

DRUG USER PEACE INITIATIVE  
STIGMATISING PEOPLE  
WHO USE DRUGS

drug war  
peace

**INPU**  
International Network of People who Use Drugs



## Drug User Peace Initiative

### Stigmatising People who Use Drugs

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## Introduction: Understanding Prohibition, Understanding Stigma

### Prohibition Drives Harms; Harms Justify Prohibition

The harms which can be associated with drug use<sup>1</sup> are used to justify prohibition and criminalisation. The argument is that drug use is harmful and must therefore be criminalised. However, the harms associated with drug use are for the most part created and driven by prohibition itself. The criminalisation of drugs creates a black market and fuels organised crime, driving violence in civil society, often perpetuated by the police and state. Prohibition additionally results in the impossibility of knowing whether dangerous contaminants are contained in drugs bought, sold, and used, further precipitating harm. **Criminalisation produces many of the harms associated with drugs; prohibition cynically uses these harms, making use of circular logic to justify itself.**

### Criminalisation is Arbitrary and Discriminatory

Not only does prohibition create and exacerbate many of the harms associated with drug use, but the blanket criminalisation of currently illegal and controlled drugs is informed by scientific errors, bad pharmacology, bad sociology, bad economics, and misinformation. Many illicit drugs are substantially less harmful compared to drugs which are less commonly criminalised, such as alcohol and tobacco.<sup>2</sup> Drug classifications, such as the A, B, C classification in the UK, claim to be based on the demonstrable harm caused by drugs, but these classifications simply do not correlate with the harms that drugs actually cause.<sup>3</sup> **Drug classification and criminalisation is therefore, in essence, discriminatory, unscientific, and arbitrary.**

### Criminalisation Informs Stigma

Inaccurate and crude (mis)understandings of drugs have fed through into how people who use drugs are seen: **the widely-held, generalising, and unscientific position that illicit drugs are 'bad' informs the understanding that people who use drugs are bad too.** Drug use is viewed

<sup>1</sup> 'Drug use' should be taken to refer to the non-medically sanctioned use of psychoactive drugs, including drugs that are illegal, controlled, or prescription.

<sup>2</sup> Nutt, D., King, L. A., Saulsbury, W., and Blakemore, C., 2007, Development of a rational scale to assess the harm of drugs of potential misuse. *The Lancet* 369: 1047–1053

<sup>3</sup> Nutt, D., King, L. A., and Phillips, L. D., on behalf of the Independent Scientific Committee on Drugs, 2010, Drug harms in the UK: a multicriteria decision analysis. *The Lancet* 376, 9752: 1558-1565

as unacceptable and criminal, therefore people who use drugs, by default, are stigmatised as deviant criminals.

'Stigma', as per Erving Goffman's influential and important analysis (albeit with some limitations to his discussion),<sup>4</sup> refers to a process of 'social spoiling', whereby an individual's status comes to be seen as tarnished and spoiled. Stigma is often based on assumption, preconception, and generalisation. In terms of drug use, stigma and criminalisation operate together: stigma (i.e. the social spoiling of people who use drugs) is used to discourage drug use, and criminalisation is justified by stigmatising drugs and people who use them.<sup>5</sup>

Stigmatisation drives frequent prejudiced and biased treatment of people who use drugs. This discrimination has corresponding impacts on health and welfare. Stigma, and the discrimination it results in, are what drive the gross violations of the human rights of people who use drugs, and also result in these violations going for the most part unchallenged.

### **How are People who Use Drugs Stigmatised?**

#### Stigmatisation through Language

Some obvious discriminatory, reductive, and dehumanising words that are used to denigrate and insult people who use drugs include 'junkie', 'druggie', 'addict' (discussed below), 'crackhead', 'pillhead', and drug 'abuser'. But there are more subtle ways that people who use drugs are degraded through language. Since language is how we convey understanding and meaning, language can appear to be neutral and objective, but words and terms can carry and suggest other meanings and implications.

