Addiction, social stigma and the barriers to recovery

Leo Barasi [1] 27 February 2012

A drug user is either a celebrity or a criminal, or that’s how much of the media see it. But such stereotypes make it harder for those recovering from addiction to seek help. The fear of being discovered as a past user excludes former addicts from work, housing and even friendship, says Leo Barasi.

Claire was about to start at college when her counsellor recommended that she should not tell anyone that she was being treated for drug dependence. So she spent months leaving class early and making up excuses to sneak to the chemist to collect her methadone prescription: lying to teachers, administrators and her friends. Ultimately, the pressure of the constant evasions became too much and she dropped out of the course, rather than reveal her secret.

Claire’s story is far from unusual. As her treatment counsellor had recognised, suspicion, fear and distrust of people struggling with drug problems are widespread. The result is that people with drug dependence, and their families, are suffering in silence, missing opportunities for treatment, and prolonging the process of recovery.

Research by the UK Drug Policy Commission [3] (UKDPC) found these attitudes to be widespread, affecting those with drug problems throughout their lives. We encountered people who felt trapped in their homes because of the hostility they faced from neighbours. Being stuck indoors, without social contacts or the opportunity to find work, may be one of the hardest settings imaginable in which to fight drug dependence.

Everyday prejudice creates a host of obstacles for recovering drug users. Offers of work or housing are commonly withdrawn when it becomes known that the recipient has had a serious drug problem, even if they have stopped using. Yet employment and stable accommodation are two of the most important factors for helping people overcome dependence and stay off drugs. Anything that makes these harder to access will worsen drug problems.

Public hostility can even make it harder for people with dependence problems to get the treatment they need to help rebuild their lives. The fear of being exposed as someone with a drug problem can deter them from going to a pharmacy to collect prescriptions for methadone, for example, which could provide the stability they need to stop using street drugs.

These attitudes are not just those of an uneducated general public. Our research [4] found that many people with drug problems experience similar barriers in their dealings with the professionals who should be helping them. Some find it impossible to convince doctors or nurses that they need help, even when they are in agonising pain or suffering from long-term conditions like Hepatitis C. The suspicion of the medics is often that their patient is just looking for drugs to relieve their cravings.
Others are made to wait at pharmacies for as long as it takes to serve every other customer in the store, including those who arrive after them. For recovering drug users, treatment can mean daily visits to pharmacies. Such long waits can make it impossible for them to be reliable in keeping other appointments, such as work obligations or job interviews.

**Disapproval**

Such problems are not just faced by those still using drugs. Even after they have managed to overcome drug dependence, former drug users can face similar hostility and distrust. The negative attitudes they face go beyond simple disapproval. Disapproval is usually linked to a person’s behaviour, and so disappears when that behaviour changes. Social disapproval of drug use even has a useful role in dissuading some from engaging in potentially risky behaviour.

But perceptions of people with drug problems go far beyond this. They are seen as bearing a stigma, an enduring mark that defines them and which cannot be removed by their stopping using street drugs. For many people with serious drug problems, suffering not only from a debilitating health condition, but also from social exclusion, the prospect of never being able to move past the label of drug user or addict can be one more barrier to overcoming their dependence.

The families of those with drug problems are also affected by this stigma. Such is the fear of being associated with the shame of addiction, that family members may avoid situations that could lead to their being identified as the relative of a drug user, even at risk to their own well-being.

In our research, we met Patricia, a mother who avoids contact with her old friends because she is afraid they will mention her son’s drug dependence. We also spoke to Tom, the brother of someone with a drug problem, who will not seek the support he needs himself because he is worried others will find out and would think less of him and his family.

Public opinion on dependence and recovery suggests that this worry is not misplaced. In one survey of public attitudes that UKDPC carried out, we found that, while people want top-quality help to be made available to those recovering from dependence, they are nevertheless suspicious and afraid of those who have had drug problems.

More than four in five agreed that people recovering from drug dependence should be part of the normal community. But the public still wants to keep its distance, with 43 per cent of those asked saying they would not want to live next door to someone who had been dependent on drugs. More than a third felt it would be foolish to get into a serious relationship with someone who had suffered from drug dependence, even if they appeared to be fully recovered.

**Beating stigma**

To a certain extent, these attitudes reflect how dependence is portrayed in the media. People with drug addictions tend to labelled as “junkies” not as people with a health problem that can be addressed. The term “addict” has itself become pejorative and frames the issue in a particularly negative way.

If a media story about a drug user is not about a celebrity, it is most likely to be about a criminal, who, for example, has mugged someone or broken into a house in order to pay for drugs. And if an article features someone who used to be dependent on drugs but is now drug free or on medication, their previous addiction is invariably mentioned, even when it has no relevance to the story. The implication is that no one can truly move on from dependence.

But if television and newspapers can perpetuate attitudes that make recovery more difficult, changes in how they report such stories could be similarly effective in making recovery more achievable. A forthcoming guide for journalists and editors, produced by the Society of Editors and UKDPC, will suggest ways to reframe news stories to avoid the assumption that drug dependence is a life sentence.
But media coverage cannot stray too far from where the public is. The stigma of drug dependence will only be overcome if it is acknowledged and confronted directly.

There is a parallel with attitudes to mental health. Public perceptions of those suffering with mental illness have shifted over recent years. Nonetheless, it is still less than a decade since the *Sun* newspaper ran a front-page story [5] about boxer Frank Bruno being taken to a psychiatric hospital under the headline “Bonkers Bruno locked up”. The editor belatedly realised this was out of step with British attitudes and later editions carried the headline “Sad Bruno in mental home”. Even today, the *Time to Change* [6] campaign “Get Talking”, which aims to encourage debate about mental health, demonstrates that shifting these views takes a lot of work over a long period.

Attitudes to those who suffer from drug dependence may lag behind perceptions of other stigmatised groups. But the process has begun. Earlier this year, the Duchess of Cambridge became a patron of the charity *Action on Addiction* [7] and said specifically that she wanted to break the stigma [8] associated with addiction, as Princess Diana had done with Aids.

UKDPC, along with other organisations, is working on a project to determine practical measures, such as the media guide, that can make recovery and inclusion achievable for everyone.

* Names have been changed

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About the author

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