

Stigmatization of Drugs User and Their Social Consequences in Bwari Area Council, Abuja Nigeria

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Abstract: Drug use has increasingly been recognized as a social and public health concern rather than solely a criminal issue. However, drug users continue to experience intense stigmatization in many societies. This study examines the stigmatization of drug users and its social consequences in Bwari Area Council, Abuja, Nigeria. The study specifically explores stigmatization, social relationships, employment opportunities, access to healthcare and social services, and self-perception among drug users in Bwari Area Council. The paper is anchored on Labelling Theory and adopts a survey research design. Data were collected using structured questionnaires and interviews and were analyzed using descriptive statistics. The study employed a non-probability sampling approach, specifically purposive and snowball sampling techniques. The findings reveal that drug users are predominantly perceived as morally weak and socially irresponsible. These perceptions often lead to rejection, strained social relationships, discrimination in employment, reduced access to healthcare services, and a negative self-image characterized by shame and social withdrawal. The study concludes that stigmatization deepens the vulnerability of drug users and undermines their rehabilitation and social reintegration into society. It therefore recommends the implementation of stigma reduction initiatives, inclusive social policies, and community based support interventions aimed at improving the wellbeing and social inclusion of drug users.

Keywords: *Drug Use, Stigmatization, Labelling Theory, Social Consequences.*

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I. INTRODUCTION

Drug use continues to be a social and public health issue that transcends age, gender, class, and cultural boundaries in many societies (Crapanzano, 2018; United Nations Office on Drugs and Crime, 2023). While the medical, psychological, and legal aspects of drug use have received significant scholarly and policy attention, the everyday social realities faced by drug users, particularly in developing countries, have received comparatively less attention. Recent global assessments indicate that the social marginalization of people who use drugs remains a persistent challenge in many communities, especially where poverty, unemployment, and weak social protection systems exist (UNODC, 2023; Livingston et al., 2021). Stigmatization, which manifests through derogatory labeling, prejudice, social exclusion, and moral condemnation, represents one of the most significant challenges experienced by drug users (Cassiani, 2019; Sattler et al., 2022).

Rather than being understood as a complex social and health related issue, drug use is frequently framed within moral and criminal narratives that portray drug users as deviant, irresponsible, and socially dangerous (Goffman, 1963; Room, 2005). According to Goffman's (1963) conceptualization, stigma is an attribute that severely discredits an individual, transforming them from a complete and socially accepted person into one who is discredited and marginalized. Contemporary scholarship continues to affirm that stigma toward drug users is reinforced through social norms, cultural expectations, and institutional practices that classify substance use as a moral failing rather than a health condition (Kulesza et al., 2019; Lloyd, 2021). Social norms, cultural beliefs, religious doctrines, and legal frameworks that criminalize substance use and portray users as threats to social order further intensify this stigmatization.

Media representations often worsen this process by portraying drug users as violent, irresponsible, or morally deficient individuals, thereby reinforcing fear and prejudice within the broader public (Lloyd, 2013; McGinty et al., 2019). Such narratives shape public perception and contribute to an environment in which drug users are blamed for their condition and denied empathy, social support, and opportunities for rehabilitation (Hammarlund et al., 2018; Barry et al., 2020). In many societies, these negative stereotypes influence how communities respond to individuals struggling with substance use, thereby deepening their marginalization.

The stigmatization of drug users produces far reaching and complex social consequences. Individuals who experience stigma are often subjected to rejection from family members, peers, and the wider community (Birtel et al., 2017; Vilsaint et al., 2020; Livingston et al., 2021). Families may distance themselves from relatives who use drugs due to fear of social embarrassment or community judgment, while communities may exclude drug users from employment opportunities, social networks, and community activities. These processes reinforce social isolation and limit the opportunities available for recovery and reintegration (Link and Phelan, 2001; Sattler et al., 2022). Consequently, stigmatization not only affects the social wellbeing of drug users but also undermines public health interventions aimed at treatment, rehabilitation, and social inclusion.