To refer to somebody who has ceased to use drugs as 'clean', for example, suggests that those who use drugs are the opposite; are 'dirty'. Other terms are also problematic. The so-called 'war on drugs' is a commonly used term, and is certainly emotive, implying a winnable battle against an enemy. But the enemy of the war on drugs has been people who use drugs themselves.<sup>6</sup> This has been made clear by the fact that the majority of casualties of the war on drugs have been people who use drugs and members of the communities in which they live.

#### Stigmatisation through the Addiction-as-Disease Model

For many people, using the terms 'addiction' and 'addict' seems to be neutral enough, synonyms for drug dependence. Indeed, 'can cause addiction' is commonly printed as a warning on over-the-counter medications such as co-codamol. The terms are routinely used by researchers, academics, healthcare providers, and in common speech.

**But the term 'addiction' is not neutral: it has specific, problematic meanings and connotations. In fact, the World Health Organisation called for an end to the use of the term 'addiction' as early as the 1960s.<sup>7</sup>**

'Addiction' is understood to be a disease. What is referred to as the 'addiction-as-disease' model is an idea that to be an 'addict' is to be sick. Unlike other diseases, however, there is no pathogen, no infection, and no objective criteria for formal diagnosis. Mental disorders are not referred to as 'diseases' for this reason: they are *disorders*, in that they deviate from what has been socially constructed as the ordinary state, from the normative. The apparent 'symptoms' of addiction

4 Goffman, E., 1968, *Stigma – Notes on the Management of Spoiled Identity* (London: Pelican Books)

5 Ahern, J., Stuber, J., and Galea, S., 2007, Stigma, discrimination and the health of illicit drug users. *Drug and Alcohol Dependence* 88: 188-196

6 Levy, J., 2014, *The Harms of Drug Use: Criminalisation, Misinformation, and Stigma* (London: INPUD and Youth Rise)

7 World Health Organization (WHO), n.d., *Lexicon of alcohol and drug terms published by the World Health Organization*, available online at [http://www.who.int/substance\\_abuse/terminology/who\\_lexicon/en/](http://www.who.int/substance_abuse/terminology/who_lexicon/en/) (last accessed 2 December 2014)

are similar: they are simply a deviation from what is regarded to be 'normal'. Disorders are liable to have their symptoms redefined over time; similarly, 'symptoms' and signs of addiction are uncertain and changeable.

It is clear that there is no such thing as a consistent or evidence-based disease of addiction, but instead a fairly arbitrary and changeable set of 'symptoms'. Helen Keane expresses the uncertainty of the 'addiction-as-disease' model well:

"The more effort is put into finding answers, the more questions keep proliferating. What kind of thing is addiction? Is it a disease or a syndrome or a psychological process? Is it a metaphorical disease or a real one (and what exactly is the difference)? If it is a disease what are its symptoms? How do its physical, psychological and social factors interact and what is their relative importance?" (Keane, 2002: 10)<sup>8</sup>

So, the meaning of addiction is not clear or consistent. What is clear, however, is that it cannot be demonstrated to be a disease.

Despite this, it is the supposed symptoms of 'addiction' that inform assumptions made about people who use drugs. People labelled 'addicts' are assumed to be both dangerous and unable to exercise agency and self-determination. **They are simultaneously feared as being unpredictable and violent, whilst also being pathologised, pitied, and disempowered as being mentally and physically sick and unable to make decisions about their own lives.**

These stigmatising character traits of addiction serve to other and demonise people who use drugs. Not only are they *a* risk, but they are inherently *at* risk, since they do not know what is in their own best interests. Such understandings have resulted in compulsory 'treatment' and 'rehabilitation' which, in some cases, has taken the form of compulsory labour camps in countries such as Vietnam and China (see INPUD's *Violations of the Human Rights of People who Use Drugs* document elsewhere in the *Drug User Peace Initiative*).

### Stigmatisation through Hate Speech, Userphobia, and Drug Shaming

People who use drugs – especially those who inject and those with drug dependencies – are therefore heavily tainted by stigma and social spoiling; by drug-userphobia.<sup>9</sup> Assumptions and generalisations about people who use drugs are rife, and it can be nigh-on impossible to rid oneself of stigma once status as a drug user is known.

