

ORIGINAL ARTICLE

The Stigmatization of Drug Addiction in South-East Turkey the Case of Drug Abuse Prevention Programme for Youth Project in Turkey

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Main Points

- A qualitative study in South-East Turkey unveiled the participants' ubiquitous exposure to drug use in their communities.
- The participants however use tabooization and concealing in order to detach themselves from the phenomenon of drug use.
- Family is the institution that mediates the detachment from drug use and maintains its invisibility.
- Active stigmatization of users is employed to create the distinction from drug use.

Abstract

Cannabis use undergoes a dynamic redefinition under selected legal frameworks globally. Many prevention programs face a dilemma between delivering abstinence objectives and pursuing more nuanced, harm reductionist aims. However, drug use in South-East Turkey is strongly stigmatized and is absent from the official life of the community, so neither of these discussions takes place. The authors participated in the development of a Drug Abuse Prevention programme for Youth and this article is grounded in qualitative data from Turkey. A follow-up study was conducted among the youth participants of a pilot phase of the program ($n=20$), developed by an international group of professionals in the form of an online workshop and video campaign. The data were collected by conducting a semi-structured qualitative interview. The participants live amid the omnipresence of drugs and simultaneously very actively detach themselves from it. There is a powerful taboo and families attempt to conceal the cases of drug use among them. They also stigmatize the users in order to distinguish themselves from the substance. It is counterproductive to talk about drug use to audiences who actively deny its presence within the community. The interventions ought to account for stigmatization to ensure realistic delivery.

Keywords: Cannabis, family, prevention, stigmatization, Turkey

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Introduction

Cannabis is among the most widely used of all illicit drugs. Cannabis use has been stigmatized for many decades (Becker, 1963; Grinspoon & Bakalar, 1995; Kaplan, 1982). Our research focuses on Turkey where drug use is criminalized and is subject to social stigmatization, as it is the case in many other countries. The Turkish penal code imposes prison sentences of 1 or 2 years and/or probation for up to

3 years, on those who buy, receive, cultivate, or possess drugs for personal use. The production, import, or export of drugs is punishable by a minimum prison sentence of 10 years, and the sale or supply is punishable by a sentence of 5 – 15 years. The penalty is doubled if organized crime is involved (EMCDDA, 2019). Despite the harsh penalties, cannabis was the most used drug among adults aged 15 – 64 years in 2017, followed by 3,4-methylenedioxy-methamphetamine (MDMA)/ecstasy and cocaine.

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In Turkey, young males aged 15 – 34 years were reported to have the highest rates of illicit drug use (EMCDDA, 2018).

While drugs remain taboo, young people will be unable to raise awareness and prevent the drug trade. As part of this project, young people were interviewed about drug use prevention as part of the Erasmus+ project “Drug Abuse Prevention for Youth” (DAPY). The Ethics Committee Report (2021/85) was approved.

This article aims to understand the taboos and analyze how drug users are stigmatized in Turkey. The research is divided into three sections: the theoretical framework, the study description, and the method for qualitative data collection and analysis. Finally, the results cover the omnipresence of drugs in the participants’ social worlds, as well as the tabooing and stigmatizing processes.

Cannabis Use and Stigma

The concepts of stigma, deviance, and labeling are interlinked. Therefore, we rely on Durkheim’s (1897) sociological concept of deviance and on labeling theory, which hold that there can be no “normal” without the presence of “abnormal” or “deviant.”

The theoretical approach, known in criminology as the labeling perspective, also deals extensively with crime and criminal behavior as a function of symbolic interaction. Labeling theory was pioneered in crime literature by the studies of F. Tannenbaum, E. Lemert, E. Goffman, and H. Becker. In his book *Crime and Society*, Tannenbaum (1938) argued that crime is a learned process that occurs as a result of social interaction rather than as a result of individual behavior. According to Lemert (1951), the significance did not lie in the causes of the crime but in society’s reaction to the criminal behavior, because this response could influence the likelihood of repeat criminal behavior.

