



Rethinking addiction: Promoting understanding and reducing stigma

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Introduction



- What is addiction? Highly contestable.
- Conviction that disease labels destigmatise addiction.
- The idea that labelling something a disease will alleviate stigma is questionable.
- This presentation takes up the issue of stigma as it relates to addiction; raises questions about the progress said to be associated with disease models.
- First discuss the screening and diagnostic tools used to identify and measure addiction and related concepts.



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Project advisory panel



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- Ms Anna Keato, Victorian Department of Health & Human Services (DHHS)
- Mr Danny Jeffcote, Cohealth
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- Mr Robert Stirling, Network of Alcohol and other Drugs Agencies (NADA)
- Ms Julie Rae, Australian Drug Foundation (ADF)
- Professor Ann Roche, National Centre for Education and Training on Addiction (NCETA)



Overview



1. Addiction screening and diagnostic tools: questioning definitions and diagnosis methods
2. Interviews from the *Lives of Substance* research project: experiences of stigmatisation
3. Reducing addiction-related stigma: reframing



Enacting addiction in screening and diagnostic tools



Aims

- To illuminate the processes by which the measurement of addiction legitimates it and turns it into an object of knowledge – an apparently objective ‘fact’.
- These tools are important because they are often treated as the objective and reliable basis on which to decide where addiction can be found, why it matters and what to do about it.

The Alcohol Use Disorders Identification Test: Self-Report Version

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest. Place an X in one box that best describes your answer to each question.

Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					Total	

Brief MAST

1. Do you feel you are a normal drinker?
2. Do friends or relatives think you are a normal drinker?
3. Have you ever attended a meeting of Alcoholics Anonymous (AA)?
4. Have you ever lost friends, girlfriends or boyfriends because of your drinking?
5. Have you ever gotten into trouble at work because of drinking?
6. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?
7. Have you ever had delirium tremens (DTs), severe shaking, after heavy drinking?
8. Have you ever gone to anyone for help about your drinking?
9. Have you ever been in a hospital because of your drinking?
10. Have you ever been arrested for drunk driving or driving after drinking?

CAGE Questionnaire

Have you ever felt you should **C**ut down on your drinking?

Have people **A**nnoyed you by criticizing your drinking?

Have you ever felt bad or **G**uilty about your drinking?

Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (**E**ye opener)?



Making addiction (1)



Dwyer, R. and Fraser, S. (2016). Making addictions in standardised screening and diagnostic tools. *Health Sociology Review*, 25, (3), pp. 223–239.

- 10 widely used and internationally significant tools (DIS; CIDI; Brief MAST; CAGE; DAST-10; AUDIT; LDQ; SDS; DUDIT; ASSIST).
- Identified five processes operating in addiction tools that together establish, standardise and fix addiction as a stable, pre-existing disease entity: **reduction, expression, quantification, normalisation and populationisation.**
- Together, these processes produce accounts and rates of addiction that pathologise some groups and not others.



Claiming legitimacy (2)



Dwyer, R. & Fraser, S. (2015). Addiction screening and diagnostic tools: 'refuting' and 'unmasking' claims to legitimacy. *International Journal of Drug Policy*, 26 (12): 1189-1197.

Analysed 4 widely used alcohol tools: CAGE, MAST, AUDIT, CIDI.

Addressed the issue of 'validation'. Here we identified two fundamental problems:

- Contradictory claims, weak results & inconsistent application of methodological standards
- Symptom learning and feedback effects & circular logics



Enacting gender (3)



Dwyer, R. and Fraser, S. Engendering drug problems: Materialising gender in the DUDIT and other screening and diagnostic 'apparatuses'. *International Journal of Drug Policy*. [In Press]

Examined how gender is treated in the DUDIT and other screening tools.

We found that:

- Use of different threshold scores poses women as weaker and more vulnerable than men.
- Renders *any* drug consumption in the preceding 12 months as harmful for women, but not for men.
- Underlines and mobilises strict gender and sex binaries.
- Offers a useful window into the extent to which the tools are imperfect products of researchers who cannot help but incorporate into their work subjective perspectives and value judgments.



