Representations of Heroin Addiction in Seychelles

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Introduction

Few would dispute the contention that Seychelles has a problem with heroin addiction. It has been claimed that this small island state has the highest *per capita* rate of addiction of any country.[1] Statistics are always multi-faceted, but in this case the evidence of a widespread problem is evident in everyday life. Employers will tell you about the unreliability of young workers, with high rates of absenteeism and poor performance. On the streets, one does not have to go far to see young people seemingly under the influence of drugs, with purchases being made in open sight. Albeit as remedial action, there are small clusters of users around vans dispensing daily doses of methadone. All of this is circumstantial, but the police and health authorities would back this up with hard evidence.

In this paper I draw on detailed research carried out over the past few years for my PhD, which was designed to question and, in certain cases, to verify the reliability of general observations. I was drawn to the subject from a personal and academic standpoint. Throughout my academic career, I have been committed to critical sociological research, particularly qualitative methods that incorporate marginalized perspectives. I have personally witnessed the long-lasting effects of heroin use on friends and acquaintances, many of whom I grew up with. Therefore, I was curious about how the issue of heroin use/addiction and users is portrayed in the media, by former heroin users, and by experts and elites in the field; and particularly what impact does the media have on public perception and policy decisions related to heroin use? By analysing the origins and intentions of newspaper articles, I believe we can better understand how and why heroin use is portrayed the way it is. Secondly, I examine how former heroin users talk about their lived experience transitioning from a heroin-use lifestyle to cessation or abstinence. Thirdly, I explore the perspectives of policymakers and professionals, how they regard heroin practices and the behaviour of heroin users. I argue that we must look at the issue through the eyes of the media, former users, and professionals before we can better understand how to respond to it.

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[1] Agency for the Prevention of Drugs Abuse and Rehabilitation (2019). Annual progress report 2021. Victoria, Seychelles: APDAR; Bird, L., Stanyard, J., Moonien, V. and Randriannarisoa, R. (2021). *Changing Tides: The evolving illicit drug trade in the western Indian Ocean. Global Initiative Against Transnational Organized Crime*.

Media portrayals

Newspapers operate on a tightrope between, on the one side, making money for their owners and, on the other, showing responsibility in how they portray events. With an issue like heroin addiction, there is always the temptation to dramatize the story. Thus, a popular depiction is to show how the image of Seychelles as 'paradise' is tainted by the evidence of heroin use. For politicians, there is concern that unfavourable articles might indirectly deter tourists from coming to these otherwise idyllic islands: 'Is it really paradise?' they will ask.

One must dig deeper to reveal that what is written is framed by interlocking medical, legal, moral, and political discourses[2]. These discourses construct users as sick, deviant, criminals, and in need of reform or control. Not only in Seychelles but more widely, and regardless of evidence that the majority of drug use is controlled and purely recreational[3], drug use and drug users are continuously portrayed in the media as dangerous, damaging and linked to other social issues. Various studies have shown that heroin users are typically represented as criminals, ill or dying individuals[4]. In another study, it was shown that heroin users are characterized as deviants and that drugs are necessarily promoted as evil and harmful[5]. These are very general conclusions, drawn from a range of studies, but my own findings confirm that newspapers in Seychelles also strongly stigmatizse heroin users by using concepts such as addict, immorality, disorder, and deviance, thereby expressing negative views around heroin use. The discourse of disorder and deviance also permeates political speech, establishing and enacting the discursive practices of 'us' and 'them', or 'normal' and 'deviant', which is connected to moral discourse. It therefore problematizes

[2] Bright, S., Marsh, A., Smith, L. and Bishop, B. (2008). 'What Can We Say about Substance Use? Dominant Discourses and Narratives Emergent from Australian Media'. *Addiction Research and Theory*, 2, pp.135-148.
http://dx.doi.org/10.1080/16066350701794972

[3] Altheide, D. L. (1997). 'The News Media, the Problem Frame, and the Production of Fear'. *The Sociological Quarterly,* 38 (4), pp.647-668.

[4] Elliott, A.J. and Chapman, S. (2000). '"Heroin hell their own making": Construction of heroin users in the Australian press 1992–97'. *Drug and Alcohol Review*, 19, pp.191–201.; Taylor, S. (2008). 'Outside the outsiders: Media representations of drug use'. *Probation Journal,* 55 (4), pp.369-387.

[5] Lawrence, G., Bammer, G. and Chapman, S. (2000). '"Sending the wrong signal": Analysis of print media reportage of the ACT heroin prescription trial proposal, August 1997'. *Australian and New Zealand Journal of Public Health*, 24 (3), pp.254-264.

binary identity categories that construct and reinforce stigma by categorizing people as either normal or abnormal, healthy or sick, safe or dangerous. The analysis of the two main newspapers in Seychelles leaned towards the moralization of heroin use, condemning it and giving out warnings against its use.

The problem with 'official' portrayals is that they have the greatest influence in shaping public opinion.[6] Politicians, the medical profession, lawyers and law enforcement each put forward their own nuanced views, which may then evolve into policies. In turn, the media seizes on the various reports from these sources to communicate with the general public. Directly or indirectly, it functions as an important discursive medium for experts and elites to present the nature of heroin addiction and what should be done about it. Other researchers, discussing heroin addiction elsewhere, have endorsed this explanation of how dominant views are transmitted and morphed into policy.[7] In one way or another, the media can create what sociologists call 'moral panic',[8] encouraging hasty decisions by the state and, perhaps also, harmful steps taken by individuals.

