Drug addiction phenomenon in the modern society takes on alarming proportions. Despite extensive prevention programs in Western European society, it is estimated that more than half of adolescents smoke marijuana (Aldridge, 2008, pp. 189-206). Growing scale of the problem and low efficiency of the modern prophylactic stimulates the search for more adequate models of drug addiction etiology, as well as the new solution countermeasures. The labeling theory is an inspiring source of knowledge; as opposed to traditional theoretical approaches it emphasizes the role of the “social audience” in the process of drug initiation and addiction escalation. Applied to drug addiction, the labeling theory is especially promising, because addiction is a phenomenon which is triggering a strong social ostracism. Moreover, as demonstrated in the study, a deviant group consisting mostly of children/adolescents who are already stigmatized and rejected by the normative peer group. My study also indicates social reactions which accompanied the disclosure of the addiction. It appears that the reaction of both parents as well as non-drug using peers was very painful and stigmatizing. These factors make the abstinence difficult, limiting the possibility of addict participation in the social context free from drug addiction.

Keywords: Drug, Addiction, Labeling Theory.

INTRODUCTION

The labeling theory (social stigmatization theory) has had a huge impact on the social sciences. Earlier theoretical approaches have treated social norms as universal and common. This approach brought about a specific treatment of deviant behavior. Deviant was a person who exceeded the “social tolerance”, which has assumed to be the behavior deviating from the commonly shared rules and standards. This paradigm was called “etiological”, and the basic question was: Why do people violate social norms? (Siemaszko, 1993, pp. 260-264). Responses to this question were sought in various scientific fields. In philosophy, the problem concerned the “bad human nature” (Błachut, Gaberle, Krajewski, 2007, pp. 41-43), psychologists were looking for personality predictors which anticipate deviant behavior (Krahe, 2006, pp. 50-67), Sociology pointed out the adverse social conditions in which the individual participates (Błachut, Gaberle, Krajewski, 2007, pp. 103-107).

The paradigm of reaction, from which the labeling theory evolved, has changed its focus from an individual who violate the rules, to the social reaction that arises as a result of deviant behavior. This view is fully expressed in the theory of E. Lemert. The author has identified the “primary deviation”, which is a behavior inconsistent with the social norms or characteristics possessed by an individual (speech defect, mental disorders) and the “secondary deviation”. According to the author, the primary deviation is not a major problem, it could be a consequence of an unfortunate incident or it could be a kind of “play crime”. Only a punishing public reaction, containing ostracism, isolation and degradation, causes that individual feels trapped by the social group. Public reaction is materialized in formal situations (court sentence limits the possibility of finding a job) and informal situations (limited trust, suspicion). These reactions contribute to committing further crimes, which is called “secondary deviance” (Cygielska, 1976, pp. 112-113). Public reaction is particularly evident in cases of persons who committed a crime. Although they were held in jail, which should be an equivalent of the redemption of guilt, the social group still perceives them as potential criminals. This issue is
particularly emphasized by K. Erikson’s theory (Siemaszko, 1993, pp. 283-298).

A more radical version of labeling theory was constructed by H. Becker. He pointed out that the social reaction does not require the “primary deviation”. “Social groups create deviance by making rules infraction Whose Creates deviance, and by applying Those Particular roles that people and labeling them as offenders. From this point of view, deviance is not a quality of the act the person commits, but rather a Consequence of the application by other of rules and sanctions to an ‘offender’. The deviant is one to whom That label has been successfully applied, deviant behavior is behavior That people so label” (See Becker, 1963, p. 9).

In this paper, the emphasis will be placed on the social stigma as a factor that plays a role in the initiation and escalation of drug addiction. This perspective is ignored in many empirical studies and theoretical generalizations. Most of the publication focuses on the biological, psychological, socio-cultural and theological models of addiction (Niewiadomska, Stanisławczyk, 2004, pp. 147-166). In such a wide range of models only the socio-cultural perspective focuses on the process of stigmatization, however, even in this approach it is often disregarded.