According to Erving Goffman, a key figure in labeling theory, stigma is a type of relationship rather than a fixed feature. Goffman (1963) identified three main types of stigmas: (1) stigma associated with mental illness, (2) stigma associated with physical deformity, and (3) stigma associated with identification with a particular race, ethnicity, religion, ideology, or other characteristics. He states that the stigmatized individual’s learning process consists of two stages: learning the person’s typical point of view and learning that he is inadequate according to this point of view.

Another sociologist who works on the issue of stigma is Howard Becker. Becker (1963) defines people who are treated within the framework of stigma as “outsiders.” While Goffman points out that stigmatizing some people in society is a natural part of social order, Becker believes that individuals who deviate from social norms are defined as outsiders. According to Becker, the most important step in developing a stable criminal career is being caught and stigmatized as a criminal. As a result of this experience, the individual’s participation in social activities as a member of society, as well as their self-image and social identity, is severely damaged. It makes no difference how many times the person commits the crime; they are now a criminal (Becker, 1963).

Social groups set and attempt to enforce rules. Within the framework of socially determined rules, some behaviors are accepted as

right and others as wrong. Becker (1963) states that the person or persons who violate the rules are perceived as “external.” In this context, the concept has value in two senses: (1) the person who breaks the rules can be evaluated externally and (2) the rule-maker can also be evaluated externally by the violator. Individuals who are perceived as outsiders by the rule makers adopt an image that is seen as deviant by society. For example, when a drug addict recovers and returns to employment, colleagues who are aware of their history may find it difficult to respect them.

The overlapping points in the two theorists’ determinations of stigmatization are substantial. According to Goffman, because the stigmatized individual is alienated, they are more inclined than other people to commit a crime. Becker agrees that anyone classified as an alien can be expected to commit a crime. Goffman also states that alienation draws people closer to stigmatized individuals who are similar to them. Becker expands on this point by claiming that the alienated person becomes close to that group and forms a subcultural group. The subcultural group’s “deviant behavior” is then more likely to be reinforced.

Methods

This exploratory study is based on two rounds of follow-up interviews conducted on participants of the Drug Abuse Programme for Youth (DAPY), who took part in an online version of workshop activities, comprising different modules designed to provide knowledge and skills for young people to be more aware of the drug-associated risks. This article is grounded in qualitative data from Turkey. The data were collected by conducting a semi-structured qualitative interview.

Altogether, the number of participants is $n = 20$ (10 in the first round, labeled “D1,” and another 10 in the second, labeled “D2”), who are predominantly female (17), ranging from 19 to 23 years old (mean = 21.15). They are undergraduate students at a university located in one of the major cities in south-east Turkey. The interviews were conducted in 2021, in-person and in Turkish. They were subsequently translated into English for the accessibility of the whole research team. The data were anonymized and the participants gave oral consent to participate in the study.

A different set of questions was used in the second iteration of interview (Mauthner & Doucet, 2003) to cover theoretically emergent themes: the relevance of drug prevention to the local community of participants, the perception of drug users in the community, the role of family in concealing the drug use of its members, gender and drug use, and the rationale for drug-related business activity within the community. This approach was inspired by the procedure of theoretical sampling found in the grounded theory method (Corbin & Strauss, 2014) and it was applied in order to explore further the categories that the authors concentrated on in the first phase of the inductive analysis.

The transcribed data were analyzed using Atlas.ti. More than 80 analytical categories were developed and the analysis focused on the themes of “omnipresence of drugs,” “stigma” and “stigmatization,” “concealing,” “role of family,” “family reputation,” and “family control.” The data were analyzed in English but with constant involvement of authors who are insiders for the best

understanding of the local context. The engagement of foreigners among the research team was utilized to increase reflexivity and broaden the intersubjectivity of the interpretative analysis, especially because the studied community is an underprivileged one and the theme of the study is sensitive and requires a responsible and careful approach (Migala & Flick, 2018).

