10 Y.	87.94	9.25						
	Total	87.58	10.07		14493.0	143			
Total	5 years and less	85.38	10.74	Between Group	1110.3	2	555.1	6.765	0.002
	6 to 10 Y.	91.14	8.79	Within Group	11570.8	141	82.1		
	More than 10 Y.	91.66	7.78						
	Total	89.62	9.42		12681.1	143			

Table (5.8) showed that there are statistical significant differences in the total stigma burdens among the wives of drug dependents due to the years of drug dependency of husbands from (6-10 years) with means 89.62% and the total significant level less than 0.05 (F=6.765 ,α = 0. 002). Except in the social, and spiritual burdens as the significant level more than 0.05 (f= 0.887,0.066 and α = 0.414 , 0.936)respectively .

5.5.6 -Are there statistical differences at α ≤ 0.05 in the stigma burdens due to enter prison of husbands among the wives of drug dependents ?

To test this question the researcher used a one sample t -test to test the opinion of the respondents about the differences between husband's enter prison and the level of stigma burdens. And the result illustrated in the following table.

Table (5.9): Differences in the stigma burdens due to husband's enter prison

Domains	Enter prison	N	Mean	Std.	T	Sig.
Psychological burden	**Yes**	117.0	91.50	10.06	3.612	0.000
	No	62.0	84.92	14.03		
Family burden	**Yes**	117.0	90.27	10.92	4.220	0.000
	No	62.0	81.67	16.18		
Social burden	**Yes**	117.0	86.67	15.94	4.016	0.000
	No	62.0	76.31	17.27		
Economical burden	**Yes**	117.0	92.61	12.07	4.446	0.000
	No	62.0	83.19	15.84		
Spiritual burden	**Yes**	117.0	86.59	9.65	0.983	0.327
	No	62.0	84.91	12.89		
Total	**Yes**	117.0	89.85	9.26	4.242	0.000

Table (5.9) showed that there are statistical significant differences in the total of stigma burdens due to the husband' entering prison with mean's (89. 85 %) and the significant level less than 0.05 (t= 4.242, α =0.000). Except the spiritual burden as the significant level more than 0.05 (t=0.983 , α = 0.327).

5.5.7-Are there statistical differences at α ≤ 0.05 in the stigma burdens due to the wives' Age among the wives of drug dependents ?.

The researcher used descriptive statistical analysis to answer this question by using the one way ANOVA test, as tested (mean–standard deviation —frequency and significant level). And the result illustrated in table No. (5.10) as the following result

Table (5.10):Differences in the stigma burdens due to the age of the wives

Domains	age	Mean	Std.		Sum of Square	df	Mean Square	F	Sig.
Psychological burden	30 years & less	85.5	14.4	Between Group	1714.3	2	857.1	6.376	0.002
	31 to 40 years	92.3	10.6	Within Group	23792.8	177	134.4		
	More than 40 Y.	91.2	7.8						
	Total	89.2	11.9		25507.1	179			
Family burden	30 years & less	81.0	14.7	Between Group	4805.7	2	2402.9	15.110	0.000
	31 to 40 years	91.6	10.0	Within Group	28148.2	177	159.0		
	More than 40 Y.	91.6	11.8						
	Total	87.4	13.6		32953.9	179			
Social burden	30 years & less	79.4	17.0	Between Group	1843.9	2	921.9	3.250	0.041
	31 to 40 years	87.0	17.1	Within Group	50209.8	177	283.7		
	More than 40 Y.	84.3	16.3						
	Total	83.1	17.1		52053.7	179			
Economic burden	30 years & less	84.5	17.1	Between Group	2991.4	2	1495.7	8.041	0.000
	31 to 40 years	91.8	11.7	Within Group	32925.6	177	186.0		
	More than 40 Y.	93.5	9.7						
	Total	89.4	14.2		35917.0	179			
Spiritual burden	30 years & less	84.3	11.8	Between Group	801.2	2	400.6	3.497	0.032
	31 to 40 years	89.3	10.1	Within Group	20278.0	177	114.6		
	More than 40 Y.	85.3	9.7						
	Total	86.0	10.9		21079.3	179			
Total	30 years & less	83.3	12.4	Between Group	2094.3	2	1047.2	9.161	0.000
	31 to 40 years	90.8	9.7	Within Group	20232.5	177	114.3		
	More than 40 Y.	89.6	9.1						
	Total	87.4	11.2		22326.8	179			

Table No. (5.10) which showed that the p-value equal (α =0.000) which is less than 0.05 ,and the value of test equal (F= 9.161) that's means that there are significant differences in the all of stigma burden domains among the wives of dug dependents due to the wives' age from (31 to 40) years old with mean(90.8%) in this study.

5.5.8-Are there statistical differences at $\alpha \leq 0.05$ in the stigma burdens due to the wives' educational level among the wives of drug dependents ?

To answer this question the researcher used descriptive statistical analysis, by using the one way ANOVA test, (mean–standard deviation —frequency and significant level). And the result illustrated in table No. (5.11) as the following**:**

Table (5.11):Differences between wives' educational level and the stigma burdens

Domains	level	Mean	Std.		Sum of Square	df	Mean Square	F	Sig.
Psychological burden	Less than Preparatory	86.6	13.6	Between Group	1372.7	2	686.3	5.035	0.007
	Secondary	92.7	7.5	Within Group	23992.3	176	136.3		
	University and more	88.7	13.8						
	Total	89.3	11.9		25365.0	178			
Family burden	Less than Preparatory	84.6	16.5	Between Group	1161.3	2	580.6	3.217	0.042
	Secondary	90.2	8.7	Within Group	31761.7	176	180.5		
	University and more	88.3	13.2						
	Total	87.4	13.6		32923.0	178			
Social burden	Less than Preparatory	79.7	18.0	Between Group	2078.8	2	1039.4	3.784	0.025
	Secondary	87.2	15.5	Within Group	48345.4	176	274.7		
	University and more	83.8	15.1						
	Total	83.3	16.8		50424.3	178			
Economic burden	Less than Preparatory	88.2	15.3	Between Group	300.2	2	150.1	0.754	0.472
	Secondary	91.1	13.6	Within Group	35018.0	176	199.0		
	University and more	89.6	11.7						
	Total	89.5	14.1		35318.2	178			
Spiritual burden	Less than Preparatory	83.0	11.7	Between Group	1224.0	2	612.0	5.479	0.005
	Secondary	88.0	9.7	Within Group	19659.2	176	111.7		
	University and more	88.9	9.1						
	Total	86.0	10.8		20883.2	178			
Total	Less than Preparatory	84.8	13.0	Between Group	1103.9	2	552.0	4.608	0.011
	Secondary	90.3	8.5	Within Group	21082.6	176	119.8		
	University and more	88.1	10.0						
	Total	87.5	11.2		22186.5	178			

Table (5.11) showed that there are statistical significant differences in the total stigma burdens due to the wives' education at secondary level as the mean (90.3 %) and

significant less than 0.05 (F= 4.608, α =0.011).While there was no statistical differences in the economical burden of stigma due to wives' educational level at the significant level more than 0.05 (f=0.754, α = 0.472).

5.5.9-Are there statistical differences at α ≤ 0.05 in the stigma burdens due to wives' working among the wives of drug dependents ?

To answer this question the researcher used descriptive statistical analysis of t test and the result illustrated in table No. (5.12) as the following:

Table(5.12):Differences between wives' working and the stigma burdens

Domains	Wives' Working	N	Mean	Std.	T	Sig.
Psychological burden	**Work**	37.0	91.60	8.41	1.365	0.174
	Not Work	143.0	88.61	12.64		
Family burden	**Work**	37.0	88.50	15.53	0.571	0.569
	Not Work	143.0	87.07	13.06		
Social burden	**Work**	37.0	85.87	15.79	1.104	0.271
	Not Work	143.0	82.40	17.35		
Economical burden	**Work**	37.0	89.26	12.89	0.070	0.944
	Not Work	143.0	89.44	14.52		
Spiritual burden	**Work**	37.0	86.85	11.55	0.508	0.612
	Not Work	143.0	85.83	10.70		
Total	**Work**	37.0	88.89	10.20	0.900	0.369
	Not Work	143.0	87.03	11.41		

Table (5.12) showed that there are no statistical significant differences in the all of the stigma burdens due to the wives' working, as the significant more than the 0.05 (t = 0.900, α =0.369).

5.5.10-Are there statistical differences at α ≤ 0.05 in the stigma burdens due to the relative marriage among the wives of drug dependents ?

To answer this question the researcher used descriptive statistical analysis of the one way ANOVA and the result illustrated in table No. (5.13) as the following:

Table (5. 13):Differences in the stigma burdens due to relative marriage

Domains	relative marriage	N	Mean	Std.	T	Sig.
Psychological burden	**Yes**	65.0	86.91	13.19	-1.967	0.051
	No	115.0	90.53	11.01		
Family burden	**Yes**	65.0	85.23	13.64	-1.592	0.113
	No	115.0	88.57	13.44		
Social burden	**Yes**	65.0	81.01	18.39	-1.244	0.215
	No	115.0	84.30	16.21		
Economical burden	**Yes**	65.0	90.42	13.11	0.726	0.469
	No	115.0	88.83	14.75		
Spiritual burden	**Yes**	65.0	83.52	10.92	-2.368	0.019
	No	115.0	87.46	10.60		
Total	**Yes**	65.0	85.67	10.94	-1.583	0.115
	No	115.0	88.40	11.22		

Table (5. 13) showed that there are no statistical significant differences in the total sigma burdens due to relative marriage as the significant level more than the 0.05 (t = -1.583, α = 0.115).While there were statistical significant differences in the psychological, and spiritual stigma burdens due to relative marriage at significant level less than the 0.05 (t= -1.967 , -2.368, α =0.051, 0.019).

5.6 The summary of the results :

The total number of this study sample was 180 participants were (100 %)from Gaza Northern governorate as their husband receive care from the addiction rehabilitation centers of psychiatric hospital in Gaza strip .

5.6.1 Socio demographic data of the Husband

The husband of samples were (37.2%)from ages "Less than 35 years ", and. (50.6%) of the husband had Preparatory, and less. And (47.8%) had 5 member, and less. (62.2%) of drug dependent' husbands were not work . (41.1%) hadn't income and (54.2%) lived in the own house .

5.6.2 Information about drug dependence :

Drug dependents of samples were (68.9%) addicted on one drugs. (68.3%) taking drugs by orally . And 83.9% of them smoking cigarettes.

5.6.3 Socio demographic data of the wives

The wives of drug dependents of the sample were (40.%) from ages " 30 years and Less ", (44.1%) had level of education from preparatory, and less. And (63.9%) of the wives had not relative married .(11.7%) of the wives married for five years, and less. (79.4%)of the wives had not work .

