UKDPC

UK DRUG POLICY COMMISSION

Getting Serious about Stigma: the problem with stigmatising drug users

An Overview

What is stigma?

Stigma is a 'stain or attribute' marking out someone as unacceptable. It leads to prejudice and discrimination.

Dictionaries define stigma as an indelible mark or a stain, and the term is generally applied to an attribute or status that makes a person unacceptable in other people's eyes.[1] Stigma is different from disapproval of particular behaviours because it is not necessarily linked to the actions of an individual, but rather to what is assumed about 'someone like that'. It also goes beyond stereotyping, as the stereotypical perception of who or what the person is becomes their defining feature, obscuring other aspects of their individuality and becoming fixed and hard to change. Such stigma then often leads to prejudice and active discrimination.

Stigma and drug use – what's the problem?

The continuing stigmatisation of people with drug dependence will undermine the Government's efforts to help them tackle their condition and enable recovery and reintegration into society.

People with a history of drug problems, as discussed in more detail below, are heavily stigmatised and are seen as both blameworthy and to be feared. As a result they are subject to exclusion and discrimination in many areas.

The stigmatisation of people with drug problems has serious consequences for government policy. Key policies seeking greater reintegration and recovery, moving people from benefits into work, and a focus on public health will not succeed while stigmatising attitudes are pervasive. If people with drug problems are seen as 'junkie scum' and 'once a junkie always a junkie', people will be reluctant to acknowledge their problems and seek treatment, employers will not want to give them jobs, landlords will be reluctant to give them tenancies and communities will resist the establishment of treatment centres. As a result, drug problems will remain entrenched rather than overcome.

Many would argue that, since drugs such as cannabis and heroin are illegal, this stigma is necessary to demonstrate society's disapproval of drug use. However, while society needs to set norms for behaviour and people need to take responsibility for their action, stigmatisation of people who have developed drug problems goes beyond that. Such stigma sees all people with drug problems as conforming to a stereotype (evil, thieving, dirty, dangerous etc.) and applies the label for life, and in so doing impedes the recovery that society wishes to promote.

Therefore, if the Government and society are serious about recovery and a 'rehabilitation revolution', they need to get serious about tackling the obstacle of stigma in all its many forms.

1 Lloyd, C. (2010). *Sinning and Sinned Against: The Stigmatisation of Problem Drug Users*. London: UK Drug Policy Commission. (Available at: http://www.ukdpc.org.uk/resources/Stigma_Expert_Commentary_final2.pdf)

The nature and impact of stigma towards drug users

Stigma experienced by drug dependent users and their families often delays people seeking help. They fear that once they do, they will be stuck with the label 'hopeless addict' for life.

Professional attitudes all too often reinforce stigma and lower expectations of recovery.

Stigma puts barriers in the way of recovery and reintegration, for example by making it difficult to find a job.

The negative attitudes that drug users experience and the impacts they have on them and their families are demonstrated by the way in which the people in our research focus groups responded when asked what stigma meant to them.[2]

Figure 1: Graphical representation of the words used by focus group participants when asked what stigma meant to them

Stigma prevents help-seeking

Stigma can prevent people with drug problems recognising their emerging problem and seeking help. Asking for help would mean admitting to themselves and others that they are one of those 'hopeless addicts' and acquiring that label and all that goes with it. The feelings of shame and worthlessness engendered through stigmatisation also prevent people accessing treatment because they feel they are 'not worth bothering with'.

Similar feelings were experienced by the families of people with drug problems, who described being too ashamed to speak to anyone about the issue and of feeling that they should be able to 'sort things out themselves'.