Results

The participants of the pilot program can be considered general public and hence, one can conceptualize this intervention as universal prevention. In most of the Western contexts, it would mean a certain proportion of those who experimented with the substance, a smaller group of recreational users and a non-using majority who is still expected to have some indirect exposure among the peer group, and moreover, some mediated experiences with cannabis in the texts of the culture. The participants from Turkey, however, problematize this assumption.

Accessibility of Drug

They were predominantly women, embedded in underprivileged areas of urban and rural South-East Turkey, and reported drug presence in their immediate social circles almost universally. Although they did not have any direct experience themselves, their cousins, uncles, neighbors, or even fathers or brothers would be engaged in different drug-related activities and they are immersed in the presence of drugs:

Where I live, there are conversations around us. We hear them too. The place I live has drug dealers and users (...) In fact, the best selling place in [the city] was around my house. That's it. You know, I didn't see them in person, I didn't have direct contact with them. (D2-2, female, 21 years old)

Of course I didn't know what it was then, but they were keeping us away. They say 'don't go just because these are drug users'. But, we did, ma'am. They were making buckets there. There were bottles, we saw there. (D2-1, male, 23)

These processes start from early socialization, as one of the participants reported the societal endeavors to keep the children away from the hotspots of drug use. The push outside of the social milieu is characteristic, as not conforming to social norms results in deviant behavior on the interaction level. Another participant also recalled her brother, whose whereabouts she knows nothing at the moment:

For example, my own brother, I see that he has this kind of tendency, maybe he's still using it now. (...) He dropped out of school at the age of 18-19 years old. When he was with his friends, his ties with his family decreased. He started to hate his family all the time, to say that you are not listening to me, and even using swear, slang words too much. (D1-3, female, 21)

Deviant practices seem to result in immediate resistance and parting. It is obviously reinforced by institutional sanctions, such as school drop-out or penalization. There are clear definitions of norms and acceptable behavior. Another participant expressed the norm implicitly, as he admitted with surprise, that a former drug user in his family "somehow" now obeys the rules, being married and raising children:

In my circle, it was my cousin I first told you about. It was even my uncle's son who encouraged him. (...) My uncle's son encouraged him but then he gave it up. Now, he is married and somehow has children. But my cousin didn't quit after he was encouraged by him. Now he's in prison. (D1-7, male, 20)

My father's uncle was dealing drugs. His son was also involved in his trade too much, but he was using it, too. (...) My father was arrested a second time. Because at that time, my mother had surgery, as a cancer patient her situation was pretty bad. (...) My father had no other choice, it was also unclear if there would be a pistachio harvest back then. The second time he was arrested. As he did not have any crimes before, he was released. (D1-6, female, 20)

The other family member of that informant ended up outlawed though. According to the reports, the drug presence can only be justified as a higher necessity in an extraordinary situation. In this community, people can engage with it under such circumstances to get an alternative source of income. Nevertheless, the norm-breaching that the participants reported could be very extensive. In most cases, the participants dismissed dealers as being driven by greed and causing evil.

The vast majority of Turkish participants were indirectly exposed to cannabis or other drugs. It is present in their lifeworlds, but strong social norms draw strict boundaries against deviance. This is why the users—whom they would personally know, but from whom they were immediately separated in terms of intersubjectivity—are subject to stigmatization and dismissal.

Concealment as Detachment Strategy

Although omnipresent, drug use is tabooed: unexpected and unwanted. The information about drug use is carefully concealed by the family involved. This is the institution that regulates the information about the very fact; it also attempts to control the situation because the societal consequences concern the whole family and not the individual in question.

