

When it comes to the stigma that is often attached to the use of illegal drugs there are two statements that are easy to make: the first is that it should not happen, and the second is that when it happens it should be challenged. But just as there is good cholesterol and bad cholesterol perhaps there may be good stigma and bad stigma, with the real challenge being one of finding a way to reduce the bad stigma while retaining the good.

The idea that stigma associated with the use of illegal drugs should be challenged resonates with a basic humanitarian concern for the welfare of those living in difficult circumstances. These may be individuals whose drug use has led them to be highly vulnerable, and for whom it seems fundamentally wrong to increase their sense of personal suffering through the use of stigmatising labels and characterisations. Equally a proportion of those using illegal drugs will have been the victims of abusive childhoods. To stigmatise individuals for behaviour they may have had little choice in adopting, and which may have been the only way of coping with an intolerable early life, would seem to add an unnecessary insult to an unmasked injury.

Over the last decade or so we have come to challenge the stigma that was previously associated with mental health problems and it is perhaps within the context of that successful campaign that we have come to accept the need to challenge the stigma often associated with the use of illegal drugs. But drug use and mental illness are not the same and the commitment to challenge stigma in the mental health field may not be entirely the same as the call to challenge stigma in relation to drug use and drug users.

Stigma is a supremely powerful social force that derives its influence from the

simple fact that at heart we are deeply social animals, acutely mindful of the views of others and committed to seeking their approval. For this reason stigma can be used as a social device explicitly designed to reduce what are seen to be socially harmful behaviours. In the case of drink driving campaigns, for example, stigma has been used as a marketing strategy to encourage the view that those who drink and drive are socially irresponsible. Within such campaigns driving under the influence of alcohol is seen not as a form of socially valued risk taking, but as a selfish, socially irresponsible behaviour that threatens the lives of 'innocent others'.

In the case of illegal drugs there may well be a degree to which stigma has been an important social barrier in reducing the wider adoption of a pattern of illegal drug use. Different drugs are associated with different levels of stigma and different levels of use. Cannabis, the most widely used illegal drug, has very little stigma associated with it. From politicians to pop stars, individuals can report their use of cannabis with little or no adverse impact on their career.

When it comes to class A drug use the level of stigma goes up, the level of reported use goes down, and the consequences of personal use become more dramatic. Cocaine is more stigmatised than cannabis but less stigmatised than heroin. In quantitative terms, the level of its use sits between these two other drugs and revelations of its use can have seriously adverse consequences on one's career – depending of course on the nature of the career in question. In the case of heroin, by contrast, we have a drug more stigmatised than any other and whose use, even by rock and pop stars, can be seen as indicative of personal destitution and weakness. As well as being the most stigmatised drug heroin is also the illegal drug that is used less frequently than almost all others. One of the positive outcomes of stigmatising heroin in this way may well have been that its use remains so rare.

The distinction between the bad stigma experienced by individual drug users and the good stigma that may present an effective social barrier to wider drug use is, however, more apparent than real. In a society where drug use was socially valued it would be difficult to see why there would be any stigma associated with the individual's drug use, other than the stigma that might be associated with the perception of excessive use (as is the case for alcohol).

Erik Van Ree, for example, argued in the *International Journal of Drug Policy* in 1999 that drug use should be seen as a human right rather than a social harm: 'Human rights concern forms of behaviour which we regard as positive and enriching for our lives to such a degree that we experience it as a violation of our personal dignity when we are forced to give them up. Drug use belongs in that category. Instead of being included in the category of murder and rape, drugs should be appreciated as a cultural asset similar to religion and art.'

Viewed in these terms it would be difficult to see how stigma in any of its various forms could be accepted. If, by contrast, one accepts the view that illegal drug use

Neil McKeganey makes a case for looking critically at stigma relating to drug use

BAD STIGMA... GOOD STIGMA?

is a behaviour that society does not wish to encourage, and which is seen as being socially harmful, it would seem important to retain some element of the view of drug use as a stigmatised behaviour. The stigma directed at individual drug users, and which we may rail against, may only exist within a broader context where drug use itself is seen as a stigmatised behaviour.

The push to reduce the stigma directed at the drug user is easy to understand and to support. What is perhaps less evident are the dangers of reducing the stigmatised view of drug use itself. At present the social barriers against wider drug use consist largely of criminal justice sanctions against drug possession and the negative health consequences associated with drug use. Since the criminal justice sanctions for drug use are relatively rarely applied (when one considers the overall number of drug users and the level of their use) and the health consequences of drug use are a matter of near constant, heated, debate, stigma may well be the single most influential barrier against the wider use of illegal drugs.

