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STUDYING HARM FROM OTHERS' ILLICIT DRUG USE—CAN STIGMA REALLY BE AVOIDED?

Concern around stigma and discrimination when applying a 'harms to others approach' to illicit drug use illustrates a general challenge in policy work in the field of alcohol and drugs—how to make a behavior less attractive while avoiding producing more harm by attaching stigma to current users.

In their paper 'Applying a "Harm to Others" research framework to illicit drugs: political discourses and ambiguous policy implications', Wilkinson & Ritter [1] provide a welcome and critical discussion of using a 'harms to others approach' (HTO) to illicit drug use. Although several benefits of this approach are recognized, the paper concludes that if only HTO from individual drug use is considered, discrimination and stigmatization of drug users will outweigh the benefits. The problem of stigmatization is assumed to be especially urgent in the case of illicit drug use, as it is the less well-off users in society who will be most negatively affected. To justify an HTO-approach on illicit drugs, Wilkinson & Ritter claim that it is necessary to include the other major form of HTO with respect to illicit drug use; HTO related to the illicit drug market. This commentary argues that such a focus also entails a risk of stigmatizing users and that the concern of stigma and discrimination raised in this case illustrates a general challenge in policy work in the field of alcohol and drugs.

The major form of HTO related to the illicit drug market is drug-related violent crime, which in criminology is classified as three types of violence: (1) violence where drug use occurred among the people involved; (2) violence which is perpetrated in the quest for money to purchase drugs; and (3) violence occurring because of conflicts and competition within the drug market [2,3]. As suggested by Wilkinson & Ritter, the very operation of the illicit drug market can be regarded as a cause of these harms. However, another perspective is that the foundation of the illicit market is the demand for illicit drugs in the population, i.e. individuals' drug use. This individual responsibility for harms on the supply side could be revealed by an HTO perspective if the responsibility of users buying and consuming illicit drugs was acknowledged. This perspective has recently been used in the Swedish drug policy debate, where politicians accused drug users of being a main cause of the increasing violence in public places in Sweden, typically involving young victims and young perpetrators. In this case, however, it was not all users or the less well-off users who were accused, but the population of well-off users who were assumed to account for most demand [4].

Stigmatization and blaming of certain subgroups may therefore also arise from emphasizing this type of HTO associated with illicit drug use in public debate, and it is not evident that it is the less well-off who will be subject to blame. The example above also raises the more general question of whether it is possible to avoid stigmatization when studying substance use problems from an HTO perspective.

One thought-provoking attempt to avoid stigmatization is to regard all users as part of the problem. This is a key underlying assumption behind the influential total consumption model within alcohol epidemiology, as recently stated

in a discussion piece by Livingston & Raninen [5]. They argued that the call for a shift of attention towards the whole population's drinking (total consumption) also implied a shared responsibility across the population for the harms caused by alcohol, because all drinkers were included in the collective drinking culture. It is worth recalling here that, in the early thinking around the total consumption model, a major argument for addressing all users was not only that it was assumed to be effective, but that it avoided blame and stigmatization of specific groups [6]. As a result, policy measures directed to every drinker were selected, e.g. restricting availability and raising taxes. These measures aiming at making alcohol more difficult to obtain are found to be efficient in limiting harms from drinking [7] but also include, as mentioned by Wilkinson & Ritter, a risk that users will be stigmatized.

Thus, the concern of causing stigma to drug users raised in this commentary illustrates a general contradiction in policy work in the field of alcohol and drugs—the balance between making a behavior less attractive and avoiding producing more harms by attaching stigma to current users.

Declaration of interests

None.

Keywords Drug policy, drug-related criminal violence, harm to others, illicit drug use, stigma, Sweden.

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PREGNANCY, PARTNERS AND ALCOHOL WARNING LABELS

Research and public health messaging about harms to others from substance use may contribute to stigma for vulnerable groups, including pregnant women. A more restorative public health discourse could be achieved by widespread reframing of substance use during pregnancy as a responsibility shared by parents, family, friends and communities alike.

Wilkinson & Ritter [1] provide a thought-provoking commentary on substance use harm to others (HTO) research, policy and stigmatization of vulnerable populations. Of particular interest was a detected challenge of sorts, apparently aimed at researchers and advocates engaged in public health alcohol policy. The challenge appears in relation to alcohol policy and its role in the uneven experience of stigma by vulnerable groups. One of two examples provided concerned alcoholic beverage warning labels about drinking during pregnancy (warning labels). Framed as a 'mark' on alcohol policy, the rebuke is subtle, but the implication is that warning labels contribute to stigma experienced by pregnant women who drink alcohol.

For some, extending this line of thinking will lead to the conclusion that potential for perpetuating stigma is a rationale for pulling back or halting progress on warning labels or information dissemination on risks of alcohol use during pregnancy. In our view, this would be a dangerous conclusion—especially when the stakes are so very high. Even when motivated by the best intentions, limiting or withholding access to health information undermines self-determination, reduces health literacy and perpetuates confusion. Public policymakers would be remiss if they failed to prioritize the most vulnerable in their efforts to increase access to easily understandable, evidence-based health information.

That said, the challenge warrants a closer look for three reasons: first, although Wilkinson & Ritter do not cite evidence of stigma associated with warning labels, we are aware of one study suggesting they may lead some women to avoid prenatal care and have worse pregnancy outcomes [2]. Secondly, for reasons we expand on below, efforts aimed at reframing prenatal alcohol exposure from a 'women-only' issue to a responsibility shared by partners, families, friends and communities [3] could bring major