

STIGMA IN POLICY, PRACTICE, AND EVERYDAY LIFE

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Public Health Institute

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WHAT IS STIGMA?

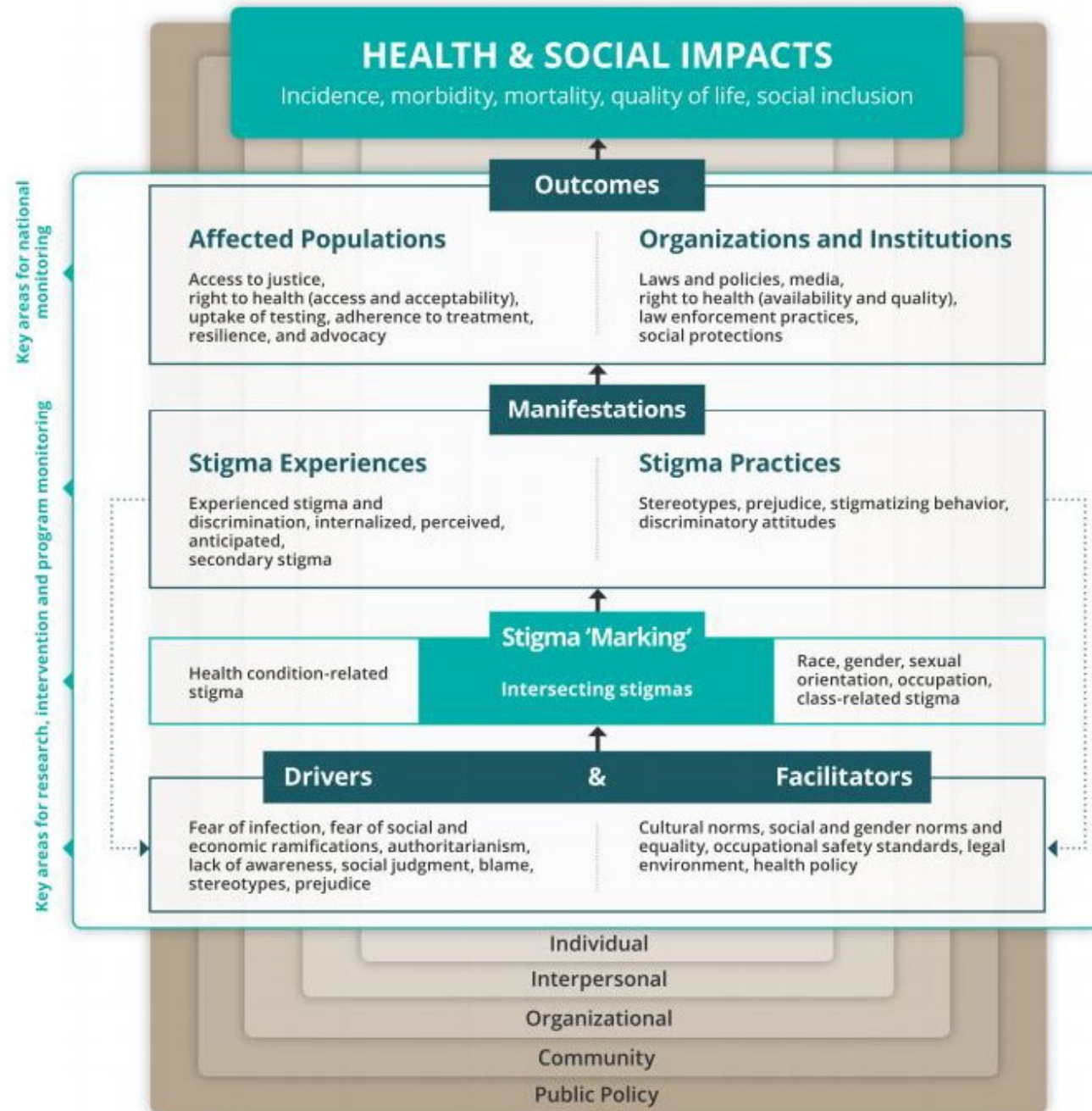
A process in which people are:

1. Labelled and assigned to an **out-group** on the basis of characteristics perceived as contrary to a social norm,
 2. Subjected to stereotypes and prejudices; and
 3. Exposed to status loss, social rejection, and discrimination.
- Differences between persons have to be noticed, to be regarded as relevant and to be labelled accordingly – this can change across time
 - Interaction with status characteristics –
 - Labelling and stereotyping often imperceptible, but social distance and discrimination are tangible

