Tackling stigma:
Stigmatisation and Barriers to Engagement for problem drug users

Charlie Lloyd

Health Sciences

University of York

What is stigmatisation?

- Stigma = Gk - tattoo or puncture mark – branding
- Modern meanings (among others):
  - 'a mark or sign of disgrace or discredit'
- Erving Goffman: a discrediting attribute that can make person 'not quite human'
- Stigma hangs over personal interactions between the stigmatised and the 'normal'

Other features of stigmatisation

- Universal in human (and other?) societies.
- Stigmas vary across time and place
- Perceived blame crucial: the more responsible, the greater the stigma
- Perceived danger also important

Who are the 'stigmatised groups'?

- Most stigmatised groups are child murderers, paedophiles, rapists, drug dealers
- But main focus of research/action on the 'blameless': mentally ill, the disabled, BME groups.
- Important implications for drug users: blameless?

Research on stigmatisation of pdus: Public attitudes

- Dangerous, deceitful, unreliable, unpredictable, hard to talk with and to blame for their predicament
- More stigmatised than other groups such as mentally ill
- Small study on empathy for pain – video clips of people experiencing pain, 3 groups – healthy, AIDS thru blood transfusion; AIDS thru idu. Self-reported empathy significantly greater for non idu groups. Matched by levels of brain activity

Health professionals

- Studies of treatment of PDUs in hospital setting
- Conflict over pain relief
- Hospital staff can be distrustful and judgmental but drug users can be aggressive and manipulative

The pharmacy

- Unique setting for stigmatisation of pdus
- Half of the users in two UK studies reported feeling stigmatised
- 'They will make you wait around the corner and serve all other people first…like we are scum.'
- Shop design – separate doors/space – more or less stigmatising?

Addiction services

- Potential to increase stigmatisation by cementing an 'addict' or 'junkie' identity.
- Can lead to further rejection from family and friends
- Can conflict with conventional lifestyle - esp MM
- Issues can lead to treatment avoidance

Impact of stigmatisation

- PDUs often feel profound sense of social rejection and isolation. High self blame; low self-esteem
- Study: recognition of facial expressions. 6 basic expressions – happiness, sadness, fear, anger, surprise and disgust. PDUs generally slow – but signif more likely to accurately recognise disgust

What can be done?

- Stigmatisation involves complex social interaction between individuals – hard to influence. But…
- Challenge simplistic blaming.
- Media approaches.
- Education and training.
- Contact between users and the public
- Outreach

Blame

- Lies at heart of the strong stigma attached to PDU
- 2 elements: 1) took illicit drugs in first place 2) 'choose' to continue to take drugs
- But risk factors genetic and early family, so blame? Also users do not feel that they have a choice.
- Need to educate public about nature of addiction – researchers, charities, Govts.

Media approaches

- UK Drug Policy Commission's programme of work on stigma
- Supported Society of Editors to produce guidance for journalists on writing about drug addiction:
  - ***Dealing with the stigma of drugs. A guide for journalists***
- http://www.ukdpc.org.uk/publication/dealing-with-the-stigma-of-drugs/

Education and training.

- Public education on addiction; training for health care, treatment and pharmacy staff.
- Majority of NEX provided by pharmacies in the UK.
- Research shows attitudes of pharmacists and pharmacy staff to be major barrier to IDUs accessing services.
- Training for pharmacy staff in sensitive, user-friendly, non-judgmental approach imperative if socially excluded users are to access these services.

Contact: The Brink dry bar and restaurant, Liverpool

The Brink - continued

- Social enterprise – profits reinvested into Sharp Liverpool, a charity dedicated to recovery from drug and alcohol addiction.
- Staff are recovering alcoholics.
- Open to the public.
- But also *Big Issue*, volunteering etc.

Outreach

- For socially excluded and, perhaps, socially **included**
- IDUs with non-using families and friends may be particularly reluctant to access formal services, fearing that they will be 'discredited'. May also resist internal 'addict' identity.
- BME groups may also be very reluctant to access formal services.
- Outreach may therefore be important for a range of users, not just the most chaotic and excluded.
- Outreach may need to be subtle to avoid public recognition. Peer approaches may also be effective as users tend to feel less stigmatised.

Conclusions

- Stigmatisation matters – strongly felt
- Serious impact on lives of those it affects
- PDUs highly stigmatised group
- However, unlike disabled and mentally ill, not perceived as a blameless, unfairly stigmatised group
- One aim of those wishing to decrease stigmatisation of PDUs should be to challenge the widespread sense that they have only themselves to blame
- Other approaches: media, training, contact, outreach.
- Must be a priority for any government setting its sights on social reintegration and recovery