

“Once a drug addict, always a drug addict”: the role of **stigma** in recovery



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This study was financed by SICAD





Drug Use Recovery, Environment and Social Subjectivity: the european project

DURESS was created as a response to ERANID's second call for proposals entitled Society and Responses to drug use

Focus on the **perspectives of social actors**

Qualitative and longitudinal methodology

The role of **contextual factors**

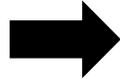
Objective: contribute to **better interventions and drug policies in the field of drug dependency**



Method

For the DURESS project:

- 25 participants recruited
- 22 wrote **health diaries**



In this study...

- **18 mentioned stigma**
- Ages between 25 and 65 years old
- 5 female, 13 male
- From Oporto, Portugal
- Enrolled in an **opiod substitution program**
- 4 participants only wrote 1 diary entry. The rest wrote, on average, for **7 months**
- Data were analyzed through content analysis



What are the motives/reasons for stigma?

- Consumption of illicit substances (N=15)
- Alcohol consumption (N=2)
- HIV (and disease in general) (N=4)
- Poverty (N=4)
- Unemployment (N=3)
- Prostitution (N=3)
- Residential area (N=2)
- Criminal history (N=1)

Multiple stigmas interact



“Mainly the drug addict that contracts HIV is discriminated against, it’s much more discriminated” (JD52)



In what contexts do participants feel stigmatized?

- Family (N=5)
- Society (N=12)
- Residential area (N=7)
- Authorities (N=6)
- Close relationships (N=3)
- Drug market (N=3)
- Workplace (N=8)
- Healthcare (N=6)
- Professional staff (N=6)
- Internalized stigma (N=13)**



Does stigma influence recovery? If so, how?

Six participants believe stigma has a **negative impact** on recovery, one believes it has a positive one

- Being stigmatized increases the **urge or frequency of substance consumption** (N=5)
- One says being stigmatized made him **stop attending treatment** and become more resistant to it in the future (N=1)
- Stigma can make **reintegration** difficult (N=2)
- Being stigmatized may lead to **isolation** (N=2)
- Stigma has a negative **emotional impact** (N=5)
- Negative impact on the general **well-being** (N=1)



What can be done to stop/diminish stigma?

Participants (N=6) consider necessary to change the way society views people that use/used or were dependent of drugs

- Through *media*
- Giving **more information** to the general public
- **Educating professionals** that deal with this population, **especially police**
- **Academic research** (the participant gave our study as an example)



What can be done to stop/diminish stigma?

- Finding appropriate jobs, adapted to people's needs and compatible with their mental and physical health state, in order to deconstruct the idea of uselessness often associated with people who are recovering from drug dependency
- Creating programs that promote the interaction between people who use/used drugs and are in recovery and other people in order to break stereotypes. This could be attained by creating **volunteer groups that do various activities** (according to it's members preferences)



What can be done to stop/diminish stigma?

- It shouldn't be explicit on the prescriptions that they come from treatment centers, as this could diminish stigma in pharmacies
- The need for the **institution's that work with people who are recovering to help protect them against stigma**; One participant says there should be lawyers in police stations to protect stigmatized groups
- One participant talks about the need to make the people in recovery realize stigma isn't their fault, bringing to light the need to intervene in internalized stigma



Discussion

- Results suggest stigma is a factor that is present in the multiple contexts of the participants lives and it can influence their recovery. Therefore, it should be taken into consideration to improve interventions
- We should consider conceptualizing **recovery as a broader concept**, going beyond the drug consumption aspect, and focusing on reintegration as well



Discussion

- ⦿ Although drug use in Portugal is decriminalized, stigma seems to still be very present in the lives of people who are recovering from drug dependency
- ⦿ Four participants think society's view on people who use drugs used to be worse, some even mentioning the 90's (before decriminalization of drug use)

↳ Could this evolution be due to **the change of paradigm?**

If so, could a change of model to a **responsible regulation of drug use**, help diminish stigma associated with this behavior?



Discussion

“In the very treatment centers there’s discrimination!! Because they think that we don’t know anything because we’re drug addicts, but we know what’s best for us. I think this is a type of discrimination, the professional imposing his decision, his treatment. One said to me that if I didn’t want to take antaxone I’d go to a farm. [literal translation of a type of inpatient treatment]” (BD75)

“Nos próprios tratamentos há discriminação!! Porque eles acham que nós não sabemos nada por ser toxicodependentes, mas nós sabemos o que é melhor para nós. Eu acho que isto é um tipo de discriminação, o profissional impor-nos a sua decisão, o seu tratamento. Um disse-me de caras que se eu não queria tomar antaxone então que ia para uma quinta.” (BD75)

Stigma matters

It permeates the relationships and is present in multiple contexts of these people's lives. It can have a negative influence on their well-being, recovery, and their conception of self

Let's build interventions that take this into account, and strive to dignify and empower people



Any questions?

Contact me!

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