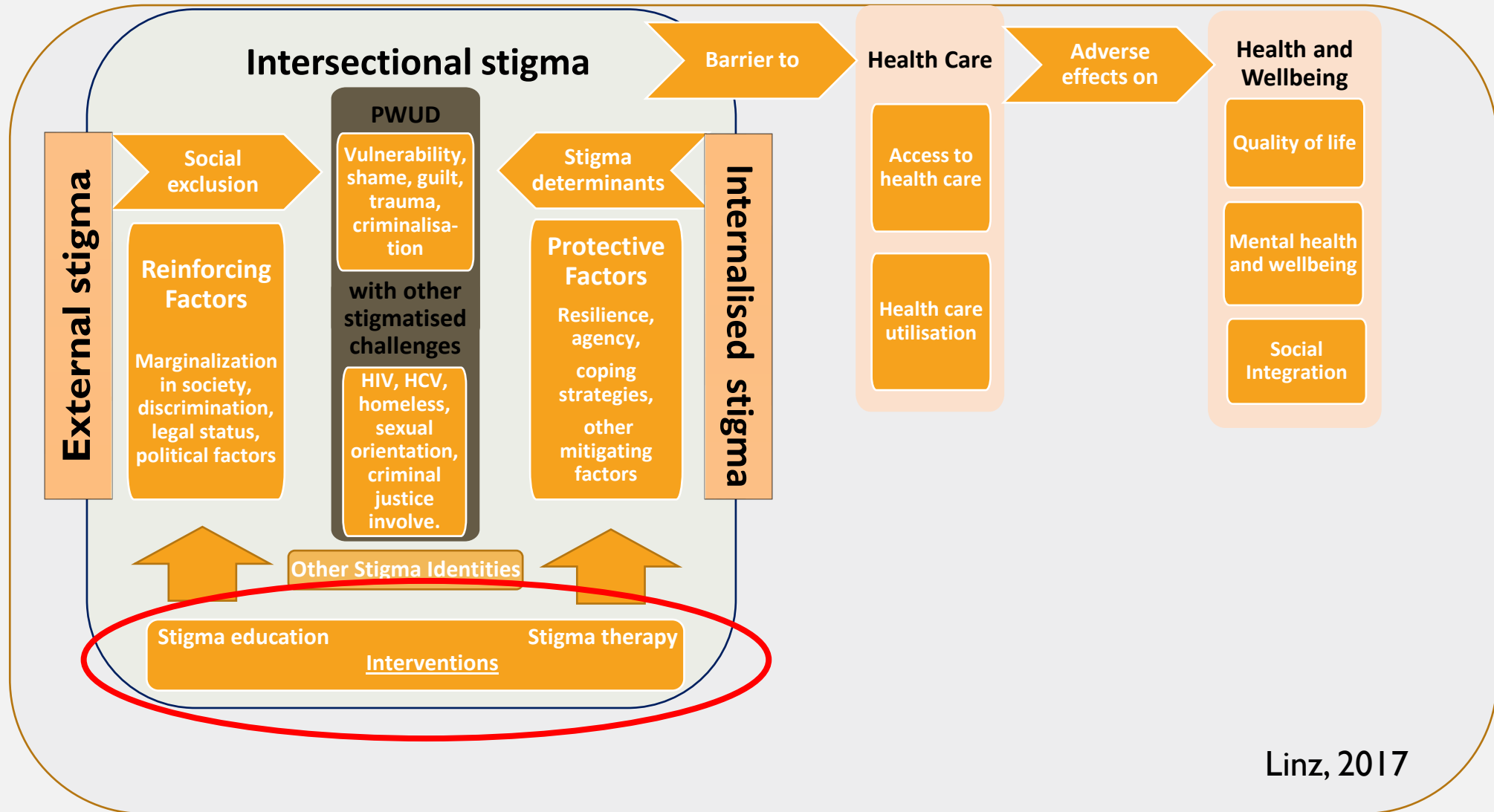
Occurs when power differentials allow one group to successfully devalue another

Drugs are richly functional scapegoats. They provide the public with a restricted aperture of attribution in which only the chemical bogey man or lone deviant come into view and the social causes of a cornucopia of complex problems are out of the picture.

Prof Craig Reinerman, forward to *The War on Drugs: Addicted to Failure*
Institute for Policy Studies, 2001 (Washington DC, USA)



STIGMA EXPERIENCED BY PWUD



- Is Stigmatisation— *unfortunately* — inevitable in the substance use field?
- We label client groups and others with lived experience through service names, the language that we use to describe their experiences and condition, and the way that we understand and communicate with others about the issues that affect them
- This language is culturally shaped, and often has negative connotations; whether we realise it or not
- Feeds into stereotypes and prejudices, linked to negative, harmful, and disrespectful beliefs about a person or group

SELF IDENTITY VS LABELLING

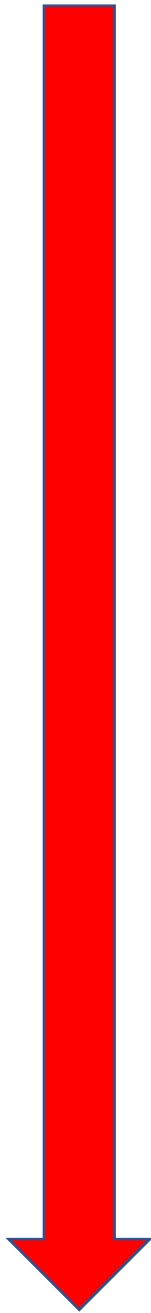
- Claiming a particular identity can be an important part of recovery for many people, and self-labelling should always be respected
- How we (public, practitioners, policy makers) refer to substance related issues has been shown to affect stigmatising attitudes, social distance, and support for particular approaches
- Studies have shown that language that highlights personal culpability and controllability of personal choice, the perceived 'dangerousness' of PWUD, biological/disease models or the relapsing nature of substance use disorders can induce cognitive biases that perpetuate stigmatising attitudes and pessimism about the positive impact of treatment
- Emerging studies suggest that this might be occurring at an 'automatic level', and that we may not even be aware of these attitudes
- Target group characteristics – e.g. ethnicity, age, sex, motherhood – can also affect attitudes
- Depictions of (structural) barriers to treatment access, successful treatment outcomes, or phrasing that highlights similarities with other types of pharmacotherapies, leads to reduced public stigma, a greater belief in the effectiveness of treatment, less willingness to discriminate, and less support for punitive approaches

FAMILY STIGMA

- Sometimes termed affiliate, associative, or courtesy stigma
- Families are seen to be 'contaminated' by the stigmatised condition
- Can be internalised – come to believe external criticism
- Reinforced by perceptions of being judged, receiving inadequate support, and being represented as 'powerless'
- Associated with length and severity of condition, and length of treatment duration



Cultural norms, social norms, legal environment, health policy, lack of awareness, social judgement, blame, stereotypes, prejudice



Family affected by substance use

- Perception whole family 'contaminated' by family member
- family perceived as harmful, dangerous, unhealthy, outside of social norms
 - can 'contaminate' others



Stigma marking

- Intersection with race, family structure, class, SES etc

Experiences

- Experienced stigma and discrimination,
 - Internalised

Practices

- Being judged
- Receiving inadequate support
- Represented as 'powerless'
 - - prejudice
- Stigmatising behaviour
 - Discriminatory attitudes



Manifestation

- Experienced through interactions with public, professionals, systems and structures

- Decrease in quality of life
- Psychological distress; shame; isolation; guilt; helplessness; caregiver impact
- Concealment and impression management may hinder help-seeking
- Laws and policies, media, right to health (availability and quality)
- Law enforcement practices and protections



Resilience
Advocacy
'Righteous anger'

“Stigma is I suppose people thinking, or put us in that situation like being treated as outcasts or whatever, [people thinking] ‘oh my god, don’t go near them, their son’s a drug addict’..”