5.6.4 The stigma burden on the wives of drug dependents.

Annex (9)shows that 90.0% of the wives not accept the saying the wife of drug dependent , 84.4% angered from husband behavior , 81.6% feel scared and upset when they see their husband take drugs.

Annex (10)shows that (74.4%)Practicing hostile behavior towards the family because of their husband's drug -dependence (92.8%) believe that husband 's drug dependence leaves imprint harm to the reputation of their family , (89.4%) husband's dependence raises nerves and causing marital problems among their wives .

Annex (11) shows that (61.2%) of wives feel that relatives and neighbors do not welcome visit them , (82.2%) afraid to face social obstacles when sons like to marry,(58.3%) think that the drug dependence is a danger to others so they must book for the community.

Annex (12)shows that (89.5%) deteriorate the material conditions of the family because of husband's drug dependents. (83.9%) encourage their children to work to face the difficulties of life rather than their father. (76.1%) husband's dependence is an obstacle to receiving the family financial assistance from anyone.

Annex (13)shows that (94.4%)believe that drug dependence Question of Sharia law , (92.8%) make sure to contact the pious and avoid bad companions for whatever reason , (95.6%) feel that the interest in the pair and a religious duty.

The mean of the total stigma burdens according to the wives of drug dependents were (87.41%) , the most burden was with economical burden with mean (89.4%) followed by psychological burden with mean(89.2%) then the family burden with mean (87.36%) followed by the spiritual burden and social burden .

There were statistical significant differences in the total stigma burdens, due to the age of husbands above 45 years old, while there were no statistical significant differences in the all of stigma burdens due to the husband' education levels, at the significant level more than 0.05 .

There were statistical significant differences in the total of stigma burdens due to the husbands" years of drug dependency from (6-10 years) . Except in the social and spiritual burdens as the significant level more than 0.05 .

There were statistical significant differences in the all stigma burdens, due to husband's who were not work, at the significant level less than 0.05 .

There were statistical significant differences in the total of stigma burdens due to the husband' entering prison as the significant level less than 0.05 .Except the spiritual burden as the significant level more than 0.05 .

There were significant differences in the all of stigma burden domains among the wives of dug dependents due to the wives' age from (31 to 40) years old .

There were statistical significant differences in the total stigma burdens due to the wives' education at secondary level as the significant less than 0.05 .While there was no statistical differences in the economical burden of stigma .

There were no statistical significant differences in the all of the stigma burdens due to wives' working at the significant level more than the 0.05.

There were no statistical significant differences in the total sigma burdens due to relative marriage as the significant level more than the 0.05 .While there were statistical significant differences in the psychological, and spiritual stigma burdens.

Chapter Six

Discussion, Conclusion and Recommendations

Chapter Six

Discussion, conclusion and recommendations

6.1 introduction

This chapter introduced the main results that achieved in the previous chapters and its discussion on the light of the previous studies. Furthermore, it's important to clarify the results and its relation with other studies that may be helpful in supporting the finding of this study. However, the researcher put on the hand some of implications and recommendations regarding the stigma of drug dependence . Also, recommendations for further research will be provided on the basis of the results of the current study.

As outlined in chapter two, the drug dependence are associated with self stigma and social/public sigma and thus its consequences of the stigma burden on the dug dependents and their families .

As discussed in chapter three, the literature confirms that the stigma burden is spread widely among the drug dependents, and illustrate the psychological , social, family , economical, and spiritual of stigma burdens on the wives of drug dependents

In this study, the researcher used the stigma burden scale to assess and measure the level of the stigma burden domains on the wives of drug dependents .

In this chapter the researcher discussed the main findings of the study. This study is the new and the first one on the field of mental health in Palestine according to the researcher's knowledge.

The study investigated the opinions of 180 from the wives of drug dependents who receive care from the addiction rehabilitation center of psychiatric hospital in Gaza strip

From the researcher viewed these sample complain and suffer from the stigma associated with seek and receive treatments or care from the governmental addiction rehabilitation centers in Gaza strip as this is the only center which giving care and services specialist for the drug dependents only who lived in the south of Gaza strip that makes the service takers feel more stigmatized as the others view any one come to this centers and receive care who complain of drug dependence disorders, while another community mental health clinics in Gaza strip give the services as combine for drug dependents and other mental health problems .

6.2. Discussion of the socio demographic characteristics

6.2.1 Age of husbands

According to the personal data of the husband , the researcher found that (37.2%) from the husband' ages of sample "Less than 35 years ", and 32.8% " From 36 to 45 years ", and the mean of the dug dependents' age = 40.32.

The finding means that the average of the drug dependents' age are in adult hood period stages the researcher determine that according to the inclusion criteria as married person who had children and receive care from addiction rehabilitation centers for more than one yeas ago .

The researcher viewed that the result present the most vulnerable age to develop drug dependence problems were the adult hood as the Mean of (age =40) that can be referred to different factors like increase of feel of self independently, and increase of their responsibilities, increase size of family members, and unemployment.

The segment of the population, which most commonly is affected by the drug dependence problems, is young adult males .(Lal , &Ambekar ,2009 :15).

Although taking drugs at any age can lead to dependence , research shows that the earlier a person begins to use drugs the more likely they are to progress to more serious drug dependency. This may reflect the harmful effect that drugs can have on the developing on the brain. (NIDA. 2007:9).

6.2.2 Educational level

There were (91.7%) of drug dependents had preparatory educational level, and less. This result means that the most of the drug dependents had lower educational levels

This result support the finding of the study of (Al Saud , 2011) who described that, the most important psychological factors for retaking drugs are: constant failure and frustration, the feeling of being inferior and not having self-confidence.

And the researcher think that the failure to school achievements thus low educational level may consider as one factors of present drug dependence problems

According to the reported of (Collins, et al. 2010 :15) which presented that the teachers also may be a source of stigma and discrimination of drug dependents as threats of suspension or expulsion from school if they continued their dependence a better approach would be for principals and teachers to talk with youth about why they are using drugs rather than disciplining them or taking a hard line approach.

And the reported of (Lal , & Ambekar , 2009 :15)as they described that the Adolescent users drop out from school, thereby curtailing all future learning capabilities.

6.2.3 Working and income levels

There were (41.1%) hadn't income and (37.8%)had less than 1000 NIC and (13.3%) had from 1001 to 2000 NIC . And (62.2%) of drug dependents of the sample were not work and unemployed.

According to the current study which present the low socioeconomic status level among drug dependents in Gaza that agree with the most of previous studies and reported as:

Collins, et al. (2010 :15) described that the Several of drug dependents were dismissed by employers because of their drug dependence. So the majority of drug dependents were unemployed and living in poverty .

Bollinger , et al. (2005:15) reported that drug dependents are at greater risk for job instability, long-term unemployment and accidents or injuries at work, often putting their families under tremendous financial pressure.

The segment of the population, which most commonly is affected by the drug dependence problems, is young adult males, who are most productive members of any society. Apart from the direct economic loss of money spent on drugs, drug users face various indirect monetary loss due to loss in productivity, absenteeism from work, being expelled from job etc. Adolescent users drop out from school, thereby curtailing all future learning capabilities. Multiple physical complication and recurrent hospitalizations drain money. (Lal , & Ambekar , 2009 :15).

Bollinger , et al. (2005:15)viewed that drug dependents are at greater risk for job instability, long-term unemployment and accidents or injuries at work, often putting their families under tremendous financial pressure.

This low income level was due to the present of addiction stigma and a high rate of unemployment and poverty in Gaza strip as PCBS (2010) reported that the unemployment rate in Gaza strip is 43.8% (PCBS, 2010:16).

6.2.4 Living condition

The study result were find that there were (54.2%) of the sample who lived in their own house and (30.2%) lived in rent house and (15.6%) lived with family home and other .

The result of current study present that Some of dug dependents lived in rent house as the impact and consequences of drug dependency on socioeconomic status level as they may bay their house for get drugs or their families may avoid to lived with them .

This result supported with (Williams, 2012: 12) as viewed that the Stigma leads people to avoid socializing, employing, working with, renting to, or living near persons who have drug dependence problems or histories.

The Felt and enacted stigma can take many forms as: being kicked out of one's family, house, rented accommodation, school, and community groups (Smart , 2004 : 125).

Drug dependents have the issue of stigma and discrimination by landlords and housing providers that related to their drug used. Drug dependents may faced difficulties in finding and maintaining stable housing because landlords would either

reject their application for housing ,or later evict them because of their drug dependents .(Collins, et al. 2010: 15).

Stigma affects the ability to find housing and employment, enter higher education, obtain insurance, and get fair treatment. (Everett, 2006:4).

Stigma continues to haunt such ex-users, preventing access to good housing and employment. (Lloyd , 2010:9).

researcher thinks that the People who complain from drug dependence are frequently unable to obtain good jobs or find suitable housing because of the effect of drug dependence and the associated with stigma even though they are recovered from these disorders.

6.3 Knowledge of wives about drug dependency

There were only(9.4%)of the wives knowing about husband 's drug dependence before marriage ,and only (12.2%) of wives knowing about drug dependents of any members of there families.

These results of the current study view the present of social stigma associated with drug dependence as the drug dependents' husbands keep there drug dependence problem with in secrecy and hiding these issues .

The research result agree with the following reports of study of as (Ahmed , & Amer , 2012: 60)they viewed that many clients may not report using khat, as it may not be viewed as a drug of abuse. Likewise, water-pipe smoking (a tobacco-smoking practice otherwise known as sheesha) has been gaining noteworthy popularity among teenagers and adolescents. in the Islamic tradition, the use of alcohol and recreational drugs is explicitly forbidden. Many Muslims are likely to hide their drug abuse habits from their family and communities, as a considerable amount of social stigma exists within communities with regard to drug dependence. However, for the Muslim client, even in moderate amounts, alcohol use may be looked down upon as a failure to live up to Muslim cultural and religious standards.

Powerful and pervasive, stigma prevents people from acknowledging their drug dependence problems, much less disclosing them to others. An inability or failure to obtain treatment reinforces destructive patterns of low self-esteem, isolation, and hopelessness. (Williams, 2012: 12).

Bollinger , et al. (2005:21) reported that families of drug dependence tend to be less involved in social, religious and cultural activities. They experienced self-imposed isolation or ostracized from the community. As a result, many suffer in silence, partly due to efforts to maintain secrecy or deny or ignore the problems of Drug dependence and partly because of community rejection and prejudice.

6.2.4 Wives attitudes toward sharing in treatment program

Study show that (91.1%) among the wives of drug dependents liked to share in treatment programs with husband.

This result of study congruent with the study of the (Singh ، 2010)as demonstrated that (89%) of wives of addicts were actively attempting to de –addict their husband. (57%) took their addict husbands to de-addiction center.

Hobson, (2008) as who viewed that There was a statistically significant positive relationship between ratings of self , social stigma and attitudes toward seeking psychological services . and between self , social stigma and intentions to seek counseling.

