The Power of Words

Having alcohol and other drug conversations: A practical guide

Project Summary
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For people who use alcohol and other drugs, stigma is a real problem. Other people’s actions and language can make them feel unwelcome and unsafe. That can stop them from seeking the services they need, which can negatively impact their health, wellbeing, employment and social outcomes.

To address this issue, the Victorian Department of Health and Human Services commissioned a project to develop the Power of Words (having alcohol and other drug conversations: a practical guide).

Language is a key contributor to the perpetuation of stigma across all areas of society. Many commonly used terms have negative associations that can be used as a derogatory label. In the worst cases, demeaning language and stigmatising actions can lead to harmful discrimination. By focusing on people, rather than their use of alcohol and other drugs, and by choosing to use words from the Power of Words that are welcoming and inclusive, we can dramatically reduce stigma and its impact.

The Power of Words highlights alcohol and other drug use as a public health issue, rather than simply a criminal justice issue – a position validated by international thinking and human rights agreements.

What is stigma?

Stigma is a pervasive social phenomenon that manifests as strong feelings of disapproval that most people in a society have about something. It negatively impacts people who have used or are using alcohol and other drugs.

There are three key types of stigma: social or public stigma; structural stigma; and, self-stigma. These are often connected. They have a cumulative effect. The application of Power of Words and use of inclusive language across various sectors works to reduce all three types of stigma.

What did the project involve?

The objective of the project was to develop and disseminate language guidelines that work to reduce stigma related to alcohol and drug use.

The project produced three primary documents:

• A Background Document, detailing the research supporting the development of the Power of Words
• The Power of Words (practical guide), identifying ways to use language, and providing preferred terminology, intended to reduce stigma, and
• A resource containing suggestions for the application of the Power of Words in various contexts.

This project was undertaken by a working group consisting of the Alcohol and Drug Foundation, the Association of Participating Service Users, Harm Reduction Victoria, Penington Institute and the Victorian Department of Health and Human Services (funder).

This project involved two key research activities:

• a literature review of publications investigating alcohol and other drug-related stigma, and
• community consultations with people who have used, or currently use, alcohol and other drugs, and their families.

In addition, feedback on content was sought from a wide range of stakeholders, including government, the alcohol and other drug sector, the health care sector, the justice sector, community services, media, the education sector, researchers, and people who use drugs and their families.
Who is the project aimed at?

The project material is designed for use by:

• people working in government departments
• people working in the alcohol and other drug sector
• people working in the community, youth and human services sectors
• health professionals, including medical doctors, nurses and pharmacists, and
• people interacting with people who use alcohol and other drugs.

What are the key findings?

The research identified the following key findings:

• **Who is affected by stigma?** Stigma is pervasive, and people who use/have used drugs, their friends and family are often subjected to stigmatisation. The stigma experienced may be influenced by a range of factors, including the type of drug used, the method of use, the individual's social status, perceived level of responsibility for choosing to use alcohol or other drugs, community expectations and the people perpetuating stigma.

• **What impact does stigma have?** The impacts of stigma are negative and can include increased stress, reinforced differences in socio-economic status, delays in seeking support/treatment and people leaving support/treatment.

• **Who and what contributes to stigma?** Stigma is perpetuated across all levels of society, including the health sector, the media, social media, institutions within governments and the general public. Language plays a key role in creating stigma.

These findings indicate that a person-centred approach to reducing stigma is required. This approach places the overall health and wellbeing of the person as the key focus and involves them in decision-making.

**“The campaigns made out all ice users are violent people, so I was met with violence and fear when using health services”**

Opportunities for action

The point of reducing stigma is to encourage people to seek help if they require it and decrease negative health outcomes, regardless of the drug type, pattern or method of use, or the person using drug(s).

Based on the project research and community consultations, a range of opportunities for action were identified:

• **Improving language** – through the development of guidelines for language in the alcohol and other drug context; adapting existing guidelines where appropriate, and adding content based on the expertise of the project working group and community consultations.

• **Collaborative efforts towards increasing the use of existing guidelines targeting media** – the Mindframe Initiative being implemented by the Commonwealth Government will be cross-promoted within these guidelines to increase awareness of existing guidelines and help reduce stigma being portrayed to the general public.
• **Reframing alcohol and other drug-use as a health or social issue** – to some extent all participants of community consultations expressed frustration about the lack of awareness by health professionals about illicit drugs and the risks involved with their use. It is important for health professionals to be aware of a patient’s alcohol and other drug-use when making an assessment, but the weight of such a consideration should be based on evidence, and not values, prejudice or fear. This key message will be incorporated into Power of Words, and any implementation work undertaken as a result.

**Want to know more?**