Individual portrayals

With the aim of balancing inputs to the debate, I made a point of exploring how former heroin users themselves describe their own experiences. I needed to find out how they transitioned from a heroin-use lifestyle to a different social, economic and political environment. To do this, I conducted semi-structured, qualitative interviews with individuals to examine their lived experiences. I investigated the function heroin use played in participants' lives and the meaning this had and still has for them. Through a series of questions and open discussion, participants were encouraged to recall their former

[6] Acevedo, B. (2007). 'Creating the cannabis user: A post-structuralist analysis of the re-classification of cannabis in the United Kingdom (2004-2005)'. *International Journal of Drug Policy*, 18, pp.177-186.

[7] Lancaster, K., Hughes, C.E., Spicer, B., Matthew-Simmons, F. and Dillon, P. (2011). 'Illicit drugs and the media: Models of media effects for use in drug policy research'. *Drug and Alcohol Review*, 30 (4), pp.397-402.

[8] Altheide, D.L. (1997). 'The News Media, the Problem Frame, and the Production of Fear'. *The Sociological Quarterly,* 38 (4), pp.647-668; Cohen, S. (2011). *Folk Devils and Moral Panics*. New York: Routledge. https://doi.org/10.4324/9780203828250

lifestyle, the turning point when they changed their use of heroin, their experience of the transition, and then what they made of themselves, their identities, and the subjectivities produced.

In this analysis, I looked at the discourse available that describes participants' past heroin-use lifestyles, what forms of power they experienced while transitioning from this lifestyle and how they felt about themselves in the process. The analysis involved identifying the characteristics of the participants, as well as the judgements that others made of them. The analysis also considered how they reduced the stigma associated with their past heroin-use lifestyle. I also examined how subject positions are depicted in their stories. Examining how participants refer to themselves and others in the accounts was one way to do this. In addition, I examined how, and to what extent, they are positioned in relation to specific rights, obligations, duties, prohibitions, appropriate forms of action, rewards, punishments, and the specific forms of identity they must acknowledge. Lastly, it is important to consider how amenable they are to specific forms of action, interventions in their lives, and prohibitions and imperatives that they recognize as applicable to both themselves and others.

By extracting a number of discursive themes on the research questions from the interviews, I was able to examine the discourses that are 'out there', the objectification of heroin users, their place in power dynamics and subjective identities, and their relationships with themselves as certain kinds of humans. This examination revealed key insights into the experiences and perspectives of heroin users, and helped shed light on the complex interplay between societal structures and individual experiences.

I was conscious throughout that my findings would not be exhaustive. There would be individuals to whom I was unable to speak, and who might well have different narratives to share. Much as I tried to be objective and inclusive, a surveyor is always aware that their own biases may tilt the results. And, then, of course, there is the question of time. Like most researchers, I was working within tight boundaries and could always have taken longer to interview more individuals and to compare notes with fellow researchers. If the process was not perfect, however, I feel I did enough to complete what was, at least for Seychelles, a unique study.

The participants gave varying explanations for their heroin use: some mentioned personal issues, while others blamed external factors like the already-existing availability of heroin, peer pressure, unemployment, and curiosity. Participants talked about issues relating to being labelled as addicts, having a disease and being deviants. It was noted that some groups of people make assessments and judgements of heroin users' abilities, and that being labelled as addicts, or deviants, resulted in negative implications, most specifically stigma. Due to the socio-political context of Seychelles, with its small, intimate population, stigma is a significant factor, being considered as persistent and unavoidable. This characteristic of Seychelles contributes to the strong community reactions to deviant

conduct, such as heroin use, making it challenging for the addicts to re-integrate and rebuild their lives within their cultural context.

Further, participants talked about how they heard people speak negatively about them, and how they have been negatively treated because of their connection to the addict label. It is clear from the participants that being labelled as an addict gives other people the excuse to condemn and pass judgement, even attaching other labels to them, such as lazy, immoral, irresponsible, or even equating them with prostitution. However, some participants denied the application of some of these labels and focused on alternatives, by talking about, for example, sex work instead of prostitution.

The participants stated that heroin addiction harmed their lives in numerous ways. Some talked about how hard it was to keep a steady job or regular income flow, which caused financial problems and forced them to turn to illegal means of obtaining heroin. This led to a vicious cycle of deviant activity, including stealing and sex work, to feed their addiction. Friendships, family, and other connections can be strained by heroin addiction, and participants discussed experiencing emotions of shame, humiliation, and self-disapproval as a result of the rejection and stigma they encountered when some family members turned away from them, which in itself caused social isolation and a collapse in their support network.

Participants frequently brought up a subject position that was based on how they themselves define a specific kind of person. Belonging to this group of individuals involves having a set of relationships with others and oneself, where behaviour is directed in specific ways and governed by particular norms. This is reflected in the case of one individual, who was working at the time for an NGO, where she reported feeling unaccepted, controlled and certainly not respected. Nor was there any empathy or understanding. She remarked that she was given training but never allowed to practice what she had learned. She felt that she was always being monitored, and if she dared to challenge anything, she was seen as being disruptive. Participants also discussed how they were unable to share their ideas or provide input regarding their own lives because of stigma. These testimonies revealed several ways in which they lacked agency, experienced a lack of respect, were deprived of the chance to voice their own thoughts, and/or were subjected to decisions made by others that impacted them, without their consent. Once more, this suggests a power dynamic wherein a doctor or other helping professional appears to have the right to dictate how a person should behave if they have an addiction.

Professional portrayals

In addition to the perspectives of heroin users, I undertook a series of separate surveys/interviews with professionals in the field. I needed to learn what the experts had to say about heroin use and its users, exploring their roles and functions, the rationalities

behind them, and the knowledge produced. The findings from this group also conceptualized heroin use as an addiction, a disease/disorder, as well as a criminal act, deviating from society's norm. The participants in this survey describe heroin as dangerous and destructive to the individual and society, therefore requiring protection and regulation. The preferred solution to the heroin-addiction problem, according to the experts and elites, implies the expectation of heroin addicts to 'wake up and become normal'; to become a 'normal' citizen and a good person by surrendering, after hitting rock bottom, to prescribed treatment and rehabilitation programmes.

