SOCIAL EXCLUSION AMONG PROBLEM DRUG USERS

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Abstract

The survey report presents a summary of the acquired knowledge about social exclusion in the context of problematic drug users. The data are based on a secondary data analysis, in which scientific articles were searched for regarding the period between 2003 and 2014 in databases EBSCO, Scopus and PubMed. We used the following key words: drug users – social exclusion – addiction. We also used information obtained from printed expert sources and monographs. In the literature, there are two views on the connection of substance abuse and the phenomenon of social exclusion. The first one is devoted to social exclusion as a consequence of problematic drug use. Drug addiction enters into various aspects of the life of individuals; the problems emerging in the social sphere can lead the user to the margins of the society and social exclusion. The second view is focused on the opposite sequence of those phenomena – thinking about social exclusion as a cause of problematic use of addictive substances. Problematic drug users often come from poor and socially excluded communities. They have a restricted scope of choices and experience disadvantages. Socially excluded individuals rush to the use of hard drugs due to the feeling of detachment, alienation and hopelessness that they experience. The negative effects of drugs on users coming from socially excluded environment are more severe than from other users, because they usually have fewer resources which could help them cope with problems related to drug use. Both of the above views are closely linked, and in practice are connected.

Key words: *social exclusion; drug users; consequences of drug using; disadvantage*

INTRODUCTION

Social exclusion is one of the most pressing social problems in contemporary Czech society which builds on the previously used concepts of poverty (Winkler and Šimíková 2005, p. 13). Although the exclusion covers a wide range of target groups, in the Czech Republic, almost exclusively only the Roma minority is being discussed in this context. The reason may be the residential concentration of the Roma minorities in the so-called socially excluded localities, which are not typical for other excluded groups. The problem may be that these other groups are rendered invisible in various discussions on social exclusion. Therefore, in this article we focus on the theme of social exclusion among problem drug users. We focus on two possible perspectives regarding the connection of social exclusion and problem drug use. The first perspective sees exclusion as a result of drug use, the second as a reverse causality. Finally, we point to the actual link of both perspectives in practice.

The aim of the survey is to describe the dimensions of social exclusion in relation

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to problematic drug use. Data were obtained through a secondary ana-lysis of data, in which professional journals and monographic resources were sought. Professional articles were searched for in databases such as EBSCO, Scopus and PubMed, using the keywords: drug users – social exclusion – addiction. Data were sought for the period from 2003 to 2014. Information obtained from printed monographs, with the same scope as the articles, was also used.

Social exclusion among problem drug users

Social exclusion is according to the European Commission (2001), defined as a process (or a state) that deprives certain individuals, families, groups or entire communities of the access to resources that are otherwise required for participation in social, economic and political life of the society. As a result, it represents unequal opportunities for those who are affected. The emergence and development of social exclusion is multidimensional, as there are internal (low education, personality characteristics, handicaps, etc.) and external (structural inequality in the labor market, stigmatization, etc.) factors whose interconnection is directed to the continuous deepening of the state and reducing the chances of the excluded to break out. The groups that are at biggest risk of social exclusion in the Czech Republic are represented by the Roma minority, people with physical and mental disabilities, the long-term unemployed, drug users and other marginalized groups (Steiner 2004).

Social exclusion in the case of drug users, mainly concerns problem drug users, so the article focuses primarily on this target group. The European Monitoring Centre for Drugs and Drug Addiction defines the problem use as injecting drugs and/or long-term or regular use of opiates and/or amphetamines and/or cocaine (EMCDDA 2009). In the Czech Republic in estimates of problematic drug use are included injecting drug users and users of opiates and methamphetamine, as the number of cocaine users in the country is very low. In 2012, the median estimate was about 42,000 problematic drug users (Mravčík et al. 2013).

The specific number of excluded users is unknown. A number of problematic drug users come from the Roma minority (NMS 2012). This leads to an overlapping of two groups of people at risk of social exclusion.