➤ *Statement of the Problem*

Drug use is increasingly recognized in scholarly and policy debates as a complex social and public health issue rather than merely a criminal act. Despite this shift in understanding, drug users in many societies continue to experience intense stigmatization, often being labeled as criminals, deviants, or morally deficient individuals. This stigmatizing perception persists even though empirical studies have demonstrated that drug use is influenced by intertwined social, economic, psychological, and structural factors rather than individual moral failure alone (Room, 2005; Yang et al., 2017). In Nigeria, stigmatization of drug users has become deeply entrenched within families, communities, institutions, and policy frameworks. Drug users are frequently subjected to harassment by law enforcement agents, rejection by family members, exclusion from social networks, and discrimination in employment opportunities. Such treatment reinforces social exclusion and perpetuates cycles of poverty, vulnerability, and isolation. Rather than discouraging drug use, stigma often pushes individuals into environments characterized by limited social support and diminished hope for social acceptance, thereby undermining recovery and reintegration efforts.

The academic literature on stigma provides important conceptual and empirical foundations for understanding these dynamics. Goffman (1963) offered one of the earliest and most influential theoretical frameworks on stigma, defining it as an attribute that deeply discredits an individual and reduces them

from a whole and accepted person to a tainted one in the eyes of society. Although Goffman did not focus specifically on drug users, his work laid the groundwork for subsequent studies on stigma in the context of addiction and deviant behavior. Later sociological scholarship expanded this perspective by examining how stigma operates within broader social structures and power relations. Building on this perspective, Room (2005) examined the relationship between substance use stigma and social inequality, arguing that the marginalization of drug users is shaped by broader social structures, power relations, and moral judgments embedded within society. More recent studies have continued to highlight the persistence of stigmatizing attitudes toward people who use drugs within communities, healthcare institutions, and policy environments (Barenie et al., 2023; Hulsey et al., 2023). These studies show that stigma often reinforces negative stereotypes that portray drug users as dangerous, irresponsible, or morally deficient, thereby strengthening processes of social exclusion.

More recent studies have also emphasized the psychological and internal dimensions of stigma. Research indicates that stigmatization not only operates at the societal level but can also be internalized by individuals who use drugs, shaping their self-perception and emotional wellbeing. Yang et al. (2017) earlier demonstrated that internalized stigma among drug users negatively affects self-identity, self-esteem, and psychological wellbeing, often leading to social withdrawal and reduced participation in community life. Recent empirical studies further confirm that self-stigma remains a major barrier to treatment engagement and social reintegration among people who use drugs (Ma et al., 2024; Sibley et al., 2024). In addition, evidence suggests that stigmatizing attitudes among healthcare professionals and institutions can discourage drug users from seeking treatment or accessing health services (Magnan et al., 2024).

Empirical research also demonstrates that stigma can contribute to broader health and social risks. For example, studies have shown that perceived stigma is associated with reduced utilization of harm reduction services and may even increase vulnerability to overdose and other health complications among drug users (Rehman et al., 2024). However, much of this body of research has been conducted within clinical or treatment settings, with limited attention given to everyday social interactions such as family rejection, employment discrimination, and community exclusion. As a result, the broader social consequences of stigmatization remain underexplored. The literature further reveals a significant gap in context specific studies, particularly within local Nigerian settings such as Bwari Area Council. Existing studies rarely account for the unique socio cultural, religious, and economic factors that shape stigmatizing attitudes and experiences in such communities. There is also limited empirical attention to how stigma interacts with structural factors such as poverty, unemployment, and law enforcement practices to deepen social marginalization. Against this background, the central problem

addressed by this study is the persistent stigmatization of drug users and its social consequences in Bwari Area Council.