These participants also discussed the challenges they encountered when fulfilling their role and function, which affected the delivery of treatment and rehabilitation. They illustrated that resource scarcity was the main barrier to successful intervention, due to the lack of professionals, services, and research. Furthermore, the participants claimed that the government had failed to deliver, describing a lack of political will and a political game played by politicians. They noted that corruption was persistent and unavoidable due to the culture of patronage politics and political competition.

Some participants used this study to express the moral argument that the state ought to provide greater resources for harm-reduction strategies related to heroin use. A few individuals, on the other hand, supported the prohibitionist strategy, arguing that increased enforcement and harsher sanctions could avert harm and discourage young people from taking heroin, which, in their view, is an immoral and illegal behaviour. For example, two of the participants contended that if heroin use were not prohibited, more young people would be drawn into heroin use, and there would be an increase in addiction if it were to become legal.

Theoretical frameworks

Empirical work, as above, is an essential part of the process of unravelling the nature of the subject and subsequent policies. But it is not enough on its own to provide explanations, which, in turn, call for a theoretical perspective – based on comparative findings and a deeper understanding of the workings of society. A theoretical framework presupposes that certain groups benefit from the problematization of heroin users and use, while others suffer. This paradigm also enables the identification of discourses and procedures that impose subjectivities on heroin users. Thus, for my purposes, I have identified a framework which provides five sets of questions that I use to explore how heroin use as a social problem is represented. These questions are as follows.[9]

    i.   What is represented as the truth or norms?

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[9] Thomson, P. (2011, July 10). *A Foucauldian approach to discourse analysis*. Retrieved from https://patthomson.net/2021/07/10/a-foucualdian-approach-to-discourse-analysis

ii.   How is this constructed? What 'evidence' is used? What is left out? What is foregrounded and backgrounded? What is problematic, and what is not? What alternative meanings or explanations are ignored? What is kept apart, and what is joined together?

iii.   What interests are being mobilized and served by this, and which are not? Who produces, disseminates and defends the discourses?

iv.   How has this come to be?

v.   What identities, actions, and practices are made possible and/or desirable and/or required by this way of thinking, talking, and understanding? What is disallowed? What is normalized, and what is pathologized? What effects are produced?

I then analyse these questions using Foucault's conceptual lenses of discourse, power relationships, and subjectivity. Discourse analysis from a Foucauldian perspective views discourse as a regulated system that limits 'the sayable' without drawing a conclusion. Put differently, discourse establishes boundaries for what can be said while also offering the areas, ideas, metaphors, and analogies needed to generate new claims.[10] As a result, each discourse found in this research is 'locked in an intricate web' of discursive and material activities, and each discourse is 'inscribed in relation to other practices of production of discourse'.

One of the realizations is that discourses make space for a specific self to become available and address heroin users in particular ways. Not to mention that discourses perpetuate power dynamics, support specific institutions, and have 'ideological repercussions' that produce interactions and outcomes that marginalize or oppress specific people.[11] From this perspective, discourse analysis examines the objects in texts (as well as how they are put together), the subjects (with specific rights and obligations) that they cover, and the representations of the social world and social relationships that are thus made. The discourses that frame the text can be found through this procedure.[12]

The modernist perspective on knowledge refers to something as knowledge when we firmly believe it to be true; in other words, we may only talk about or declare something

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[10] Henriques, J., Hollway, W., Urwin, C., Venn, C. and Walkerdine, V. (1984). *Changing the subject: Psychology, social regulation and subjectivity*. Routledge.

[11] Parker, I. (1992). *Discourse dynamics: Critical analysis for social and individual psychology*. Routledge.

[12] Bannister, J., Burman, E., Parker, I., Taylor, D. and Tindall, C. (1994). *Qualitative methods in psychology: A research guide*. Open University Press.

as factual when we are sure of it. On the other hand, Foucault's perspective on power and knowledge implies the opposite.[13] Foucault argues that power structures influence what is considered knowledge, shaping what can be spoken about and what can be seen. According to other theorists, identifying what qualifies as knowledge is an important part of the process.[14] To Foucault, our knowledge of phenomena is limited to the objects we can see and the words we use to read or speak about them. Certain aspects of heroin use are better known than others, making them easier to discuss and draw attention to. This challenges the modernist view that knowledge is solely based on certainty and truth.

So what discourses apply to this particular study? The fact is that heroin use in Seychelles does not exist in a discursive vacuum; it is constructed through various intersecting discourses that emerge from media, political rhetoric, expert accounts, and lived experiences. Drawing from Foucault's concept of discourse, the problematization of heroin use is a historically contingent process that reflects particular 'regimes of truth'.[15]

Five key discourses are identified: the disorder/deviant discourse, the resource scarcity discourse, the political discourse, the stigmatizing discourse, and the 'wake up and be normal' discourse. These discourses each serve as mechanisms of power/knowledge that regulate the behaviours and identities of heroin users within the island's unique socio-political context, through moral, legal, and medical expectations. In the context of a Small Island Developing State (SIDS), these discourses are intensified by close-knit social networks, limited anonymity, and resource constraints, creating distinctive policy challenges. I argue that these discursive formations both reflect and reproduce structural constraints, stigma, and moral expectations, which influence policy effectiveness.