The impacts of social exclusion are described by Mareš and Sirovátka (2008) in the following dimensions. The first may be the economic dimension, reflected in the limited access to the labor market. Further, they talk about the cultural dimension associated with low levels of education, which is also associated with limited possibilities of participation in the culture of unexcluded individuals. Third, the social dimension, is the limitation of social relations exclusively to persons living in the same subculture. The last dimension is a symbolic dimension, which is sometimes referred to as subjective exclusion, which is characterized by stigmatized labelling and the perception of the excluded. This dimension often occurs in groups whose uniqueness is seen by the majority society as deviant or "immoral". On that basis, stigmatization of members of these groups occurs (Radostný 2005).

Specifically, the group of problematic drug users shows the effects of social exclusion reflected in the above dimensions as follows. Within the economic dimension, it is necessary to recognize that drug addicts face high costs due to the financial demands of the doses and limited opportunities to achieve earnings by legal means (Todd et al. 2004). This leads them to participate in alternative ways of raising funds to support themselves. Unemployment among problematic drug users is almost 50%, according to some authors (Byquist 2006) even up to 75%. Regarding the sources of income, 32–77% of the users are dependent on aid. The unemployment levels may be related to the fact that 47% of the clients of drug services did not attend school or completed only primary school.

Within the cultural dimension of social exclusion among problematic drug users, we are talking about creating a "drug subculture", which has its own rules and lifestyle related to illicit drug use. Within this subculture we can find efforts to achieve common objectives, such as the procurement of drugs, looking for funds to buy them, preventing health damage and revelation (Faupel et al. 2003).

The social dimension of exclusion among drug users is characterized by poorer access to social networks. There is a loss or limitation of

the user's relationship with the environment, the social network narrows regarding particular members of the subculture, which is formed by other users.

Within the symbolic dimension, the users often experience stigma and social condemnation. Based on the general stereotypes and prejudices that exist in mainstream society, these individuals undergo the social marginalization (EMCDDA 2009). Problematic drug users are considered weak, immoral and dangerous for the society (Ahern et al. 2007).

Exclusion as a result of drug use

The target group of problematic drug users is markedly influenced by the social and economic factors already during the formation of risky behavior. Social determinants can create such living conditions and resources that indirectly aggravate the consequences of drug use. For example, poor housing increases the likelihood of the transmission of infectious diseases (Vlahov and Galea 2008). Drug addiction causes changes in social life, which can lead individuals to the margins of the society and social exclusion. It may take the form of self-exclusion – if the addicted person is so focused on the addiction that they voluntarily adapt their entire lives to drugs. Problematic drug users may be expelled from their immediate environment (especially family), they lose their jobs or resign from the majority of the held positions (Ryczkowska 2009).

The risk of social exclusion is affected on one hand by the specific addictive substance which predominates in the individual, then the rate of consumption of the substance and the user's lifestyle. On the other hand, an important role determines the user's access to resources that can help them with managing claims and risks associated with the use or the mitigation of its consequences. The exclusion can be considered as a) an instrument of social control on the part of non-users of drugs, b) part of the defence or attack of the users against the society which rejected them, c) the result of reluctance, a weak will or inability of the users to abide by obligations resulting from conformal activities in which they are involved. Addictive substances not only differ from each other in their effects, but also the health risks that may occur during their use.

Most of the problems associated with drug use, however, have a social dimension. Of importance may be considered the attributes of some particular substances and their users assigned them by the audience. They can be responsible for the form of a potential social reaction, the rate of tolerance, expandability and availability of drugs. Mythology affects the access to drugs (drug selection, method of application) and also the users themselves (Dunbar et al. 2010).

Drug use is the "driving force" of the transition from everyday life to the exclusion when a dependent person is distanced from their family, relatives, previous lifestyle, labour market and is involved in a chaotic, devastating trap of addiction (MacDonald 2006). Stigma, discrimination and prejudices associated with drug use may be responsible for excluding individuals from mainstream society. Substance use remains deeply moralizing in many societies, and those who violate existing standards faced stigmatization and social exclusion. For example, in a study on the degree of social disapproval of drug addiction it was found that it scored highest on the scale of social disapproval. Dependence was in most cases viewed more negatively than the fact that a person has a criminal record for burglary or doesn't properly care for their children (Gee et al. 2007). The effects of stigmatization and social exclusion are often worse for injecting female drug users and injecting female users belonging to one of the ethnic minorities (Shannon et al. 2008).