While it incongruent with the study of (Emad ,2012)The potential of self-stigma can yield label avoidance and decreased treatment participation. Stigma is dangerous because it interferes with understanding, asking for help and support from friends and family .

And the study of (Bollinger , et al. 2005:21) as they expressed that a majority of the women feel extremely isolated from their communities as they often subjected to ridicule and taunting from people. Wives also very often blamed for their husband's drug habit by their community accused of being negligent or dominating, which supposedly caused and/or exacerbated their husband's drug abuse. In order to avoid such attitudes, wives preferred staying home. Many choose to completely avoid neighbors, relatives and other community members and became totally isolated although the negative effects of social isolation on both themselves and their children, they often see no other choice. wives are feelings of embarrassment and hurt, and therefore preferred to stay away from everyone who may use of derogatory street language to address her family.

From the researcher 'opinion the wives of drug dependents are already suffering from the stigma of drug dependence as the eligible criteria (more than one years of diagnosed and registered in addiction rehabilitation centers)and they may think to overcome their burdens by asking and charring in the treatments program to help their husbands, and their selves.

6.3 Discussion of stigma burden domains

6.3.1 Psychological burden

The wives of drug dependents were (90.0%) not accept the saying the wife of drug dependent , 84.4% feel angered from husband's behavior , 81.6% feel scared and upset when they see their husband take drugs.

The current study found that the stigma connected to the psychological burden among the wives of drug dependents . These findings were supported by the studied of the followings:-

Singleton, (2011) as described that the feelings of shame and worthlessness prevent people and their families from seeking help, which exacerbate their problems.

Singh ، (2010) who found that (10%) of the wives employed psychological burden like stop talking/communicating with their spouses.

Pirsaraee ,(2007)described that the drug dependence had an impact on various aspects of marital satisfaction such as emotional satisfaction and sexual satisfaction.

Tiwari , Srivastava , & Kaushik , (2010)they reported that the wives of alcoholics have more stressful life events in comparison to non- alcoholic's spouse.

Murthy, & Shankardass , (2005) talked about the major burdens faced by the wives was the burden of blame of being responsible for the drug users, blame of hiding the issue from others, and of not getting timely treatment. that led to feelings of guilt, shame, embarrassment, and isolation, and frequent suicidal thoughts The lack of social and family support and blame put an overwhelming burden on these women.

And the study of (Ponudurai, et al. 2005) as reported that the wives were attributable to their husbands' behavior, such as disturbed relationship with the relatives (84.7%), being manhandled by their husbands (79.5%)', and deprivation of emotional support and love (51%), and suicidal ideas (14,0%).

All of these past studies, and reports may reflect by other meaning the content of psychological burden of stigma toward the wives of drug dependents .

6.3.2 Family burden:

There were (74.4%) of husbands who practice hostile behavior towards the family because of his drug dependence, 92.8% of the wives believed that husband 's drug dependence leaves imprint harm to the reputation of their family , (89.4%) husband's dependence raises nerves and causing marital problems among their wives

These finding of this study were supported by the study of (Collins, et al . 2010)as they reported that the families were the most significant source of discrimination, with the most negative impacts .

And the study of ; Singh ، (2010) described that Only 4% resorted to divorce or live separated from their husbands permanently.

The UNODC. (2010:17) reported that the social isolation of drug dependent's wives meant that there is little or no support available to them when needed, and they are unable to tell their communities, or their families, of their condition, in fear of being further ostracized. The wives expressed a desire to find suitable matches for their adult children, especially daughters. According to feeling that there are no one want to marry the "daughter of a drug dependents". The financial and emotional stresses of such situations are borne entirely by the wives, and often had a serious psychological impact. Due to this discriminated, wives may admitted to hiding their husband's drug use from her family and community.

Shyangwa , Tripathi , & Lal , (2008) designed that family burden was perceived as "severe" by the wives and opioid dependent cause amount of distress.

And the study of (Corrigan, et al. 2006) who reported that family stigma related drug dependence, was worse than for other health conditions, family members being blamed for the onset and offset of a relative's disorder and socially shunned.

Drug dependence poses various kinds of problems impacting not just on the drug dependents , but also on the family and community in general, Within the family, it is often woman, in the role of wife who is the most affected by drug dependence , and bear a significant part of the family burden. Such impact becomes more obvious in a developing country , where women are already disadvantaged, This aspect of the burden of drug dependence has received scant attention. (Lamichhane , Shyangwa , &Shakya , 2007 : 2) .

On conclusion the researcher viewed that The current study found the stigma connected to the family burden among the wives of drug dependents due to the Drug Dependency which causes drain on family resources, interrupt normal family task and that contributes to broken family relationship and increase wives responsibilities as role of the mother, partner and care givers to their drug dependents' husband.
All of these previous studies and reports may reflect by other meaning the content of family burden of stigma toward the wives of drug dependents .

6.3.3 Social burden

There were (61.2%) of wives feel that relatives and neighbors do not welcome visit them , 82.2% afraid to face social obstacles when sons like to marry,58.3% think that the drug dependence is a danger to others .

The current study found the stigma connected to the social burden among the wives of drug dependents as they socially isolated as faced blaming and contamination related to contact of drug dependence

These finding were supported by the study of; (Murthy,& Shankardass , 2005) as they reported that the major burdens faced by the wives was the burden of blame of being responsible for the drug users, blame of hiding the issue from others, that led to feelings of isolation, and The lack of social and family support and blame put an overwhelming burden on these women.

Stigma is dangerous because it interferes with understanding, obtaining support from friends and family, and it delays getting help. It can lead to: Denial of signs of illness in self, Secrecy and failure to seeking help, Self blame, drug abuse or problem gambling to control symptoms and isolation (Everett, 2006:13).

From the past reported which refer by other means that the association between stigma and the social burden among the wives of drug dependents .

6.3.4 Economic burden

There were (89.5%)deteriorate the material conditions of the family because of husband's drug dependency. 83.9% encourage their children to work to face the difficulties of life rather than their father. 76.1% husband's dependence obstacle to receiving the family financial assistance from anyone.

These result are congruent with many of the past studies and reported as : Williams, (2012: 12) reported that the Stigma leads people to avoid socializing, employing, working with, renting to, or living near persons who have drug dependence problems or histories.

Lal , & Ambekar , (2009 :15)they described that the Stigma of drug dependence prevents patients from getting job even when they are trying to quit drugs. Apart from money being diverted from family fund for sustaining drug use .

The financial burden of drug dependence on the wives is profound as their husbands unemployed and contributed little to household income. Wives are entirely responsible for meeting basic financial obligations including food, rent, utilities and clothing for children. The financial situation of the families of drug dependents had an impact on family nutrition and education, as well as prevented wives from obtaining adequate treatment for their drug using husbands. (UNODC.2010 :2).

The researcher view that According to the study result, the economic level for the participants is low due to the presence of addiction stigma , and increases unemployment and poverty in Gaza strip due to the closure and siege, so the participants were fully dependent on the government funded support programs And the value of their monthly income Less than 500 NIS.

6.3.5 Spiritual burden

There were (94.4%)of the wives believe that drug dependence Question of Sharia law , 92.8% make sure to contact the pious and avoid bad companions for whatever reason , 95.6% feel that the interest in the pair and a religious duty.

The study result indicated that the stigma of drug dependence connected to the spiritual burden and according to the opinion of researcher it will be differ of the level from a society to another According to culture, religious beliefs , education, social, economic factors and status of criminal justice system in every society.

And the researcher doesn't find previous studies talk about the spiritual burden among wives except The studied of (Scott , & Wahl, 2011) designed that Spirituality was an important aspect of coping for a majority of drug dependence .Which inconsistent with this study . This is related to the religious believes that the addiction is prohibited from god in our Islamic culture so this will put the wives in great spiritual burden as they lives with addicted husbands .

Many Muslims may not perceive some drugs as harmful or addictive. In the Islamic tradition, the use of alcohol and recreational drugs is explicitly forbidden. Many Muslims are likely to hide their drug use from their family and communities, as a considerable amount of social stigma exists within communities with regard to drug dependence. Inquiry into the client's perceptions of how drug use affected there relations with family and community members. (Ahmed , & Amer , 2012: 60).

Woodruff, (2003: 8) described that the presence of a drug dependence is a barrier to spirituality. One cannot choose freely and behave responsibly while under

the influence of psychoactive drugs; moreover, the need for these drugs tends to displace all other values in an individual's life.

Jayousi , (2003) described that Social faith is effective in addressing some of the risk factors associated with drug dependence, such as feeling of hopeless and isolation and lack of attachment. Muslim life style and family are another guarantee for drug free community..

All of these previous studies which may reflect by other meaning the content of spiritual burden of stigma among the wives of drug dependents

6.4 Discussion of the result of the study question

6.4.1 Stigma burden domains

The mean of the stigma burdens according to the wives of drug dependents were (87.41%) , the most burden was with economical burden with mean (89.4%) followed by psychological burden with mean(89.2%) then the family burden with mean (87.36%) followed by the spiritual burden and social burden .

This result congruent with studies and reports as :(Hagens , 2007)who described that the stigma is called the hidden burden of disease. It is a phenomenon which is added on to the burden of disease. Stigma and its consequences have a negative impact on individuals, families and public health programmes. Stigma and discrimination is a public health problem. It is sometimes called 'the Hidden Killer' or 'the Hidden Burden of Disease' or 'the Enemy Within'. The 'hidden killer' can be seen in relation to the results of attitudes, responses and behavior of society towards diseases .The 'enemy within', self stigma can be seen in relation to the perception and experience of the individual having disease which can lead to psycho-social problems causing great suffering.

The UNODC. (2010 :2)reported that The wives are entirely responsible for meeting basic financial obligations including food, rent, utilities and clothing for children The financial situation of the families of drug dependents had an impact on family nutrition and education, as well as prevented wives from obtaining adequate treatment for their drug using husbands..

The UNODC. (2010: 21) denoted that the psychological impact of drug dependence is more difficult to ascertain and the most obvious issue are a feeling of hopelessness , helplessness and defeat caused by the inability to provide proper care for their families and unable to do anything to better the lives of them. The unrelenting cycle of ineffective treatment and prompt relapse had left the spouses of drug users hopeless. Wives defeat and admitted to have given up hope that their husbands will ever recover. Endless violence, and the constant stress and tension experienced by women when in the presence of abusive husbands. Prolonged feelings of hopelessness, regret and helplessness may lead to bring suicidal thoughts for some women who feel that there is no end to her troubles and that her life are meaningless.

6.4.2 Stigma burden and age of husband

There were statistical significant differences in the total stigma burdens, family burden, and economical burden due to the age of husbands above 45 years old. While there were no statistical significant differences between ages of husband and Psychological , social, and spiritual burdens as the significant more than 0.05 .