1. Disorder and deviance

The most prominent discourse that emerged from the analysis is that heroin use is constructed as a disorder or disease as well as a deviant act, with the heroin user as the subject constructed as 'other' or an outsider in society. The literature conceptualizes addiction as a contested and historically shifting category.[16] In Seychelles, dominant narratives frame heroin use through a medical-moral discourse, which constructs the user as both biologically ill and morally deviant. The findings of this research suggest that what is considered knowledge and truth about heroin use and heroin users are the following.

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[13] Foucault, M. (1972). *The archaeology of knowledge (AOK).* Vintage. Foucault, M. (1977). *Discipline and punish: The birth of the prison.* Penguin.

[14] Kendall, G. and Wickham, G. (1999). *Using Foucault's Methods.* London: Sage Publications.

[15] Foucault, M. (1980). *Power/knowledge: Selected interviews and other writings, 1972–1977* (C. Gordon, Ed.). Pantheon Books.

[16] Keane, H. (2002). *What's wrong with addiction?* Melbourne University Press.

- Heroin use is an addiction, a pathogen, a disease, an illness, demonic, evil, a sin, or a brain disorder that the addict has. This medical discourse positions the users as unwell, and as passive objects of treatment. The truth or norms are that addiction is a medical condition which requires treatment and expert or professional interventions. Presented as objective and scientifically sound, this discourse shapes policy and service provision, advocating for harm-minimization programmes or abstinence. Heroin is a dangerous, addictive substance that can cause death.
- Any attempt to stop using leads to withdrawal symptoms and craving.
- From a moral discourse, heroin users are constructed as deviant, immoral and unproductive subjects, while legal discourse frames users as criminals deserving of punishment. From these views, heroin use has serious negative consequences for both the individual and society. It is a national scourge, threatening productivity, health and morality.
- These discourses are sustained through dominant narratives repetitively constructed in the media and politics, producing and reinforcing a particular truth about heroin use and users, which justifies state interventions.

In this study, it can be seen that heroin use is viewed as a disorder and its users as deviants. Regardless of whether the use is recreational or controlled, heroin consumption is seen as harmful, addictive, consistently associated with health problems, and ethically defined as a social issue. Addiction to heroin or other drugs is typically portrayed as evil, deadly, destructive to personal relationships, and a major cause of health complications. Heroin users are depicted as addicts, criminals, reckless, and unproductive.

The findings suggest that the medical model is the dominant discourse among the sources analysed, reinforcing its prominence in the literature. It follows that medical drug discourse encapsulates the disease theory of addiction, which is a popular narrative.[17] Under such discourse, the discursive framework constructs drugs as pathogens and produces an understanding that drugs are inherently dangerous by producing severe withdrawal or tolerance symptoms.

The medical model conceptualizes and interprets heroin use as an addiction, a brain-based disease, disorder, or pathology.[18] Within the medical discourse, heroin's primary danger is seen as a result of its ability to provide extreme pleasure or euphoria. Because of its extremely euphoric effects, it is regarded as one of the most addictive psychoactive substances. The brain-disorder view of heroin dependency emphasizes that people's

[17] Miller, W.R. and Hester, R.K. (1989). *Treating addictive behaviors: Process of change*. Plenum Press.
[18] Volkow, N.D. and Morales, M. (2015). 'The brain on drugs: From reward to addiction'. *Cell*, 162 (4), pp.712-725. https://doi.org/10.1016/j.cell.2015.07.046

intense craving for heroin results from neuroadaptive processes caused by recurrent intake, as highlighted in medical discourse. The self is atomized, broken down and reduced to neurochemical mechanisms. However, this realization that one is an addict and a sick person is not founded on academic discipline or specific scientific findings but rather on political influence, which also directly shapes the direction of research.[19] The idea of the sick, pathological addict originated in nineteenth-century Europe. This persona developed alongside ideas of 'diseases of the will', and incapacity, characterizing regular substance use as a personal addiction.[20]

The media, former users, and most expert and elite observers describe heroin use as a disease. This disorder diminishes an individual's mental state, preventing that individual from being able to think rationally and morally. Most also argue that heroin users are addicted to heroin and deserve support and treatment rather than punishment. From this perspective, addicts suffer from diseases that affect them physically, mentally and socially and are a problem population that needs to be managed.

'Addiction as an illness', and the idea that an addict is a person who has lost control, have become prevalent conceptions of addiction as a sickness.[21] According to the model of addiction-as-disease, it can also be stated that addicts are encouraged to develop a sense of self in terms of their life and behaviour by judges, probation officials, counsellors, therapists, and other drug users. They also learn the vocabulary of disease from these sources.

It is easy to recognize the participants' experiences with addiction as very real, lived events. However, a variety of drug services and technology for therapy and rehabilitation can also contribute to their addiction, transforming them into individuals with a problem

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[19] Reinarman, C. (2005). 'Addiction as accomplishment: The discursive construction of disease'. *Addiction Research and Theory*, 13 (4), pp.307-320. https://doi.org/10.1080/16066350500077728

[20] Valverde, M. (1998). *Diseases of the will: Alcohol and the dilemmas of freedom*. Cambridge University Press; Levine, H. (1978). 'The discovery of addiction: Changing conceptions of habitual drunkenness in America'. *Journal of Studies on Alcohol*, 15, pp.493-506; Sedgwick, E.K. (1992). 'Epidemics of the will'. In *Tendencies*, E. Kosofsky Sedgwick, pp.130-142. Duke University Press.

[21] Reinarman, C. (2005). 'Addiction as accomplishment: The discursive construction of disease'. *Addiction Research and Theory*, 13 (4), pp.307-320. https://doi.org/10.1080/16066350500077728

or an illness.[22] In the same vein, it is also argued that disorders are socially constructed through the coercive power of psychiatry rather than an actual disease.[23]

The research participants also conceptualized their heroin use as an addiction over which they lacked control. Several individuals I interviewed viewed their heroin consumption as problematic, referring to it as an addiction which they cannot control, and which requires them to sign up for methadone treatments.