One of the areas in which social exclusion is manifested is health care. According to public opinion, there are different opinions regarding the prioritization of health care. According to meta-analytic studies, there is a general opinion that tobacco smokers, heavy users of alcohol and illicit drug users should receive lower priority in health care, and for this reason, that their behavior directly contributed to their health problems (Krüsi et al., 2010). Problem drug use as injecting drug use or long-term regular use is accompanied not only by massive individual and social risks, legal issues, but also by comorbid physical and mental health problems. The quality of life related to health (HRQOL) is greatly reduced among drug users, especially when it comes to mental health (Buchholz et al. 2008). In addition to mental health, drugs

also affect the physical health. Lifestyle of the users results in deterioration of physical health, accompanied by various problems, the most serious HIV and hepatitis C (Havens et al. 2013).

Drug addicts are more likely to be socially excluded because they are often homeless, unemployed, have lower levels of education, are isolated and living alone. They lack stable housing and have a chaotic lifestyle. Drug abuse is one of the risk factors that causes homelessness. Particularly the unstable housing and homelessness can also lead to a deterioration of substance abuse (Todd et al. 2004, March et al., 2008). According to Glasser and Zywiak (2003), there is historically a strong link between homelessness and drug abuse, these being mutual risk factors. According to the EMCDDA (2009) 10.4% of the users live in unstable accommodation and 7.5% have housing provided in an institution.

Exclusion as a cause of drug use
Social exclusion cannot be considered only as a result of drug use. In literature, social exclusion and social disadvantages are cited as an important factor that precedes problem drug use. Problem drug users often come from poor and socially excluded communities. They have restricted choice and experience disadvantages. Buchanan (2005) defines the factors that are important for our understanding of problem drug use. Such is the influence of a disturbed childhood, especially for those individuals who have had problems in education, failed to achieve a qualification or have committed crimes. Neale (2008), in addition to these factors, describes sexual or physical abuse, lack of supportive social network, exclusion from school or poor mental health. He also argues that for a significant number of clients, exclusion and disadvantage were the major problems before the onset of drug addiction.

Socially excluded individuals crave the use of hard drugs due to the feeling of detachment, alienation and hopelessness that they experience (Ryczkowski 2009). Addictive substances, in addition to entertainment, may offer economic opportunity to increase the prestige, reduce feelings of frustration and helplessness and vice versa, and assist individuals in creating a new identity. A drug career can be seen as a difficult challenge, and can manifest itself as a self-fulfilment, especially if due to social exclusion other opportunities are limited or unavailable (Adams 2008).

Social exclusion, which can be characterized by a breakdown in the family, poor housing, poor health, limited education, unemployment, crime, etc., increases the likelihood that individuals start using drugs problematically. The problem of drug use may lead to further social exclusion (manifested by more family problems, increased housing problems, poorer health, increased likelihood of unemployment, increased crime, etc.) (Neale 2006).

Goode (2008) outlined the relationship between social exclusion and drugs, argues that social exclusion leads to problematic drug use. Drug use leads to further social exclusion, drug users may be exposed to the so called "othering", a process where they are presented as distinct from the majority of the society (i.e. those who use legal drugs like alcohol and tobacco). While the prevalence of drug use in excluded communities and areas may not be higher than elsewhere, there is a risk of greater representation of problematic users. More serious are the negative effects of drugs on users coming from socially excluded environment. Unlike people with better facilities, they generally had far less personal and institutional resources that could help them with problems related to drug use.

Exploitation and production of illegal drugs commonly leads to the emergence of socio-economic problems. Many individuals who have difficulty to secure legitimate employment can find profit in the production and trafficking. The money generated from these crimes may be used to support individual drug dependence, but can also be used to support family members. These economic models can result in a vicious cycle that keeps the individual addicted to the substance and makes it difficult for him or her to return to a drug-free life (Watanabe-Galloway et al. 2009).