II. LITERATURE REVIEW

➤ *Stigmatization*

The history of the term "stigmatization" can be traced back to the ancient period, although the term has undergone significant changes in its meaning over the years. The term is derived from the Greek term "stigma," which refers to a mark or sign, and is used to refer to physical marks placed on the bodies of individuals who were considered inferior to the rest of the population, such as slaves, criminals, and traitors, in order to distinguish them from the rest of the population (Goffman, 1963). The marks were considered to be a symbol of shame and were used to control the population by identifying individuals who were considered morally and socially unacceptable Stangl et al. (2019). Generally defined as a mark of shame, it may seem that the base for the phenomenon of stigma is the idea that there is a generalized collective type, that is, the shared consciousness of the majority of society that makes the rules, whose infraction constitutes a criminal deviation (Durkheim, 1895-1982, Earnshaw and Chaudoir 2017), and the individuals who commit it are outsiders (Hatzenbuehler & Link 2018; Nyblade, 2021). Thus, having a stigma is almost a curse for people who, due to their circumstances or qualities, have been stigmatized and must face particular challenges related to restricting their full participation in society, for example, through the exclusion of opportunities that generate income and employment (Rodríguez et al., 2015; Koschorke et al., 2014; Logie and Turan 2020). There has been increasing advocacy for stigmatization approaches that emphasize human rights, social inclusion, and public health perspectives. Scholars argue that reducing stigma is essential for improving the social wellbeing of drug users and for enhancing the effectiveness of prevention, treatment, and rehabilitation programs (World Health Organization, 2016). However, most economic research has focused on broad discriminatory actions and social exclusion measures, and although stigma and stigmatization are closely related to them, they are different constructs Turan (2023).

➤ *Drug Use and Drug Users*

The use of psychoactive substances that can change perception, mood, cognition, and behavior is known as drug use, and it is a global social and public health phenomenon Volkow and Blanco (2021). According to the United Nations Office on Drugs and Crime (UNODC, 2023), drug use ranges from experimental and recreational consumption to harmful and dependent patterns that may develop into substance use disorders. These substances include opioids, cannabis, stimulants, sedatives, hallucinogens, and an increasing number of synthetic drugs Global Commission on Drug Policy (2022). Contemporary scholarship emphasizes that drug use is not a uniform behavior but varies widely in frequency, intensity, motivation, and social meaning across individuals and societies Fraser and Moore (2020). From a sociological perspective, drug use is best understood as a socially embedded behavior rather

than merely an individual pathology. Room (2017) argues that drug use is shaped by social norms, cultural values, peer networks, and structural conditions such as poverty, unemployment, and inequality. Social learning, peer influence, and exposure within specific environments play a significant role in shaping drug use trajectories, particularly among young people and marginalized populations (Hawkins et al., 2019). The term drug users refers to individuals who consume psychoactive substances, but contemporary research strongly cautions against treating this group as homogeneous World Health Organization (WHO, 2023). According to Degenhardt et al. (2018), drug users are a diverse group with a range of usage patterns, degrees of dependency, and social situations.

➤ *Social Consequences*

According to recent sociological and public health literature, "drug use is not just a medical or psychological problem; it is also, a social issue, influenced by social norms and values, and shaped by power structures within society (UNODC 2023; WHO 2022). According to studies, this kind of stigmatization weakens social support networks that are essential for social stability and recovery by causing tension in relationships with friends, family, and neighbors (Room, 2005; McGinty et al., 2021). According to recent studies, the stigma attached to drug use still influences unfavorable public perceptions, fostering prejudice and social distancing toward drug users (Barry et al., 2021; Pescosolido et al., 2019). Additionally, drug use has detrimental effects on social cohesiveness and family ties. Due to internal conflicts and social judgment, families of drug users frequently endure emotional stress, shame, and conflict. According to empirical research, drug use can cause domestic instability, including the separation and neglect of dependents, as well as interfere with parental duties and family roles (Orford et al., 2017; Karriker Jaffe et al., 2018). In order to prevent social embarrassment, families in many societies may distance themselves from members who use drugs, which exacerbates the user's isolation (Yang et al., 2014; Tsai et al., 2017). According to academics, criminalization diminishes future chances for education and employment, alters life paths, and perpetuates stigma (Alexander, 2017; Stevens, 2019). Punitive drug laws disproportionately impact marginalized groups, exacerbating social inequality and exclusion, according to recent international data (Drucker, 2018; Global Commission on Drug Policy, 2023).

III. EMPIRICAL REVIEW

Pollyanna Santos da Silveira, & Joanna Gonçalves Andrade de Tostes, (2018), investigate the Stigmatization of Drug Use as Mechanism of Legitimation of Exclusion. Drug abuse is considered one of the most stigmatizing health conditions. Growing evidence has shown that stigma is associated with the different impairments of stigmatized individuals. The impacts of social stigma include insufficient access to health care, worse indicators of education and employment and, consequently, a negative effect on income.

