



Social Stigma and Perception of Healthcare Seeking Behavior Regarding Opioid Use Disorder in The West Bank

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Abstract: *The opioid crisis is a significant public health problem worldwide, and OUD is a significant cause of increasing morbidity and mortality. OUD is a chronic relapsing disorder associated with neurobiological, psychiatric, and social complications, including stigma, which can influence help-seeking behaviors and access to evidence-based treatments. In the West Bank, social and healthcare factors may contribute to stigma, which is a significant determinant of healthcare-seeking perceptions. A descriptive cross-sectional study was carried out among 403 adult populations from West Bank cities, targeting convenience sampling. Data collection was done using a self-administered online tool that included a questionnaire measuring social stigma perception towards OUD patients and perception of healthcare seeking. Informed consent was sought, and ethical considerations were met. Statistical analysis was carried out. The results emphasize the importance of reducing stigmatization through public education, training healthcare workers to deliver non-discriminatory care, and integrating treatment of OUD into primary healthcare services. Involving civil society and grassroots initiatives has the potential to raise further awareness and provide supportive care. Such steps could lead to better services, inclusiveness, and care for people with OUD in Palestinian society.*

Keywords: *Social Stigma; Healthcare; Opioid; West Bank.*

1. Introduction

1.1 Background

The global opioid crisis has been recognized as a public health emergency. This has impacted people from all walks of life. At the heart of the opioid crisis is the concept of Opioid Use Disorder (OUD), which is characterized in the DSM-5 as a "pattern of problematic repeated use of opioid substances leading to physiological dependence or tolerance and an inability to stop or cut down use despite adverse consequences, as evidenced by at least two of the following eleven symptoms during a 12-month period: tolerance, withdrawal, craving, compulsive use, failure to meet responsibilities at work or school, problems in interpersonal relationships, continued use despite physical health problems, continued use despite psychological problems, diminished capacity to function in social or occupational settings, giving up important activities in favor of drug use, legal problems,

and continued use in spite of interpersonal problems[1]. In addition, OUD is a chronic and relapsing neurobiological disorder that affects the reward and control pathways in the brain, leading to compulsive drug use behaviors and impairments in self-regulation [1]. People with OUD also have high rates of psychiatric comorbidities, including depression and anxiety, as well as impairments in social functioning [2].

Globally, the prevalence of OUD has risen steadily over time, particularly among adolescents and young adults. In addition, there has been an increase in prevalence among women since 2014. These factors are compounded by biological and psychological factors. Social stigma has also proven to be a major barrier to seeking care for those affected by OUD. Social stigma has been defined as negative societal attitudes toward persons affected by substance use disorders. These negative attitudes result in avoidance and marginalization of affected persons [3]; [4]; [5].

In West Bank regions, socio-political factors and cultural factors are also important factors to be considered. These factors are compounded by limited healthcare resources available for affected persons. These factors are important for consideration in order to improve intervention strategies for affected persons [6]; [7]; [8].

1.2 Problem statement

Despite the increased awareness about Opioid Use Disorder (OUD), there is social stigma associated with OUD patients. Such social stigma can result in marginalization and reduced support. In addition, it can affect the willingness of patients with OUD to seek healthcare services [9]. Although there is research about stigma and healthcare-seeking perceptions in Western countries, there is limited information about how these perceptions are influenced in the West Bank. In the West Bank, social, cultural, and political factors may have a significant impact on healthcare-seeking perceptions.

There is research indicating that there is a high prevalence of the use of illicit drugs among youth, single men, and refugees. In addition, there is the use of multiple drugs. Therefore, the purpose of this study is to assess social stigma and healthcare-seeking perceptions regarding OUD in the West Bank.

1.3 Significance of the study

The opioid crisis has created a public health concern. The public health challenges facing the opioid crisis are enormous [9]. To design culturally sensitive interventions to tackle the opioid crisis in the West Bank effectively, it is vital to understand the public's perception of OUD in the region. This will not only help in creating awareness among the public but will also assist in the formulation of a comprehensive healthcare policy. This will also help in addressing the stigma associated with the disease.

1.4 Research Objectives:

1. To determine the extent of social stigma against Opioid Use Disorder in the West Bank.
2. To determine the extent of perceptions of healthcare-seeking for Opioid Use Disorder in the West Bank.
3. To examine the impact of the social stigma on perceptions of healthcare-seeking for Opioid Use Disorder in the West Bank.
4. To examine the impact of demographic variables on perceptions of healthcare-seeking for Opioid Use Disorder in the West Bank.

1.5 Research Questions:

1. What is the level of social stigma toward OUD in the West Bank?
2. How do individuals perceive healthcare-seeking for OUD in the West Bank?
3. How does the social stigma influence the perceptions of healthcare-seeking toward Opioid Use Disorder in the West Bank?
4. How do demographic factors influence perceptions of healthcare-seeking toward OUD in the West Bank?