CONCLUSION

The article gives an overview of findings on the topic of social exclusion among problematic drug users. The authors of

the study approached this topic from two different perspectives. On one hand, it can lead to social exclusion as a result of problematic substance use when addicted individuals are moving away from their loved ones, and their former way of life, thus, cannot fulfil commitments and obligations, which may lead into their unemployment and marginalization. Social exclusion cannot be tagged only as a result of "taking drugs", but is it necessary to consider it as a factor which preceded the use of drugs. Users themselves evaluate the social disadvantage and exclusion as problems existing before the emergence of addictions. The share of both factors is difficult to quantify. We cannot say what is the cause and what is the consequence, since both phenomena often occur simultaneously. The issue can be understood as a kind of vicious circle or spiral.

To mitigate the impact of drug use on the deepening of social exclusion of addicts could contribute to changes in the nature of social control. The more stigmatizing, more punitive and exclusionary social threatening reaction, the more the users have a tendency to social closure and thus less influence the society of non-users of drugs has on their behaviour, (Radimecký et al. 2009). On a practical level, mitigating the damage caused by social exclusion among drug users at different levels of prevention is primarily secured by social services aimed at this target group, such as contact centers, outreach programs, etc. Taking into account the different dimensions of social exclusion, it is necessary to work with drug users in the areas of the labour markets, the acquisition of housing, and also mitigate the symbolic exclusion.

A comprehensive solution of social exclusion is represented by inclusive programs. Social inclusion is a process that ensures that persons socially excluded or at risk of social exclusion reach possibilities and opportunities which help them to participate fully in the economic, social and cultural life of the society and live in a way that is considered normal in society (MPSV 2011).

CONFLICT OF INTEREST

The authors have no conflict of interest to disclose.

REFERENCES

1. Adams PL (2008). Fragmented intimacy: Addiction in a social world. New York, NY: Springer.
2. Ahern J, Stuber J, Galea S (2007). Stigma, discrimination and the health of illicit drug users. Drug and Alcohol Dependence. 88: 188–196.
3. Buchanan J (2005). Missing links? Problem drug use and social exclusion. The Journal of Community and Criminal Justice. 51/4: 389–399.
4. Buchholz A, Krol A, Rist F, Nieuwkerk PT, Schippers GM (2008). An assessment of factorial structure and health-related duality of life in problem drug users using the Short Form 36 Health Survey. Quality of Life Research. 17: 1021–1029.
5. Byquist S (2006). Drug-abusing women in Sweden: Marginalization, social exclusion and gender differences. Journal of Psychoactive Drugs. 38/4: 135–145.
6. Dunbar D, Kushner HI, Vrecko S (2010). Drugs, addiction and society. BioSocieties. 5/2: 2–7.
7. European Commision (2001). Promoting a European framework for corporate social responsibility. Luxembourg: Office for Official Publications of the European Communities.

8. European Monitoring Centre for Drugs and Drug Addiction (2009). An overview of the problem drug use (PDU) key indicator. Lisbon: European Monitoring Centre for Drugs and Drug Addiction.

9. Faupel CE, Horowitz AM, Weaver G (2003). The Sociology of American Drug Use. New York: McGraw-Hill.

10. Galea S, Vlahov D (2008). Social determinants and the health of drug users: Socioeconomic status, homelessness and incarceration. Public Health Reports. 117/1: 135–145.

11. Gee GC, Delva J, Takeuchi DT (2007). Relationships between self-reported unfair treatment and prescription medication use, illicit drug use, and alcohol dependence among Filipino Americans. American Journal of Public Health. 97: 933–940.

12. Glasser I, Zywiak WH (2003). Homelessness and substance misuse: A tale of two cities. Substance Use and Misuse. 38/3–6: 551–576.

13. Goode E (2008). Drugs in American society. 7th edition. Boston: McGraw-Hill.

14. Havens JR, Lofwall MR, Frost SD (2013). Individual and network factors associated with prevalent hepatitis C infection among rural Appalachian injection drug users. American Journal of Public Health 103/1: e44–e52.

15. Krüsi A, Wood E, Montaner J, Kerr T (2010). Social and structural determinants of HAART access and adherence among injection drug users. International Journal of Drug Policy. 21/1: 4–9.