“..the view that people who took drugs were just worthless and not worth thinking about, and I guess I was a bit concerned that people would start to think about my son, that he was just somebody that wasn’t worthy of trust.. not worthy of caring about..”

“You know, there’s so much stigma and shame that goes along with being a parent of a child who’s using drugs or alcohol. You know, all that stuff around, ‘oh, what went on in their family’.”

“The thing that really I found quite confronting was that my parents couldn’t accept it and didn’t feel that they could talk to anyone about it, because it was the big shame. You know, because we had ‘one of those’ in the family”.

Stigma continues post-bereavement

- Majority of negative comments after bereavement from close/extended family and friends

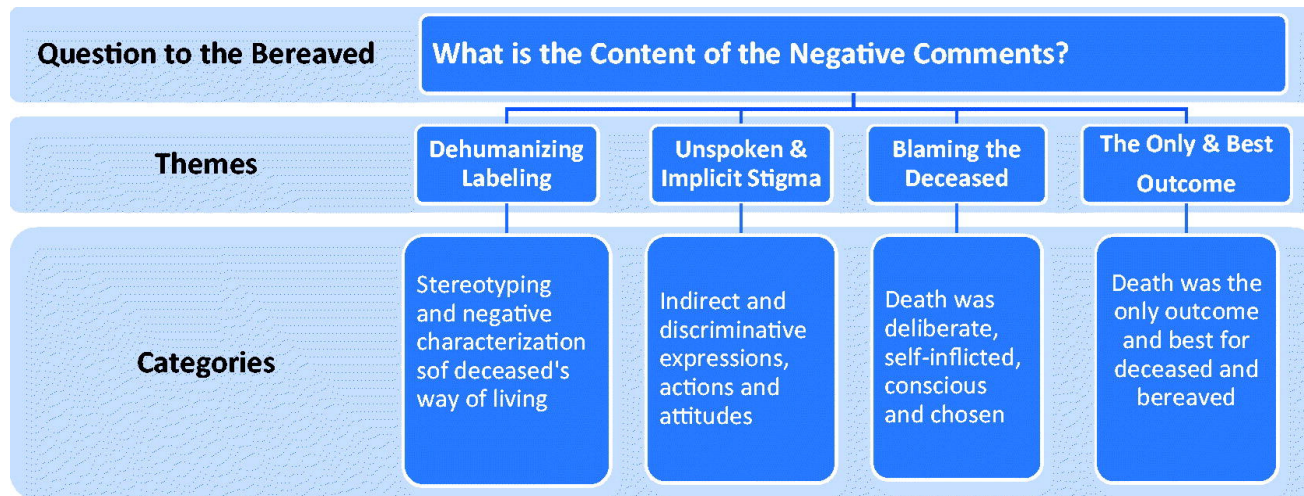
*• I was told she was a f***** j***** and a f ***** w***** who had not deserved to live.*

• ‘They should be given drugs with rat poison so that we got rid of them.’

• It was not right when my GP told me that “everyone is the maker of their own fortune.”

• ‘You were lucky to have been spared any further anguish when he died’

• Maybe people don’t think we are grieving since he was just a drug addict



'Best drugs deterrent ever'.... shocking police mugshot shows impact of years of crack and heroin addiction

'She blames herself for what happened and has no one to blame but herself'

SHARE



335 SHARES

By **Sophie Wheeler & Simon Smith**

08:50, 7 FEB 2020 | UPDATED 12:27, 7 FEB 2020

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Enter your postcode

Go

In YourArea



Images of show the impact of her drug habit (Image: GMP/Cavendish Press)



NEWS

Monkey dust could be on way to Scotland - what we know about the drug that 'turns users into the Hulk' >

Distribution and consumption of the the drug is being described by police as an "epidemic".

NEWS

Horror as lethal Spice 'zombie' drug epidemic spreads among homeless in Glasgow >

Experts have issued a warning amid fears more and more people are taking 'spice' in the city – a drug which is 10 times stronger than cannabis and linked to more than 100 deaths.



Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo



Research Paper

'We are still obsessed by this idea of abstinence': A critical analysis of UK news media representations of proposals to introduce drug consumption rooms in Glasgow, UK

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Mail Online



Plans to give free heroin to addicts in drug 'shooting galleries' could boost addiction, critics fear



Drugs: Education, Prevention and Policy

ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/idep20>

'Zombies', 'cannibals', and 'super humans': a quantitative and qualitative analysis of UK news media reporting of the cathinone psychostimulants labelled 'monkey dust'

Amanda Marie Atkinson & Harry Sumnall



Drugs: Education, Prevention and Policy

ISSN: 0968-7637 (Print) 1465-3370 (Online) Journal homepage: <http://www.tandfonline.com/loi/idep20>

Neo-liberal discourse of substance use in the UK reality TV show, *The Jeremy Kyle Show*

Amanda Marie Atkinson & Harry Sumnall



COMMON FINDINGS ACROSS STUDIES

‘What's wrong
with those people’
vs ‘what happened
to them’

‘Mad bad and
dangerous’...to us

Pawns in UK
politics

Moral judgement –
but not in relation
to our (lack of)
responses

Dehumanisation

Burden

Silencing of the
voices of PWUD

Unhelpful
characterisation of
treatment and
support responses

INTERSECTIONAL/WITHIN GROUP STIGMA

- People with multiple and complex needs such as substance use, homelessness, poverty, mental ill health, or social isolation, are sometimes referred to as being *multiply excluded*
- Multiple stigmatised social identities may interact, and intersectional stigma leads to further negative impact on health and social outcomes
- Intragroup marginalisation occurs through stigma that members of marginalised groups impose on each other when peers diverge from group norms
- For example, there are ‘hierarchies’ within stigmatised groups, depending upon drug use and other practices/experiences – mirrors wider discussions about the ‘productive’ citizen