Regarding the availability of services, many people who could benefit from health care do not receive it. In this sense, social stigma becomes a barrier in the search for help and in adherence to treatment.

IV. THEORETICAL FRAMEWORK

➤ *The Paper Anchored on Labelling Theory:*

Labeling Theory emerged from the interactionist tradition in sociology in the mid twentieth century. The theory was primarily developed from the works of George Herbert Mead and later expanded by scholars such as Frank Tannenbaum, Edwin Lemert, and Howard Becker. Tannenbaum introduced the idea of the dramatization of evil in 1938, arguing that societal reactions to deviant behavior play a critical role in shaping individual identity. Lemert further distinguished between primary and secondary deviance in 1951, emphasizing how social reactions intensify deviant behavior. The theory was fully articulated by Howard Becker in his seminal work *Outsiders* published in 1963, where he argued that deviance is not inherent in an act but is created through social labeling and rule enforcement (Becker, 1963). Labeling Theory's main contention is that deviance is socially constructed rather than inherent in particular behaviors. The theory holds that society establishes norms and rules, and people who don't follow them are called deviants. Once a label is applied, it influences how other people view and relate to the person, which frequently results in social status loss, exclusion, and discrimination. According to Becker, the use of labels like criminal, addict, or drug user results in social rejection and limited opportunities, which may encourage the person to continue engaging in deviant behavior because they have less access to traditional roles and resources (Becker, 1963).

According to Labeling Theory, stigmatization is the process by which drug users are classified as abnormal by society. They face negative stereotypes, moral condemnation, and social exclusion after being classified as drug users or addicts. Both formal institutions like the criminal justice system and healthcare services, as well as informal agents like peers, family, and the larger community, are involved in this stigmatization. The label turns into a master status that eclipses the person's other social identities as a worker, parent, or member of the community (Becker, 1963). The Social consequences encompass outcomes like criminalization, family rejection, unemployment, social exclusion, and restricted access to healthcare. According to the labeling theory, these outcomes are mostly the result of how society views drug use rather than being unavoidable outcomes of drug use itself. Labeling causes people to be excluded from acceptable social roles, which reduces their chances of becoming economically independent and participating in society. The cycle of deviance outlined by Lemert (1951) is reinforced by this exclusion, which raises the possibility of ongoing drug use, legal trouble, and further marginalization. Moreover, the theory conceptualizes internalized stigmatizing beliefs as the mediating mechanism between labeling and consequences. This

means that drug addicts who internalize stigmatizing beliefs based on societal labeling may distance themselves from seeking social help. Consequently, diminished confidence about rejoining society. This reduces the effectiveness of secondary deviance and worsens social consequences such as deviance (Link & Phelan, 2001).

V. METHODOLOGY

➤ *Research Design*

This study adopted the survey research design, which enables the collection of data from a subset of the study population that accurately represents the larger group. The survey approach is particularly useful for identifying the relative incidence, distribution, and relationships between variables related to stigmatization of drugs user and their social consequences in Abuja Municipal Council. To achieve this, the study utilizes both questionnaires and in-depth interviews (IDI) as qualitative research instruments.

➤ *Population, Sample Size and Sampling Techniques*

The study was conducted in Abuja Municipal Area Council, one of the six area councils in the Federal Capital Territory. Abuja Municipal Area Council is characterized by rapid urbanization, population diversity, and increased social interaction, making it a suitable location for examining issues related to drug use, stigmatization, and their social consequences. Although the National Population Commission provides general population projections for the area council based on the 2006 census, there is no officially documented data on the exact number of drug users residing within Abuja Municipal Area Council. As a result, the target population for this study comprises adult drug users aged 18 years and above residing in selected wards of Abuja Municipal Area Council, namely Garki, Wuse, Maitama, Asokoro, and Gwarimpa. These wards were selected because they represent areas with high population density, commercial activities, and social environments where drug use and public interaction are more likely to occur. The focus on adult drug users is justified by the fact that they are directly exposed to social labeling, stigmatization, and institutional responses such as law enforcement and healthcare systems, which are central to the objectives of this study. Given the absence of an accurate sampling frame and the hidden nature of drug users within the population, the exact population size of drug users in the study area could not be determined. The study adopted a non-probability sampling approach, specifically purposive and snowball sampling techniques, to select respondents who met the criteria for participation. Purposive sampling was used to identify initial respondents with relevant experiences of drug use, while snowball sampling facilitated the recruitment of additional participants through peer referrals. The sample size for the study was determined based on accessibility, willingness of respondents to participate, and the need to obtain sufficient data to address the research objectives. This approach is widely accepted in social research involving sensitive and stigmatized populations, where probability sampling and exact population