One of the respondents accepts that she was an addict but distances herself from the negative stereotypes associated with it.

> *Not all heroin users are the same. I did not do sex work, steal, commit other crimes, nor beg or walk dirty, but still, I could hear people gossiping about me using these qualities to describe me.*

She admitted that she felt shame, but did not associate herself with the 'junkie' identity.

> *I did not use heroin in the ghettos. I just bought my stuff and went home. I did not stick around to interact further.*

However, she claimed that because she wanted to quit, she had to seek treatment in a rehabilitation centre. Thus, she had no choice but to interact with other users in the centre.

Therapy and rehabilitation are presented as the solutions to the problem, an opportunity to boost self-esteem and promote self-empowerment through self-control and self-governance. According to some researchers, the self of a drug addict is shaped by external authorities.[24] These subsequently influence addicts through various subjectivity-related technologies that link personal objectives and aspirations to social order and stability, facilitating participatory citizenship.

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[22] Cruikshank, B. (1993). 'Revolutions within: Self-government and self-esteem'. *Economy and Society*, 22 (3), pp.327-344. https://doi.org/10.1080/03085149300000022

[23] Szasz, T. (1994). 'The ethics of addiction'. In R. Comber (ed.), *Drugs and drug use in society*. Greenwich University Press.

[24] Kelly, S. (2013). 'Qualitative research, drug use and the management of risk: Ethical dilemmas and considerations'. *Drugs: Education, Prevention and Policy*, 20 (1), pp.74-80 https://doi.org/10.3109/09687637.2012.749398

Cruikshank, B. (1993). 'Revolutions within: Self-government and self-esteem'. *Economy and Society*, 22 (3), pp.327-344. https://doi.org/10.1080/03085149300000022

Drug users' subjectivity is shaped by their own practices of the addict self, which in turn form their identity as addicts and are ingrained in societal institutions.[25] According to Foucault, subjects are constructed through discourse and the cyclical relationships between truth, knowledge, and power. As the subject's speaker, the self is particular to arrangements between knowledge and power, and truth emerges in this interaction.

The sociology of deviance challenges the pathological definition and explanation of addiction discussed above, emphasizing the social context.[26] The social labelling theory of outsiders, developed by sociologist Howard Becker (1963-1991), has greatly influenced social constructivist perspectives on drug users' othering. Rather than activities being inherently wrong or evil, Becker argues that deviance results from interactions between those who act and those who react to their acts. Becker's theory suggests that deviance is a social construct rather than an inherent trait, emphasizing the role of societal reactions in labelling individuals as outsiders. This perspective challenges the traditional view of drug use as solely a personal choice and highlights the importance of understanding the broader social context surrounding addiction.

Another assumption is that heroin use damages society by bringing about other social problems, such as crime, breakdown of family and social relationships, and immorality. According to some researchers, the assumed destructive behaviour exhibited by heroin users propagated in society is formed and shaped by policies and practices.[27] Additionally, it is argued that these constructions reflect the interests of powerful groups through the relationship of power and systems of knowledge embedded in policy, which is judgmental and punitive towards addicts.[28]

2. Discourse of resource scarity

When it comes to addressing the heroin problem, Seychelles faces numerous difficulties. Resource scarcity is a discourse often used to justify underdevelopment or the lack of provision of selective care. This discourse frames the response to heroin use in Seychelles as constrained by limited resources. The research participants discussed several issues,

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[25] Foucault, M. (1977). *Discipline and punish: The birth of the prison*. London: Penguin.

[26] Clark, M. (2011). 'Conceptualising addiction: How useful is the construct?'. *International Journal of Humanities and Social Science*, 1 (13); Weinberg, D. (2013). 'Contemporary perspectives on the sociology of addiction'. *Sociology Compass*, 7 (4), pp.271-284. https://doi.org/10.1111/soc4.12027

[27] Bourgois, P., Drucker, E. and Hansen, H. (2014). 'Pathologizing poverty: New forms of diagnosis, disability, and structural stigma under welfare reform'. *Social Science and Medicine*, V103, pp.76-83

[28] Bacchi, C. (2009). *Analysing policy: What's the problem represented to be?* Pearson.

such as the smallness of the island, lack of resources, lack of specialists, lack of options and services. They further remarked on the collaboration between public and private organizations, including non-governmental organizations, and political meddling as common practices. According to every participant, effective interventions are hindered by a general lack of capacity, where services are always stretched and professionals are lacking. This suggests that the government might not have the necessary tools, knowledge, or experience to deal with the drug problem in this country as well as inadequate funding.

The Seychelles Criminal Procedure Code contains provisions in Articles 38(2) and 39(3) to prevent the imprisonment of drug users and 'drug dependents' for minor possession of illegal drugs. However, there are not many, if any, services available that help to rehabilitate dependent users. This is a significant gap that needs to be filled in order to effectively address drug dependency, especially heroin, in the country. The findings suggest that there needs to be more emphasis on providing treatment and support for those struggling with heroin addiction instead of punishing measures for addicts. It has been argued that punishment alone has not been effective in reducing heroin addiction rates.[29]

Currently, there are limited treatment alternatives and facilities in Seychelles, and the ones available are inadequate, with a limited range of options. Therefore, the absence of adequate services to address the underlying issues regarding heroin addiction reduces the capacity of individuals with problematic heroin use to transition from use. This may have significant implications, which may in themselves overwhelm the user's life and, consequently, lead to continued heroin use. According to the participants, without proper resources and support, individuals struggling with heroin addiction may find it difficult to break free from the cycle of substance abuse. This can perpetuate a sense of hopelessness and hinder their ability to make positive life changes.