- Interviews with 42 people (29 males, age range 19-64) attending a service providing food, clothing and welfare support to the multiply excluded community in the NE of England, including those who were sleeping rough, sofa-surfing, in temporary or emergency accommodation
- Explored stigma towards people who use *Spice* within a demarginalised environment
- Around a half reported a lifetime use of *Spice*, and 90% use of another controlled drug
- Around one third currently sleeping rough, or in unstable accommodation
- Analysis informed by intergroup contact theory and attribution theory

KEY FINDINGS

- Distinction: Spice (negative) vs people who use it (positive); drug as a palatable proxy for inter-personal attitudes
- ‘Good’ people controlled by a ‘bad’ drug – reduces personhood and agency
- Use often framed in relation to personal choice, ‘bad character’, or moral failings
- Focus on conflict within everyday ‘work’, and reinforcing negative public views towards all service users
- Use of pejorative terms such as ‘spiceheads’ and ‘zombies’
- Associated with criminality and being street homeless
- Different attitudes towards concealed and visible use
- Service provided an environment that could foster frequent and positive contact

ADVOCATING FOR CHANGE

- **Rather than just presenting solutions to societal problems, advocates must work to shift awareness to these problems, and present reasons for [the public] policy makers to prioritise them**

Dealing with the stigma of drugs

A GUIDE FOR JOURNALISTS

ADDICT
REHAB
recovery

Society of Editors
www.societyofeditors.org



CHANGING THE NARRATIVE

Changing The Narrative is a network of reporters, researchers, academics, and advocates concerned about the way media represents drug use and addiction. Our mission is to help journalists and opinion leaders provide accurate, humane, and scientifically-grounded information in this contested terrain. We offer expert sources—including people with lived experience of the issues—and up-to-date, fact-checked, and evidence-based information on news and controversies.

The Tired Narratives of Drug Policy

"Addict"

Stigmatizing
Language about
Substance Use

"Trading One Addiction for Another"

Medication to Treat
Opioid Use Disorder

"Hooked on Opioids"

The Difference
Between Addiction and
Dependence

"Filling Parks & Playgrounds with Hypodermic Needles"

Misconceptions about
Syringe Service
Programs

IF YOUR CHILD HAD A PROBLEM WITH
DRUGS, WHAT DO YOU THINK WOULD
HELP THEM MOST?

A DOCTOR'S
APPOINTMENT

OR

A CRIMINAL
RECORD



anyoneschild.org
@anyoneschild

ANYONE'S CHILD 
Families for safer drug control

Recovery Dialects	Mutual Aid Meetings	In Public	With Clients	Medical Settings	Journalists
Addict	✓	STOP	STOP	STOP	STOP
Alcoholic	✓	STOP	STOP	STOP	STOP
Substance Abuser	STOP	STOP	STOP	STOP	STOP
Opioid Addict	✓	STOP	STOP	STOP	STOP
Relapse	✓	STOP	STOP	STOP	STOP
Medication Assisted Treatment	STOP	STOP	STOP	STOP	STOP
Medication Assisted Recovery	✓	✓	✓	✓	✓
Person w/ a Substance Use Disorder	✓	✓	✓	✓	✓
Person w/ an Alcohol Use Disorder	✓	✓	✓	✓	✓
Person w/ an Opioid Use Disorder	✓	✓	✓	✓	✓
Long-term Recovery	✓	✓	✓	✓	✓
Pharmacotherapy	✓	✓	✓	✓	✓

Language matters but can change depending on the setting we are in. Choosing when and where to use certain language and labels can help reduce stigma and discrimination towards substance use and recovery.

SOURCE: Ashford, R. D., Brown, A. M., & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. *Drug and Alcohol Dependence*, 189, 131–138.

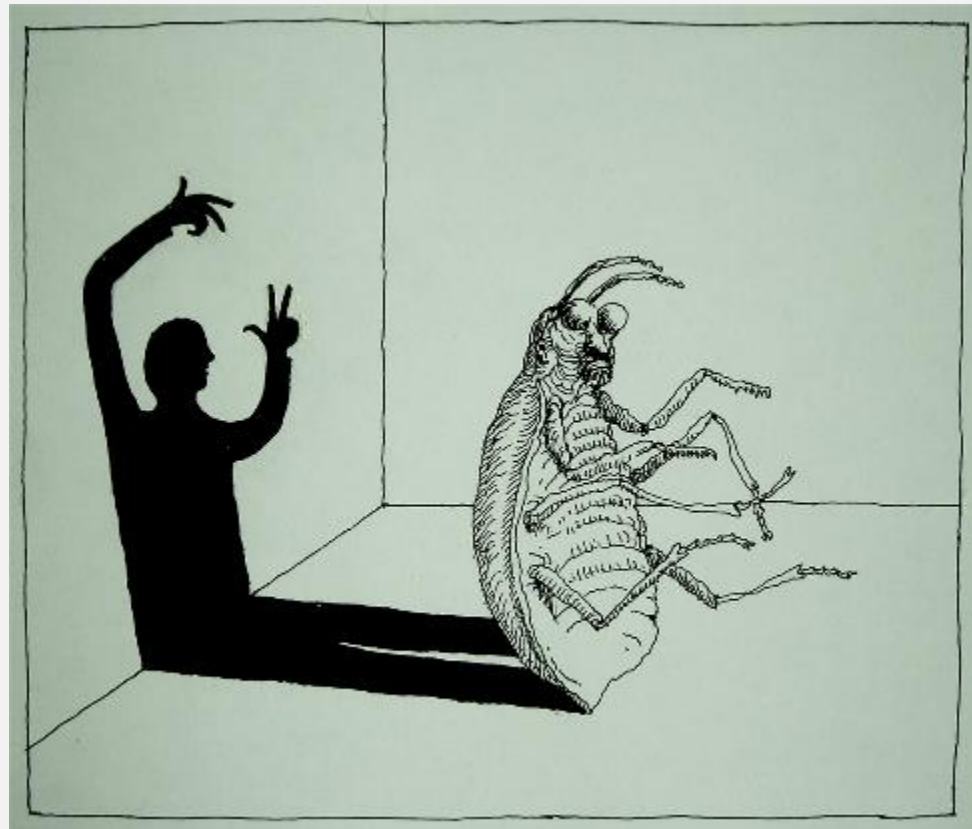
Moving Beyond 'People-First' Language

*A glossary of contested
terms in substance use*

ADVOCATING FOR CHANGE

- **Successful advocacy combines relevant scientific evidence with emotional appeals that put a ‘human face’ on a story, and intelligently exploits emerging opportunities by framing suggested responses to be consistent with the political and personal beliefs of decision makers, and what is already known about what they care about.**