Addiction stigma and the biopolitics of liberal modernity



- Definitions of addiction have never been more widely contested.
- The brain disease model has been embraced by some researchers and clinicians convinced that it will both explain addiction and destigmatise it.
- Nora Volkow (Director of NIDA):

“If we embrace the concept of addiction as a chronic disease where drugs have disrupted the most fundamental circuits that enable us to do something that we take for granted—make a decision and follow it through—we will be able to decrease the stigma, not just in the lay public, but in the health care system, among providers and insurers.”



Addiction stigma



Approach

Goffman, *Stigma* (1973 [1963])

- Stigma exists where a personal attribute is viewed negatively in society, and where the affected individual is marked by that attribute in such a way that she or he is aware of the potential or actual negative judgements of others.
- As Goffman puts it (1973 [1963]: 15):

“By definition, of course, we believe the person with a stigma is not quite human. ..We construct a stigma theory, an ideology to explain his inferiority and account for the danger he represents, sometimes rationalizing an animosity based on other differences such as social class.”



Addiction stigma



- Goffman focuses on how individuals cope with stigma, saying much less about stigma as a social and political phenomenon.
- But some of Goffman's observations point to a broader political way of understanding stigma processes:
 - “the perceived undesirability of a particular personal property...has a history of its own, a history that is regularly changed by purposeful social action.” (1973 [1963]: 164-5)
- Relevant to 'addiction': labelling addiction a disease is considered an important way to reduce stigma. But addiction stigma remains a primary experience for people who consume drugs.



Addiction stigma



Lives of Substance: Method

Asked 60 Australians who self-identified as having an alcohol or other drug addiction, dependence or habit to talk about what addiction or dependence means to them, and how it affects daily life for them.

Livesofsubstance.org

This initiative is very worthwhile and overdue. I am all in favour of anything that de-mystifies drug users, and admits that they are not really 'them' but 'us'.

Kate Holden,
author of *In My Skin*

LIVES of
substance

Australia's first dedicated website
presenting carefully researched personal
experiences of alcohol or other drug
addiction, dependence or habit.

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Addiction stigma



www.livesofsubstance.org/topics/dealing-with-stigma-discrimination/

Stigma and family and friends

Stigma in healthcare system

Stigma in the media

Stigma in workplace

Stigma and policing and the criminal justice system

Resisting stigma



Addiction stigma



Reach and extent of stigma

- Participant accounts emphasised many, varied manifestations of prejudice and negative judgements.
- Participants identified the health system as a key site for stigma and discrimination, but other settings such as the workplace, the family and the criminal justice system were also discussed.
- experiences overlap for many people: not just individual settings or moments of discomfort or abuse, but the fabric of everyday life.



Rethinking stigma

- Importantly, the neuroscientific approach isn't the only one to claim that diseaseing addiction will reduce stigma.
- Treating addiction as a sickness of the brain characterised by a “diseased” “free will” (Volkow, 2015) said to be destigmatising, but doesn't seem to be working.
- Need to look carefully at all disease models and their claims, comparing them with the experiences of affected people.
- Need to recognise that diseases attract stigma – but different kinds of stigma from those that accompany judgments of criminality or evil.
- Need to develop new ways of thinking addiction beyond disease.



Rethinking stigma

- The implications of addiction-related stigma and discrimination are far reaching.
- Need to consider what stigma achieves; its role in society, in constituting valid citizens.
- This productive role for stigma goes beyond Goffman's work, informed by more recent theorisations such as Judith Butler's.



Conclusions



Conclusions

Dominant enactments of addiction have real and serious implications for people positioned as subjects of addiction.

Tools are a key element in establishing, reproducing and stabilising an addiction disease entity.

Important to approach the use of tools with a critical eye, to be mindful of their assumptions and limits and to consider the political implications and effects of making addiction in these particular ways.



Conclusions

- Need to ask what is hidden or forgotten when we point to drug use and addiction as *the* problem, source of what are often complex, multifaceted issues.
- Need to consider legal conditions, economic and social conditions.
- We construct our social problems according to our values, assumptions and political conditions.
- Need to *compose* new directions for thinking and speaking about drug use – to find a more productive, equitable and fruitful way of connecting and responding to the issues in front of us.

Thank you