16. MacDonald R (2006). Social exclusion, youth transitions and criminal careers: Five critical reflections on 'risk' The Australian and New Zealand Journal of Criminology. 39/3: 371–383.

17. Mareš P, Sirovátka T (2008). Sociální vyloučení (exkluze) a sociální začleňovaní (inkluze) – koncepty, diskurz, agenda [Social exclusion and social inclusion – concepts, discourse agenda]. Sociologický časopis. 44/3: 271–294 (Czech).

18. March J, Oviedo-Joekes E, Romero M (2008). Drugs and social exclusion in ten European cities. European Addiction Research. 12/2: 33–41.

19. Ministerstvo práce a sociálních věcí (2011). Národní akční plán sociální inkluze a způsob jeho tvorby [National action plan for social inclusion and the method of its creation]. Praha: SKOK (Czech).

20. Mravčík V et al. (2013). Výroční zpráva o stavu ve věcech drog v České republice v roce 2012 [Annual report on drug situation in the Czech Republic in 2012]. Praha: Úřad vlády České republiky (Czech).

21. Národní monitorovací středisko – NMS (2012). Zaostřeno na drogy [Focused on drugs]. 10/4. Praha: Úřad vlády České republiky (Czech).

22. Neale J (2006). Social exclusion, drugs and policy. In: Hughes R (ed.). Drugs, policy and politics. Maidenhead: McGraw-Hill/Open University Press.

23. Neale J (2008). Homelessness, drug use and Hepatitis C: A complex problem explored within the context of social exclusion. International Journal of Drug Policy. 19/1: 429–435.

24. Radimecký J, Janíková B, Zábranský T (2009). Trendy na drogové scéně v ČR – Ohniskové skupiny s pracovníky nízkoprahových programů: Závěrečná zpráva [Focus groups with workers of low-threshold programs: Final report]. Praha: Národní monitorovací středisko pro drogy a drogové závislosti, Úřad vlády České republiky (Czech).

25. Radostný L (2005). Faktory sociálního vyloučení. In: Sýkora L, Tmelová J. Prevence prostorové segregace [Factors of social exclusion. In: Sýkora L., Tmelová J. Prevention of spatial segregation]. Praha: Karlova univerzita (Czech).

26. Ryczkowska A (2009). Alkoholismus a sociální vyloučení. In: Problémy sociálního vyloučení – vybrané aspekty [Alcoholism and social exlusion. In: Issues of social exclusion – selected aspects]. [online] [cit. 2014-06-15] Available at: http://www.ropsopole.pl/pobierz/projektpradziad/Problemy_wykluczenia_spolecznego-wybrane_aspekty_CZ.pdf (Czech).

27. Shannon K, Kerr T, Allinott S, Chettiar J, Shoveller J, Tyndall MW (2008). Social and structural violence and power relations in mitigating HIV risk of drug-using women in survival sex work. Social Science and Medicine. 66/4: 911–921.

28. Steiner J (2004). Ekonomie sociálního vyloučení. In: Jakoubek M, Hirt T (eds.). Romové: kulturologické etudy [Economy of social exclusion. In: Jakoubek M, Hirt T (eds.). Roma people: culturologiacal study]. Plzeň: Vydavatelství a nakladatelství Aleš Čeněk (Czech).

29. Todd J, Green G, Harrison M, Ikuesan BA, Self C, Pevalin S, Baldacchino A (2004). Social exclusion in clients with comorbid mental health and substance misuse problems. Social Psychiatry and Psychiatric Epidemiology. 39/2: 581–587.

30. Watanabe-Galloway S, Ryan S, Hansen K, Husiek B, Muli V, Malone K (2009). Effects of methamphetamine abuse beyond individual users. Journal of Psychoactive Drugs. 41/3: 241–248.

31. Winkler J, Šimíková I (2005). Hodnocení Vládního programu podpory terénní sociální práce v sociálně vyloučených romských komunitách [Rating governmental support program for field social work in socially excluded Roma communities]. Praha: VÚPSV (Czech).

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