METAMORPHOSIS AND DEHUMANISATION



SUBTLE AND BLATANT DEHUMANISATION OF PWUD

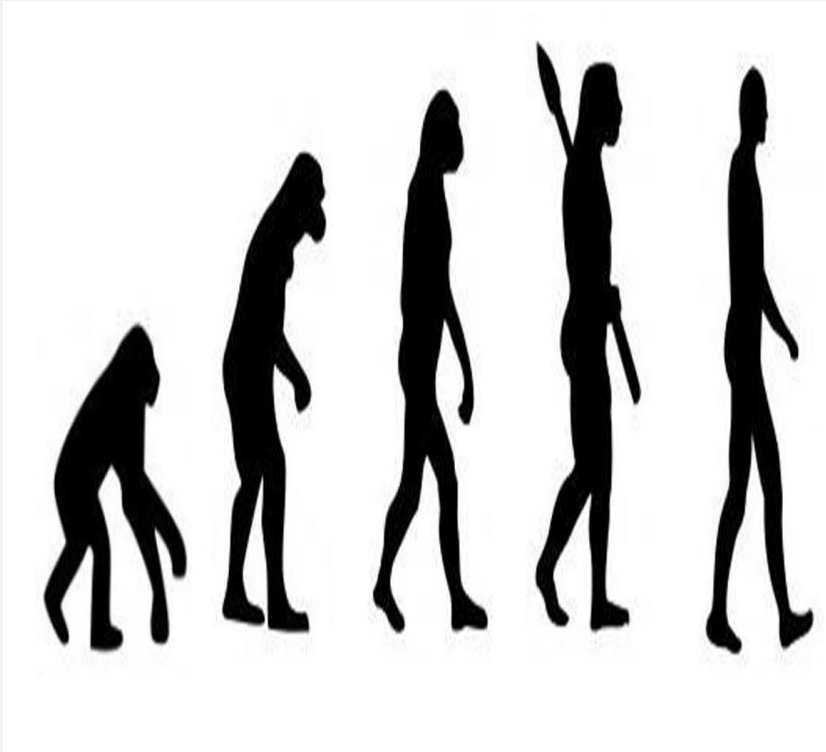
- Do prejudiced beliefs about PWUD run deeper than we assume? Are they *dehumanised*?
- More subtle dehumanisation may manifest in beliefs that PWUD less likely to experience human emotions
- Moral disengagement theory suggests that 'dehumanisation' is one strategy people employ to justify unethical behaviour and choices that affect others
- Shown in other stigmatised conditions such as obesity, or associated with racist attitudes or support for policy that promoted intergroup conflict
- Removing humanity facilitates discrimination and mistreatment in social interaction, practice and policy



From 'Hulk-like strength' to 'zombie face-eating' - what is monkey dust? | UK News | Sky News

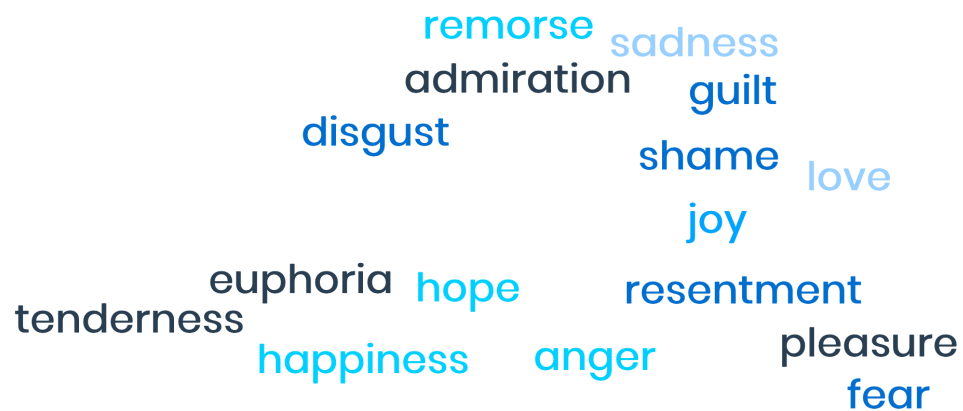
10 months ago
Sky News

BLATANT DEHUMANISATION



- Validated 'Ascent of Humanity' task assessing how 'evolved' respondents think different groups are
- We asked people to rate and compare groups including 'Brits', people who use heroin, cannabis, who are homeless, obese, unemployed, have cancer, mental health diagnosis
- People who use heroin were rated as significantly less 'evolved' than all other reference groups
- Associated with lower support for supportive drug policy (e.g. receipt of benefits, public expenditure on treatment)

SUBTLE DEHUMANISATION



- Participants asked to characterise how well a list of emotions characterised reference groups
- **Primary** emotions are universal to all humans and non-humans (e.g. anger, fear, joy); but **Secondary** emotions are uniquely human (e.g. hope, admiration, shame)
- People who use heroin rated as being significantly less likely to feel secondary emotions

Agreement among U.S. Adults with Arguments Opposing and Supporting Safe Consumption Sites, 2017 (N = 1004).