**PEER REJECTION AND PARTICIPATION IN DEVIANT SUBCULTURE**

Early sociological theories treat drug addiction as a solitary phenomenon, an example of which is the concept of R. Merton. By explaining how the individual adjusts to society, he took into account two variables, which are culturally sanctioned goals and ways to achieve these goals. Setting those variables results in the specific mode of adaptation. The author has identified them as: “conformity”, “innovation”, “ritualism”, “withdrawal” and “rebellion”. At this point only the “withdrawal” model will be mentioned. Such person rejects both the cultural goals and the ways to achieve them, which can result in homelessness, alcoholism and drug addiction (Siemaszko 1993, pp. 42-44).

More recent approaches, however, indicate that drug abuse is not a solitary phenomenon. It is necessary to find a group of more “experienced drug users” who provide access to the illicit drug market, teach the techniques of drugs use, and provide positive reinforcement (Becker 2009, pp. 63-70). This means that an individual must participate in the deviant subculture, in which the drug use is widespread, and even desirable.

The question is then: what drives individuals to make contact with a deviant group. The answer to this question is not simple, but empirical studies conducted mainly in the United States, explain the mechanism of entering into a deviant group. It is generally accepted that children come together in peer groups on the basis of mutual attraction and similarity of certain features. This assumption is reflected in the theory of illegitimate opportunities created by Cloward and Ohlin, according to which addicts establish relationships with similar individuals (Czerwińska-Jakimiuk, 2011, pp. 39-40). However, this assumption is true only to a certain extent, as recent empirical studies conducted by F. Vitaro and colleagues (2007, pp. 433-453) disclose that the motivation for entering the deviant group is present only in the case of adolescents. It is the period of distancing from the norms and values of the adult world. In the same time, the younger children share the orders and prohibitions of adults, which results in their negative opinion about deviant groups. In their situation, the cause of establishing relationships with the subculture is a lack of acceptance in the normative group. These children had been previously rejected by their peers, which forced them to seek affiliation to the alternative group.

To confirm this argument, we should focus on the reasons for peer rejection by the normative group. In social sciences, the causes of peer rejection are sought in an inappropriate social behavior presented by an individual. The following behavioral deficits can be extracted, which are highly correlated with peer rejection: low rates of prosocial and cooperative behavior, high rates of aggressive and disruptive behaviors, inattentive/immature and socially anxious/avoidant behaviors (Bierman, 2004, pp. 17-33).

Many studies point to the aggressive behaviors as a major predictor of the peer rejection (Dodge et. al., 2003, pp. 376-393; Ladd 2006, pp. 822-846). For this reason, the following study measures the level of aggression among drug addicts (the heroine users, residents of MONAR therapeutic community) and the level of aggression in the control group (students of Krakow Universities, who pledged abstinence from drugs). The research instrument for measuring intensity of aggression was Inventory of Psychological Aggression Syndrome (IPSA). This instrument allows to specify the following forms of aggression:

- I. Emotional self-aggression,
- II. Physical self-aggression,
III. Hostility towards the surroundings,
IV. Unconscious aggressive tendencies,
V. Transferred aggression,
VI. Indirect aggression,
VII. Verbal aggression,
VIII. Physical aggression,
K. Control of aggressive behavior,
O. Tendency to retaliate.

The collected results are presented in Table 1.

### Table 1

**Comparison of types of aggression**

<table>
<thead>
<tr>
<th></th>
<th>I.</th>
<th>II.</th>
<th>III.</th>
<th>IV.</th>
<th>V.</th>
<th>VI.</th>
<th>VII.</th>
<th>VIII.</th>
<th>K.</th>
<th>O.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>7.56</td>
<td>7.46</td>
<td>7.56</td>
<td>6.33</td>
<td>7</td>
<td>8.03</td>
<td>7.66</td>
<td>7.53</td>
<td>4.46</td>
<td>6.76</td>
</tr>
<tr>
<td>B.</td>
<td>4.96</td>
<td>6.4</td>
<td>5.96</td>
<td>6.16</td>
<td>5.36</td>
<td>7.63</td>
<td>6.93</td>
<td>5.73</td>
<td>5.93</td>
<td>5.73</td>
</tr>
<tr>
<td>Diff.</td>
<td>2.6</td>
<td>1.03</td>
<td>1.6</td>
<td>0.17</td>
<td>1.64</td>
<td>0.4</td>
<td>0.73</td>
<td>1.8</td>
<td>-1.47</td>
<td>1.03</td>
</tr>
</tbody>
</table>

A. – Group of drug users  
B. – Control group  
Diff. – Differences in the level of aggression.

The results in the Table 1 clearly indicate that addicts are more aggressive than people in the control group. The difference in the intensity of aggression syndrome is particularly evident in the scale I: emotional aggression. Moreover, further analysis indicated that the overall result for the level of aggression of drug addicts is 7.63 (standard ten), while the control group was only 5.56.

