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

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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 significantly 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*
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