

Alcohol and other drug stigma:

Why it matters and what you can do about it

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You've probably heard about stigma, but you may not know that it's really important to talk about it when it comes to alcohol and other drugs (AOD).

Especially if you're working in health care.

That's because stigma can make people feel unwelcome, uncomfortable, and unsafe and prevent them from seeking support and treatment.

And, stigma has been found to be most prevalent in health care settings.

Often, these negative assumptions come from misconceptions about alcohol and other drug use and are reinforced by everyday media and the opinion of others around us.

We might not even realise that we're using stigmatising words or being discriminatory.

But, whether stigma and discrimination happen by accident or on purpose, the outcome is the same.

By working together to reduce alcohol and other drug stigma - both personally and professionally - you can do a lot to help people who use AOD feel more comfortable accessing lifesaving health, social, and support service care.

This resource answers the important questions:

- What is stigma?
- What does stigma look like in a health care setting?
- What is the impact of stigma?
- What can I do about it?
- How can I learn more?

Stigma can often feel abstract, so let's explore what this looks like day to day.



What does stigma look like?

People who use alcohol and other drugs often experience stigma and discrimination across many settings.

Stigma and discrimination were found to be the most common in:

- health care
- welfare and support services, including housing
- police and criminal law
- employment
- general society.¹

When it comes to AOD, stigma in health care settings creates barriers for people seeking and getting the appropriate care, diagnoses, and support they need.

Stigma in health care can look like:

- delegating care to more junior staff
- sub-standard care
- denial of care
- making people wait longer for treatment
- physical or verbal abuse²
- separate lines, doors, and spaces for people collecting medication (pharmacotherapy) or injecting equipment from pharmacies.³

A cycle is created where people avoid or fear seeking help and support, and as a consequence delay accessing support, or only seek support when their needs are critical. This can result in experiencing repeated stigma and discrimination when they finally receive care.

This cycle can have a negative impact on a person's wellbeing, sense of self, community connection, employment and housing, and limit access to other services. This in turn can trigger further alcohol and other drug use.^{4, 5}

To understand the cycle of stigma, we have provided a breakdown on the next page (page 3).



WHAT IS STIGMA? - A BREAKDOWN

Stigma, negative attitudes, and discrimination occur when people and groups are viewed negatively due to misconceptions about a specific trait or behaviour.

This includes attitudes about alcohol and other drug use.^{6,7}

This can look like negative judgement, labels, and stereotypes and lead to:

- loss of social status
- exclusion
- rejection
- unfair treatment
- discrimination
- creating fear and shame.^{8,9,10}

People can experience stigma on a range of levels:

- self-stigma – their own negative thoughts about themselves
- public stigma – from family, friends, and the broader community
- structural stigma – from systems and institutions like hospitals, housing and other social services.¹¹

Some groups of people experience the negative consequences of stigma more than others, such as people who experience/have experienced alcohol and other drug dependence.⁹

Stigma and drug and alcohol dependence

It's important to note that the vast majority of people who use, or have used, alcohol and other drugs don't experience dependence.¹²

But when it comes to **dependence** (also known as addiction), the **World Health Organization** has ranked:

- illicit drug dependence as the **most** stigmatised health condition globally
- alcohol dependence as the **fourth** most stigmatised health condition globally.⁷

If you're a health or allied health worker working with someone who uses AOD, it's likely they have previously made several attempts to:

- seek help
- cut down
- manage their symptoms on their own because of real or perceived stigma.⁴

Their personal challenges with dependence may have been going on for months or years, even though this might be the first time they're seeking professional help.

Being mindful of the challenges people with a dependence face and the impact of stigma, can help you meet someone where they're at by creating a more welcoming environment.

In fact, the National Framework for Alcohol, Tobacco, and other Drug Treatment notes that alcohol and other drug treatment services that are safe, welcoming, and non-stigmatising, are more effective.¹³

The Mental Health Commission WA's **Self Help Guide** can also help you understand how substance use impacts individuals and their loved ones.

It's important to remember that complete abstinence from alcohol and other drugs, or admission into residential rehabilitation (rehab) or a detoxification (detox) facility, are not the only available goals for people using AOD.

Other effective and realistic goals that can have positive outcomes include:

- cutting down
- not using in particular settings
- only using during a particular time
- avoiding regular use
- using harm reduction practices.^{14,15,16}

Take a look at our **Seeking Help** page to learn more about the available treatment pathways.



What factors influence stigma?

When seeking help, support, or treatment, the level of alcohol and other drug stigma can be influenced by many factors, such as:

- a person's social status
- the type of drug they use
- how they use it (e.g. injecting, snorting, swallowing)
- how often they use
- community expectation.^{17, 18, 19, 20}

However, when a person belongs to more than one group that is stigmatised, their experiences of discrimination can be more frequent and harmful. For example, people who experience discrimination due to their:

- race
- class
- gender
- sexual orientation
- age
- disability
- education
- literacy
- history of criminalisation
- health status, among others.²¹

People who identify with one or more of these groups are likely to have different experiences of stigma because of their intersecting identities or perceived identity, not just their AOD use.⁹

You can check out our [Power of Words](#) for more information on alcohol and other drug stigma and discrimination.

Language matters

Stigma can shape how society sees a person or group and also impact how they see themselves.