2 Jones, R., Simonson, P. and Singleton, N. (2010) *Experiences of stigma – everyday barriers for drug users and their families*. London: UKDPC. (Available at: http://www.ukdpc.org.uk/publications.shtml#Stigma_reports)

Stigma is widespread

Stigma also has a big impact on recovery once in treatment. The low self-esteem of people in treatment prevents a belief in recovery. In our focus groups we were given many examples of how the attitudes of other people, including staff in a multitude of agencies, reinforce these negative feelings by presuming failure and not rewarding positive achievements. This stigma occurred in a wide range of settings:

- drug treatment services
- pharmacies
- GP surgeries
- hospitals (A&E, midwives, other staff)
- dentists
- social services
- employment (employers, staff, job centres)
- housing landlords
- criminal justice system (police, probation, prisons and courts).

However, we also heard of examples of good practice – professionals who were supportive and 'treat us like human beings' – in these same areas, so stigma is not inevitable. Indeed, some services can also actively help destigmatise, such as dentistry. Poor dentition is often associated with long-term opiate use and so this stigma can be addressed through good dentistry, allowing a person to engage with employers or new neighbours without obviously looking like an 'addict'.

Stigma is cumulative and long-lasting

Sometimes there may be perceived stigma, where people assume that attitudes towards them will be negative or interpret looks, words and actions as judgmental, whether or not this is the case. However, these perceptions arise because of the way that people with a drug problem or their families observe other people talking about and behaving towards drug users on a daily basis. In this way, stigma affects people twice – once, directly, by the actual behaviour and then again through the impact of the anticipation or fear of stigma.

However, we also identified numerous examples of enacted stigma, where negative attitudes have led to discrimination or unfair behaviour. For example, being made to wait while other people who arrived later are seen or served, having to wait in a separate area, being seen after all 'normal' clients have gone home or having one's confidentiality breached by loud remarks such as 'Here is your methadone'. When this occurs day after day it will inevitably reinforce feelings of worthlessness and make seeking help appear a waste of time.

Stigma can also impede recovery in practical ways. Being made to wait for medication could make a person in employment late for work and cost them their livelihood. Being late for an appointment at the job centre or with social services could lead to benefit sanctions or the loss of access to one's children since people with a history of drug dependence may not be believed when they say they were late because they were made to wait for an appointment elsewhere.

We also heard numerous examples of insensitive and inhumane treatment by healthcare staff. Undoubtedly a few drug users may at times seek to abuse the system to obtain drugs. But this appears to have led to a belief among some staff that everyone with a history of opiate dependence attending A&E departments is only there to get drugs, broken arm or appendicitis notwithstanding!

Child protection vs family support and encouragement – a delicate balance

Another topic frequently raised as having a key impact on recovery and help-seeking concerned children. Finding the balance between protecting children from harm and keeping families intact is hugely challenging for social workers. The desire to care properly for their children is a key reason for many drug users to try to overcome their drug dependence, so child-protection measures and interaction with social workers generally can have a huge impact on help-seeking and recovery to the detriment of the children, parents and wider family members alike. Social workers were seen as stigmatising insofar as some interpreted every infringement, such as being late for an appointment, which for other people would be considered minor matters, as being related to drug use and a sign of continued drug problems. Some social workers appear also to be reluctant to acknowledge progress in recovery. We were given numerous examples of people being told that they might have greater access to their children, such as through an additional supervised visit, if they stayed off drugs for six months or a year, only to be told when they did so that they would have to wait another few months. Not surprisingly, this can lead to relapse and a self-fulfilling prophecy.

Figure 2: Examples from the focus groups and web survey of the impact of stigma on treatment recovery

"Makes you feel like there's no point in trying to get better if people's attitudes are entrenched and they don't give you a chance."

"We used to get it [Methadone] at 9.00am so that we had it before college, and there's a new chemist in and she's like "No, you'll wait until 9.30am." So there's about 30 people waiting outside the chemist, and I'm terrified in case any of my aunties pass. I'm having to leave later to go and get it until the normal chemist comes back..."

"I wouldn't approach the doctor for a good few years due to feeling ashamed and because it was family doctor who knew my family I felt quite apprehensive of making the appointment to discuss drug use."

"Especially up here. You get people that ...that will actually phone up and inform on people... that the person that's working for them has got a drug problem, which has happened to a couple of people up here I know that have lost their jobs."