This result congruent with the study of (Collins, et al . 2010) as they founding that the families of drug dependents were the most significant source of discrimination, with the most negative impacts , People were facing multiple forms of discrimination at the same time (e.g., related to dependence, their age), and the compounded effect intensifies the severity of the stigma and discrimination.

NIDA.(2007:9) described that the earlier a person begins to use drugs the more likely they are to progress to more serious dependence. This may reflect the harmful effect that drugs can have on the developing brain,it also may result from a constellation of early biological and social vulnerability factors, including genetic susceptibility, mental illness, unstable family relationships, and exposure to physical or sexual abuse. Still, the fact remains that early use is a strong indicator of problems ahead, among them, drug dependence and addiction.

And from the past result the researcher viewed that the age of drug dependents husband play role in developing family and economical burden on the wives of drug dependents as the age above 45 years old of husbands means that the productive level of them decrease thus the financial and families responsibilities increase on their wives .

6.4.3 Stigma burden and educational levels of husbands

There were no statistical significant differences in the all of stigma burdens due to the husband' educational levels, among the wives of drug dependents as the significant level more than 0.05 ($F = 1.081$, $\alpha=0.341$).

That's means that the educational level of husbands are not play role in the stigma burdens developing among the wives of drug dependents. From researcher view although the presence of differences in educational level between husbands , the influence and the effect of drugs on the mind and thinking of drug dependents so their wives may not feel the important of the educational factor

According to the researcher searching and knowledge there were no related study about this hypothesis conduct except the report of (Smart, 2004: 141) who reported that stigma and discrimination are pervasive and destructive, and need to be recognized as significant obstacles to any effective education sector such discrimination can take away a person's rights.

6.4.4 Stigma burden and working of husbands

There were statistical significant differences in the all stigma burdens, due to the husband's who were not work, at the significant level less than 0.05 .

The researcher think that when husband 'drug dependents were not work as the impacts of stigma, and drug dependence, that mean the more time of drug dependents spend within home, and more socially isolated or spend time asking for drugs and meeting their friends that by other meaning more associated chances to increase the level of the burden on their wives.

This result agree with the study of (Singleton, 2011) who found that stigma makes it difficult for patients recovering from drug dependence to obtain jobs, which are important for reintegration and participation in society.

Sharac, et al. (2008) the results showed, stigma/discrimination was found to impact negatively on employment, income, public views about resource allocation and healthcare costs.

6.4.5 Stigma burden and husband' enter prison

There were statistical significant differences in the total of stigma burdens due to the husband' entering prison with mean's (89. 85 %) and the significant level less than 0.05 ($t= 4.242$, $\alpha =0.000$). Except the spiritual burden as the significant level more than 0.05 ($t=0.983$, $\alpha = 0.327$).

This result of study are incongruent with the study founding of (Luoma, et al. 2007) which reported that, those who were involved with the legal system reported less stigma than those without legal troubles.

While it congruent with studies and reports of the following as (Lal , & Ambekar , 2009 :16)they reported that the drug dependents are always at conflict with law. In order to sustain drug use behavior, many drug dependents are forced to indulge in illegal activities, like stealing, robbing and peddling drugs. Vandalism, rash driving, intoxicated behavior often brings them to court.

The UNODC-WHO. (2008: 2) reported that individuals involved in the criminal justice system may be at higher risk of health and social. Drug taking behavior inside the prison involves more harmful patterns leading to increased risk of contamination with infectious diseases like Hepatitis and HIV.

Crime and drugs may be related in several ways, none of them simple. First, production, manufacture, distribution or possession of illicit drugs constitute a crime. drugs may be closely linked to other major problems, as the illegal use of guns, various forms of violence and terrorism. (UNDCP. 1995: 21).

Viewing the problem of drug dependence as a health issue rather than a crime is likely to lead to less stigmatization, although some health conditions are also stigmatized. The illegal status of heroin, and other drugs undoubtedly plays an important role in the strong stigma attached to drug dependents. (Lloyd , 2010:9).

The ways in which drug-related stigma relies on the element of criminalization is the “war on drugs” which is really a “war on drug dependents”. By criminalizing drug dependents, poor treatment, labeling and judgment are all legitimized. Further, by criminalizing the behavior, it pushes it underground –

making it more stigmatized. There is an important intersection with class-related stigma which increases the impact of stigma. Effects of criminalizing drug dependence lead to more resources for incarceration, less for supportive services Increased stigma (external + internalized—"criminal") and Interruptions in services/treatment . Hide the use of drugs; increased risk behaviors; and therefore engage in additional criminal acts, shame, etc. (Winkelstein, 2010 :25).

Family members may have to work harder to compensate for the drug dependent's lost wages due to job loss, incarceration or hospitalization. Even in less extreme cases, the family's economic health may suffer from the diversion of family funds to support a smoking, or drug use habit. (Bollinger , et al. 2005:15).

From the researcher's view that entering prison caused by drug dependency result that the public know of the problem of drug dependency, among these family so the secrecy about that trend, and issue become disclosure. As our culture belief that entering the prison for the criminal person, so viewing their family as source of problem so the wives suffering from more stigma, discrimination faced although the wives' responsibilities increase with little chance of others' support due to husband's entering the prison.

6.4.6 Stigma burden and husband' years of drug dependence

There were statistical significant differences in the total stigma burdens among the wives of drug dependents due to the years of drug dependency of husbands from (6-10 years) at the significant level less than 0.05.Except in the social, and spiritual burdens as the significant level more than 0.05 .

This result are congruent with the study of (Malik , et al. 2012) as they found that the majority of PCT. (77.5%) have moderate burden especially in financial areas, disruption of routine activities, family leisure and family interaction. Higher proportion of burden was seen in PCT. of illiterate patients of reproductive age group, of lower socioeconomic status, having multiple and longer duration of drug dependence and had relapsed many times. The Burden on PCT. was observed more in temporal association to the number of drugs , type and duration of dependence.

From the researcher' opinion the years of drug dependence play a role in the present of stigma burden among the wives of drug dependents as the prolonged drug use by husband means the experiences of stigma, consequences of drug dependence and more suffering occur .

6.4.7 Stigma burden and the wives' age

There were significant differences in the all of stigma burden domains due to the wives' age from (31 to 40) years old, at significant level less than the 0.05.

Although the researcher not find any related study about this hypothesis according to researcher searching except the study of (Emad,2012)which it incongruent with this study findings as he found that there is no significant difference at á ≤ 0.05 in developing of stigma among patients in Gaza Strip due to age that's means that age is not play a role in developing of stigma .

The researcher view that the age of wives play role in burden of stigma prognosis as the young age of wives has role in experienced and enacted stigma burden thus the level of burden increase as the increase of their age mean that more acceptance and more charring of problem such as son may take some responsibilities and they may have past experiences of dealing with the burden of stigma

6.4.8 Stigma burden and the wives' educational level

There were statistical significant differences in the total stigma burdens due to the wives' education at secondary level as the significant less than 0.05 .While there was no statistical differences in the economical burden of stigma due to wives' educational level at the significant level more than 0.05 ($f=0.754$, $\alpha = 0.472$).

This study result incongruent with the study of (Emad , 2012) as he found that there is no significant difference at $\alpha \leq 0.05$ in stigma developing of stigma among depressed patients in Gaza Strip due to education level.

Personal stigma was consistently higher among men, those with less education. Which was consistent with study in Canada found higher educational level were less likely to report stigmatizing attitudes than others (Cook and Wang, 2010:18).

The UNDCP. (1995: 21) reported that the Education is the principal means of preventing drug dependence. In addition to educational institutions other settings are important for the contributions they make to learning and socialization.

The researcher think that the level of education among women means that they had more chance available for dealing and coping strategies with the problem face related to the burden of stigma .

6.4.9 Stigma burden and the wives' working

There were no statistical significant differences in the all of the stigma burdens due to wives' working, as the significant more than the 0.05 .

This result means that the working of wives had not impact on the stigma burden level among the wives of drug dependents .

Cultural norms and traditions kept women at home therefore limiting the employment opportunities available to them. Women may forced to stay home by their husbands, Unfortunately, working women may also at a higher risk of being subjected to violence as husband's asked them for money every day, and would become violent if refused to provide them money for drugs. women either found themselves restricted to their homes due to cultural norms, unable to generate an income to support themselves and their children. This brings to light the unrelenting cycle of violence and poverty endured by spouses of drug dependents. they ever consider leaving their husbands. Many believed that a marital bond should not be broken. Another woman may think how she left her husband, but they are unable to

take her children with her for financial reasons. many of wives sense to accept their fate and feel that they are unable to change their lives. (UNODC.2010:10).

The wives may survey to have some form of employment, They often having to borrow money , and may subject to embarrassment and humiliation as the spouses are unable to return. (UNODC.2010: 21).

From the opinion of the researcher this result may related to the presence of drug dependency and the cost of drugs that husband intake make the wives not concern about the level of income receive as they deprive from it .

6.4.10 Stigma burden and the relative marriage

There were no statistical significant differences in the total sigma burdens due to relative marriage at the significant level more than the 0.05 .While there were statistical significant differences in the psychological, and spiritual stigma burdens due to relative marriage at significant level less than the 0.05 .

The study findings are congruent with the study founding of (Corrigan,; Watson,& Miller, 2006) as they commented that being a close relative of stigmatized person creates 'a particularly difficult and delicate position if they cannot remove themselves, for they are both marker and marked'. To widen the knowledge of stigma by association in families of patients might be valuable to measure aspects of psychological distress and psychological burden perceived by members of these families. Accordingly, understanding how the situation of stigma affects family members both in connection with psychological feelings towards the ill person and in connection with psychiatric services can increase the knowledge of the situation of these families. Stigma by association in relatives of people with illness is itself a cause of psychological distress, and this is more pronounced when relatives themselves Experience mental health problems .

To widen the knowledge of stigma by association in families of patients, it might be valuable to measure aspects of psychological distress and psychological burden perceived by members of these families. Understanding how the situation of stigma affects family members both in connection with psychological feelings towards ill person and in connection with psychiatric services can increase the knowledge of the situation of these families. (ostman & kjellin, 2002:494**).**

The researcher view that the relatives marriage of the wives of drug dependents play an important role in developing the psychological and spiritual stigma burden as their associated feelings of relatives toward their husbands although the prognosis of the others level of social, family, and economical burden of stigma have not role in experienced and enacted stigma burden as their relative marriage means that more acceptance and more charring of problem with others in family such as son may take some responsibilities and they may receive some supports from their families

6.5 Conclusion :

The problem of drug dependence is a real threat to our society, which is sensitive especially in these hard times to any negative phenomena. The ascending character of the phenomena and ability to spread makes it a first priority challenge for all who interested in combat it.

