

STOP THE STIGMA

A Citywide Campaign 2018

A Campaign
Rooted in Evidence.

STIGMA

stopthestigma.ie

STOP
the
STIGMA

Addiction
is a health
issue not
a crime

CityWide
Drugs Crisis Campaign



Stigma destroys people, families and futures.

Stop the Stigma is a new Citywide Campaign. It aims to break down stigma, to shift attitudes and to move towards a situation where people who use drugs are treated with respect and dignity.

Stigmatisation drives people into isolation, danger and back into addiction.

It labels families and neighbourhoods.

It destroys people's prospects and their chance to contribute to society.

To find out more about our campaign, to see our video or to learn what you can do to help stop stigma go to

`stopthestigma.ie`

PART 1

LANGUAGE, SUPPORT, COMMUNITY, UNDERSTANDING

FIVE THINGS WE CAN DO NOW

There are five things we can do to begin to break down stigma, to shift attitudes and to treat people who use drugs with respect and dignity.

1. Start by changing our language.

We can stop using the offensive word “junkie”. We can then begin to name check the other words that are used, often without even thinking, to label, reject and put down people who use drugs.

2. Challenge stigma in delivery of services.

We can engage with health care and frontline staff to develop education and training programmes to challenge the stigma that people who use drugs can experience in public services.

3. Support stronger and better-resourced community drug programmes.

We can provide well-resourced Community Drug Projects and services to support people who use drugs. their families and communities.

4. Understand more about the complexity of addiction.

We can provide political leadership to ensure that public discourse is informed by greater knowledge and understanding of addiction, dependency and recovery so that fear and blame of people who use drugs are reduced.

5. End the criminalisation of people who use drugs.

We can provide the evidence to inform the Working Group on Alternative Approaches so that it can implement the recommendation of the Oireachtas Joint Committee on Justice, Defence and Equality to deal with possession of drugs for personal use through a harm-reducing and rehabilitative approach.

WHY TACKLING STIGMA MATTERS

This short position document sets out why we have to change our language, change our mindsets and re-think the way we treat and regard people who use drugs. We have to tackle stigma if we want to help people recover and reduce the damage of drugs in our communities.

Based on Evidence

It is based on findings from four key research sources:

1. A qualitative exploration of the experience and impact of stigma on people who use drugs undertaken in collaboration with six community based Drug Rehab Projects (DRPs) and their participants in the summer of 2017 (see box below).
2. The results of a Red C poll conducted in 2016 on behalf of Citywide to assess public attitudes towards drug use and people who use drugs¹.
3. The summary of research evidence and expert findings of the UK Drug Policy Commission (UKDPC) stigma research 'Sinning and Sinned Against: The Stigmatisation of Problem Drug Users' 2010².
4. Doctoral Thesis, Laura O'Reilly 'Stigma & Identity: an exploration of drug use in West Dublin, TCD 2014. This study involved thirty-three research participants who had a current or former history of drug use.

CONSULTATION WITH PEOPLE WHO USE DRUGS -
FOCUS GROUPS IN DRUG REHAB PROJECTS

Throughout this document we have highlighted the voices and views of people who participated in our qualitative research 2017.

The aim of this consultation was to find out if people who use drugs experience stigma on a regular basis; how being stigmatised affects them and how stigma impacts on their drug use. 70 people took part in Focus Groups, set up by six community based Drug Rehab Projects (DRPs). The DRPs offer a range of services from stabilisation (participants are engaged in harm reduction programmes to reduce drug use and to stabilise on prescribed medication only), progression programmes (more actively involved in therapeutic work towards detoxification), and drug free programmes. One project works exclusively with people in prison.

1. Citywide – Attitude to Drugs & Drug Users November 2016 Job No: 198016
<https://www.citywide.ie/news/2016/12/14/half-of-population-in-favour-of-decriminalisation-citywide-red-c-poll/>

2. Lloyd, C. (2010) Sinning and Sinned Against: Stigmatisation of Problem Drug Users. London: UK Drug Policy Commission. (available online at www.ukdpc.org.uk/reports.shtml)

Our Key Position Statements

In this report, we set out our seven key position statements, with evidence from the focus groups and the other three research documents. We then set out how we believe stigma can be tackled.