However, some of the experts highlighted individuals' over-reliance on the state, stating that they often used recurrent relapses as an excuse to deny continuous treatment. This aligns with an observation from another source, regarding moral boundaries built into addiction services: help is often only given to people who follow the rules of abstinence and transformation, while others, especially those who still use drugs, are pushed to the side.[30] These actions are similar to Foucault's[31] concept of biopolitics, in which the government becomes involved in the lives of those deemed 'salvageable' and ignores others who fail to meet these standards.

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[29] Fraser, S. and Seear, K. (2011). 'Making disease, making citizens: The politics of hepatitis C. *International Journal of Drug Policy*, 22 (2), pp.123-130.
[30] Ibid.
[31] Foucault, M. (1978). *History of Sexuality* (Vol. 1). London: Allen Lane.

Therefore, the dominant narrative in Seychelles is that the country's small size and limited resources make it hard to come up with complete solutions to heroin addiction. This discourse, comprising official comments, policy documents, media coverage, and budgetary limits, reinforces the notion that the ability to intervene effectively is always limited. People often say that these problems are due to a lack of qualified specialists, poor facilities, and overly complex systems. They also regularly compare Seychelles to other countries to illustrate how insignificant it is in the global drug policy framework. Ultimately, this framework suggests that, regardless of the administration's policy direction, providing sufficient services will likely remain limited by structural issues and a reliance on external financing and expertise.

3. Discourse of the political game

This discourse portrays heroin use not only as a social or health problem, but also a political one involving a narrative of corruption, state failures and partisan politics. Political actors blame each other for poor management and inaction. The heroin 'crisis' and its solutions are politicized by this rhetoric, which turns heroin users into political pawns rather than human beings with needs or rights. The norm is that drug policy is unavoidably political and that every response must be scrutinized through a partisan lens. Below, I highlight three specific aspects of this discourse.

Socio-political context
Discourse analysis must consider the social context in which it occurs. For this reason, it is essential to briefly revisit the background relating to politics and heroin use in Seychelles. The state considers drugs to fall under both criminal and health policy domains. Seychelles' drug policy can be described as a combination of both prohibitionists, criminalizing illegal drug use and possession, but also allowing for treatment such as rehabilitation, which includes harm-reduction programmes such as needle exchange and methadone. The intersection of health and criminal policy in Seychelles creates a complex approach to drug use, with a focus on both punishment and rehabilitation. This dual approach reflects the government's recognition of the need for law enforcement and public-health strategies to address drug issues

Cultural change
The impact of drug trafficking on cultural change in the Indian Ocean Islands is significant. In Seychelles, drug dealers are seen as 'Robin Hoods' and receive community support. In return for protection, dealers often provide the community with regular payments or gifts. As a kind of hidden welfare system, some networks even pay electricity bills and make contributions to funeral or wedding plans. In Seychelles, drug use and dealing are openly allowed and tolerated, along with the boldness of related corrupt practices like paying off police officers and government officials. Young people are increasingly viewing drug dealing as a respectable job

option. One of the elite/expert participants in this study explained that some of his younger patients have considered drug-dealing to be an easy and quick way to generate money. They ask why they should go to school when they can make enough money without an education. They see people who did not attend school, with houses and cars, and think, 'Why should I go to school?'

Overall, drug trafficking has led to the normalization and glamorization of the drug trade, a shift in social taboos, and significant public-health impacts in Seychelles.

Corruption

The Seychellois people have long had grievances and concerns about corrupt officials at all levels of government, including law enforcement. Nepotism, political corruption, issues in public services, drug-dealing and trafficking, alongside other bureaucratic, administrative, and political factors, are just some ways in which corruption poses a serious threat to island nations.[32] These issues have triggered widespread outrage and demand for accountability from the public. Following a change of presidency in October 2020, the rhetoric centred on addressing the country's drug problem as well as on corruption. Honouring promises made during the election campaign, Mr Wavel Ramkalawan, the then elected president, issued various statements reaffirming his administration's strong commitment to combating the scourge of hard drugs and corruption. In his inauguration speech, he urged drug dealers to 'come forward and stop your drug trafficking activities; I denounce corruption; and I guarantee that my administration will deliver based on transparency'. This was followed by another speech to the nation 24 days after his inauguration, further imploring drug dealers to stop their activities: 'A good citizen does not import drugs, sell drugs, or destroy the youth of Seychelles'. The then president reiterated this in his State of the Nation Address, delivered on 27 January 2021: 'Let us not forget corruption. There is still corruption going on, and today I say to all civil servants, this government in power today will not tolerate corruption.' He then called upon the anti-corruption commission of the Seychelles to up their game in providing satisfactory results: 'We expect results. We expect that corruption will be adequately investigated and that the results will be brought forward. The law is above us all, and when I say this, I mean all who are engaged in corrupt acts should watch out. I want to see results this year, and if there are no

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[32] Chêne, M. (2010). *Overview of corruption and anti-corruption in small island states*. U4 Anti-Corruption Resource Centre, Transparency International. https://www.u4.no/publications/overview-of-corruption-and-anti-corruption-in-small-island-states.pdf

results by the end of 2021, I will announce that the commission is closing during next year's State of the Nation Address.'

The media presented how, in the same address, Ramkalawan denounced drug trafficking, giving a final warning to traffickers and accused them of destroying the future generation. 'I have issued several warnings, and today, I am issuing the final warning. I want to tell all drug traffickers that they have been given their final warning. Please stop poisoning our youth. We are coming for you. We are coming after you with no mercy. We are coming after you to liberate our youths – our youths that you have caused to be slaves. We will not look at where you are or your political opinion, but we are coming after you.'