Generally, this result clearly shows high level rate of stigma burden and among the wives of drug dependents who receive care in addiction rehabilitation center of psychiatric hospital in Gaza strip . In which strongly supports the idea of urgent need to reduce drug dependency and associated stigma regard receiving care and increase people's awareness about the problem .

The results are similar to the other studies results which are on the literature review section.

Most of the studies on the review section showed high level of stigma associated with drug dependency and described the burden on the wives of drug dependents .

Stigma was perceived as a common phenomenon among drug dependents who are treated in the addition rehabilitation center in Gaza. Some demographic variables seems to be markedly negative affected by the feelings of stigma burden on the wives due to husband 's drug dependents as educational and income level and some demographic variables play a role in the stigma developing as entering prison.

The lack of treatment and rehabilitation centers for drug dependents and the presence of stigma associated with drug dependence are a big challenge for all who are interested in the issue.

The stigma associated with drug dependence represents a challenge for effective rehabilitation care and recovery programs . The solution to minimizing this stigma through anti-stigma programs is essential ,and necessary developing.

6.6 Suggestion

The findings of this study would suggest that changing attitudes regarding drug dependency may increase the public's openness to encourage seeking health services and counseling when in need. The result decrease the level of the burdens .

To summarize, the suggestion are as the follows -

- Good quality treatment programs and rehabilitation centers which is affordable or free of cost ,and accessible.
- Assistance with vocational training and job placement for rehabilitated drug dependents and their families .
- Networking among relevant non governmental organizations to establish and facilitate appropriate mechanisms for income generation for the families of drug dependents .
- The availability of a wider range of accessible family psycho education services including planning, counseling etc., of family care givers among drug dependents.
- Development of mental health professionals, especially for drug dependency rehabilitation programs and wellness recovery action plan .

6.6.1Research suggestion :

According to the study results and limitations, the researcher suggests the following further researches.

- Similar studies should be undertaken on population by increase the sample size at community mental health clinics to be more representative of the drug dependents in Gaza Strip. And sub- cultures to generalize the results.
- Longitudinal studies focused on these group will be helpful in establishing a specific nature of the stigma burden associated with drug dependence.
- A generalized study with respect to environmental, cultural, and personality traits among the wives of drug dependents could also be attempted to elaborate the adjust mental problems in a wider perspective.
- Further research is necessary to measure the level of stigma burdens among different groups who contact of drug dependents like parents, and children .
- Study on the emotional disturbances in wives and its adverse effect on children 's personality development and behavioral patterns may give new insight into the causative factors to prevent recycle of drug dependence .
- The risk and protective factors of drug dependence in Gaza strip. Among the facts which the researcher viewed, that our people have no adequate information about the problem of drugs, in the same time they don't trust or believe to combat the problem.
- It will be useful to study the relationship between addiction stigma and recovery that help to determine the impact of wellness recovery action plan of drug dependents in Gaza Strip.
- Further research is need about the consequences of spiritual teaching programs toward reduce drug dependency.
- A study use experimental research design as the effective of counseling program as a holistic approach of care provide on decrease the burden of stigma, It help to evaluate the effectiveness of the level of the services provide in addiction rehabilitation centers and modify their policies as necessary.
- In the end the researcher suggested to operate more researches about drug dependency in our society such as; prevalence and risk factor and biopsychsocial consequences of drug dependence among drug dependents and their families .

6.7 Recommendations:-

The researcher set some recommendations which might helps the concerned parties from the authorities to improve stigma burden and encourage the effectiveness of drug dependence recovery process , reintegration and rehabilitation programs this would lead to better qualities of lives to the patients and their families thus improve the problem regards the burden of stigma .

Insight of the study results the researcher introduced the following recommendations:

- Most of the study samples as the wives of drug dependents suffering from the stigma burdens are noticeable and couldn't be neglected.
- Provide an overview of current understanding of this group and their needs, and the provision of services to meet these needs.

- ❖ The policy must provide a comprehensive and contemporary account of community services, approaches, interventions and teaching programs regarding drug dependency .
- ❖ Drug dependence have physical , psychological, legal and socio-economic consequences for patients and their families, its necessary to strengthening the families to face their requirements.

Practical recommendations:

- ❖ Encourage positive and responsible reporting and discussion of the drug dependence problem and its consequences in Gaza Strip by the media and assigning to the Palestinian media the responsibility for removing the attitudinal barriers to seek help and receive treatments before exaggerated of the problem.
- ❖ Provide families psycho-social counseling techniques, such as problem solving technique and coping and social adjustment strategies.
- ❖ Provide public education to fight the drug dependence as Public meetings include the schools , universities and the mosques to raise Islamic public awareness of the problem of drug dependency and its consequences , prevention and promotion .
- ❖ Training and technical assistance of mental health care providers to help create effective anti–stigma campaigns. The campaign involved educational leaflets, booklets, and videos that aimed to reduce the drug dependence rate, and improve recovery, and an effectiveness of rehabilitation program .
- ❖ The researcher recommends that the ministry of health, and decision makers should put enough budgets for addiction rehabilitation centers to provide a holistic approach of treatments programs .
- ❖ Increase the social, and spiritual support among the families of drug dependents because the Islamic religion plays an important role in protection against the drug dependence problems and encourages seek treatments as well as stigma reduction and management .

6.8 Limitation of the study

A lot of difficulties were faced while undertaking this study due to the sensitive nature and the confidentiality of these issues.

- ❖ Firstly the lack of local and regional resources , previous studies and concern about this topic especially in Palestine and Arabic countries that share in some culture and attitude.
- ❖ Secondly lack of differentiate the diagnostic criteria regarded drug dependency so it was difficult to determine the accurate number of drug dependents who diagnosed according to the DSM-4 in community mental health clinics of Gaza strip .
- ❖ Thirdly , the population in this study is composed to the wives of drug dependents whose treated in governmental addiction rehabilitation center , so this sample is not representative the others who treated in community mental health clinic or non governmental organization .
- ❖ Fourthly the participants in this study live in the north of Gaza Strip thus limiting the generalizability of the study findings.

- Fifthly to begin with, identifying the respondents itself was a difficult task. Since most of the cases was under trial and confidential in nature the study were helpless to reveal the matters.
- Sixthly Some eligible sample aren't cooperative and refuse to participate in this study; this takes long time to persuade them and there husband for participation in this study.
- Seventhly frequent cut off the electricity lead to loss of internet connections and thereby no enough time to continue this study.
- Finally, there is no way to know whether the views of the participants in this study are representative of the views of other larger population of wives in other areas, especially among wives their husband in prison .

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Annex(1)

الاستبانة قبل التعديل

الموضوع /المشاركة في تحكيم مقياس

السيد/ة الدكتور /ة :.....حفظكم الله

تحية طيبة وبعد

أنا الباحثة :خديجة احمد الحاج علي يسعدني أن أضع بين أيديكم هذه الاستبانة كأداة قياس في صورتها الأولية لجمع البيانات اللازمة لعمل دراسة بعنوان :

The burden of stigma among the wives of drug dependents in Gaza strip.

لذا يشرفني دعوة سيادتكم للمشاركة في تحكيم مقياس من إعداد الباحثة لقياس "عبء الوصمة من وجهة نظر زوجات المدمنين في غزة" من اجل تطبيقه على عدد من زوجات المدمنين المراجعين في قسم تأهيل الإدمان في مستشفى الطب النفسي في قطاع غزة وذلك لمعرفة مستوى عبء الوصمة لدى زوجات المدمنين وذلك استكمالا لمتطلبات الحصول على درجة الماجستير في الصحة النفسية والمجتمعية –علوم التمريض من الجامعة الإسلامية .

المقياس يتكون من خمس أبعاد (البعد النفسي –الاجتماعي –الأسري –الاقتصادي –الديني) وسوف تستخدم الباحثة مقياس ليكرت :أوافق بشدة –أوافق –محايد –غير موافق –غير موافق بشدة . وعلية فإنني أرجو من سيادتكم التكرم بالاطلاع على بنود المقياس لإبداء الرأي في مناسبتها وتعديل الفقرات التي بحاجة إلى تعديل أو إضافة بعض الفقرات التي لها علاقة في الموضوع ولم يتم ذكرها علما بان لرأيكم أهمية كبرى في إتمام ونجاح هذا البحث .

شكرا لحسن تعاونكم مع فائق الاحترام والتقدير؛؛؛؛؛؛؛؛؛؛

الباحثة : خديجة احمد الحاج علي
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أولاً: المعلومات الشخصية و الاجتماعية للزوج:

- **عمر الزوج** : ( ) اقل من 25سنة ( ) 26-35سنة ( )36-45 سنة ( )أكثر من46 سنة
- **عدد الأبناء:**..... ذكور( ) إناث ( )
- **مستوى التعليم:** ( ) ابتدائي ( ) إعدادي ( ) ثانوي ( ) جامعي ( ) غير ذلك
- **المهنة:** ( ) يعمل ( ) لا يعمل
- **الدخل الشهري للأسرة:** ( ) ما دون 1000 شيكل ( ) 1001- 2000 شيكل
( ) 2001- 3000 شيكل ( ) أكثر من 3000 شيكل
- **نوع السكن** :( ) ملك ( )إيجار ( )مع الأهل
- **عدد سنوات تشخيص المرض:** .....
- **نوع العقار**: ( )حشيش ( ) كحول ( )كوكايين ( )بانجو ( )هروين ( ) ترامال ( )أدوية ( )أخرى
- **طريقة التعاطي** : ( )الفم ( ) الحقن ( )الأنف ( )التدخين ( )غير ذلك
- **كمية التعاطي:**.....**المدة:**.....

ثانياً: المعلومات الشخصية و الاجتماعية للزوجة:

- **عمر الزوجة:** ( ) اقل من 25سنة ( ) 26-35سنة ( )36-45 سنة ( )أكثر من46 سنة
- **درجة القرابة من الزوج:** ( ) يوجد ( ) لا يوجد
- **عدد سنوات الزواج** : ( ) اقل من 5سنوات ( )6-15 سنوات ( ) أكثر من 16 سنوات.
- **مستوى التعليم:** ( ) ابتدائي ( ) إعدادي ( ) ثانوي ( ) جامعي ( ) غير ذلك.
- المهنة: ( ) ربة بيت ( ) موظفة ( ) عاملة ( )أخرى.
- **هل لديك علم بإدمان زوجك قبل الزواج؟** نعم ( ) لا( ) .
- **هل لديك علم بإدمان احد أفراد عائلتك ؟** نعم ( ) لا( ) .
- **هل حاولت مشاركة زوجك في تعاطي بعض العقاقير؟** نعم ( ) لا ( ) .
- **هل لديك هل لديك الرغبة في المشاركة في البرامج العلاجية لمساعدة زوجك ؟**( ) نعم ( ) لا

ثالثاً: الاستبانة حيث أنها تحتوي على خمسة أبعاد: (العبء النفسي- الأسري –الاجتماعي- الاقتصادي- الديني) وكذلك هناك خمس خيارات للإجابة وهي: (موافق بشدة ، موافق ، محايد، غير موافق، غير موافق بشدة) .