figures are difficult to achieve. Since there is no official record of the number of drug users in Abuja Municipal Area Council, the exact population size could not be determined. In line with established social research practices for studies involving hidden and stigmatized populations, a sample size of 120 respondents was considered adequate to generate reliable and meaningful data for the study. This sample size allows for effective quantitative analysis while remaining practical given the sensitivity of the study population.

➤ *Method of Data Collection*

The data for this study were generated through the quantitative method and interview. The quantitative data

involved the use of questionnaires, which were administered to all subjects in the areas sampled for the study to elicit information in line with the stated research objectives.

➤ *Method of Data Analysis*

Data generated in the course of this study were collated, coded and analyzed using descriptive. First, the questionnaires were checked for completeness, accuracy of information and uniformity. The questionnaires were checked to see if there were errors and omissions, adequate information and legibility and relevant responses. Descriptive statistics analysis used simple frequency conversion of responses to percentages (i.e. the use of simple percentages method).

VI. ANALYSIS OF THE FINDINGS

➤ *Socio-Demographic Profiles*

Table 1 Sex

Sex	Frequency (n)	Percentages (%)
Male	84	73.0
Female	31	26.9
Total	115	100.0%

Source: Field Survey, 2026

Table 1 shows the distribution of respondents by sex. The findings reveal that the majority of the respondents were male, accounting for 84 respondents, which represents 73.0 percent of the total sample. Female respondents constituted 31 respondents, representing 26.9 percent of the total. This indicates a male dominated sample population.

Table 2 Age Group

Age	Frequency (n)	Percentages (%)
18–25 years	45	39.1
26–35 years	34	29.5
36–45 years	21	18.2
46 years and above	15	13.0
Total	115	100.0%

Source: Field Survey, 2026

Table 2 presents the age distribution of the respondents. The results indicate that respondents aged 18 to 25 years constituted the largest proportion of the sample, with 45 respondents representing 39.1 percent. This was followed by respondents aged 26 to 35 years, who accounted for 34 respondents or 29.5 percent. Respondents within the age range of 36 to 45 years constituted 21 respondents, representing 18.2 percent, while those aged 46 years and above accounted for 15 respondents, representing 13.0 percent.

Table 3: Marital Status

Status	Frequency (n)	Percentages (%)
Single	51	44.3
Married	39	33.9
Divorce	17	14.7
Widow	8	6.9
Total	115	100.0%

Source: Field Survey, 2026

Table 3 illustrates the marital status of the respondents. The data reveal that single respondents formed the largest group, with 51 respondents representing 44.3 percent of the total sample. Married respondents accounted for 39 respondents, representing 33.9 percent. Divorced respondents constituted 17 respondents or 14.7 percent, while widowed respondents accounted for 8 respondents, representing 6.9 percent.

Table 4: Educational Status

Status	Frequency (n)	Percentages (%)
No formal education	11	9.5
Primary	19	16.5
Secondary	45	39.1
Tertiary education	40	34.7
Total	115	100.0%

Source: Field Survey, 2026

Table 4 presents the educational status of the respondents. The findings indicate that respondents with secondary education constituted the highest proportion, with 45 respondents representing 39.1 percent. This was followed by those with tertiary education, who accounted for 40 respondents or 34.7 percent. Respondents with primary education constituted 19 respondents, representing 16.5 percent, while those with no formal education accounted for 11 respondents, representing 9.5 percent.