1. Drug related stigma prevents people seeking help and can make it extremely difficult for people to move beyond their addiction.

The stigma experienced by people dependent on drugs can prevent them seeking help and support. O'Reilly (2014)³ in her interviews with thirty-three participants found that 'experiencing shame through drug use and associated behaviours resulted in them withdrawing from family and community and becoming more and more isolated. This isolation was also associated with depression and suicide attempts'.

Perceived stigma, where people assume that attitudes towards them will be negative, can also inhibit people from seeking support. These perceptions are generally based on observations that society looks down on them and the anticipation of being stigmatised can prevent people reaching out.

The people in our focus groups said that the experience of stigma made them feel humiliated, worthless and degraded, and in all groups people said that experiencing stigma made them want to use drugs again.

This is how the people who participated in our qualitative research described how stigma made them feel.

Stigma lowers self-confidence, morale, self-esteem, motivation, self-worth and self-image.

It makes you feel:

Worthless, depressed, demoralised, angry, stressed out, trapped, isolated, can't trust others, helpless, dehumanised, degraded, exposed, 'unclean' humiliated, a failure, no-hoper, hurt, criticised, fed-up, a waster, ashamed, less than -not worthy, embarrassed, alone, fearful, powerless, lonely, disrespected, upset.

Indelible Mark of Shame

Dictionaries define stigma as an 'indelible mark of shame or discredit', 'a strong feeling of societal disapproval' and a 'negative social identity'

The UK Drug Policy Commission (2010) offers a further explanation: Stigma is different from disapproval of particular behaviours because it is not necessarily linked to the actions of an individual, but rather to what is assumed about 'someone like that'. It also goes beyond stereotyping, as the stereotypical perception of who or what the person is becomes their defining feature, obscuring other aspects of their individuality and becoming fixed and hard to change. Such stigma then often leads to prejudice and active discrimination

3. O'Reilly, L. 'Stigma and identity: an exploration of drug use in West Dublin', [thesis], Trinity College (Dublin, Ireland). School of Social Work and Social Policy, 2014

2. Societal views of people with drug dependency are hostile and negative.

Here in Ireland, we know that public attitudes towards drug addiction are largely negative and hostile.

The Red C research, commissioned by Citywide in 2016, shows that while there is some softening in public attitudes towards people who use drugs over the past 15 years, the majority opinion is still very unfavourable. It found that nearly two thirds (64%) of the Irish population said that it would bother them to live near somebody who has a drug dependency. Just over half of the population said that they felt “scared” of people with a drug dependency. Nearly 90% believe that drug related crime is a major problem in Ireland.

This negative societal attitude transcends the way people act, often unconsciously, when they pass or see a person with a drug dependency. Many of our workshop participants spoke about the way they notice people, perhaps even without thinking, hold their bags closer to them, or automatically lock their cars.

The issue of blame is integral to the stigma that surrounds drug use. Research shows that people who are viewed as being “responsible” for their situation are often most discriminated against. A little over half of RED C respondents still believe that society is too tolerant towards people who use drugs; and nearly half of those polled thought that people who end up with drug problems have only themselves to blame.

3. Use of every day pejorative language has an eroding impact on people’s self-esteem and leads to feelings of extremely low self-worth and often resignation that there’s no point in looking for help or recovery.

Just think about the words used for people who use drugs. They are called junkies as a common descriptor. Many don’t even stop to think that it’s a pejorative term. It’s used so frequently and so naturally, that we have lost sight of the fact that the word is a derivative of

junk, of waste, of human debris. Sections of the media continually use negative stereotypes to describe people who use drugs. Some of our bestselling media commonly use the words druggie, junkie or scumbag in headlines relating to people who use drugs.