	العبارات	لا تعطي المعنى	تعطي المعنى	لا تنتمي	تنتمي
أولا : البعد النفسي					
1	من الصعب علي تقبل القول عني زوجة مدمن.				
2	اشعر بالخجل من تصرفات وسلوكيات زوجي غير المقبولة اجتماعيا				
3	أشعر بالغضب عند سؤال الجيران والأقارب عن أحوال زوجي.				
4	اشعر بالحرج الشديد عندما يتحدث زوجي عن حالته أمام الأقارب و الجيران .				
5	أشعر بالضيق عندما أرى زوجي جالسا بمفردة و ليس له أصدقاء صالحين.				
6	أشعر بالخوف وأنزعج عندما أرى زوجي يتعاطى .				
7	أعتقد أن صديقاتي اللواتي ليس لديهن زوج مدمن أكثر سعادة مني .				
8	أشعر بالخجل عندما أسير مع زوجي في الشارع .				
9	أشعر بقلق وخوف من مداهمة الشرطة لبيتنا بسبب إدمان زوجي .				
10	الحديث عن مشكلة الإدمان يثير في نفسي الحزن و الأسى.				
11	أعاني من تدهور صحتي (النفسية والجسدية) بعد إدمان زوجي .				
12	أعتقد أن المدمن إنسان ميئوس من شفائه.				
13	اشعر بالحرج والنقص أثناء مراجعتي لعيادة الإدمان .				
14	أتردد في طلب الاستشارة إذا واجهتني مشكلة بسبب إدمان زوجي.				

	العبارات	لا تعطي المعنى	تعطي المعنى	لا تنتمي	تنتمي
	ثانيا : البعد الأسري				
15	أشعر بالقلق الشديد على مستقبل(أبنائي) وأخاف عليهم من الوقوع في آفة الإدمان				
16	لا اسمح لابني /ابنتي الخروج مع أبيهم المدمن أو حتى البقاء لوحدهم في البيت معه				
17	أبنائي محرومون من دور أبيهم كقدوة حسنه لهم في حياتهم .				
18	من الحكمة أن تتكر و تخفي الأسرة أمر أحد أفرادها إذا كان مدمنا .				
19	اشعر أن زوجي المدمن غير قادر على تحمل المسئولية الأسرية .				
20	أشعر أن أبنائي يتجنبون المعاملة مع أبيهم المدمن و يتمنون موته.				
21	اشعر بقلق وخوف شديدين على مستقبل أبنائي وبناتي .				
22	أعتقد أن إدمان الزوج يترك بصمة سيئة تسيء لسمعة أسرته وكل من حوله .				
23	أشعر أن أولادي يرون أن إدمان أبيهم سبباً في تحطيم أحلامهم وطموحاتهم .				
24	إدمان زوجي يثير أعصابي ويسبب لي مشاكل زوجية و أسرية .				
25	اعتقد أن وجود الزوج المدمن يزيد من مصيبة اسرتة ويسبب وجود مشاكل عائلية .				
26	إدمان زوجي اثر على مستوى التحصيل الدراسي لأبنائي .				

	العبارات	لا تعطي المعنى	تعطي المعنى	لا تنتمي	تنتمي
ثالثا : البعد الاجتماعي					
27	أشعر أن الأقارب والأصدقاء لا يرحبون بزيارتنا لهم عند اصطحاب زوجي المدمن				
28	لا أ فضل مرافقة زوجي في الزيارات الاجتماعية التي أقوم بها.				
29	أتجنب دعوة الأصدقاء والأقارب للبيت لكي لا يروا زوجي المدمن.				
30	اشعر بالغضب من سوء معاملة الأهل والأقارب لزوجي المدمن				
31	اشعر أن صديقاتي يتجنبن زيارتي و إقامة علاقات اجتماعية معي .				
32	أشعر بالوحدة والعزلة لعدم تواصلي و أفراد أسرتي مع المجتمع .				
33	أشعر بقلق من مواجهة عقبات اجتماعية عند إقبال أبنائي على الزواج بسبب إدمان زوجي.				
34	اعتقد أن الزوج المدمن يترك بصمة تسئ لسمعة اسرتة في المجتمع.				
رابعا : البعد الاقتصادي					
35	أوضاع أسرتي الاقتصادية تتدهور بسبب إدمان زوجي.				
36	أشعر بالتعاسة من عدم قبول زوجي المدمن في أي عمل يتقدم له.				
37	فشل زوجي في البقاء في عمله بسبب إدمانه.				

	العبارات	لا تعطي المعنى	تعطي المعنى	لا تنتمي	تنتمي
38	ابحث عن عمل للمقدرة على العيش بكرامه .				
39	افشل في الحصول على عمل شريف بسبب إدمان زوجي.				
40	أشجع أبنائي على العمل لمواجهة صعوبات الحياة بدلا من أبيهم				
41	اشعر أن إدمان زوجي أدى إلى حرمان أسرتي من الكثير من الأشياء الأساسية.				
42	فقدت أشياء مادية كثيرة من منزلي بعد إدمان زوجي.				
43	إدمان زوجي يقف عائقا أمام تلقي أسرتي المساعدة المالية من احد.				
	خامسا: البعد الديني				
44	اعتقد أن وجود زوجاً مدمناً عقاباً من الله				
45	اشعر بالذنب وتأنيب الضمير بسبب إدمان زوجي .				
46	اشعر أن استمرار علاقتي الزوجية مخالفة لمشاعري الدينية.				
47	أخاف و أخشى من عقاب الله بسبب إدمان زوجي .				
48	أحرص على مخالطة الأتقياء وأتجنب رفقاء السوء مهما كانت الأسباب				
49	أشعر أن الاهتمام بالزوج واجب ديني وعقائدي .				
50	اعتقد أن تجنب مخالطة المدمنين و الجلوس معهم أمر واجب.				
51	اعتقد أن ضعف الوازع الديني سببا رئيسيا في الوقوع في الإدمان .				

وفقكم الله و بارك فيكم و شكرا لكم على آرائكم ،،،،،،،،،،،،،،،

Annex(2) نموذج موافقة للمشاركة في الدراسة

الجامعة الإسلامية

كلية التربية – كلية التمريض

عمادة الدراسات العليا

رقم الاستبانة: [ ]

تاريخ تعبئة الإستبانة: [ ]

أختي الفاضلة : ..... حفظك الله

تهدف هذه الاستبانة إلي جمع البيانات اللازمة لدراسة عبء الوصمة وعلاقتها بالمتغيرات الأخرى وذلك لمعرفة مستوى العبء الملقى على زوجات المدمنين المصاحب لوصمة الإدمان . ويشرفني دعوة سيادتك للمشاركة في الإجابة على أسئلة هذه الاستبانة حيث انني أؤمن بأنك خير مصدر للمعلومات المطلوبة، لذا توجهت إليك وكلى أمل في أن أجد التعاون من قبلك ، علما بان الإجابة ستعامل بسرية تامة، ولن تستخدم إلا لأغراض البحث العلمي فقط ، فلكي الحرية في الموافقة/الرفض للمشاركة في هذه الدراسة.لذا تكرمي بوضع علامة (×)عند الموافقة حول نعم أو(×) لا عند الرفض و في حال إجابتك بنعم يرجى منك قراءة كل فقرة بعناية والإجابة بصراحة عليها بحيث لا توجد إجابة صحيحة أو خاطئة بل المهم أن تعبر الإجابة عن مدى ما تشعرين به من وجهة نظرك مع العلم أن نتائج البحث مرهونة بصدق إجابتك.

شاكرين لكي تعاونك.

أوافق على المشاركة في هذه الدراسة: نعم ( ) لا( )

الباحثة/ خديجة احمد الحاج علي

Annex(3) الاستبانة بعد التعديل

أولاً: المعلومات الشخصية و الاجتماعية للزوج:

- **العمر بالسنة:**.....
- **عدد الأبناء:**..... ذكور( ) إناث ( )

***من فضلك ضعي علامة(×) في المربع المناسب لكي .**

- **مستوى التعليم:** ( )اقل من إعدادي ( ) ثانوي ( ) جامعي فأكثر
- **المهنة:** ( ) يعمل ( ) لا يعمل
- **الدخل الشهري للأسرة:** ( ) لا يوجد دخل شهري ( ) ما دون 1000 شيكل

( ) 1001- 2000 شيكل ( ) 2001- 3000 شيكل ( ) أكثر من 3000 شيكل

- **نوع السكن** :( ) ملك ( )إيجار ( )غير ذلك
- **عدد سنوات تشخيص المرض:**( )اقل من 5 سنوات ( )6-10 سنوات ( )أكثر من10 سنوات
- **نوع العقار**:( )حشيش ( ) كحول ( )كوكايين ( )هروين ( ) بانجو ( )أدوية ( )غير ذلك.
- **الطريقة** :( )الفم ( ) الحقن ( )الأنف ( )التدخين ( )غير ذلك
- **نوع التدخين** : ( )سجائر ( )ارجيله ( )غليون .

ثانياً: المعلومات الشخصية و الاجتماعية للزوجة:

- **عمر الزوجة:**.....
- **درجة القرابة من الزوج:** ( ) يوجد ( ) لا يوجد
- **عدد سنوات الزواج** :( ) اقل من 5سنه ( )6-15 سنه ( ) أكثر من 16سنه
- **مستوى التعليم:** ( ) إعدادي فاقل ( ) ثانوي ( ) جامعي فأكثر
- **المهنة:** ( ) تعمل ( ) لا تعمل
- **هل لديك علم بإدمان زوجك قبل الزواج؟ نعم** ( ) **لا**( ) .
- **هل لديك علم بإدمان احد أفراد عائلتك ؟ نعم** ( ) **لا**( ) .