"[It is generally perceived that] the stereotypical drug user... does not contribute to society and the social order. Drug users are considered:

- » unemployed and unemployable and therefore not taxpayers
- » a drain on the public purse through use of drug treatments, needle and syringe programs, and so on
- » criminals—and consequently a cost to the community and the legal system
- » inflictors of harm on themselves through overdose, physical damage and disease
- » the cause of fear and hypervigilance as a result of the threat they pose from violence and contagion from blood-borne viruses and potential needlestick injuries
- » not 'innocent victims' of their behaviour."

(AIVL, 2011: 48)<sup>10</sup>

8 Keane, H., 2002, *What's Wrong with Addiction?* (Melbourne: Melbourne University Press)

9 At present, there is no commonly used term to denote discriminatory and phobic views towards people who use drugs. 'Drug-userphobia' is not a universally accepted term, though it has had some use in academic literature and on social media.

10 AIVL, 2011, *'Why Wouldn't I Discriminate Against All of Them?' A Report on Stigma and Discrimination Towards the Injecting Drug User Community* (Canberra: AIVL)

What may be termed 'drug shaming' is a regular occurrence. Drug shaming feeds heavily on the assumptions that are made about people who use drugs and people with drug dependencies. It involves using allegations of drug use to defame or shame an individual. If someone uses (or is thought to use) illicit drugs, it is commonplace for their drug use to be reductively used to attack the individual as being morally compromised. **Only their drug use is seen to be of significance.** Such crude generalisations and assumptions have broad significance: people who use drugs are liable to be publicly disgraced and humiliated, with their shortcomings or misdeeds attributed to, or associated with, their drug use.

This is never more the case than in the instance of celebrities and people in the public eye, especially in the case of drug-related celebrity deaths: "Dead junkies don't sell newspapers; dead celebrities who happen to overdose do"<sup>11</sup> Recent well-known examples of such reporting include Heath Ledger and Philip Seymour Hoffman, who apparently died from overdoses of prescription drugs and heroin, respectively. Indeed, in the case of the latter, some of the reporting was so inflammatory ("Kids grieve for junkie actor dad", *Sydney Daily Telegraph*, 2014) that it was ruled offensive (though similar reporting is rarely subject to the same criticism when it does not apply to a revered celebrity).<sup>12</sup>

Well-known people in the public eye are often used as a means with which to shame those who take drugs generally, sending the message that drug use corrupts and wreaks havoc on people's lives (ironically, such reporting in and of itself can cause substantial damage to the welfare of people who use drugs, and their communities). Notable examples of this drug shaming have included the Co-op Bank chairman, Paul Flowers, who in 2014 admitted buying and possessing drugs including cocaine, crystal-methamphetamine, and ketamine. He was referred to as 'disgraced'<sup>13</sup> following his being outed as a drug user, and was defamed widely in the media. Similarly, Canadian politician Rob Ford's drug use was frequently referred to in discussions of his misdemeanours; he indeed blamed his own drug use and 'disease' for his widely-reported behaviour and slurs. Therefore, people may essentially internalise drug-userphobia (see below for further discussion of internalised stigma).<sup>14</sup>

"Ford admitted: 'I was born with blond hair, I'll die with blond hair. I was born with this disease, I'm going to die with this disease'... He also blamed the substance abuse for the racist and homophobic language he's used in the past." (Warren and Associated Press, 2014)<sup>15</sup>

Reporting the misdeeds of public figures – especially those in office – may be in the public interest, but using their drug use as a means with which to discredit them further, or to explain their transgressions, is nothing short of discriminatory drug shaming. Correspondingly, British television chef Nigella Lawson said in court that she had used cocaine; this was widely used in defamatory reporting in international media, and apparently resulted in her being barred from boarding a flight to the United States.<sup>16</sup>

<sup>11</sup> Ibid.