"Well, I've started doing pensioners' nails here [as a volunteer]*, giving manicures and painting their nails on Wednesday afternoon. When they find out I used to be a drugs user half of them wanted nothing to do with me. There was only two ladies that would speak to me."*

"I was told by my employer - a recovery service in the north west - that if I did not come off my subutex, which I had been maintained on since I was offered the job, I would lose my job...I had come so far and the services that should have been supporting my integration into mainstream society put their own political/morally driven agendas ahead of the needs of one of the people they should of in fact been supporting. I have never had any issues of discipline or incapability at work.

"... when I got to the end of my detox I was going through slight withdrawals once I'd finished my methadone, and I asked for respite. There was no respite places so I had to sign what's called a Section 25. It's a foster thing. It was just to get a bit of help so I could get myself well again to get my daughter back. And when I did feel better, I asked "Right, can I get her returned now" because ... I was led to believe it was a volunatary basis, and ... I was refused. And I'm gutted because I really think if they'd have gave her me back when I asked for her, when I was 100% fit and mentally fit and stuff, I think things would be really different today. As it goes, I was refused and it was like "Oh, that's it" ..."

Stigma undermines employment and reintegration

Employment and housing are other areas where stigma can be a huge obstacle to recovery from drug problems. The importance of employment, formal or informal, for well-being and participation in society is well-established, and for people who have had drug problems it can be vital for establishing a new social identity. However, a study of employers found almost two-thirds would not employ a former heroin or crack user even if they were fit for the job.[3] In our current research, former drug users reported having job offers withdrawn once their former drug using status was known. The impact of a criminal record for drug or other offences also impedes finding employment, especially in an era of increasing risk aversion, when Criminal Record Bureau (CRB) checks are increasingly being used. Disclosure of a history of drug use makes it difficult to get a job, but concealing it is not a good basis for employment and can lead to dismissal if found out later.

Family members of people with drug problems also reported problems at work. The expressed attitudes of work colleagues towards drug users can make it difficult for family members to disclose their situation and is painful for them to hear. Many reported having given up their jobs or having avoided promotion as a result of, or due to fear of, the consequences of disclosure; others maintained silence about their situation, but at a cost in terms of stress.

Stigma exacerbates problems for people with a history of drug use in securing a roof over their head. The shortage of social housing is a problem for a wide range of marginal groups, but in areas where drug use has been a problem, the bar is raised even higher for people who have had drug problems and they may be excluded from certain properties. Landlords can appear to assume that people never recover from drug dependence. This same attitude can lead to continued stopping and searching by police, even after a person has ceased using illegal drugs. Such attention can lead to problems in maintaining recovery.

The stigma associated with medication

Other recent research[4] has highlighted the stigma against methadone as a treatment option across a range of settings, including political and media discourse, the drug treatment sector and among drug users themselves. Although the authors focus on the American experience, the same issues have been evidenced in our research. A respondent to an online survey conducted as part of our research cogently described the stigma around methadone and methadone treatment centres and how this affected him:

> *"...attending drugs clinics and drug centres has a huge stigma and has at times in the past prevented me from seeking help."*

And focus group participants stated:

> *"When you're on methadone or heroin it's as if you've got a plague, isn't it?"*

> *"They don't give you the chance. Work – there's no point in us going for work. If you're on methadone... there's no point in going for any work"*

It is unlikely that people with chronic conditions such as asthma, diabetes or mental health conditions who are taking prescribed medication suffer the same opprobrium as that experienced by drug-dependent heroin users on a programme of medically-assisted recovery.

3 UKDPC (2008). *Working Towards Recovery.* London: UK Drug Policy Commission. (Available at: http://www.ukdpc.org.uk/publications.shtml#Employment_report)

4 White, W.L. and Mojer-Torres, L. (2010). *Recovery-Oriented Methadone Maintenance*. Great Lakes Addiction Technology Transfer Center, the Philadelphia Department of Behavioral Health and Mental Retardation Services, and the Northeast Addiction Technology Transfer Center.