- **هل سبق وان سجن زوجك بسبب إدمانه؟ نعم ( ) لا ( ) إن كانت نعم عدد المرات:.....**
- **هل حاولت مشاركة زوجك في تعاطي بعض العقاقير؟ نعم ( ) لا ( ) .**
- **هل لديك هل لديك الرغبة في المشاركة في البرامج العلاجية لمساعدة زوجك ؟( ) نعم ( ) لا**

ثالثاً: الاستبانة حيث أنها تحتوي على خمسة أبعاد: (العبء النفسي– الأسري –الاجتماعي– الاقتصادي– الديني) وكذلك هناك خمس خيارات للإجابة وهي(موافق بشدة ، موافق ، محايد، غير موافق، غير موافق بشدة) لذا حاولي اختيار درجة العبء الذي يصف شعورك بدقة بوضع علامة (×)عند الفقرة التي تناسبك

	العبارات	أوافق بشدة	أوافق	محايد	غير موافق	غير موافق بشدة
أولا : البعد النفسي						
1	من الصعب علي تقبل القول عني زوجة مدمن.					
2	أغضب من تصرفات زوجي غير المقبولة اجتماعيا .					
3	أشعر بالغضب عند سؤال الجيران والأقارب عن أحوال زوجي.					
4	اشعر بالحرج و سخرية الآخرين عندما يتحدث زوجي عن حالته .					
5	أشعر بالضيق لأن زوجي ليس له أصدقاء صالحين.					
6	أشعر بالخوف وأنزعج عندما أرى زوجي يتعاطى المخدرات .					
7	أعتقد أن صديقاتي زوجات غير المدمنين أكثر سعادة مني .					
8	أشعر بالخجل عندما أسير مع زوجي في الشارع .					
9	أشعر بقلق وخوف من مداهمة الشرطة لبيتنا بسبب إدمان زوجي .					
10	الحديث عن مشكلة الإدمان يثير في نفسي الحزن و الأسى.					

	العبارات	موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة
11	أعاني من تدهور صحتي (النفسية والجسمية) بعد إدمان زوجي .					
12	أعتقد أن المدمن إنسان ميئوس من شفائه.					
13	اشعر بالحرج والنقص أثناء مراجعتي لعيادة الإدمان .					
14	أتردد في طلب الاستشارة إذا واجهتني مشكلة بسبب إدمان زوجي.					
ثانيا : البعد الأسري						
15	أشعر بالقلق على مستقبل(أبنائي) وأخاف عليهم من الوقوع في آفة الإدمان.					
16	يمارس زوجي سلوك عدائي تجاه أسرتي بسبب إدمانه .					
17	أحرص على عدم بقاء أبنائي لوحدهم في البيت مع أبيهم .					
18	أبنائي محرومون من دور أبيهم كقدوة في حياتهم .					
19	من الحكمة أن تتكر و تخفي الأسرة أمر أحد أفرادها إذا كان مدمنا .					
20	الزوج المدمن غير قادر على تحمل المسئولية الأسرية .					
21	أشعر أن أبنائي يتجنبون المعاملة مع أبيهم المدمن و يتمنون موته.					
22	أعتقد أن إدمان الزوج يترك بصمة تسيء لسمعة أسرته .					
23	أشعر أن أولادي يرون أن إدمان أبيهم سبباً في تحطيم أحلامهم .					
24	إدمان زوجي يثير أعصابي ويسبب لي مشاكل زوجية.					
25	حاولت طلب الانفصال عن زوجي بسبب إدمانه.					
26	اعتقد أن الإدمان يؤدي إلى تفكك الأسرة .					

	العبارات	موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة
ثالثا : البعد الاجتماعي						
27	أشعر أن الأقارب والجيران لا يرحبون بزيارتنا لهم					
28	أ فضل عدم مرافقة زوجي في الزيارات الاجتماعية التي أقوم بها.					
29	أتجنب دعوة الأصدقاء والأقارب للبيت لكي لا يروا زوجي المدمن.					
30	اشعر أن صديقاتي يتجنبن زيارتي و إقامة علاقات اجتماعية معي .					
31	أشعر بالوحدة والعزلة لعدم تواصلي و أفراد أسرتي مع المجتمع .					
32	أخشى من مواجهة عقبات اجتماعية عند إقبال أبنائي على الزواج.					
33	اعتقد أن المدمن يشكل خطر على الآخرين لذا يجب حجزه عن المجتمع.					
رابعا : البعد الاقتصادي						
34	تتدهور أوضاع أسرتي المادية بسبب إدمان زوجي.					
35	أشعر بالتعاسة لعدم قبول زوجي المدمن في أي عمل يتقدم له.					
36	فشل زوجي في البقاء في عمله بسبب إدمانه.					
37	افشل في الحصول على عمل بسبب إدمان زوجي .					
38	أشجع أبنائي على العمل لمواجهة صعوبات الحياة بدلا من أبيهم .					
39	إدمان زوجي أدى إلى حرمان أسرتي من الكثير من الأشياء الأساسية.					
40	فقدت أشياء مادية كثيرة من منزلي بعد إدمان زوجي.					
41	إدمان زوجي يقف عائقا أمام تلقي أسرتي المساعدة المالية من احد.					

	العبارات	موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة
خامسا: البعد الديني						
42	أؤمن بان تعاطي المخدرات مخالفه للشريعة و القانون.					
43	اشعر بالذنب وتأنيب الضمير بسبب موافقتي الزواج من إنسان مدمن.					
44	اشعر أن استمرار علاقتي الزوجية مخالفة لمعتقداتي الدينية.					
45	أخشى من عقاب الله بسبب إدمان زوجي .					
46	أحرص على مخالطة الأتقياء وأتجنب رفقاء السوء مهما كانت الأسباب					
47	أشعر أن الاهتمام بالزوج واجب ديني .					
48	اعتقد أن تجنب مخالطة المدمنين و الجلوس معهم أمر واجب .					
49	أدعو الله أن يخلصني من زوجي المدمن.					
50	اعتقد أن ضعف الوازع الديني سببا رئيسيا في الوقوع في الإدمان .					

تمت بحمد الله وشكرا لكي على المشاركة

Annex (4)

Participant letter

Dear participant's wives :

This Questionnaire aims to collect necessary data for a research about:

"**The burden of stigma among the wives of drug dependents in Gaza strip "**

Seeking your generous cooperation in filling up this Questionnaire which is a part of my research study of master degree in community mental health, nursing science.

Your opinion would be very effective towards this successful study which will enhance community mental health services.

The Questionnaire contains five choices of answers (strongly agree, agree, Don't Know, disagree, strongly disagree) . So please try to choose the accurate one according to your opinion .

If you accept to join this study, you have the right to withdraw from the study at any time.
However: your answers will be respected and confidentially taking as it will be used for the study purposes only. You don't have to write your name .

please put the sign(**x**) if you agree to participate in the study
agree ( ) not agree ( )

Thank you
Yours sincerely

Researcher,

Khadega Ahmad El Haj Ali

ANNEX (5)

Questionnaire in English

Date: / / 2013 . **Number:----------**

(For the researcher only)

First: Socio demographic data for the husband :

- **Age in Year : …….**
- **Number of children**: ..... M ( ) F ( )

****Please put (x) in the appropriate square**

- **The level of education:**

( ) Preparatory and less ( ) secondary ( ) university and more

- **Function :**

( ) working ( ) does not work.

- **Monthly income of the family:**

( ) no monthly income ( ) below the 1000 NIS. ( ) 1001 - 2000 NIS.
( ) 2001 - 3000 NIS. ( ) more than 3000 NIS.

- **The type of housing:**

( ) Own ( ) Rent ( ) others (with family).

- **Years of drug dependence diagnosis:**

( )Less than (5)years ( ) 6 - 10 years ( ) more than 10 years.

- **Types of Drug dependences**:

( ) Hashish ( ) Alcohol ( ) Cocaine ( ) Heroin ( ) Banjo
( ) Drugs ( ) otherwise.

- **Drug take by :**

( ) orally ( ) injection ( ) inhalation ( ) Smoking ( )otherwise.

- **Type of smoking:**

( ) cigarettes ( ) Argils ( ) pipe .

Second: social and personal information to the wife:

- **The age of the wife: .....**
- **The degree of kinship of the pair:**

( ) Yes ( ) No

- **Years of Marriage:**

( ) less than 5years ( ) 6-15years ( )more than 16 years.

- **The level of education:**

( ) Preparatory and less ( ) secondary ( ) university and more •

Function:

( ) working ( ) not working

- **Are you aware of your Husband 's dependence before marriage?**

( ) Yes ( )No.

- **Are you aware of one of your family members dependency?**

( ) Yes ( )No.

- **Have you ever jailed husband because of his addiction?**

( )Yes ( )No. **if yes ? The number of inter prison : .....**

- **Do you try to share your husband in the use of certain drugs?**

( )Yes ( )No.

- **Do you have a desire to participate in treatment programs to help your husband?** ( ) Yes ( ) No.

Statement	Strongly Agree	Agree	Don't know	Not agree	Strongly not agree
Psychological burden domains					
1-It's difficult for me to accept to say about me the wife of drug dependents .					
2-I angered by the actions of my husband that is socially unacceptable					
3-I feel angry when neighbors and relatives asked me about the conditions of my husband.					
4-I feel embarrassed, and ridiculed when my husband talks about his condition.					
5-I feel upset because my husband does not have good friends.					
6-I feel scared and upset when I see my husband does drugs.					
7-I think that my friends' wives of husbands who aren't drug dependents are happier than me.					
8-I feel ashamed when I walk with my husband in the street.					
9-I worry and fear of a police raid on a house because of my husband's addiction.					
10-Talking about the problem of addiction raises in grief and sorrow.					
11-I suffer from the deterioration of my health (mental and physical) after my husband's addiction.					
12-I think that the addicted person is hopeless of recovery.					
13-I feel embarrassed and shamed during my review of addiction clinic.					
14- I hesitate to seek advice if I have a problem because of my husband's addiction.					
Family burden domains					
15-I am concerned for the future of (my children) and ,I fear about them from falling into the scourge of addiction					
16-Angry about my husband's hostile behavior towards my family because of his addiction.					
17-Be careful about the survival of my children alone at home with their father.					
18-My children are deprived of their father's role .					
19-Wise to deny and conceal the family is a family member if the addict.					
20-The pair addict is unable to take responsibility towards family.					
21-I feel that my children are avoiding treatment with their addicted father and wish his death.					

Statement	Strongly Agree	Agree	Don't know	Not agree	Strongly not agree
22-I believe that an addicted husband leaves imprint harm to the reputation of his family.					
23-I feel that my children see that their father's addiction shattered their dreams					
24-My husband's addiction raises my nerves and causing me marital problems.					
25-Try to seek separation from my husband because of his addiction					
26-I think that addiction leads to the disintegration of the family					
Social burden domains					
27-I feel that relatives and neighbors do not welcome to visit us					
28-I prefer not to accompany my husband in social visits I make.					
29-I avoid inviting friends and relatives to the house ,so as not to see my husband is addicted.					
30-I feel that my friends avoid visiting and socializing with me.					
31-I feel lonely and isolated due to lack of communication ,with my family and with the community.					
32-I'm afraid to face social obstacles when sons like to marry.					
33-I think that the addict is a danger to others ,so a danger to the community.					
Economical burden domains					
34-Deteriorate the material conditions of my family because of my husband's addiction.					
35-I feel miserable for not accepting my husband to any job ,work, due to his drug dependence					
36- My husband's failure to stay in his job because of his addiction.					
37-Failed to get a job because of my husband's addiction.					
38-I encourage my children to work to face the difficulties of life rather than their father.					
39-My husband's addiction led to deprive my family of a lot of basic things					
40-I Lost many material things from my house after my husband's addiction.					
41-My husband's addiction is an obstacle to receiving my family financial assistance from anyone.					