1.6 Study Variables:

Independent Variables: Social stigma towards OUD and Demographic variables.

Dependent Variable: Perceptions of healthcare-seeking towards OUD.

2. Literature Review

There have been some studies conducted on the impact of social stigma on the perceptions of healthcare-seeking among OUD patients, emphasizing the role of demographic variables in this context.

A qualitative multi-site research conducted in rural settings in the United States among 304 participants (55% male, mean age 36 years) to investigate the treatment barriers for OUD [10]. Stigma emerged as a significant individual and interpersonal barrier, in addition to social and organizational barriers like the lack of confidentiality in close-knit communities and the absence of gender-specific services.

Moreover, a cross-sectional study conducted in Egypt among 552 participants with substance use disorders, chosen randomly, using the Perceived Stigma of Substance Abuse Scale (PSAS)[11]. The findings indicated a moderate level of perceived stigma, with a median score of about 19-20. Importantly, stigma scores were significantly higher among males, individuals with lower education, rural residents, current drug users, and those with greater dependence severity, demonstrating how demographic factors influence the experience of stigma. A cross-sectional study conducted in Sweden among mixed-methods approach was used of 209 OST

patients assessed health, healthcare-seeking, and barriers [12], while semi-structured interviews with 11 patients explored their healthcare experiences, lifestyles, and views on Swedish healthcare. The results showed Both quantitative and qualitative data showed that fear of stigma, poor treatment, and difficulties navigating the healthcare system led many OST patients to avoid or deprioritize somatic care. However, on-site primary healthcare improved access and use of services. Also, a systematic review and meta-analysis conducted on treatment-seeking behaviors among individuals with OUD [13]. They found that only 40% of participants sought treatment in their lifetime and 21% in the past 12 months, with lower rates = 54% (95% CI: 26–82%) for prescription OUD compared to heroin users.

A qualitative study conducted in Sweden among Six focus groups with 23 OST patients, led by OST staff, explored health literacy. A secondary thematic analysis examined participants' spontaneously shared experiences of stigma and its effects [8]. The result showed Participants experienced stigma across healthcare settings, often linked to disclosures about substance use or OST treatment. This led to poor treatment, reduced care quality, and avoidance or concealment of their OST status.

3 Methodology

3.1 Study Design and Study Setting

This study employed a descriptive cross-sectional design to efficiently collect data from a large sample at one point in time, making it time- and cost-effective [14]. The research was conducted among residents of major cities in the West Bank, including Bethlehem, Hebron, Jenin, Nablus and Ramallah.

3.2 Population and sampling

The study targeted 403 adult residents of the southern West Bank, categorized into two groups: individuals with prior interaction with people with opioid use disorder (through family, friends, or community exposure) and those without such experience. A sample size calculation using a 95% confidence interval was done using OpenEpi (2025). A non-randomized convenience sampling approach was employed to enable easy participation. All the selected participants were able to complete the self-administered questionnaire.

3.3 Selection Criteria

Inclusion criteria:

- Adults aged 18 years or older residing in the selected West Bank cities.
 - Able to read and understand Arabic.
 - Willing to provide informed consent.
- Exclusion criteria:
- Individuals under 18 years.
 - Incomplete questionnaires

3.4 Study instrument

A self-administered online questionnaire was specifically designed for this research study. It included items from validated scales measuring substance use stigma and healthcare seeking perceptions. The Perceived Social Stigma section consists of 6 items adapted from the Perceived Stigma of Addiction Scale [15], and the Healthcare Seeking Perceptions section

consists of 6 adapted items [16] .

Table 1: The scoring system of the study tool

Mean Score	Social Stigma and Perception of Healthcare seeking Level
1.00-2.33	Low
2.34-3.66	Moderate
3.67-5.00	High

3.5 Pilot Study

A pilot study was carried out on 12 participants, 6 exposed and 6 unexposed, to test for understanding and clarity. The adjustments were made before proceeding with actual data collection.

3.6 Validity and Reliability

The questionnaire was reviewed by 3 experts in the nursing field, and minor revisions were implemented. Reliability: The analysis demonstrated good internal consistency, with Cronbach’s alpha values of 0.766 for perceived social stigma, 0.785 for healthcare-seeking perceptions, and 0.845 overall.as shown in table 2.

Table 2: Reliability of the study tool

Items	Number of items	Cronbach’s alpha
Perceived Social Stigma	6	0.766
Healthcare-Seeking Perceptions	6	0.785
Over all	12	0.845

3.7 Data Collection

Data were collected from (28-10-2025 to 10-11-2025) via an online platform. The questionnaire link and a QR code were distributed through social media, emails, and targeted outreach. Participants gave voluntary informed consent online before completing the questionnaire

3.8 Data Analysis

Data were analyzed using SPSS 27, with descriptive statistics for demographics and scales, and inferential tests (t-tests, ANOVA, correlations) to examine group differences and relationships. Significance was set at $p \leq 0.05$.