First and foremost, the families hide the information about drug use among their members fearing negative reactions and shame:

We do not tell even our immediate relatives(...). Since the society reacts negatively and regards such cases as a shame, we need to conceal and so protect our family against any stigmatization or exclusion. Specifically, I would absolutely conceal myself if I were to use drugs. (D2-7, female, 21)

First, my relatives. I think it is hard to conceal it completely in the places where the people are very close to each other since they tend to talk intensely about that in their circle. Let's take the boy in our neighborhood that I mentioned. No sooner had he started using drugs than all the people heard about it. (D2-9, female, 21)

Another participant acknowledged that concealing is very difficult in a dense community. The families have to be very careful because of the spreadability of such information. She admitted that she would first hide the information from her own relatives. The families are motivated to control the situation because their

reputation is at stake. The risk is high and includes actual exclusion from community life.

They conceal not to pave the way for any unwanted reaction like stigmatization. (...) I think this is a family-based reaction. They try to hinder any stigmatization towards family rather than the children. (D2-7, female, 21)

We also concealed my brother's case since we did not want it to be heard by our relatives. Such things generally result in a total exclusion by others. The people could have easily boosted the rumors about him. Moreover, those rumors would have reached his workmates, and he could have lost his job. As you see, we had enough fears to conceal it. (D2-10, female, 20)

Other participants mentioned possible exclusion from access to shopping at local vendors, social support from kin, and also possible individual consequences for the user. She discussed her brother's case. In order to take charge of such crisis, the families exercise control over the user. They seek information among their peers, limit their contacts, actively monitor their movement, or simply arrest them at home. As one of the participants recounted, referring to a model reaction of a family:

My dad would lose his temper, but also he would do anything to save his child. He would take him/her to hospital and provide a treatment so that s/he can get rid of that because it absolutely will end with death. (...) They would provide the hospitalization at all cost, or keep the user at home to prevent any further use like what my aunt did. She kept my cousin in the room for a long time. (...) They even fixed iron guardrails on windows to prevent his escape. However, it lasted for just one month, and some time later, he turned back to the same friends group and continued his problematic life. (D2-8, female, 22)

Most people do not generally allow their addict children to go out with the motivations of both helping recovery and hindering any stigmatization. Just one family around me took their child to the hospital and tried to provide professional help there. (D2-8, female, 22)

These strategies are ineffective in preventing problematic use, but they work well for some time to limit the spread of information. The families rarely reach out for external help and they attempt to solve problems themselves. The strategy for keeping the secret is allowing only the selected ones into the circle of insiders. Such a gradation of secrecy allows them to share their hardships and responsibility, look for solutions, and more importantly, keep others out of the loop. A participant described how their family, being actually not very tightly connected, finally learned about drug use of a distant relative very late:

We had not heard of it at first. (...) Because we are only 'kirve'¹, we are not very close relatives. We learned that he used it just one month before his death. But it started earlier. (D2-2, female, 21)

Not disclosing the fact of use amid a situation of widespread use (all participants of the study were able to identify users among

their families and acknowledged the presence of drug users in their community) is a strategy to symbolically and interactionally detach themselves from the drug. They have nothing to do with it and this is the public appearance they keep.

Stigmatization as Distinction

In order to firmly detach themselves from drug use, the participants and the members of the communities they represent actively stigmatize the users in an attempt to build sharp symbolic boundaries against them. On the other hand, stigma is the ultimate reason for keeping drug use a secret. Stigmatization results in ostracism. The whole family risks exclusion from the community life, including social relations, physical distancing, or expulsion from the delicate financial interdependencies:

So everyone starts to put a distance against me. For example, whether it's my close friends or family, they exhort others not to hang out with me, or even walk with me. Maybe some tradesmen, who we call like brothers and family today, do not lend us money anymore. I mean, things like they don't give products to us on loan, or they don't even sell them. (D2-4, male, 23)

There were also other accounts—for example—of managers not hiring family members of alleged drug users or to the extremes of family wishing a member dead. One account recalls a story of a woman handling her husband's drug use:

She is very desperate because she cannot get divorced considering her four children. Also, the man's family does not approve such a divorce, and unfortunately, they wish for his death. He was in such a bad condition. (...) According to her, he always uses violence towards her and children, even himself. He always breaks the glasses or things, and the neighbors get annoyed. This violence reaches even his parents. Thus, his family does not want to see him. (...) Moreover, she complains about the stigmatization. (...) Whenever she and her children are among the people, they hear about her husband's addiction. (D2-10, female, 20)

The family of the husband actively detaches themselves from the drug user, but at the same time, the institution of family—of which he is still a part—should be maintained. The stigma is extended to the whole family.

