

Shackled to an age-old stigma

The stigmatisation of drug users as morally corrupt and undeserving of compassion has its roots in the Victorian anti-alcohol movement. **Stuart Walton** on how society is struggling to free itself from what is becoming a debilitating habit.

A gathering mood of intolerance is abroad in society with regard to a whole range of medical conditions. Any chronically persisting state, or set of habits, that is seen as self-inflicted, and is endangering, or is likely in the future to endanger, an individual's health is increasingly being made a matter of personal culpability. Whether the issue is obesity, smoking, drinking above government guidelines, or problem drug use, the narrative is the same. It is your own fault, and the rest of society can be forgiven for asking itself why it should continue to look after you.

Dependency on proscribed substances has, for a good hundred years and more, called forth a shrillness and intensity of vilification in the English-speaking world, often out of all proportion to the actual consequences of dependency, and informed by a particularly obstinate refusal of the idea that such conditions should be allocated a share of therapeutic resources. Instead of making life hellish for themselves and others, addicts should just stop. Cut off their sources of supply, the argument runs, and they'd sooner or later sort themselves out. Why should we pick up the tab for their self-indulgence?

The use of intoxicants began to be invested with this moral valency in England during the Puritan period, when it suited the mood of republican austerity that swept aside a corrupt monarchy and all its lubricities. It moved from the margins of political dissent into the mainstream of social concern as a result of the epidemic of alcohol

abuse in British cities in the eighteenth century. Initially, atrocious poverty and squalor were social evils to be mitigated by philanthropic endeavours, such as the establishment of the Foundling Hospital in London to care for the discarded babies and infants of gin-addled mothers. But there is a fascinating shift to be observed from the disinterested origins of such philanthropy to the more overtly prescriptive tone of interventions such as the Temperance movement at the dawn of the Victorian era.

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With temperance campaigns came a greater focus on the responsibilities of the individual. The ghastly domestic effects of excessive alcohol use by many a working man inspired salvationist and other Christian groups to try to persuade him to see the error of his ways by accepting that there was something in alcohol itself (as opposed, say, to soul-destroying labour in the Victorian

factories) that was inimical to his physical and spiritual well-being.

The temperance movements failed decisively in the UK, although they were to enjoy a sufficiently stronger social purchase in the US that they succeeded in bringing about a brief but disastrous experiment in enforced national abstinence. Ultimately, however, for all the persistence of dry counties across the US, alcohol has too ingrained and multifarious a presence in society to allow for its universal demonisation.

Drugs, on the other hand, are quite a different matter. Concern over the use of medical intoxicants which were then generally publicly available – opium and its tincture laudanum, morphine, cocaine – grew alongside the efforts of anti-alcohol agitation. By the beginning of the last century, the growth in tales of the grisly consequences of addiction to these substances, together with the ambience of petty crime created by street-dealing in them, had become sufficiently public that a body of emergency regulation was formulated during the First World War to control their dissemination – the notorious, baleful consequences of which we are all still living with.

What is of most interest, in the light of the UK Drug Policy Commission's useful report, *Sinning and Sinned Against: The Stigmatisation of Problem Drug Users*, in August 2010, is to see that the counter-productive vilification the report's authors rightly lament is in fact nothing other than the improbable survival of Victorian prohibitionism. Diverted from the hellfire excoriation of alcohol

in the London slums of Dickens' day, to the far vaster field of illicit substances now proliferating at roughly the amount of time it takes to set up a website to sell them, it represents the stubborn continuity of a discourse of personal dereliction that had no greater applicability in the 1850s than it has now.

The concept of 'addiction' has its roots in Roman law, where it referred to the binding-over of one individual – typically as a result of an undischarged debt – into a state of subjection to another. It formed the juridical basis of the institution of slavery. To be addicted to another, to be allotted or appointed to him (*ad-dicere*) as a matter of public pronouncement, was to become wholly subjugated to him. So when we describe people, as we have been doing since the early years of the last century, as being 'addicted' to drugs, we are saying they have placed themselves in just such a state of subjection – with the repulsive implication that they have done so not under duress, but voluntarily.

The slanderous vocabulary of 'junkies', 'smackheads' and 'crack-whores' may have been updated, but what underpins this narrative is its steadfast attribution of problem drug use to defects of the users' characters, their feebleness, their selfishness, their stupidity. They appear not to care about the crime, the drain on healthcare resources, and the heartbreak they are causing, and the reflexive response to these undoubted calamities is therefore one of anger, indignation or, at best, dismissal.