3.9 Ethical considerations

The university’s approval and permission were obtained to conduct this study, and the researcher’s permission was obtained to use the current study tool. The participant’s anonymity was maintained all over the research project. Each questionnaire consisted of a consent form at the beginning, which asked the participants to kindly participate in the study, taking into consideration confidentiality and that they could withdraw from the study at any time. Data was stored in a specific encrypted folder where no access was given except for the major researchers. All participants could terminate their participation or freely refuse to take part in the study without any further obligations or risks.

4. Results

4.1 Descriptive statistics

The study included 403 participants; mostly young adults aged 22–35 (58.3%) with a nearly equal gender distribution. Most were university-educated (69%) and recruited mainly from Bethlehem, Hebron, and Jenin. About half (49.4%) had prior contact with someone with OUD, commonly as a professional caregiver (30%), family member (21%), or friend (21%) as shown in table (3).

Table 3: Sociodemographic Characteristics (n=403)

Variable	Frequency	Percentage %	
Age	18-21	117	29.0
	22-35	235	58.3
	more than 36	51	12.7
	Total	403	100.0
Gender	Male	188	46.7
	Female	215	53.3
	Total	403	100.0
Residence	Bethlehem	120	29.8
	Hebron	102	25.3
	Ramallah	55	13.6
	Jenin	62	15.4
	Nablus	52	12.9
	Jerusalem	8	2.0
	Tulkarem	3	0.7
	Jericho	1	0.2
	Total	403	100.0
	Education level	Primary	15
Secondary		66	16.4
University		278	69.0
Postgraduate		44	10.9
Total		403	100.0
Have you ever interacted with someone with opioid use disorder?	No	204	50.6
	Yes	199	49.4
	Total	403	100.0
If yes, type of interaction	Family member	40	20%
	Friend	41	21%
	Colleague	32	16%
	Provided care professionally	58	29%
	Other	29	15%
	Total	199	100

Also, the study found a moderate overall level of perceived social stigma toward OUD (mean = 3.45). Participants recognized strong community stigma, particularly beliefs that people with OUD are looked down upon or blamed, but showed lower agreement with personally withholding help, suggesting awareness of stigma without personally endorsing it as shown in table 4.

Table 4: Perceived Social Stigma.

Item	Mean	SD	Level
Most people in my community look down on people who use opioids.	4.16	0.88	High
People with opioid problems are blamed for their condition.	3.83	1.01	High
If someone in my family had an opioid problem, I would worry about what others would say.	3.38	1.21	Moderate
I would be ashamed if a close relative used opioids.	3.48	1.26	Moderate
It is difficult for people who used opioids to regain their reputation in the community.	3.45	1.23	Moderate
If I knew someone used opioids, I would be less likely to help them.	2.45	1.22	Moderate
Overall	3.45	0.69	Moderate

Moreover, overall, perceptions toward healthcare-seeking for opioid-related issues were high (mean = 3.68), with strong comfort and willingness to seek or encourage treatment and high trust in local healthcare services. Moderate concerns about judgment and a preference for NGOs over public hospitals indicate some persistent stigma in formal healthcare settings as shown in table (5).

Table 5: Healthcare-Seeking Perceptions

Item	Mean	SD	Level
I would feel comfortable seeking medical help for a family member with an opioid problem.	4.13	0.99	High
I believe a person with opioid problems can get good care at local health services.	3.68	1.05	High
Fear of being judged would stop me or my family from seeking healthcare for opioid-related issues.	3.14	1.24	Moderate
I trust that healthcare workers will keep information about substance use confidential.	3.76	1.09	High
I would prefer to seek help from NGOs/community centers rather than public hospitals for opioid problems.	3.11	1.32	Moderate
If someone in my family needed help for opioid use, I would encourage them to seek treatment.	4.27	1.06	High
Overall	3.68	0.57	High

Table 6 showed that healthcare-seeking perceptions were significantly associated only with education level ($p = 0.001$), with higher educational attainment corresponding to more favorable perceptions (mean scores: 3.23 for primary education to 3.83 for postgraduates). No significant associations were observed for age, gender, residence, or prior contact with individuals with OUD.