All these dimensions of stigmatization and people's attempts to distinguish themselves from drug use make potential interventions or help to the users and their communities quite hard. If drug use is stigmatizing, then admitting to it or even risking revealing it by seeking counseling or assistance are unlikely.

As far as I have observed, the people living in Western cities often visit psychologists to get rid of even their daily problems. They try to forget about all bad things by getting professional therapy. However, when it comes to the east part of the country, the people consider these experts as the men in white coats and the patients as mad ones. Thus, they think they have nothing to do with psychologists since they are not mad. Even some families abstain from taking their members to psychologists. They suppose that taking professional help from a psychologist may blot his/her copybook. (D2-8, female, 22)

1 Associated through circumcision ritual.

Using help is stigmatizing as such, and the participants or their community do not wish to damage their reputation. Amid rare accounts of seeking external help, there were only instances of hospitalization that can be conceptualized as emergency interventions undertaken when the problem got far out of control. Thus, by distancing themselves from the stigma of drug use, the members of these communities create a hazardous gap from preventive measures or possibly even efficient treatment.

Discussion

Although the presence of drugs is ubiquitous and hence the reported relevance of the program to the participants, this experience is detached from them. The distinction is both physical (the users tend to be members of extended family, friends, or family members who would leave the home) and social (they neither have comprehensive knowledge about drugs nor willing to have it; the drug is symbolically and normatively distant to them as well). The latter seems to mediate the former, drawing a demarcation line between the life of respondents and its disruption by drug use. The drug omnipresence is hence resisted with active tabooization and stigmatization of the substance and the users, which paradoxically contribute to social absence of drugs from the respondents' social worlds.

Drug use is clearly still a source of stigma in the lives of community members. Most participants' self-concept and status (Goffman, 1963) are maintained in such a way to distance themselves further from these stigmas. The findings are interpreted with reference to Goffman's (1963) and Becker's (1963) theoretical distinction between stigma and drug users.

Discussing the "stigma power" to explain the stigmatization processes, Link and Phelan (2013) explored three generic ends achievable through stigmatization: keeping people down, in, or away. It derives from the work of Bourdieu (1987) on symbolic power-generating distinction. The symbolic boundary detailed above in 2 dimensions—detaching the users from the community and distinguishing the community from the users—plus the three dimensions, depreciative, internalized, and most importantly, active exile. The users are powerless, more so if they occupy lower positions—especially gender-wise. The social order is maintained, but these circumstances make it difficult or impossible to intervene with prevention programmes.

If the users are misrecognized (Bourdieu, 1990; Fernández-Esquer & Agoff, 2012) by society, there is no political drive to work on their behalf. If the theme of drug use is actively tabooed, it is impossible to stir any discussion in the framework of the prevention program. As was the case with the DAPY intervention—in the first reaction, the participants denied any connection to drugs while they were in fact very much involved in drug-related problems in their community but unable to produce any constructive reaction to the issue. Stigma must therefore be accounted for when designing interventions.

Limitations and Directions for Future Research

As this was an exploratory study, following up a pilot of an intervention program, the scope of the findings is limited both geographically—to the SE part of Turkey—and theoretically—to the perceptions of youth who represent various social backgrounds and inhabit both urban and rural areas but are all undergraduate

university students. More ethnographic work is needed, including work with users and the families concealing the use, and also on the gendered dimension of stigma (that could not be covered in this paper due to limitations), before large-scale research can be launched. It is very much needed for there is a high relevance of substance use to community life and a significant gap in research in this area.

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