In order to confirm the hypothesis of a lower popularity of the aggressive drug users among the overall group the results were divided according to the intensification of the aggression level (separated those most aggressive ones from the non-aggressive) and then compared their level of popularity. The research instrument deployed to measure the popularity was Peer Competence Scale (Urban, 2000, pp. 225-226).

The collected results are given in the table below.

### Table 2

**Popularity and Level of Aggression**

<table>
<thead>
<tr>
<th></th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
<th>6.</th>
<th>7.</th>
<th>8.</th>
<th>9.</th>
<th>10.</th>
<th>11.</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.</td>
<td>4.42</td>
<td>3.14</td>
<td>4</td>
<td>3.71</td>
<td>4.57</td>
<td>4.57</td>
<td>4</td>
<td>4.28</td>
<td>3.71</td>
<td>3.71</td>
<td>2.71</td>
</tr>
</tbody>
</table>

A. Drug users who have obtained the highest level of aggression  
B. Drug users who have obtained the lowest level of aggression.

The results suggest a lower level of popularity among aggressive drug addicts. This trend corresponds with the opinions functioning in the literature and indicates a high negative correlation between aggression and popularity. In addition, coexistence of aggression with a low level of popularity often leads to the development of externalizing disorders (Miller-Johnson et al., 2002, pp. 217-230; Dodge et al., 2003, pp. 374-393).

### The Dynamics of Drug Addiction Under the Influence of a Peer Group

The results presented above have confirmed that addicts have experienced peer rejection by the normative group. This means that the drug users subculture largely consists of outcasts.

The question arises whether the person entering a group of addicts have an incentive to consume psychoactive substances? In response to this question a categorized interview was conducted to reveal the motivation to start taking drugs.

### Table 3

**The Motivation for Drug Use**

<table>
<thead>
<tr>
<th>%</th>
<th></th>
</tr>
</thead>
</table>
| 60 | They have not searched for drugs. They were persuaded by their peers.  
| 26.6 | They previously sought drugs and the group which has access to drugs.  
| 13.4 | They revealed that they had been manipulated by the group. They were not aware that they are taking drugs. |

The results clearly demonstrate the important role of peer group in drug initiation. A large majority, 73.4 percent of respondents possessed no motivation to take drugs. The peer group influence (suggestion and manipulation) was the dominant factor in the initiation of the drug. Only 26.6 percent of the respondents sought access to the source of the drug. It is worth mentioning that in this sample there was not a single person who has declared solitary start of taking drugs. This argument demonstrates the huge role of the group in the process of addiction.

Further part of interview included questions about the feeling after taking heroin.

### Table 4

**The Mental States after Taking Heroine**

<table>
<thead>
<tr>
<th>%</th>
<th>Declared expression</th>
</tr>
</thead>
</table>
| 63.4 | of respondents have declared that the first experience with drugs were enjoyable  
| 36.6 | of respondents have declared that the first experience with drugs were unpleasant (dizziness, vomiting, malaise). |
For 63.4 percent of the respondents first experience with the heroine was pleasant, so we can understand the motivation to continue. However, 36.6 percent of the respondents declared feeling unwell after taking heroine, manifested by vomiting, dizziness, and disorientation. They continued, however, under reinforcement received from the more “experienced” drug addicts. This argument coincides with the results of H. Becker (2009), according to which the group has a strong enough impact that it can redefine ambivalent feelings and learn how to experience drug states as enjoyable.

A further part of the study is related to the causes of regular drug use. Data were collected through the categorized interviews. As much as 53.4 percent of the respondents were not able to identify the dominant factor. These individuals argued that the addiction was a result of many life circumstances. However, 46.6 percent pointed to the contribution to the group as a reason for regular drug taking. They claimed that regular use was the result of having relations with drug addicts who encouraged to increase the frequency of use.