Anti-Safe Consumption Site Arguments	% Agree (95% CI)	Pro-Safe Consumption Site Arguments	% Agree (95% CI)
Fund Treatment: Safe consumption sites should be illegal because funding should be spent instead on opioid use treatment and recovery.	57.6 (54.3, 60.8)	Better Alternative: Safe consumption sites should be legal because they are a better alternative to dealing with opioid use than arresting people, which does not address their substance use.	42.7 (39.5, 46.0)
Opioids are Illegal: Safe consumption sites should be illegal because use of heroin and other opioids is illegal.	56.3 (53.1, 59.5)	Reduce Infectious Diseases: Safe consumption sites should be legal because they would reduce HIV and hepatitis C by encouraging safer injection practices, such as using sterile syringes for each injection, among people who use opioids.	41.8 (38.7, 45.0)
Allow Continued Use: Safe consumption sites should be illegal because they allow people to continue using opioids.	53.7 (50.4, 57.0)	Decrease Costs: Safe consumption sites should be legal because they would reduce opioid-related emergency room visits and hospital admissions, which would decrease healthcare costs.	41.6 (38.5, 44.8)
Increase Drug Use: Safe consumption sites should be illegal because they would increase illegal drug use by making it easier for people to use opioids.	51.9 (48.6, 55.1)	Connect to Treatment: Safe consumption sites should be legal because they would reduce opioid use by connecting people who use opioids to drug treatment.	41.5 (38.3, 44.7)
Increase Illegal Activity: Safe consumption sites should be illegal because they would lead to more illegal activities in the neighborhoods where they are located.	51.0 (47.8, 54.2)	Law Enforcement Focus: Safe consumption sites should be legal because they allow law enforcement to focus more on violent crime instead of low-level drug offenses.	40.2 (37.0, 43.4)
Encourage Harmful Behavior: Safe consumption sites should be illegal because medical professionals would be encouraging harmful health behaviors like opioid use.	50.1 (46.8, 53.3)	Reduce Fatal Overdoses: Safe consumption sites should be legal because they would reduce fatal opioid overdoses by providing a place for people to have medical supervision while they use opioids.	39.4 (36.3, 42.6)
Government Tolerance: Safe consumption sites should be illegal because the government should not tolerate illegal activities such as opioid use.	49.0 (45.7, 52.2)	Reduce Public Use: Safe consumption sites should be legal because they would reduce the use of opioids in public places.	36.1 (33.1, 39.3)
		Helped in Other Countries: Safe consumption sites should be legal because they have helped to reduce fatal opioid overdoses in other countries.	34.0 (31.0, 37.1)
		Safe Site: Safe consumption sites should be legal because they would provide a place for people who use opioids to stay safe while they are using drugs.	33.2 (30.2, 36.3)
		Dignity and Respect: Safe consumption sites should be legal because they would create a space where people who use opioids are treated with dignity and respect.	27.3 (24.5, 30.3)

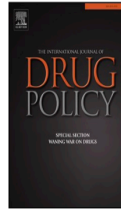
From Barry et al., 2019



Contents lists available at [ScienceDirect](#)

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo



Research Paper

Effects of messaging on public support for drug consumption rooms in Scotland, UK

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Most Scots back drug consumption rooms as need for facilities reinforced

- Examined different message framings on public support for drug consumption rooms (DCR)
- Experiment with representative sample of Scottish population
- Compared level of support after exposure to:
 - i) a basic description of a DCR, AND a combination of
 - ii) factual information; iii) pre-emptive refutation of common public concerns about DCR; and/or iv) a sympathetic narrative describing a mother whose son died from a heroin overdose.
- Public support for DCRs was not improved through communication of factual statements outlining potential benefits of the intervention alone.
- Greater support after addressing common concerns that the public might have about DCRs, and present the intervention in relation to potential benefits that they hold for people indirectly affected by drug-related harm
- ‘Rehumanisation’ of people who use drugs

Sumnall et al., 2020

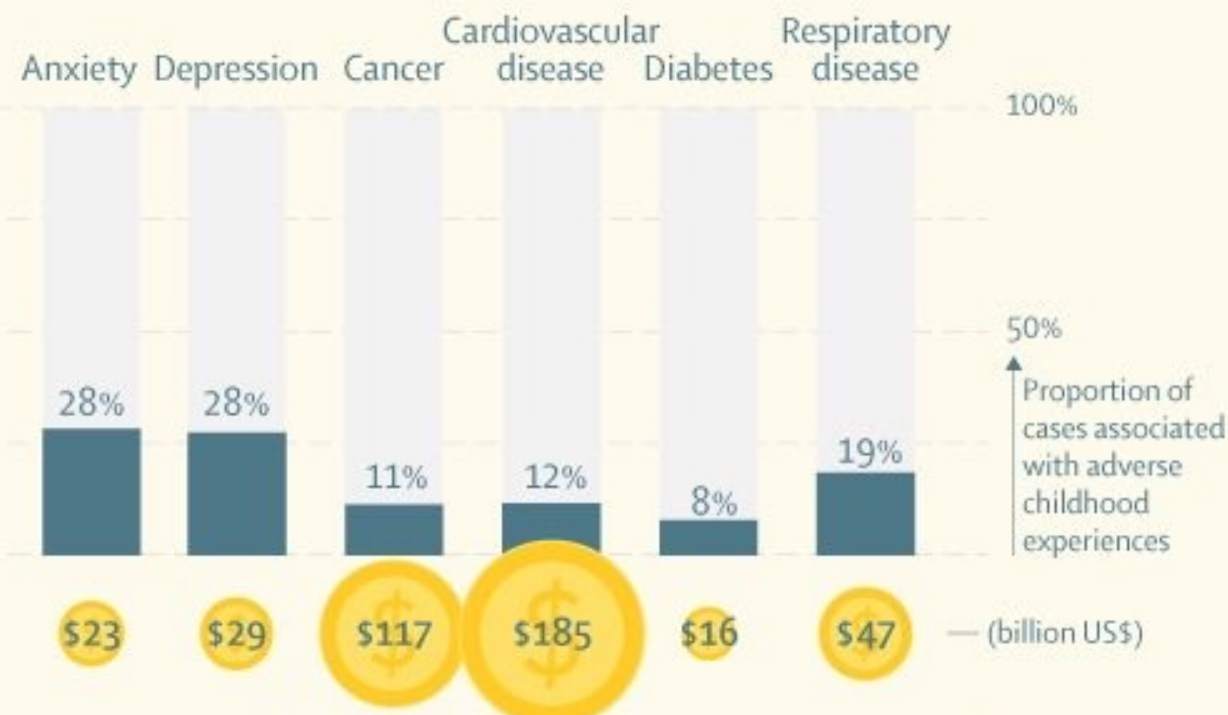
EUROPE

Adverse childhood experiences have lasting consequences



In Europe **25%** of harmful alcohol use is attributable to adverse childhood experiences

which has an annual cost of **\$143 billion**



A 10% reduction in adverse childhood experience prevalence could equate to annual savings of \$49 billion