➤ *Analysis of Objectives of the Study*

Table 5: Societal Perception of Drug Users

Responses	Frequency (n)	Percentages (%)
As individuals deserving support and understanding	6	5.2
Morally weak and socially irresponsible persons	91	79.1
As ordinary citizens without any social label	10	8.6
As respected and trusted members of the community	8	6.9
Total	115	100.0%

Sources: Field Survey, 2026

Table 5 presents respondents' views on how drug users are commonly perceived in society. The findings reveal that a substantial majority of respondents, 91 representing 79.1 percent, perceived drug users as morally weak and socially irresponsible persons. This indicates a strongly negative societal perception of drug users within the study area. Only 6 respondents, representing 5.2 percent, viewed drug users as individuals deserving support and understanding. Additionally, 10 respondents, accounting for 8.6 percent, perceived drug users as ordinary citizens without any social label, while 8 respondents, representing 6.9 percent, regarded them as respected and trusted members of the community.

Table 6: Impact of Stigmatization on Social Relationships of Drug Users

Responses	Frequency (n)	Percentages (%)
It leads to rejection and strained relationships	85	73.9
It strengthens family and friendship ties	6	5.2
It has no noticeable effect on relationships	11	9.5
It increases social acceptance and inclusion	13	11.3
Total	115	100.0%

Sources: Field Survey, 2026

Table 6 shows the impact of stigmatization on the social relationships of drug users. The majority of respondents, 85 representing 73.9 percent, indicated that stigmatization leads to rejection and strained relationships. This finding suggests that social labeling significantly disrupts interpersonal relationships between drug users and their families, friends, and community members. Only 6 respondents, representing 5.2 percent, believed that stigmatization strengthens family and friendship ties, while 11 respondents, accounting for 9.5 percent, reported that it has no noticeable effect on relationships.

Table 7: Impact of Stigmatization on Employment Opportunities among Drug Users

Responses	Frequency (n)	Percentages (%)
Discrimination and limited employment opportunities	71	61.7
Improved chances of gaining employment	15	13.0
Equal treatment with non-drug users	12	10.4
Increased access to high paying jobs	17	14.7
Total	115	100.0%

Sources: Field Survey, 2026

Table 7 presents respondents' views on the effect of stigmatization on employment opportunities of drug users. The findings reveal that 71 respondents, representing 61.7 percent, indicated that stigmatization results in discrimination and limited employment opportunities. This suggests that social labeling significantly restricts access to gainful employment for drug users. Also, 15 respondents, representing 13.0 percent, believed that stigmatization improves chances of gaining employment, while 12 respondents, accounting for 10.4 percent, reported equal treatment with non drug users. A further 17 respondents, representing 14.7 percent, perceived increased access to high paying jobs.

Table 8: Effects of Stigma on Access to Healthcare and Social Services among Drug Users

Responses	Frequency (n)	Percentages (%)
It encourages early use of support services	18	15.6
It discourages seeking help due to fear of judgment	84	73.0
It guarantees free and quality healthcare	10	8.6
It has no influence on service utilization	3	2.6
Total	115	100.0%

Sources: Field Survey, 2026

Table 8 examines how stigma influences drug users' access to healthcare and social services. The results indicate that a significant majority of respondents, 84 representing 73.0 percent, stated that stigma discourages drug users from seeking help due to fear of judgment. This finding underscores the role of stigma in limiting healthcare utilization and access to social support services. Only 18 respondents, accounting for 15.6 percent, believed that stigma encourages early use of support services. A small proportion of respondents, 10 representing 8.6 percent, perceived stigma as guaranteeing free and quality healthcare, while only 3 respondents, representing 2.6 percent, indicated that stigma has no influence on service utilization.

Table 9: Effects of Stigmatization on Self Image and Social Behaviour of Drug Users

Responses	Frequency (n)	Percentages (%)
It increases self confidence and social participation	12	10.4
It has no effect on self image	6	5.2
It leads to feelings of shame and social withdrawal	90	78.2
It improves social status and acceptance	7	6.0
Total	115	100.0%

Sources: Field Survey, 2026

Table 9 presents respondents' perceptions of how stigmatization affects the self-image and social behaviour of drug users. The majority of respondents, 90 representing 78.2 percent, indicated that stigmatization leads to feelings of shame and social withdrawal. This suggests that stigmatization has a profound negative effect on the psychological wellbeing and social behaviour of drug users. Only 12 respondents, representing 10.4 percent, reported increased self-confidence and social participation, while 6 respondents, accounting for 5.2 percent, believed stigmatization has no effect on self-image. A small proportion, 7 respondents representing 6.0 percent, perceived stigmatization as improving social status and acceptance.