Ramkalawan also took the opportunity to give a pointed warning to law enforcement officers, particularly those within the Anti-Narcotics Bureau, reminding them that: 'We need to have an organization that combats drugs and is not an accomplice of drug traffickers. Therefore, if you are employed in the Anti-Narcotics Bureau as an accomplice, I would advise you to go to the commissioner to present your resignation this coming Monday. That is the best thing you can do.' This statement can be interpreted as both a strategic and symbolic intervention, simultaneously asserting political authority and acknowledging persistent concerns about corruption within state institutions. However, such rhetoric also reinforces the centralization of power in the executive arm of government, leading to executive dominance, where the executive branch operated with limited checks from other institutions. The winner-takes-all context of elections and the control of state institutions by the ruling party have further strengthened the government's power.

Clientelism has also been a common practice in Seychelles – an environment where political allegiance is rewarded with employment, services, or protection.[33] This fosters a culture of impunity for corrupt officials. In such a context, people rely on the government for basic social and economic services, which weakens their ability and willingness to hold politicians accountable. As a result of this culture of political patronage, corrupt officials can be shielded from investigation and sanction and, therefore, can get away with their crimes.

Four years later, and after having completed my original research, a general election took place in October 2025. Wavel Ramkalawan was defeated and a new

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[33] Kitschelt, H. and Wilkinson, S.I. (2007). *Patrons, clients, and policies: Patterns of democratic accountability and political competition*. Cambridge University Press.

administration took office. It is too early to comment on progress to date but it is fair to point out that drugs and corruption remain high on the political agenda.

4. Discourse of stigma

In Seychelles, stigma surrounding heroin use is a serious problem because it influences attitudes, actions, and consequences for heroin users. The findings of this study showed that stigmatizing discourses were common in expert and elite interviews, accounts from past heroin users, and the newspaper texts. The stigmatizing language reflects Seychelles' broader sociocultural and societal elements, including power dynamics, cultural norms, and beliefs.

Stigma can have detrimental effects on individuals' mental health and wellbeing, leading to social isolation and barriers to accessing necessary support services. There are various forms of stigma associated with heroin use. One is structural stigma, which refers to laws, policies, and practices that limit the opportunities and rights of stigmatized groups. Next is internalized/self-stigma, which involves the internalization of negative stereotypes. Then there is public/social stigma, which pertains to negative stereotypes upheld by society. Research on self- and public stigma frequently links substance-using individuals to feelings of guilt, blame, and unworthiness.[34] Additionally, media representations and drug policies are examples of systemic stigma.[35]

The label of an addict affects how a heroin user interacts with other people in many ways, including the potential for stigmatization and shame within the community. As a result, others may treat the user with scorn, contempt, and avoidance. The user could be excluded from social interactions and connections because they are perceived as having poorer morals and social standing. The user may also lose respect and reputation in their community as a result of the addiction label. Their positive social worth is diminished, and they can be seen as absurd or disrespectful. This loss of reputation may lead users to experience feelings of degradation and stigmatization, potentially being perceived as immoral.

Heroin use and small islands intersect in complex ways to reinforce stigma, and most participants expressed concern about the fast gossip network, lack of privacy and

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[34] Barry, C.L., McGinty, E.E., Pescosolido, B.A. and Goldman, H.H. (2014). 'Stigma, discrimination, treatment effectiveness, and policy: Public views about drug addiction and mental illness'. *Psychiatric Services,* 65 (10), pp.1269-1272. https://doi.org/10.1176/appi.ps.201400140

[35] Perrin, A.J., McKee, M. and Albers, E.A. (2021). 'Constructing moral panic: Media, drugs, and the policing of race and class'. *Sociology Compass*, 15 (1), e12836. https://doi.org/10.1111/soc4.12836

anonymity. One of the participants explained how the social worker came and took her children away, and that the following day, everyone in the community knew about it.

> *In Seychelles… everyone seems to know your business, and news travels fast.*

Other participants who were on methadone could still describe how their visibility in accessing methadone has been stigmatized.

> *You know they offer the methadone service in the open air. Everyone sees us in line, waiting for our turn to get the medication. We cannot hide, as no private or other services are available.*

This lack of sufficient services on the island leads to an issue of anonymity when accessing the only available source of support. One respondent decided to go 'cold turkey' to avoid stigma, but even that does not guarantee anonymity. She described an incident where she felt discriminated against and excluded.

> *I went to a party and was having some fun when suddenly everyone was looking at me oddly and started to avoid talking to me… I learned later from my friend that someone was gossiping about me being a former heroin user and sex worker.*

She claimed to be angry and stated that she was ashamed and disgusted by her previous life.

> *I wanted to be better and have a normal life. However, some people make it hard.*

Another respondent elaborated further on how living on a small island and being a heroin user leads to immediate stigmatization. He stated that:

> *If the police arrest you for using heroin or in possession, the minute you send to prison, the whole community knows about it, passing judgement on you, your name is mentioned in the media, your family reputation is ruined… however paedophiles are better protected than drug users, with the justification that they are protecting the victims… what a load of crap.*

It is also difficult for the user to reintegrate into society after being labelled as an addict. They are rejected and shunned, making it difficult to re-establish their place in society and earn back people's trust. A heroin user may experience feelings of alienation and isolation due to their perceived differences and inferiority.

Several of the participants discussed how being an addict had significantly affected their job prospects. They recalled that their past heroin use had led to prejudice and reluctance from employers to hire them. This can result in fewer employment opportunities and a decline in professional standing, making it harder for heroin users to find stable work.