**SOCIAL STIGMA OF ADDICTS**

Heroin abuse takes a destructive form. Addicts are unable to function properly. The result is that the addiction starts to be visible. From that moment an addict has to cope with the social reaction. Although the literature is treating drug addiction as a disease (Korpetta, Szmerdt-Sisicka, 2000, pp. 17-18), the society treats the addict as someone even worse, a dangerous outsider, one does not initiate or tighten any deeper relationship.

Therefore, the respondents were asked about the social reaction which they felt after the disclosure of their addiction. The focus is on the reaction of the family and peer reaction outside the subculture.

**Table 5**

<table>
<thead>
<tr>
<th>Types of Social Reaction</th>
<th>1 reaction</th>
<th>2 reaction</th>
<th>3 reaction</th>
<th>4 reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>40</td>
<td>23.4</td>
<td>20</td>
<td>16.6</td>
</tr>
</tbody>
</table>

1 reaction – limited of trust, but an attempt to help
2 reaction – negative reaction involving the punishment, expulsion from home, etc.
3 reaction – indifference of the family
4 reaction – no noticeable reaction

All responses assumed a negative reaction to occur, which is a typical situation. It requires reflection, however, that only 40 percent of the sample felt an attempt to help them by the family. Other respondents met with punishing reactions, or lack of them, which was explained as instability of family ties. Both the disclosure of “stigma” and the negative reaction is a good ground for the development of secondary deviance as well as self-stigma and enter the deviant role (Siemaszko, 1993, pp. 339-447).

We then consider the declared reactions taking place in the peer group, and the results are plotted on the chart below.

**Table 6**

<table>
<thead>
<tr>
<th>The Peer Group Reaction after Disclosure of Addiction</th>
<th>1 reaction</th>
<th>2 reaction</th>
<th>3 reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>16.6</td>
<td>63.4</td>
<td>20</td>
</tr>
</tbody>
</table>

1 reaction – the relationship between a drug addict and his peers did not change, or addiction had not been revealed
2 reaction – reaction of the group was to reject a drug addict or break contact with a drug addict
3 reaction – reaction did not occur because addicts do not have friends from out of the subculture.

The reactions taking place in the peer group were worse than those which occurred in the family. As many as 19 patients (63.3%) felt rejection by peers who do not take drugs. Furthermore, in the two remaining categories, the reaction did not occur, which, as emphasized by the respondents, is a result of shallow relationships with their peers who do not take drugs, indicating in the same time that it had influence a strong connection with the addict subculture.

Further analysis of the dynamics of the marginalization reveals the effects, which influence the well-being of an individual. 23 people (76.6%) confessed that the first contact with the deviant label induce a sense of rebellion and injustice. Only after some time followed by the adoption of the new status and entering the role of a deviant.

**Notes**

1. MONAR – an integrated system of preventing drug abuse, homelessness and social threats as well as bringing wider support for people who are facing difficult situations – the lonely ones, suffering from AIDS, hurt by fate. Monar is a non-political non-governmental organization, association, registered in 1981 and operating throughout Poland. Monar is one of the largest organizations of such type in the world. It provides assistance to more than 20000 people each year in 135 offices of various types.
2. Inventory of Psychological Aggression Syndrome (IPSA), was developed by Zbigniew B. Gas. This instrument is used to measure aggression syndrome of adults. Syndrome of aggression is understood as experience, attitudes and behaviors of which, an intention or an effect (intended or unintended) is the infliction of harm (directly or indirectly) to any other person or oneself. Aggression syndrome includes both aggressive tendencies conscious and unconscious, outwardly or toward oneself, both demonstrated, or just experienced (Gas, 1980, p. 143).

3. This instrument contains 11 criteria, defining manifestations included in peer competence. These criteria include: duties of school, athletic competence (physical activity), clothes, style, elegance, social competence and popularity, relations with adults, behavior in school, collaboration with peers, capacity management (leadership, organizational), sense of humor, quitting taken tasks (“flash in the pan”). Each statement has five fields (a. yes, b. yes, sometimes, c. sometimes, d. rare, e. no). The task is to assign each respondent group members to each criterion.

References