Adverse childhood experiences refers to some of the most intense sources of stress that children can be exposed to, including child maltreatment, interparental violence, and parental substance abuse.
Source: Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: a systematic review and meta-analysis. *The Lancet Public Health*



Representation of adverse childhood experiences is associated with lower public stigma towards people who use drugs: an exploratory experimental study

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^cSchool of Psychology, Liverpool John Moores University, Liverpool, UK; ^dDepartment of Psychological Sciences, University of Liverpool, Liverpool, UK

ABSTRACT

Background: Stigmatising attitudes towards people who use drugs are pervasive amongst the public. We investigated whether public stigma was affected by presentation of a history of adversity, and how substance use was described.

Methods: A cross-sectional online study using a convenience sample, with a randomised $2 \times 2 \times 2$ factorial design. Participants read one of eight randomly presented vignettes that described a fictional case history of substance use. In each vignette, the gender of the subject (male or female), description of the subject's substance use ('addict' vs substance use disorder), and life history ('tough life' vs description of four adverse childhood experiences (ACEs)) were varied. Participants then completed an adapted version of the attribution questionnaire (AQ-9), which assessed stigmatising beliefs.

Results: Data were obtained from 502 participants (53.0% female; mean age 36.5 ± 13.5 years). There was a significant effect of life history on AQ-9 scores ($p = .012$), and presentation of ACEs was associated with lower stigmatising attitudes.

Conclusion: Our findings suggest that describing the life histories of people who have experienced problems with substances may lead to less stigmatising public attitudes. Further research should explore the best ways to utilise this information to develop public-targeted anti-stigma interventions.

ARTICLE HISTORY

Received 4 May 2020

Revised 20 July 2020

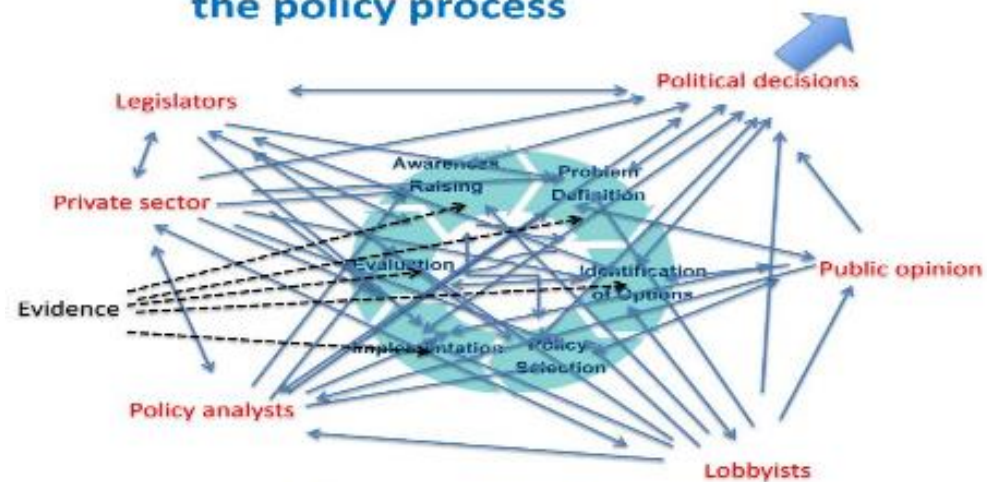
Accepted 3 September 2020

KEYWORDS

Stigma; people who use drugs; communication; substance use; adverse childhood experiences

Putting evidence into the policy process

POLICY !!!!