Statement	Strongly Agree	Agree	Don't know	Not agree	Strongly not agree
Spiritual burden domains					
42-I believe that drug dependence Question of Sharia law.					
43-I feel guilty and remorse because of my consent to marry a man drug dependence					
44-I feel that the continuation of my relationship with this addicted husband is a contrary to my religious beliefs.					
45-I'm afraid of God's punishment because of my husband's addiction.					
46-I make sure to contact the pious and avoid bad companions for whatever reason					
47-I feel that the interest in the pair and a religious duty.					
48-I think that, avoid contacting with drug addicts, and sitting with them is a must.					
49-I pray to God to save me from my dependent husband.					
50 -I think that ,the weakness of religious faith is a major cause of falling into addiction.					

Thank you for participation in study

List of Arbitrators: Annex (6)

No.	Name of a Arbitrators	Specialists type	Working place
1-	prof. Mohammed El-Hello	Chief of psychologist- prof. degree in psychiatry	Faculty of Education - Islamic University-Gaza strip
2-	Dr .Aatef El- Aagaa	Chief of psychologist - Doctoral degree in psychiatry	Faculty of Education - Islamic University-Gaza strip
3-	Dr . Khitam El- Sahhar	Chief of psychologist- Doctoral degree in psychiatry	Faculty of Education - Islamic University-Gaza strip
4-	Dr . Bashier El –Hajar	Psychiatric nurse - Doctoral degree in community mantel health	Faculty of Nursing - Islamic University-Gaza strip
5-	Dr .Mostafa El- Masrry.	Psychiatrist - Master degree in community mantel health	World health organization (WHO.)
6-	Dr . Ahmad El- Hawagree	Chief of psychologist- Doctoral degree in psychiatry	Ministry of higher Education
7-	Dr .Habib El- Hawagree	Chief of psychologist- Doctoral degree in psychiatry	Ministry of health (MOH.)
8-	Dr .Khadraa El -Aamassy	Psychiatrist Master degree in community mantel health	Ministry of health (MOH .)
9-	Ragheb Abo- Lila	Psychiatric nurse Master degree in community mantel health	Ministry of health (MOH .)

Annex (7)
approval letter

Palestinian National Authority
Ministry of Health
Mental Health General Administration

السلطة الوطنية الفلسطينية
وزارة الصحة
الإدارة العامة للصحة النفسية

Date: 2/03/2013 الرقم:

السادة / المدراء الطبيين للمراكز حفظهم الله...
السادة / المدراء الإداريين للمراكز حفظهم الله...

السلام عليكم ورحمة الله وبركاته،،

الموضوع / تسهيل مهمة باحثة

بخصوص الموضوع أعلاه يرجي تسهيل مهمة الباحثة الحكيمة/ خديجة احمد الحاج علي رقم وظيفي 49125 الملتحق ببرنامج ماجستير الصحة النفسية بالجامعة الإسلامية و عنوان البحث:

" عبء الوصمة الاجتماعية لدي زوجات المدمنين في قطاع غزة"

حيث ستقوم الباحثة بالاطلاع على ملفات المرضي والاستعانة بالطواقم الفنية في عيادات الصحة النفسية المجتمعية وأخذ نتائج التحاليل اللازمة لبحثها، كما ستقوم بتعبئة الاستبيانات لعينة من زوجات المرضي وذلك حيث لا يكون بتعارض مع مصلحة العمل في المراكز ويكون ضمن أخلاقيات البحث العلمي دون تحمل المراكز والمرضي بالمراكز أي أعباء من إجراء هذا البحث.

وتفضلوا بقبول فائق الاحترام والتقدير،،

د. عايش سمور

مدير علم الصحة النفسية

فلسطين – غزة – شارع العيون – مستشفى الطب النفسي تلفاكس: 08.2879845

Email : g.d.o.mental_health_gaza@hotmail.com

Annex(8)
Wives' Knowledge and attitude toward drug dependence.

No.	Items	Yes		No		Total	
		No.	%	No.	%	No.	%
1.	Knowing about Husband 's drug dependency before marriage	17	9.4	163	90.6	180	100
2.	Knowing about drug dependence of any members of your family.	22	12.2	158	87.8	180	100
3.	Have your husband jailed because of his drug dependence	117	65.4	62	34.6	179	100
4.	Sharing your husband in the use of drugs	7	3.9	171	96.1	178	100
5.	Like to share in treatment programs with your husband	163	91.1	16	8.9	179	100

Annex(9)
Psychological burden domains .

No	Statement	Strongly agree	agree	Don't know	Not Agree	Strongly not Agree
1.	It's difficult for me to accept to say about me addicted wife.	65.0	24.4	6.1	1.1	3.3
2.	I angered by the actions of my husband that is socially unacceptable	47.2	37.2	11.1	1.7	2.8
3.	I feel angry when neighbors and relatives asked me about the conditions of my husband.	35.0	38.3	15.6	5.0	6.1
4.	I feel embarrassed, and ridiculed when my husband talks about his condition.	37.2	43.3	12.2	4.4	2.8
5.	I feel upset because my husband does not have good friends.	49.4	31.7	12.2	3.9	2.8
6.	I feel scared and upset when I see my husband does drugs.	58.3	23.3	11.7	3.9	2.8
7.	-I think that my friends' wives of husbands who aren't drug dependents are happier than me.	59.4	26.7	10.6	2.2	1.1
8.	I feel ashamed when I walk with my husband in the street.	25.0	19.4	35.6	16.1	3.9
9.	I worry and fear of a police raid on a house because of my husband's addiction.	62.8	21.1	10.0	2.8	3.3
10	Talking about the problem of addiction raises in grief and sorrow.	64.4	29.4	3.3	0.0	2.8
11	I suffer from the deterioration of my health (mental and physical) after my husband's addiction.	55.6	33.9	7.2	1.7	1.7
12	I think that the addicted person is hopeless of recovery..	42.8	15.6	21.1	11.7	8.9
13	I feel embarrassed and shamed during my review of addiction clinic.	43.3	34.4	13.9	3.9	4.4
14	I hesitate to seek advice if I have a problem because of my husband's addiction	40.0	30.0	17.8	6.7	5.6

Annex(10)
Family burden domains

No.	Statement	Strongly agree	agree	Don't know	Not Agree	Strongly not Agree
15	I am concerned for the future of (my children) and ,I fear about them from falling into the scourge of addiction	61.7	28.3	4.4	3.3	2.2
16	Angry about my husband's hostile behavior towards my family because of his addiction.	46.1	28.3	17.8	4.4	3.3
17	Be careful about the survival of my children alone at home with their father.	41.1	23.9	26.1	7.2	1.7
18	My children are deprived of their father's role .	47.8	25.0	17.8	7.2	2.2
19	Wise to deny and conceal the family is a family member if the addict.	39.4	26.7	17.2	11.1	5.6
20	The pair addict is unable to take responsibility towards family.	52.8	33.3	4.4	6.7	2.8
21	I feel that my children are avoiding treatment with their addicted father and wish his death.	32.2	22.2	27.8	13.3	4.4
22	I believe that an addicted husband leaves imprint harm to the reputation of his family.	62.8	30.0	3.9	0.6	2.8
23	I feel that my children see that their father's addiction shattered their dreams	37.8	30.0	27.2	2.8	2.2
24	My husband's addiction raises my nerves and causing me marital problems.	62.2	27.2	7.8	0.6	2.2
25	Try to seek separation from my husband because of his addiction	37.2	28.3	18.3	10.6	5.6
26	I think that addiction leads to the disintegration of the family	58.3	29.4	6.7	1.7	3.9

Annex(11)
Social burden domains .

No.	**Statement**	Strongly agree	agree	Don't know	Not Agree	Strongly not Agree
27	I feel that relatives and neighbors do not welcome to visit us	25.6	35.6	27.2	8.9	2.8
28	I prefer not to accompany my husband in social visits I make.	28.9	33.9	22.2	12.8	2.2
29	I avoid inviting friends and relatives to the house ,so as not to see my husband is addicted.	30.6	35.6	23.3	10.0	0.6
30	I feel that my friends avoid visiting and socializing with me.	24.4	38.3	23.3	11.1	2.8
31	I feel lonely and isolated due to lack of communication ,with my family and with the community.	28.3	36.1	19.4	11.7	4.4
32	I'm afraid to face social obstacles when sons like to marry.	51.1	31.1	15.0	1.7	1.1
33	I think that the addict is a danger to others ,so a danger to the community.	28.9	29.4	22.8	15.0	3.9

Annex(12)
Economic burden domains .

No.	Statement	Strongly agree	agree	Don't know	Not Agree	Strongly not Agree
34	Deteriorate the material conditions of my family because of my husband's addiction.	67.8	21.7	6.7	0.0	3.9
35	I feel miserable for not accepting my husband to any job ,work, due to his drug dependence	54.4	26.1	12.8	3.3	3.3
36	My husband's failure to stay in his job because of his addiction.	46.7	26.7	20.0	4.4	2.2
37	Failed to get a job because of my husband's addiction.	36.1	25.6	23.3	11.7	3.3
38	I encourage my children to work to face the difficulties of life rather than their father.	60.0	23.9	14.4	0.6	1.1
39	My husband's addiction led to deprive my family of a lot of basic things	67.8	17.8	9.4	2.8	2.2
40	I Lost many material things from my house after my husband's addiction.	61.7	15.6	11.7	9.4	1.7
41	My husband's addiction is an obstacle to receiving my family financial assistance from anyone.	53.3	22.8	13.3	9.4	1.1

Annex(13)
Spiritual burden domains .

No.	**Statement**	Strongly agree	agree	Don't know	Not Agree	Strongly not Agree
42	I believe that drug dependence Question of Sharia law.	81.1	13.3	1.7	2.8	1.1
43	I feel guilty and remorse because of my consent to marry a man drug dependence	26.1	20.0	26.1	22.2	5.6
44	I feel that the continuation of my relationship with this addicted husband is a contrary to my religious beliefs.	26.1	21.1	33.9	18.3	0.6
45	I'm afraid of God's punishment because of my husband's addiction.	42.2	22.2	26.7	8.3	0.6
46	I make sure to contact the pious and avoid bad companions for whatever reason	72.8	20.0	5.6	0.6	1.1
47	I feel that the interest in the pair and a religious duty.	72.8	22.8	1.7	1.7	1.1
48	I think that, avoid contacting with drug addicts, and sitting with them is a must.	69.4	15.0	6.1	5.6	3.9
49	I pray to God to save me from my dependent husband.	31.7	10.6	25.0	14.4	18.3
50	I think that ,the weakness of religious faith is a major cause of falling into addiction.	76.7	12.8	7.8	2.2	0.6