<sup>12</sup> Meade, A., 2014, Sydney Daily Telegraph 'junkie' story on Seymour Hoffman ruled offensive. *The Guardian*, 7 August, available at <http://www.theguardian.com/media/2014/aug/07/sydney-daily-telegraph-junkie-story-on-seymour-hoffman-ruled-offensive> (last accessed 25 September 2014)

<sup>13</sup> Pidd, H., 2014, Former Co-op bank boss Paul Flowers pleads guilty to drug charges. *The Guardian*, 7 May, available at <http://www.theguardian.com/uk-news/2014/may/07/co-op-bank-paul-flowers-court-drug-charges> (last accessed 23 September 2014)

<sup>14</sup> Rob Ford on drug use: 'You name it, I pretty well covered it'. *CBC News*, 2 July 2014, available at <http://www.cbc.ca/news/canada/toronto/rob-ford-on-drug-use-you-name-it-i-pretty-well-covered-it-1.2693774> (last accessed 27 October 2014)

<sup>15</sup> Warren, L. and Associated Press, 2014, I was born an addict, I'll die an addict. *Mail Online*, 3 July, available at <http://www.dailymail.co.uk/news/article-2678465/Rob-Ford-admits-using-cocaine-marijuana-magic-mushrooms-hes-alcohol-office.html> (last accessed 27 October 2014)

<sup>16</sup> Press Association, 2014, Nigella Lawson stopped from boarding flight to US after cocaine confession. *The Guardian*, 3 April, available at <http://www.theguardian.com/lifeandstyle/2014/apr/03/nigella-lawson-stopped-boarding-flight-us>

### **Because people who use drugs are criminalised and stigmatised, discriminatory language, drug shaming, and defamation are accepted and commonplace.**

Though individuals in the public eye are subject to a great deal of coverage when they are drug shamed, the general drug shaming of people who use drugs is incessant and accepted. Despite the considerable problems with certain derogatory terms, they regularly appear in the media, used as if they are dispassionate, inoffensive words. And it is the media that propagates much of what the general populace comes to believe about drugs and the people who use them, often catalysing moral panic, spreading misinformation, and feeding into classist, racist, and other discriminatory prejudices. **The fact that offensive and discriminatory media reporting usually passes without critical mention or complaint serves to highlight how deeply userphobia is ingrained:**

“Heroin junkies to be given foil on the State” (*The Daily Mail*, 2014)<sup>17</sup>

“The junkie mother who has had THREE children ‘born addicted to heroin’” (*The Daily Mail*, 2008)<sup>18</sup>

“NHS heart junkie locked up for drug offences - Transplant addict continued using drugs as hundreds wait for lifesaving NHS heart op” (*The Sun*, 2013)<sup>19</sup>

“Anthrax in heroin kills third junkie” (*The Mirror*, 2009)<sup>20</sup>

Getting hate speech recognised in the context of criminalisation and endemic stigma is hugely difficult; the law essentially sanctions such treatment by making people who use drugs criminals. A significant ruling came in 2011, when the Irish Press Ombudsman upheld a complaint that was made by several organisations about an article by Ian O’Doherty entitled “Sterilising junkies may seem harsh, but it does make sense”. The article made sweeping generalisations in relation to people who use drugs and people with drug dependencies, used pejorative language throughout, and called for mass sterilisations of people who use drugs. The significance of the ruling was emphasised by those who made the complaint:

“We believe this to be the first time that drug users have been identified by a media watchdog as an identifiable group, entitled to protections against hate-type speech in the press. In this sense, we think the decision of the Press Ombudsman has international significance” (Rick Lines, Executive Director, Harm Reduction International, 2011)<sup>21</sup>

It must be stressed, however, that this was the first – and, so far, the only – such ruling. The criticised article stood out due to its naked aggression and the fact that it called for eugenic policies – mass sterilisations – to be visited on people who use drugs. Stigmatisation, defamation, and discrimination against people who use drugs remain the norm; there is much progress to make.