Language is the main way we communicate our attitudes, values, and beliefs. And it plays a powerful role in creating stigma, as well as addressing it.⁶

Stigmatising messages can lead to personal, social, and structural discrimination by:

- classifying people and groups as 'outsiders'
- suggesting personal failure for being a part of the group
- ignoring the complexity of the person or group
- implying that the group is a threat to other people's safety.⁶

There are many ways to reduce alcohol and other drug stigma and discrimination at all levels, but person-centred language is one action that you can start doing today.

Consciously using person-centred language is an effective way of showing that you respect a person's agency, dignity, and worth.²²

It focuses on the person first, not their substance use. For example: "a person who uses alcohol and other drugs".

Research has shown that simply changing the language used to talk about people that use drugs changed doctors' responses from a negative to more therapeutic approach.²³



Using person-centred language

So, how do you use person-centred language?

Well, language is complex and evolving. What is considered person-centred will depend on the individual, as well as the setting and context. There is no one-size-fits-all approach.²²

Here are some examples of preferred terms that are person-centred and the alternatives that can be stigmatising.

Preferred term:

Person who uses or has used alcohol or other drugs.

This recognises that they are a person first and are not defined by their substance use.

- **Terms that are stigmatising in certain contexts:** Addict, alcoholic, injecting drug user, intravenous drug user.
- **Stigmatising terms in all contexts:** Junkie, druggie, drug user, drug abuser.

Preferred term:

Person with a dependence on alcohol, person with a dependence on drugs.

- **Terms that are stigmatising in certain contexts:** Alcoholic, addict, person with a substance use disorder.
(Note: people who use alcohol and/or other substances should not be assumed to have a substance use disorder. This is not a generic term for a person who uses AOD. Substance Use Disorder (SUD) is a clinically accurate term that needs to be medically diagnosed.)
- **Stigmatising term in all contexts:** Drug habit.

For an extensive list of preferred terms and the impact of context, check out our [Power of Words: Practice Guide](#).

THE IMPACT OF PERSON-CENTRED LANGUAGE AND INCLUSIVE CARE

By creating a more inclusive and respectful environment, you can reduce stigma at all levels.²⁴

This can have a positive impact on the lives of people who use alcohol and other drugs by improving:

- **When they get support** - when people feel safer they can get the support they need early and as often as they need it.²⁵
- **Access to health services** - when people no longer feel they have to avoid a service or hide important information vital to their care, they are more likely to seek help.
 - People who use alcohol and other drugs may fear discrimination when accessing a health service and want to protect themselves, especially when services aren't anonymous.^{21, 2}
- **Clinical care** - when medical staff get a full picture of someone's health, that doesn't overstate alcohol and other drug use as the root cause of any sign of unwellness, care can be more effective.^{5, 1}
- **Relationships** - when people who use/have used alcohol and other drugs feel more socially connected and supported it benefits their wellbeing.
 - We know that strong supportive relationships have a protective effect on the health of people who use substances and people experiencing dependence.²⁶
- **Employment opportunities** - when people feel supported in finding and maintaining work they can make sustainable change.
 - Some people often feel unsupported and discriminated against for their past/current use, and this can result in less work hours, changing jobs or industries, quitting altogether, and fear their existing and future work opportunities.²⁷



The stories you tell about AOD use can help change attitudes

As someone who works with people who use alcohol and other drugs, you can have a big impact on the attitudes of those around you, outside of work.

For example, the way you talk about AOD use and the stories you tell, can influence the attitudes of your family, friends and broader community.

By showing a more realistic and diverse picture of the people who use alcohol and other drugs, you can help tell a new story.

It's easier to stigmatise people, if we feel like they don't look like us, but you can counteract this by talking about the diversity of people who are impacted by AOD, including different occupations, ages, social statuses, and outcomes.

This helps eliminate simplistic and harmful stereotypes of what alcohol and other drug use looks like.²⁸

You can also help reduce alcohol and other drug stigma in everyday conversation by focusing on the important messages:

- Drug dependence is a health issue
- People deserve treatment if/when they need it.

It's also important to show that substance dependence is an outcome of other life challenges, rather than the effects of the drug itself.

In fact, we know that it's rarely one single factor that leads to substance dependence. And not everyone who uses alcohol and other drugs requires treatment.^{16, 29}

Instead of talking about 'drugs' being a health issue, we can talk about 'drug dependence' being the health issue.²⁸

When you tell the story of alcohol and other drugs through person-centred language and diverse experiences, you can help reduce stigma and have a positive impact on the lives of people who use alcohol and other drugs.

WE ALL HAVE THE POWER TO REDUCE ALCOHOL AND OTHER DRUG STIGMA.

Whether stigma happens by accident or on purpose, the outcome is the same. It stops people from getting the help and community connection they may need.

By working together to reduce stigma at all levels, we can help provide a safer space where people can be open about their use and feel comfortable asking for help if they need.

For more information on stigma and how you can make a difference, check out these resources:

- Alcohol and Drug Foundation – [Power of Words](#)
- Alcohol and Drug Foundation – [Alcohol and Other Drugs: Stigma](#)
- Common Cause – [Stigma Message Guide](#)
- Network of Alcohol and other Drugs Agencies (NADA) – [Language Matters](#)
- Mindframe - [Our words matter: Guidelines for language use](#)



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