Table 6: The relationship between social stigma and Healthcare-Seeking Perceptions

Variable	Mean	SD	F-value	p-value	
Age	(18-21) years	3.69	0.52	0.189	0.828
	22-35	3.71	0.57		
	More than 36	3.55	0.63		
Gender	Male	3.70	0.64	0.703	0.402
	Female	3.67	0.50		
Residence	Bethlehem	3.76	0.42	1.576	0.141
	Hebron	3.65	0.54		
	Ramallah	3.64	0.62		
	Jenin	3.68	0.74		
	Nablus	3.62	0.66		
	Jerusalem	3.75	0.42		
	Tulkarem	3.22	0.35		
	Jericho	4.17			
Education level	Primary	3.23	0.49	5.409	0.001
	Secondary	3.54	0.71		
	University	3.72	0.50		
	Postgraduate	3.83	0.66		
Have you ever interacted with someone with opioid use disorder?	No	3.57	0.58	0.339	0.561
	Yes	3.80	0.54		
If yes, type of interaction	Family member	3.57	0.58	1.531	0.179
	Friend	3.93	0.60		
	Colleague	3.79	0.53		
	Provided care professionally	3.77	0.58		
	Other	3.77	0.49		

Also, Pearson correlation analysis showed a significant negative relationship between perceived social stigma and healthcare-seeking perceptions ($r = -0.412$, $p < 0.001$), indicating that higher stigma is associated with less favorable perceptions as shown in table (7).

Table (7): The relationships between social stigma and healthcare-seeking perceptions

Correlations			
		Social stigma	Healthcare-seeking perceptions
Social stigma	Pearson Correlation	1	-.412**
	Sig. (2-tailed)		.000
	N	403	403

5. Discussion

5.1 Social stigma level:

The level of perceived social stigma toward individuals suffering from opioid use disorders was found to be moderate in this study, with the participants acknowledging that there is indeed stigma in the community toward people suffering from this condition. The results may also be due to the sample population used in this study, who were predominantly young and university-educated. The results are also in line with the findings of a previous study[17]. In another study done in rural communities in the U.S. [18], it found that there was a higher level of stigma in these communities due to limited exposure to people suffering from opioid use disorders and limited access to health services.

5.2 Perception of Healthcare seeking toward OUD

The strong healthcare-seeking rate found in this study could be associated with the age, education level, and previous experience with a person with opioid use disorder, which probably increased their perceived accessibility to healthcare. These findings are consistent with previous study[13]; [19]; [20]. However, they are in contrast with study who found that stigma and fear of discrimination decreased the intention to seek healthcare[16], perhaps because of cultural variations, lower awareness, or less personal experience with opioid use disorders.

5.3 The correlation between social stigma and perception of healthcare seeking:

A statistically significant moderate negative correlation was found between perceived social stigma and attitude toward healthcare seeking for OUD. This indicates that as social stigma increases, the attitude toward healthcare seeking for OUD also decreases. This might be because those who perceive strong social stigma against drug use might fear being judged or discriminated against or might fear social rejection from drug use disclosure to healthcare providers.

This is in line with previous studies [11], [16] in different cultural settings, namely Egypt, Sweden, and the USA, respectively. Conversely, it noted that patients in Sweden persisted with healthcare despite stigma [12], possibly because they receive stigma-free treatment environments and robust institutional support. This is a reminder that although stigma is universally a deterrent to healthcare, it is significantly influenced by sociocultural norms, previous exposure to OUD, and access to healthcare support.

5.4 The relationship between the demographic characteristics and the perception of health care seeking:

The level of education was also significant, with university and postgraduate qualifications associated with greater perceptions of healthcare seeking. It is likely that higher educational levels improve health literacy and knowledge of treatment options and addiction as a medical condition, leading to greater confidence in seeking healthcare for oneself or family members with OUD [11]. Other variables, such as age, gender, and residence, did not indicate significant variations, possibly because they are not directly involved in exposure and awareness, which can

influence perception. About half of the sample groups had a previous experience with someone who was struggling with OUD, which may have contributed to a positive help-seeking attitude and thus consistently positive perception scores. In other studies, it was noted that even among well-educated populations, stigma and lack of access can act as barriers to healthcare-seeking [10].

6. Conclusion:

The study revealed a moderate level of social stigma and positive perceptions regarding healthcare-seeking for OUD in the West Bank region. A higher level of stigma was significantly correlated with negative perceptions of healthcare-seeking, while a higher level of education was significantly correlated with positive perceptions of healthcare-seeking for OUD. This study again stresses the need for public education and healthcare services to create a kind and compassionate environment for people with OUD.

7. Recommendations:

For Researchers: To carry out further researches with different study design and tool such as the experimental study to assess the effectiveness of awareness campaigns, training, and integrated services.

For Policymakers: To implement community awareness campaigns and integrate addiction services into primary care and train healthcare personnel to provide non-discriminatory and compassionate healthcare.

For Community, Civil Society, Education, and Media: To promote awareness, advocacy, and support initiatives to reduce stigma and increase understanding and empathy for people living with OUD.

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