DRUG USE AS A MASTER STATUS

Negative labelling which socially redefines people to the extent that it overshadows all of their other personal characteristics is explored by Lloyd in *Sinning and Sinned Against* (2010). He suggests that ‘this phenomenon becomes much more serious when the stigma takes centre stage, to the obscuration of the rest of a person’s identity: when it becomes a ‘master status’ Problem drug use is one such master status⁴

For people who use drugs, and their families, 'junkie' is a particularly pejorative and stigmatising label, yet this term is used liberally without question by some media organisations. No other grouping in society is subject to this kind of blatant negative labelling by the media.

This constant pejorative labelling – unthinking labelling – is extremely eroding. Participants in the focus groups described how it leads to feelings of low self-worth, helplessness, resignation that there is no point in looking for help, or pushback that if I'm worth so little, what's the point in seeking support or recovery.

“They see us as worthless. People don't understand. Movies reinforce stereotypes and the media treats people who use drugs as a collective and not as individuals. They don't understand what it's like to live this life...”

Stigmatisation matters

A key conclusion from the UKDPC 2010 review⁵. Is that stigmatisation matters. 'We feel rejection exquisitely because we are deeply social in our makeup and are unavoidably responsive to the behaviours, expressions and words of others. Stigmatisation therefore has a serious impact on the lives of those it afflicts'

“They don't see us as people... I was called a junkie in front of my children.”

PRESS COMPLAINT UPHELD

There are rarely complaints to the press ombudsman from the general public about the use of pejorative language. Groups working with people who use drugs and their families are often the only organisations to raise the flag. In 2011 a complaint was made by Citywide and two other groups on behalf of 30 community drug projects to the Press Ombudsman about an extreme example of prejudicial comment in the Irish Independent. The complaint was against the Irish Independent and the journalist Ian O' Doherty (18 February 2011) and the Press Ombudsman upheld the complaint. It was argued that the article breached Principle 8 (Prejudice) of the Code of Practice for Newspapers and Magazines because it was likely to cause grave offence to or stir up hatred against individuals or groups because of their drug dependency.

5. Lloyd, c. (2010) Sinning and Sinned Against: Stigmatisation of problem Drug Users. London: UK Drug Policy Commission. (available online at www.ukdpc.org.uk/reports.shtml)

4. Stigma is long lasting. It destroys people's prospects and their chances to contribute to society.

In our qualitative research, participants told us that drug related stigma builds mistrust in society of people who use or have used drugs and acts as a barrier to employment, housing, education and travel. It can prevent people from returning to the towns and communities they grew up in.

Participants told us about losing jobs when their previous drug use was revealed - jobs that gave them independence and that they had no problem in fulfilling.

A UKDPC study (2008) of employers found almost two-thirds would not employ a person who had had a history of heroin or crack use, even if they were fit for the job⁶.

Having a criminal record for possession of drugs for personal use can stymie people's prospects by preventing them from gaining employment and can impact on their ability to take up education and to travel.

In 2016 there were 11,486 recorded offences for possession of drugs for personal use in Ireland. This figure represents 71% of all drugs offences for that year.

A number of participants in our focus groups described the struggle to find housing and the constant rejection which they believed was because they looked 'like a drug user'. "I could tell by the way the landlord looked at me that there was no way he was going to let the flat out to me."

"I was working in a kitchen doing the dishes and getting on grand, no one had a problem with my work, but someone told the boss I was on methadone and that was it, I was sacked."

5. Drug Related problems affect communities and whole areas are labelled.

The links between problem drug use (as distinct from drug use) and a host of socio-economic conditions - such as poverty, unemployment, educational disadvantage, social exclusion and housing problems are long established. This link was first recognised by the Irish government over 20 years ago, when the first report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs concluded: ...in view of the link between economic and social deprivation and drug misuse, strategies to deal with the problem need to be focused on these areas. (p.28).

Problems of individual addiction are compounded in communities by:

- Availability and range of drug use (poly drug use) including alcohol;
- Visibility/ public buying and selling of drugs;
- Social nuisance/community spaces being used for buying and selling drugs;
- Community safety / intimidation of the local community;
- Community pride/image/social networks disintegrating;
- Lack of resources to respond.