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cocaine-confession (last accessed 23 September 2014)

17 Davies, E., 2014, Heroin junkies to be given foil on the State. *Mail Online*, 8 August, available at <http://www.dailymail.co.uk/news/article-2719569/Heroin-junkies-given-foil-State-Move-Government-programme-encourage-users-not-inject-drug.html> (last accessed 25 September 2014)

18 Daily Mail Reporter, 2008, The junkie mother who has had THREE children ‘born addicted to heroin’. *Mail Online*, 31 May, available at <http://www.dailymail.co.uk/news/article-1023314/The-junkie-mother-THREE-children-born-addicted-heroin.html> (last accessed 29 September 2014)

19 Sims, P., 2013, NHS heart junkie locked up for drug offences. *The Sun*, 4 December, available at <http://www.thesun.co.uk/sol/homepage/news/5302295/nhs-heart-op-junkie-jailed-for-dealing-heroin-to-addicts.html> (last accessed 25 September 2014)

20 Anthrax in heroin kills third junkie. *The Mirror*, 30 December 2009, available at <http://www.mirror.co.uk/news/uk-news/anthrax-in-heroin-kills-third-junkie-439181> (last accessed 25 September 2014)

21 Harm Reduction International, 2011, *Media Release: Irish Press Ombudsman upholds complaint by coalition of drug services*, available at <http://www.ihra.net/contents/1030> (last accessed 23 September 2014)

## The Impacts of Stigma

### Driving People into the Margins

Stigma and taken-for-granted assumptions about people who use drugs directly feed discrimination and social exclusion. Stigma and discrimination, as well as criminalisation and discriminating language, media coverage, and the everyday interactions that they inform, drive people who use drugs to the margins of society. People who use drugs are distanced from their communities and families.<sup>22</sup>

**For people who use drugs, staying hidden and passing as someone who does not use drugs and/or concealing their drug use in certain contexts is often necessary in order to survive.** Disclosing one's status as a drug user can result in harms including discrimination, violence, harassment, social exclusion, arrest, torture, murder, state-sanctioned execution, and, as we have seen, public shaming. Indeed, stigmatisation of people who use drugs is frequently used to justify police abuses and human rights violations, which are discussed elsewhere in the *Drug User Peace Initiative*.

### Impacts on Health and Social Exclusion

**Stigma serves to isolate and alienate people who use drugs from service and healthcare provision, reducing opportunities for education, outreach, and peer networking.** People who use drugs are often reluctant to access healthcare and service provision due to concern about discriminatory and problematic interaction, and they may also conceal their drug use from healthcare and service providers during consultations for the same reasons:

“Research suggests that when they do seek care, substance users often experience discrimination in the health care setting and receive lesser quality care... Thus as a barrier to care, stigma and discrimination may adversely affect both mental health and physical health by impeding entry into the health care system, reducing accurate reporting of health issues, and lowering the quality of care received.” (Ahern et al., 2007: 189)<sup>23</sup>

Such concerns are legitimate and well-founded: **coming out as a drug user to healthcare and service providers often results in problematic interactions.**<sup>24</sup> Due to the assumptions that are made about people who use drugs, especially people with drug dependencies, people who use drugs who are accessing services are regularly assumed to be dangerous, violent, criminal, manipulative, and sick. Due to the moralisation of drug use, people who use drugs are frequently not seen to deserve the same access to services that other people enjoy. Indeed, harms that may be experienced by people who use drugs are often considered to be well-deserved.

“Surveys of health professionals indicate that a significant proportion hold negative or stereotypical views of individuals with drug dependence that are likely to compromise the provision of high-quality care... A number of studies with nurses have found that negative and punitive attitudes toward drug users are relatively common... Not only are these attitudes contrary to our expectations concerning professional ethics in the health sector, but the perception that some health professionals are judgmental, unsympathetic, or hostile may discourage individuals with drug-related problems from accessing health-care services” (Skinner et al., 2007: 164)<sup>25</sup>

<sup>22</sup> Ahern, J., Stuber, J., Galea, S., 2007, Stigma, discrimination and the health of illicit drug users. *Drug and Alcohol Dependence* 88: 188-196

<sup>23</sup> Ibid.

<sup>24</sup> Ibid.