The challenges of single point and iterative inputs

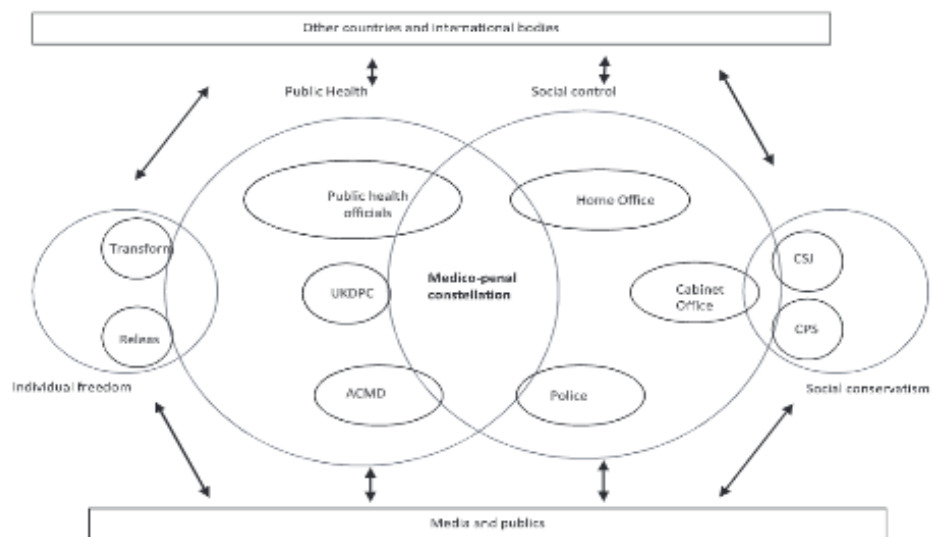
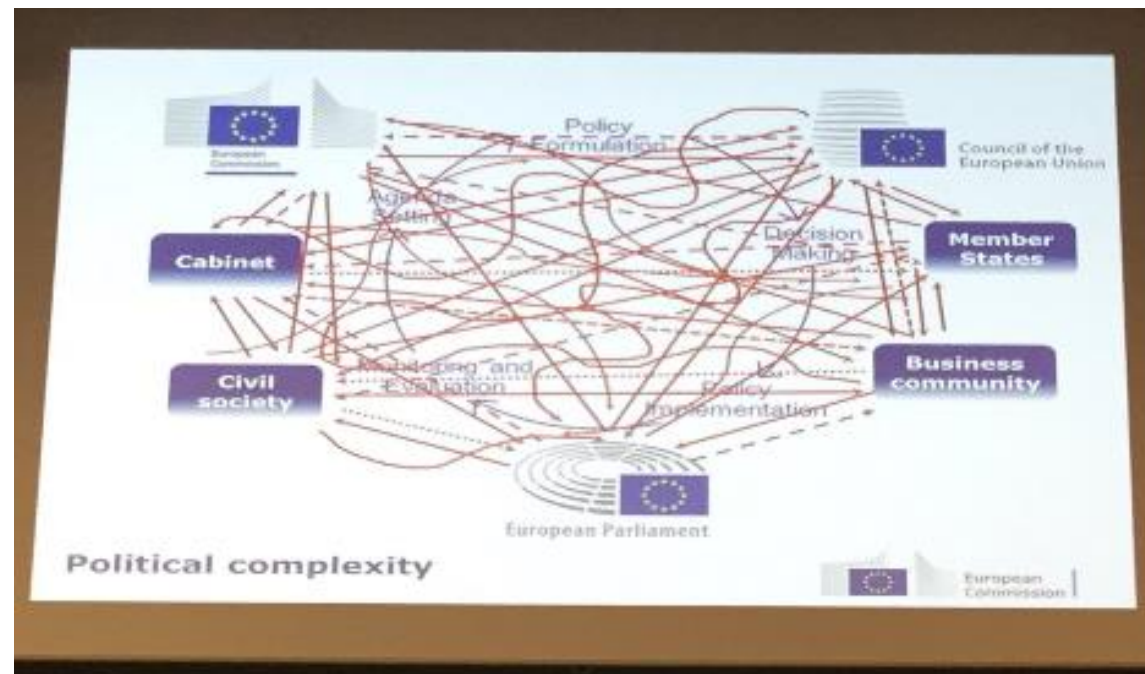


Fig. 1. Illustration of English drug policy constellations.





HM Government

2017 Drug Strategy

July 2017

STIGMA IN UK DRUGS STRATEGY

- Mutual aid as a mechanism to reduce stigma towards PWUD (p34)
- A role objective of Recovery Champion (Dr Ed Day; p37)
- Part of a public health approach to reduce HIV globally – respecting human rights, and addressing stigma and discrimination (p40)



**United
Nations**

Office on Drugs and Crime

DEVELOPMENT OF AN ANTI-STIGMA HANDBOOK FOR POLICY
MAKER

ADDRESSING STIGMA: UK DRUGS POLICY

Scottish Affairs Committee – Problem drug use in Scotland (2019):

- The UK Government must lead by example by ensuring it promotes appropriate and non-stigmatising language when discussing drugs. The Government should also be proactively challenging stigmatising language and misrepresentation, in order to improve the quality of public and political understanding of drug-related issues.
 - *We accept this recommendation whilst noting that there is not consensus on a single set of terminology which is acceptable to everyone...In order to aid recovery, we believe in reducing stigma wherever possible, particularly when it results in drug misusers feeling unable to accept treatment. However, there is a balance to be struck between the potential positive elements of stigma dissuading individuals from taking illicit drugs in the first place.*
- The UK Government must immediately review the exemption of substance dependence from equality legislation and assess the impact it has on people who use drugs.
 - *We do not accept this recommendation...avoid providing protection for people where the effect of their condition may involve anti-social or criminal activity*

**PROBLEM
DRUG USE
BILL
(PRIVATE
MEMBERS
BILL- AT 2ND
READING)**

- Organisations that are relevant public bodies (incl. NHS, but not NGOs) must prepare a statement on measures taken to destigmatise drug use for each financial year of the organisation.
- Must set out steps taken to:
 - *promote drug use as a public health rather than a criminal justice issue*
 - *discourage the social judgement and shaming of people who use drugs;*
 - *acknowledge the underlying causes of problem drug use*
- Amendment of Equality Act 2010 to insert
 - *Addiction to alcohol, nicotine, a controlled drug, a prescription drug or any other substance is an impairment for the purposes of this Act.*



**UK
Parliament**

JANUARY 2021 FUNDING ANNOUNCEMENTS



ENGLAND – PROJECT ADDER

This new money will increase the number of treatment places for prison leavers and offenders diverted into tough and effective community sentences.

“...we must take action to cut off supply and cut the head off the snake by tackling the criminal gangs which exploit young people.”

“I am determined to cut crime and restore confidence in our criminal justice system, so that people can live their lives knowing their family, community and country is safe”

<https://www.gov.uk/government/news/148-million-to-cut-drugs-crime>



Scottish Government
Riaghaltas na h-Alba
gov.scot

SCOTLAND – TREATMENT FUNDING

“Anyone who ends up losing their life as a result of drug addiction, is not just failed at the time of their death – in most cases, they will have been failed repeatedly throughout their whole life.

“I believe that if we have the will, we can and we will find the ways to stop this happening.

“Doing so requires a national mission to end what is currently a national disgrace.

“It is a reasonable criticism to say that this government should have done more earlier, and I accept that.

<https://www.gov.scot/news/more-than-gbp-250-million-for-drug-deaths-emergency/>

SOME FINAL THOUGHTS

- How do we tackle deeply embedded attitudes, and how do we challenge the way that some organisations work?
- Embedding and normalising anti-stigma activities in everyday practice
- Using person-centred and respectful language is certainly a good thing, but does it necessarily lead to positive policy and practice change
- When working with the media and senior decision makers do we, and how do we 're-humanise' people (and their families) experiencing problems with substances? How do we make them care about the things we do?



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