Research has also identified risk groups who are vulnerable to problematic drug use or to having their drug use problematized⁷. O’Gorman in a 2016 study for Clondalkin DATE, found that for many young people living in the area, making the transition from childhood to adulthood in a high-risk environment brings an increasing array of challenges, yet there is a decreasing level of resources to address

their needs – notably in relation to educational, social development and psychological difficulties. (p. 7). Whole communities feel labelled as “drug hotspots” and end up feeling stigmatised as an entire community; this in turn can increase the negative feeling in the community towards people who use drugs and make it more difficult for people to make progress in dealing with their addiction.

6. If we are serious about achieving the goals of our new National Drugs Strategy we have to acknowledge and tackle the damaging impacts of stigma on people who use drugs.

Harm reduction, recovery and a reduction in the prevalence of harmful drug taking are key goals of our new drugs strategy. Evidence shows that the experience of stigma stops people seeking help, that it can impede recovery and make drug problems worse.

Feedback from our focus groups clearly shows the many ways in which people who use drugs (or used drugs in the past), have experienced insensitivity, disrespect, unfairness and exclusion both in everyday engagement with wider society but also within agencies that are charged with delivering services as part of the National Drugs Strategy. The vast majority of focus group participants said that they experienced stigma on a regular basis in a variety of agencies and organisations. They referred frequently to the discriminatory way in which they are treated in pharmacies, at GPs, clinics or in hospitals.

“In the Chemist, you’re made wait at the side until everyone else is served, customers look at you with disgust.”

Many of those we spoke to talked about the embarrassment of having to queue up separately from the rest of the customers to

receive their methadone. People spoke of only being allowed into the premises one at a time even with children and in the middle of winter. Many felt stigmatised by the attitudes of pharmacy staff and by extension, customers.

Others spoke about their treatment by hospital staff. One woman told us that before her friend’s drug problem was revealed the staff at an emergency room couldn’t be nicer. Once, however, it became known that she had a drug dependency, the attitudes of the nurses changed completely.

What the National Drugs Strategy 2017 Says

Launched in July 2017, the National Drugs Strategy ‘Reducing harm, Supporting Recovery – a Health Led Approach to Drug & Alcohol use in Ireland 2017 – 2025’ has five goals.

Goal 2 is to ‘Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery’.

7. O’Gorman, A., Driscoll, A., Moore, K. and Roantree, D. (2016) Outcomes: Drug harms, policy harms, poverty and inequality. Dublin: Clondalkin Drug and Alcohol Task Force

We know that some people who use drugs can present at hospitals and clinics in difficult circumstances or with challenging behaviours. We are not glossing over this reality. However, what we are hearing is that pervasive stigma can precede treatment, that institutional prejudices are determined, regardless of the situation or behaviours of the individual and that in some cases people are humiliated, patronised and discriminated against because they use drugs.

There is also evidence of scare-mongering and discrimination when it comes to the location of centres and services to support people who use drugs and their families. In 2014 the Dun Laoghaire Rate Payers' Association (DLRPA), for example, issued cards which read "The Walking Dead, Courtesy of the HSE" as part of a campaign aimed at getting the Dun Laoghaire methadone clinic closed down.

7. Damaging bias exists within policing and judicial institutions. This can add to feelings of injustice, alienation and stigmatisation.

International research and our own qualitative research reveals many situations where there is biased treatment by the police and the courts towards drug users.

A number of participants in our focus group believed that the judicial system does not take account of their efforts to make changes in their lives.

"The Gardaí stopped me one morning and asked where I was going. When I told them, I was going to my job [in a DRP], the Garda said 'So you're a recovering alcoholic?' I felt they were provoking me".

"I was in front of the judge and all the reports showed how I'd changed my life around. But when he heard I was on methadone I wasn't given community service, even when it makes sense to give me community service. Instead, I got a suspended sentence - because people on methadone can't be trusted".

Lister et al⁸ (2008) in a study of street policing in England, reported that many of their research participants felt shamed by the conduct of stop and searches by police, exposing their drug use in public and felt that interactions with the police on a day-to-day basis were coercive, adversarial and frequently perceived to be unjustified.