<sup>25</sup> Skinner, N., Feather, N. T., Freeman, T., and Roche, A., 2007, Stigma and discrimination in health-care provision to drug

Further to discriminatory interactions fed by stigma, **there is discrimination against harm reduction interventions, services designed to mitigate and reduce the harms that can be associated with drug use. This is driven by stigmatisation of people who use drugs and by a moralisation of drug use.** Services such as needle and syringe programmes, opiate substitution therapies, and safe drug consumption rooms are frequently opposed, as they are believed to encourage, endorse, and facilitate drug use. Similarly, people who use drugs who are living with HIV have less access to antiretroviral therapies than their non-drug using counterparts.<sup>26</sup> Through creating barriers to accessing services and through driving opposition to the provision of services such as harm reduction interventions, stigma serves to increase vulnerability to blood-borne infections such as HIV and hepatitis C, similarly to the role of violence, including sexual violence, in increasing vulnerability to these infections.<sup>27</sup>

People who use drugs are discriminated against not only in terms of healthcare provision, but additionally in terms of housing and employment. Due to the fact that people who use drugs are criminalised and are viewed as being immoral, incapable, and compromised due to their drug use, drug use can therefore be seen as sufficient grounds on which to forfeit their tenancy rights and to fire them from their jobs for gross misconduct.

### Internalised Stigma and Stigma Distancing

As well as leading to discrimination and impacting health and wellbeing, stigma can be internalised. This means that people who use drugs can come to believe the broader views, misconceptions, and generalisations that are associated with them, as detailed in this document. This is hardly surprising, given the extent to which people who use drugs are denigrated in the media and in society generally. People who use drugs can therefore come to view themselves as of lesser worth than other people, which negatively impacts self-esteem and confidence. This in turn increases their isolation and alienation from broader society and service and healthcare provision, negatively impacting physical, as well as mental, health and general wellbeing:

“Alienation (i.e., internalization of the belief that drug users are marginal members of society) and experiences of discrimination were independently associated with poorer mental health... The magnitude of the association between discrimination and alienation and the mental and physical health of drug users was substantial.”  
(Ahern et al., 2007: 192, 194)<sup>28</sup>

It should also be stressed that people who use drugs can distance themselves from, and stigmatise, other people who use drugs, particularly people who use other drugs or use drugs in different ways or with differing regularity. This is well illustrated by the fact that, following wide reporting of their drug use, both Rob Ford<sup>29</sup> and Nigella Lawson<sup>30</sup> emphasised that they were not ‘addicts.’<sup>31</sup> Though people may be subject to public drug shaming, they may attempt to limit

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users: the role of values, affect, and deservingness judgments. *Journal of Applied Social Psychology* 37,1: 163-186

26 Jürgens, R., Csete, J., Amon, J. J., Baral, S., and Beyrer, C., 2010, People who use drugs, HIV, and human rights. *The Lancet* 376: 475-485

27 Logie, C. H., James, L., Tharao, W., and Loutfy, M. R., 2011, HIV, gender, race, sexual orientation, and sex work: a qualitative study of intersectional stigma experienced by HIV-positive women in Ontario, Canada. *PLoS Medicine* 8,11: e1001124. doi:10.1371/journal.pmed.1001124

28 Ahern, J., Stuber, J., and Galea, S., 2007, Stigma, discrimination and the health of illicit drug users. *Drug and Alcohol Dependence* 88: 188-196

29 Associated Press, 2013, Toronto's embattled mayor Rob Ford admits buying illegal drugs. *The Guardian*, 14 November, available at <http://www.theguardian.com/world/2013/nov/14/rob-ford-admits-illegal-drugs> (last accessed 24 September 2014)

30 Booth, R., 2013, Nigella Lawson: I've taken cocaine. *The Guardian*, 4 December, available at <http://www.theguardian.com/uk-news/2013/dec/04/nigella-lawson-cocaine-twice> (last accessed 24 September 2014)

31 As discussed earlier in this document, Ford subsequently seemed to take on/internalise the role of the ‘symbolic junkie’ of the below quotation. In so doing, he essentially blamed his misdemeanours on his drug use.



further public humiliation by distancing themselves from the stigmas attached to the addiction-as-disease model, from the 'symbolic junkie' (see second quotation below).

