Handout 1
Stigma

Taken from *Getting Serious about Stigma: The problem with stigmatising drug users*, UK Drug Policy Commission, December 2010

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.