If part of the dismay we feel at the serious illness of loved ones is a kind of helpless anger that this medical catastrophe has befallen them, how much easier is it to give that anger a focus by being able to blame them for their own predicament? In the case of smokers and problem drinkers, the temptations are lying perfectly legitimately to hand. But illicit substances have to be sought (albeit perhaps not very exhaustively these days, in many parts of the country). At the beginning of all problem drug use is a decision to break the law, and to go on breaking it until it becomes a physiological imperative. Most of mainstream society cannot see beyond these *facta bruta*, because most people don't choose to travel this path, not least because they are as persuaded by the medical propaganda as by fear of the judicial consequences.

£44M SCANDAL OF JAIL JUNKIES

Taxpayers foot bill to fuel lags' habit

TAXPAYERS are forking out more than £44million a year to fund prisoners' drug addictions.

by GEMMA WHEATLEY

Shocking figures out yesterday show we are doling out cash to maintain the habits of one in six inmates, rather than helping them off drugs.

And it warned that by next year 7,000 prisoners will be receiving methadone or other heroin substitutes.

Critics blame the situation on the former Labour Government's "absurd" policy on drug addiction in jails, which allowed prisoners to abuse the system.

And they argue the money would be better spent

on getting prisoners drug-free. Matthew Elliott, of the Taxpayers' Alliance, said: "These programmes simply ensure thousands of prisoners remain hooked on heroin."

"It is absurd that, thanks to human rights legislation, taxpayers are being forced to fund these drug habits."

Methadone is regularly used to stop withdrawal symptoms of drugs including heroin and morphine.

If used properly it can help users quit, but some become

addicted to the substitute as a result. Research carried out by think tank Policy Exchange found that 45,135 prisoners entered detoxification programmes in 2008-09.

The majority were given drug substitutes for three months or more.

A Department of Health spokesman said: "All treatment, whether in or outside prison, should be aimed at getting people off drugs and maintenance can be part of that programme."

"The Integrated Drug Treatment System is being brought in across prisons to provide evidence-based treatment tailored to the needs of the offender."

"It is currently the subject of a rigorous and extensive



FURY: Alliance's Elliott



Outrage over police plan to give heroin junkies free needles



they are committing acquisitive crime (burglary, robbery and theft) to feed their habit and most drug users that you speak to readily admit that crime is linked to their drug habit."

PC Ward claimed that addicts are more likely to use shared or dirty needles if police confiscate the equipment.

Cambridgeshire police said yesterday that the initiative was not encouraging drug use and that officers would continue to clamp down on drug-related crime such as burglary.

A spokesman added: "The aim is the Harm Reduction. This is to prevent death by overdose or from lethal infection and to reduce the risk of infection to the public being infected by a discarded needle."

The Department of Health is backing the scheme.

That there are environmental risk factors in the development of problem drug use has been known since at least the 1960s, but is still widely refused in public comment on the issue. We are learning more and more about the neurochemical indicators that may well predispose significant numbers of problem users to their condition. (There is still a distinction, admittedly all but impossible to perceive to the sceptical, but no less real for that, between someone who uses three grams a cocaine a day because she can't help it, and someone who consumes the same amount as a matter of non-imperative choice.) And yet still the public view, fostered in large part by the wilfully unenlightened nostrums of various recent shades of government, is that all that matters is that addicts must be made to stop – on pain of benefit withdrawal, the removal of stabilising procedures such as methadone or needle distribution and so forth.

What these latest policy trends incorporate is the abiding principle of condemning a little more and understanding a little less. The urge to condemn *something* naturally arises in all of us at the prospect of the horrible damage wrought by much chronic problematic use of drugs, but it remains as difficult as ever to see how such suffering can ever be ameliorated if understanding its contexts is shunned.

If there is one overriding factor in the

stigmatisation of problem users, it is the revulsion felt by others at the apparent surrender of these users to their appetites. Our whole economy may be predicated on the getting, investing and hoarding of money in the interests of personal satisfaction, at whatever cost to the rest of society, but a surrender to the consumption of perishable commodities appears much harder, indeed impossible, to forgive.

It is the profligacy of excessive drug consumption that repels others, the fact that it appears precariously balanced between equally heedless intensities of hedonism and nihilism. It's as though the inability to look ahead, to see a probable disaster coming and yet not have the will to avert it, the so-called living only for the moment, is what must be repudiated. Because what would happen if we all lived that way?

Stuart Walton is the author of *Out Of It: A Cultural History of Intoxication*