"People who use illegal so-called 'soft drugs' such as marijuana may have negative prejudices against people who use illegal powdered or 'hard' drugs, such as cocaine. And people who inhale or snort their drug of choice may have prejudice against people who inject a drug." (Drug Policy Alliance, n.d.)<sup>32</sup>

"It is both interesting and ironic that within the drug-using community itself there also exists drug-related stigma and the resulting discrimination and stereotyping. In this instance, it is associated with the drug of choice and the method of use: alcohol drinkers think illegal drug users are beyond the pale; amphetamine snorters think heroin smokers are a lost cause; they all think injectors are despicable junkies. And the junkies think the others are not real drug users anyway! This situation arises because the stigma against the 'symbolic junkie' is so potent that drug users want to remove themselves as far as possible from that stereotype." (AIVL, 2011: 62)<sup>33</sup>

### Conclusions: Moving Forward

People who use drugs are subject to numerous stigmas. The widely accepted addiction-as-disease model has resulted in people who use drugs being pathologised as sick people, as people in need of 'treatment' – consensual or otherwise. People who use drugs are infantilised through depictions of them as incapable, disempowered, manipulative, and unable to exercise agency or self-determination. The addiction-as-disease model is compounded by prohibition and criminalisation: people who use drugs are generalised as criminal, dangerous, violent, and unpredictable. As a direct result of these stigmas, people who use drugs experience discrimination, social exclusion, rejection, drug shaming, defamation, violence, and difficulties with service and healthcare provision.

Stigma is driven directly by criminalisation of drugs and of people who use drugs. Like prohibition, stigma exacerbates the harms that can be associated with drug use through distancing people from their communities and from healthcare and service provision, and by driving opposition to harm reduction initiatives. Stigma thus serves to increase vulnerability to blood-borne infections such as HIV and hepatitis C, whilst also increasing vulnerability to violence, abuse, and social exclusion.

Certain derogatory and discriminatory terms have been highlighted in this document as examples of how stigma is expressed as hate speech and userphobia. All too often, terms pass for 'neutral', objective language, when it can be clearly demonstrated that they are anything but. More dispassionate language needs to be used. Language needs to *describe* people as 'people who use drugs' and 'people with drug dependencies', for example, as opposed to 'drug abusers', 'addicts', and other reductive noun identities that serve to dehumanise and other.

INPUD stresses that, yet again, an enormous number of harms can be demonstrated to stem from prohibition. The stigma and discrimination which people who use drugs experience needs to end, but as long as the blanket moralisation and criminalisation of certain drugs continues, people who use drugs will be stigmatised, marginalised, socially excluded, and discriminated against.

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<sup>32</sup> Drug Policy Alliance, n.d., *Stigma and People Who Use Drugs* (New York: Drug Policy Alliance)

<sup>33</sup> AIVL, 2011, 'Why Wouldn't I Discriminate Against All of Them?' *A Report on Stigma and Discrimination Towards the Injecting Drug User Community* (Canberra: AIVL)

## INPUD

**The International Network of People who Use Drugs (INPUD) is a global peer-based organisation that seeks to promote the health and defend the rights of people who use drugs. INPUD will expose and challenge stigma, discrimination, and the criminalisation of people who use drugs and its impact on our community's health and rights. INPUD will achieve this through processes of empowerment and international advocacy.**  
**[www.inpud.net](http://www.inpud.net)**

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These papers of the *Drug User Peace Initiative* are part of INPUD's work under Bridging the Gaps – Health and Rights for Key Populations. In this programme, almost 100 local and international organisations have united to reach 1 mission: achieving universal access to HIV/STI prevention, treatment, care and support for key populations, including sex workers, LGBT people and people who use drugs. Bridging the Gaps is funded through the Netherlands Ministry of Foreign Affairs. Go to [www.hivgaps.org](http://www.hivgaps.org) for more information.

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