VII. DISCUSSION OF FINDINGS

The results show that drug users are frequently viewed as dangerous, careless, and morally flawed people in society. This view stems from a long-standing moral framework that views drug use as a social and personal failure rather than a public health concern. According to Becker's 1963 labeling theory, deviance is created by societal labels and social reactions rather than being innate in an action. After being classified as drug users, people are primarily perceived through this stigmatized identity, which influences how other people relate to them. Similar to this, Durkheim's 1895 study on social norms and deviance emphasizes how societies define and penalize actions that jeopardize the moral order as a whole.

The study also shows that stigmatization severely damages drug users' social connections, resulting in rejection, social exclusion, and weakened familial ties. According to Goffman's groundbreaking 1963 study on stigma, stigma is a quality that severely discredits a person and turns them from a complete individual into a tainted one. Additionally, Link and Phelan (2001) contend that stigma includes social distance-causing behaviors such as labeling, stereotyping, separation, and status loss. Social relationship breakdown makes people less emotionally supported and more susceptible to ongoing drug use and psychological problems.

The finding revealed that stigmatization significantly reduces drug users' employment options. Many employers view drug users as dangerous or untrustworthy, which results in exclusion from the workplace and discrimination in hiring. This result is consistent with Merton's 1938 structural inequality framework, which highlights how people can be pushed toward marginal economic positions by limited access to acceptable opportunities. Furthermore, Pager's 2003 empirical study showed how the stigma associated with particular social identities drastically lowers employment opportunities.

Additionally, stigma has a negative impact on drug users' access to social services and healthcare, according to the study. Drug users are deterred from seeking help by institutional bias, fear of discrimination, and the critical attitudes of service providers. This result is in line with Link et al.'s 1997 study,

which demonstrated that stigmatized populations are less likely to seek help when they anticipate stigma. Additionally, 2016 World Health Organization reports highlight that stigma in healthcare systems continues to be a significant obstacle to successful substance use disorder treatment.

Finally, the results show that stigmatization has a significant impact on drug users' social behavior and self-perception. Numerous respondents internalize derogatory labels from society, which results in low self-esteem, embarrassment, and social disengagement. In 1902, Cooley proposed the idea of the "looking glass self," which describes how people create identities for themselves based on how they think other people see them. Similar to this, Mead stressed in 1934 that social interaction is how the self develops. Drug users are more likely to engage in self-limiting behaviors and withdraw from society when they frequently face unfavorable opinions. According to Corrigan and Watson (2002), internalized stigma also lowers motivation for recovery and self-efficacy.

VIII. CONCLUSION

In conclusion, this study has demonstrated that drug use extends beyond individual behavior to produce far reaching social consequences rooted largely in stigmatization and negative societal perception. The findings reveal that drug users are widely labeled as morally weak and socially irresponsible, a perception that fuels social rejection, weakens family and community relationships, restricts access to employment opportunities, and discourages the utilization of healthcare and social services. More critically, the internalization of these stigmatizing attitudes undermines self-perception, leading to shame, low self-worth, and social withdrawal, which further entrenches marginalization and hinders recovery. These outcomes affirm sociological arguments that deviance is socially constructed and sustained through labeling and exclusion rather than the act itself. Therefore, addressing drug use effectively requires a shift from punitive and moralistic responses to inclusive, supportive, and rights based approaches that challenge stigma, promote social reintegration, and strengthen access to economic, health, and psychosocial support systems.

RECOMMENDATIONS

Based on the findings of this study, the following were recommended:

- There is a need for sustained public enlightenment and community sensitization programmes aimed at reshaping negative societal perceptions of drug users.
- Government agencies, civil society organizations, religious institutions, and community leaders should collaborate to promote accurate information about drug use as a social and public health issue rather than a moral failure.

- Healthcare professionals, social workers, and counselors should receive regular training on non-judgmental, ethical, and rights based approaches to service delivery.
- Law enforcement and policy makers should adopt preventive and rehabilitative strategies rather than punitive approaches to drug use. Diversion programmes, community based rehabilitation, and social reintegration initiatives should be expanded to reduce criminalization and reinforce social inclusion.

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