The participants also discussed facing social consequences, such as others treating them suspiciously, avoiding them, and mistrusting them. They stated that they experienced feelings of inferiority and inadequacy due to being the target of gossip and negative judgments. These social sanctions may cause users to become even more isolated and encourage them to associate with other outlaws. The criminal addict label generally has a significant negative impact on the social relationships of the offender, leading to stigmatization, marginalization, and difficulties around reintegration into society.

In summary, the stigmatizing discourse portrays heroin users as morally flawed, irresponsible, and socially threatening. It relies on narratives of criminality, laziness, and corruption. This discourse is one of the most persistent and publicly visible in the context of Seychelles. Through everyday conversations, media depictions, political speeches, and institutional practices, dehumanizing language, and startling images consistently portray users as dangerous and immoral. In Seychelles, this has been reinforced through media exaggeration, tough-on-crime rhetoric, and welfare policies that distinguish between 'deserving' and 'undeserving' poor.

5. 'Wake up and be normal'

Analysis of the media texts, former heroin users and expert/elite interviews reveals the discourse of 'wake up and be normal'. This discourse incorporates medical, legal and moral discourses, which are also reflected in political discourse.

It is observed that the media functions as a significant discursive institution for elites and experts to portray the nature of heroin use and addiction. This depiction constructs the 'addict' identity of heroin users, who are regarded as 'abnormal' and seen as having only one solution – abstinence – and behaving as non-addicts, or 'normal' citizens. The discourse of 'the need to be normal' can also be identified in the stories of the former heroin users, which morally frame heroin use as problematic, as something to be overcome in pursuit of a 'normal' life and non-addict identity. Furthermore, this discourse is also present in the interviews with elites and experts, who describe their roles as rehabilitating and treating heroin users to help them integrate into society and become accepted as 'normal' citizens.

All of the participants describe the transitional experience as a way to achieve a 'normal' life, with a future free from heroin use. For example, one recalled that she would like to be a normal mother, have a baby, and be a parent. Another explained how he wanted to live an everyday life as he did before using heroin – to go to work and have enough money to support himself and his family, to have a home, not just a house, and to look after his children.

These comments imply that the participants felt they were caught up in an addiction which adversely affected their daily lives. Thus, there was a need to stop using. Generally, the 'wake up and be normal discourse' presented by the participants showed the damaging effects of heroin addiction on their daily lives. These harmful effects were not only limited to health problems or legal consequences but also included the decline of family relationships, which were often described in their stories.

All participants in the former-users' group aspired to be heroin free in the future. These ambitions formed part of broader plans to break free from the cycle of heroin addiction, painful withdrawal symptoms, dysfunctional relationships, and stigmatization. Remarks were made about the ability to be a good parent, finding work and accommodation, being liked and accepted by family and the community, and gaining stability. These comments emphasized the moral obligation to take accountability for achieving their goals.

The former heroin users described their experience of transitioning from a heroin-use lifestyle to cessation as 'navigating a small boat in a rough sea'. The dream of becoming 'normal' was a tough one, and respondents seemed to agree that it was something which was very difficult to achieve in a stigmatized environment. The general feeling was that even if you had stopped using for many years, you are still seen as 'a junkie' – the problem being the environment where people gossip and everyone knows your business. However, the participants felt that the support of sympathetic people, and having an inner strength, opened up the possibility of waking up and being normal. Nevertheless, in the context of a small island, where stigma is persistent, this makes the ideal of becoming normal almost impossible.

The process through which individuals come to understand themselves via available social discourses is heavily influenced by stigma. Heroin users in Seychelles navigate identities that are imposed upon them by dominant narratives of pathology and criminality. As Foucault would argue, these subjectivities are not inherently true but are constructed through power-knowledge relations that define what can be said, thought, and experienced. The 'addict' identity becomes a governing category that shapes how users perceive themselves and how others interact with them.

Former users, in particular, must navigate these imposed identities as they try to re-enter society. Their subjectivities are shaped by past associations with deviance, even as they attempt to adopt new, socially-acceptable roles. This transitional sense of self is filled with tension, as the lingering effects of stigmatization continue to influence their interactions with institutions, communities, and themselves. The process of recovery or cessation is not merely about abstaining from drug use; it also involves reconstructing a sustainable self in the face of powerful, stigmatizing discourses.

The prominent presence of heroin users on the streets further fuels the story of social decay, heightening public concern and political urgency. This visibility is especially heightened

in the small, tight-knit community of an island society, where anonymity is limited and surveillance is ongoing.

Reflections

Heroin addiction is a problem, if only because it impacts on individual lives in a negative way. It also has social and economic consequences. This study is directed to the situation in Seychelles, although it is recognized that it is a worldwide issue. To date, no nation has dealt with it comprehensively and in a way that benefits all parties. Clearly, there are no easy solutions.

One might have thought that in Seychelles there is a better chance of success in managing the situation. For one reason, there is a small population, and for another, as an island nation, its boundaries are clearly defined. The reality, however, is that being small adds in some ways to the dilemma experienced by users because of the effects of stigmatization; in a small state, it seems that everyone knows everyone else's business. And even though Seychelles is surrounded by sea, its boundaries remain remarkably porous. There are serious problems yet to be resolved.

This paper has offered what is intended as a contribution to the situation by highlighting the question of perspective. We tend to take for granted what the media and the authorities tell us. But, as shown, whether intentionally or not, different explanations are based on different interests – not all of which are necessarily in the best interests of individuals at the heart of it all. In any discussion of the subject, it is, therefore, essential to understand where any proposals are coming from. That, in itself, will not yield a panacea, but it might at least ensure that the recovery of the individual is placed high on the agenda.

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