Street policing of people who use drugs can be experienced by people as publicly humiliating, for example in our own focus groups one man reported that 'the Guards shoved their hands down my boxers searching for drugs, in public'. Many of those we spoke to talked about being Stigmatised even after they had stopped using and when there was no reason to question their behaviour.

Fair, Lawful and Effective

Stevens (2013) in the IDPC report Modernising Drug Law Enforcement, recommends that 'Police services and policy makers should use tactics that are experienced by the community as being fair, lawful and effective. Otherwise, they will harm police legitimacy and community relations'.

TACKLING STIGMA SERIOUSLY - WHAT WE CAN DO

1. Understand Addiction. Debunk the Blame

Research shows that dependency and addiction are complex phenomena with a number of causative factors including biological, social and environmental and we need a public debate that is informed by evidence and not by prejudice.

What we can do:

- We can reduce levels of fear and blame of people who use drugs by increasing knowledge and understanding about addiction, dependency and recovery and about the link with broader social and economic issues.
- We need to work in partnership with youth organisations and student representative bodies, Trade Unions and Professional representative groups to develop understanding of the damaging impact of stigma.
- Government has to show leadership in putting out messages that promote greater understanding of drug use and in highlighting the negative impact of stigmatisation on the effective delivery of actions in the new NDS that are designed to reduce harm and support recovery.
- Politicians have a responsibility to present informed and rational views when engaged in discussion of the drugs issue.

Addiction often traced to difficult childhood experiences

O'Reilly, 2014⁹ found that the 'pathways to drug use for the thirty-three men and women [in her study] can be traced back to their early experiences in childhood...which were characterised by difficult and often traumatic times and circumstances; these included parental absence; sibling illness and death; family conflict; parental drug and alcohol use; sibling drug and alcohol use; physical violence; sexual abuse; poverty; difficulties in school; and criminality. Interviewees typically described their drug use starting from their early teenage years, with substances like alcohol, cannabis, solvents, tablets and methadone which for most later progressed to heroin use.

9. Laura O'Reilly, 'Stigma and identity: an exploration of drug use in West Dublin', [thesis], Trinity College (Dublin, Ireland). School of Social Work and Social Policy, 2014,

2. Language matters. Challenge the use of pejorative terms.

The media plays a huge role in shaping attitudes in society and they can play an important role in increasing public understanding about addiction and in challenging negative labelling and stereotyping. Reporting of issues like mental health and suicide in the media have improved significantly in recent years but the same could not be said of coverage of drug addiction.

There has been some engagement by representative organisations with the

media and the Press Ombudsman in Ireland to challenge notable demeaning media comment. In addition to the complaint referred to earlier, UISCE¹⁰ has submitted an advisory note on the use of languages in newspaper articles to the Press Ombudsman.

A good example of this kind of collaboration comes from the UK: 'Dealing with the Stigma of Drugs a Guide for Journalists'¹¹ jointly published by The UKDPC and the Society of Editors in GB.

What we can do:

- Build upon the engagement between the Press Ombudsman and representatives of people who use drugs and other civil society organisations to develop an effective collaboration with journalists/editors to develop guidelines for the media on stigma.
- As a society we need to stop calling people disrespectful, belittling and dehumanising names. We need to use more positive language about people who use drugs.

BETTER LANGUAGE

In January 2018, The Global Commission on Drug Policy¹² launched: 'The World Drug Perception Problem: Countering prejudices about People Who Use Drugs'. They have included a guide for better use of language.

USE

Person who uses drugs.

Person with non-problematic drug use.

Person with drug dependence; person with problematic drug use; person with substance use disorder; person who uses drugs (when use is not problematic).

Substance use disorder.
problematic drug use.

Has a X use disorder.

Abstinent: Person who has stopped using drugs.

Actively uses drugs; positive for substance use.

Respond, programme, address, manage.

Safe consumption facility.

Person in recovery, person in long-term recovery.

Person who injects drugs.

Opioid substitution therapy.

DON'T USE

Drug user.

Recreational, casual or experimental users.

Addict; drug/substance abuser; junkie; dope head, pothead, smackhead, crackhead etc.; druggie; stoner.

Drug habit.

Addicted to X.

Clean.

Dirty (as in "dirty screen").