For this reason, while we may rightly reject the stigma directed at individual drug users we may wish to retain the stigma that is directed towards drug use itself. We may need to be careful to ensure that our attempts at challenging the stigma experienced by the individual drug user does not inadvertently reduce the use of stigma as a barrier to wider drug use. The question for which there may be no easy answer, however, may be one of deciding whether we place greater value on reducing the possible expansion of a socially harmful behaviour (thus retaining the stigmatised view of drug use) or reducing the social exclusion experienced by those who are engaged in that behaviour.

The consequences of getting the balance between these can be dramatic for society at large, as well as for individual drug users. While the experience of being seen as a 'junkie' may be a catalyst to some people's eventual recovery, for others it may produce a sense of personal despair and hopelessness that undermines rather than enhances individual's efforts at finding a road back from addiction.

Within the therapeutic relationship stigma may need to be challenged in all its forms. But as we confront the challenge of drug use in society we may need to retain the view of drug use as a socially-harming behaviour, and in doing so retain some elements of the stigma that is then inevitably associated with an individual's drug use. By contrast if we succeed in removing the stigma associated with individuals who are using illegal drugs we may unwittingly make drug use itself that much more acceptable and that much more widespread. When it comes to drug use and stigma there may be a lot more involved than immediately meets the eye.

Neil McKeganey is professor of drug misuse research at University of Glasgow

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TACKLING STIGMA

At a UKDPC seminar this week, stakeholders from a range of sectors involved with drug treatment and support met to discuss stigma faced by drug users and their families – the start of a research project to tackle the issue. DDN joined in the debate.

'THE REACH OF PAPERS IS FURTHER THAN EVER BEFORE but their income is less – so it's all about selling papers in a difficult market,' said Malcolm Dean, former assistant editor of *The Guardian*, who chaired the debate and explained its context.

There were a number of reasons why stigma thrived, he said. Journalists were dumbing down, putting politics before policy and concentrating on negatives instead of positives. Penal populism had got into the system when Margaret Thatcher took her hard line on law and order from the US in 1979, he said – and, now it was out, 'like toothpaste it's going to be very hard to get back in'.

'The more we separate drugs and crime the better it will be,' he added.

Professor Colin Blakemore, leader of the stigma research programme, highlighted the need for tolerance, particularly towards those going back into society from prison, but warned that if drug users' priorities are low ranking now, they may become lower still in the difficult economic climate.

'The cycle of prejudice needs to be broken,' he said. 'A very low proportion of employers will consider employing former addicts.' The first phase of the project would be concentrated on gathering information, conducting a survey of public attitudes and looking at differences around the world. The work and surveys carried out in the mental health field would be a valuable guide, as attitudes to people with psychotic depression had changed.

John Howard of Reading User Forum gave insight to the stigma he experienced during his transition from chaotic drug use to present day stability and employment.

'I was told I was unemployable by a DSS manager,' he said. 'The attitude of services can change when you say you're a drug user. Even at conferences people bring their bag a bit closer when you say who you are and what you do.'

Viv Evans, chief executive of Adfam, pointed out that stigma was not restricted to drug and alcohol users, but extended to families, who told the charity they could not access support because they feel unable to speak out. 'Often parents feel that they have failed,' she said.

Often stigma faced by families was also experienced by those who worked with drug users, such as social workers, she added. '[Drug use] can be a stigmatising experience for all who touch it.'

Gareth Mead of Hammersmith and Fulham Council had both a professional and personal view of stigma. As the director responsible for allocating social housing he came face to face with the challenges affecting drug users and strongly supported peer advocacy to help settle people in the community. As the brother of a long-term heroin user who had been using since the age of 15 and been in and out of prison, he had witnessed his brother's struggle to become rehabilitated after detoxing.

'In 2001 he managed to get a job and lied to employers, despite my advice not to. He maintained it for six months and it gave him purpose, pride and a sense of wellbeing – he stayed clean,' he explained. 'Then after the 7 July bombings his employers made criminal record checks, found his record and summarily dismissed him. His world collapsed and he went back to hard core use. He was not mad or wicked or evil – he needed help and compassion and support.'

Ronald, a client at Nacro's Latch House housing and drug rehabilitation project, described how a probation officer had seen past the stigma he had become used to since childhood, to give him a chance in life. Aged ten, he had been paid £50 a day to sit on a wall for an hour, selling crack and heroin. This early training led to selling drugs in clubs and a drug habit of his own while living on the streets.

Three years ago, when he felt no one else trusted him, his probation officer showed him Latch House, where 15 people were receiving help with accommodation. For Ronald it was the turning point in accepting help and 'surrendering to recovery' from drugs. 'I think the government should invest more in places like Latch House,' he commented.

More information about the stigma project at www.ukdpc.org.uk