Fight, counter, combat drugs and other combatant language.

Fix rooms.

Former addicts; reformed addicts.

Injecting drug user.

Opioid replacement therapy.

12. <http://www.globalcommissionondrugs.org/about-usmission-and-history/>

The GCDP encompasses commissioners from around the world including twelve former heads of State or Government, a former Secretary General of the United Nations, as well as other experienced and well-known leaders from the political, economic and cultural arenas. The GCDP advocate for drug policies based on scientific evidence, human rights, public health and safety, for all segments of the population.

3. Provide training for front-line staff in health, social care and policing services that has a focus on the whole person not just the drug use problem.

The participants in our research believe that their interactions with helping agencies and the Gardaí could be greatly improved by providing training for the agencies to increase knowledge and understanding of addiction. The education and training of healthcare and pharmacy staff arises as a significant issue in the research literature.

The UKDPC report (2010), found that there is a groundswell of support for addiction to form a more significant part of medical training for doctors, nurses and pharmacists.

The need for training is supported by Healthcare Professional representative organisations in Ireland. The Irish Medical Organisation Position Paper on Addiction and Dependency 2015 calls for 'appropriate training of all physicians in treatment of addiction and dual-diagnosis both as part of the core curriculum and continuing professional development'.

The College of Psychiatrists in a submission to the NDS 2017¹³ called for a clinical lectureship in addiction for psychiatrists in training to support medical undergraduate and postgraduate training in addictions.

What we can do:

- There is a need for engagement between professional bodies and representatives of people who use drugs and other civil society organisations to develop relevant and appropriate training for all those involved in delivering health care services.
- An Garda Síochána should work with its partners in the National Drugs Strategy to develop training that better reflects government policy of treating addiction as a health issue. This will involve, in particular, looking at alternatives to the current model of street policing and public searching. Training to provide a greater understanding of drugs, addiction and recovery will help to inform more appropriate responses¹⁴.

13. Submission by the Faculty of Addictions Psychiatry to the new National Drugs Strategy 2017

14. Applying harm reduction principles to the policing of retail drug markets. Available here: http://www.drugsandalcohol.ie/19567/1/MDLE-report-3_Applying-harm-reduction-to-policing-of-retail-markets.pdf

4. Support community drug projects to continue to engage with their local community.

Community Drug Projects and Drug Rehabilitation Projects play an invaluable role in providing services and supports for people who use drugs and their families. They also act as a critical community resource. All projects hold open information days that provide local neighbourhoods with information about their services and about drug use in general. Many

work with local schools and all collaborate with other services to ensure wrap around supports to people who need their help. These events and supports help to inform people in the wider community about addiction and to build community confidence in addressing the issue in more positive ways.

What we can do:

- Resources must now be directed back in to frontline Community Drug Projects as their work makes a major contribution to reducing stigma and plays a crucial role in supporting people to reintegrate into their communities. Community Drug Projects have struggled through the devastating impact of seven years of funding cuts, with an overall cut of 37% to the Drugs Initiative budget between 2008 and 2014.

5. End the criminalisation of people for using drugs.

The National Drugs Strategy says that drug use should be addressed as a social and health issue rather than as a criminal justice issue. People should not be deemed criminal simply because they use a drug. Criminalising a person for drug use is a major contributor to stigma and can negatively impact on many aspects of their future lives, including employment, training, future travel, and insurance.

Addressing the social and health issues relating to drug use is a more positive and effective approach, both for people who use drugs and for wider society. Decriminalisation is not a panacea for problem drug use, and it will require resources and investment, however, it is clear that the consequences of drug use are made worse by addressing them through the criminal justice system rather than the health system.

What we can do:

- The Oireachtas Joint Committee on Justice, Defence and Equality recommended that the possession of small amounts of illegal drugs for personal use, could be dealt with by way of a civil/administrative response and rather than via the criminal justice route. The Working Group on Alternative Approaches needs to build on the Oireachtas report by setting out the steps required to implement this new approach, in line with the Government and NDS commitment to a health led approach to drugs.

“They see the
addiction.
They don’t see us.”

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