

# Consultation paper

Renewing Queensland's Alcohol and Other Drugs Plan

## Experiences of stigma and discrimination

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**– Not Government Policy –**

Problematic alcohol and other drug use, particularly illicit drug dependence, is recognised as one of the most stigmatised health conditions in the world [1]. For people who use tobacco, alcohol and other drugs, experiences of stigma and discrimination can occur in a variety of ways.

Not everyone who uses alcohol and other drugs experiences harm, but when harm does occur it can have a significant impact on the health and wellbeing of individuals, their families and the broader community. It is widely acknowledged that harms can include immediate risk, physical injury, and disability, however it is also important to be aware that harms also include stigma and discrimination.

### *What is stigma and discrimination?*

Stigma is defined as “an attribute that discredits an individual in the eyes of society and results in the person being devalued, discriminated against, and labelled as deviant” [2]. Stigma involves labelling and stereotyping of difference, at both individual and structural societal levels, which leads to status loss such as exclusion, rejection and discrimination. It refers to a mark of disapproval upon a person such that they are viewed as lesser than others, or even dangerous.

Stigma often stems from stereotypes about addiction and a lack of understanding about the experiences of people who use tobacco, alcohol and other drugs. Those who use illicit drugs and experience problems with alcohol are more likely than other drug users to regularly experience stigma and discrimination. Stigma is common for users of illicit drugs and is often fuelled by perceptions about the criminal activity associated with drug use.

Discrimination is a behavioural manifestation of stigma directed towards people who use alcohol and other drugs [3]. In this cycle, negative perceptions lead to overt social oppression and negative health outcomes. An example of discrimination is the derogatory language sometimes used to describe individuals or groups who use alcohol and other drugs. In this case, stigma may lead to discrimination in the form of abuse and consequently increase the likelihood of social isolation and exclusion for people who use alcohol and other drugs.

### *How does stigma affect individuals?*

Understanding the stigma associated with alcohol and other drugs can be challenging. Put simply, stigma can be thought of as shame. For people who use alcohol and other drugs, this shame can be a painful, internalised emotion. Often these emotions are called ‘self-stigma’ as they describe an individual’s reaction to the way they are treated in



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society. The attitudes and enactment of stigma within society can cause individuals to embody their own 'self-stigma'.

This is reinforced when a person lives through experiences of stigma, leading to low self-worth and poor psychological health. People who suffer from self-stigmatising views often fear people finding out about their alcohol and drug use, may attempt to hide their use to avoid stigma and seek the company of people with the same stigmatised identity. In terms of recovery, feelings of shame are unhelpful and potentially detrimental. Negative feelings can also affect a person's motivation or sense of capacity to make positive changes. [4]

Stigma related to problematic alcohol and other drug use can:

- negatively affect self-esteem and engender feelings of worthlessness and hopelessness
- result in isolation and disconnection from friends, family and other networks
- be a trigger for further alcohol or other drug use
- impact recovery by hindering the ability to participate in the community and be engaged in opportunities such as employment, education and training
- limit access to housing options, leading to possible homelessness [5]
- create barriers to seeking and receiving help to address problematic alcohol and other drug use or social welfare needs
- lead to or compound existing social disadvantage, especially where other forms of discrimination exist [1].

Stigma can be associated with health conditions such as hepatitis C, HIV/AIDS and mental illness, or with socio-economic and demographic factors such as homelessness, cultural background, or sexuality and gender identity. Stigmas can become conflated, leading to additional barriers to accessing care, support and social inclusion. For some population groups, such as Aboriginal and Torres Strait Islander peoples, existing stereotypes can be reinforced. The stigma associated with current or previous experiences of problematic alcohol and other drug use can have an enduring impact over the life course in multiple areas of a person's life.

A Queensland study describing the experiences of Aboriginal and Torres Strait Islander peoples in Cairns/Yarrabah, Inala, Mount Isa, Rockhampton/Woorabinda and Thursday Island in 2020 found that participants commonly reported experiences of stigma in the form of discrimination and blame [6].

*"Once they know you are on drugs, they categorise you. People judge me..."* [6: p. 41].

Stigma and discrimination can occur in a variety of settings, including health care and criminal justice. People who use alcohol and other drugs can encounter difficulty when seeking treatment, due to judgment by mainstream services and a lack of support [6].

*"They had a needle exchange program at the hospital, but they had officers there, and the police would follow you after,"* [6: p 50].

*"The police they pretty much judge you. The other day they were going to arrest me. I walked to see what was happening, they were arresting someone and told me to go away unless they will get me too,"* [6: p.41].

*"They assume that we're all low lifes, dole bludgers, pretty much want everything given to us on a silver plate. We don't want to work for it, we'd rather sit at home and do drugs than actually work and make a living. That's not the case"* (7: p. 59)

*"I've shown 18 months of clean drug-testing and all the rest of it, but because I've had previous history on police records, and mental health records, it was all brought up that I'd suffered from induced psychosis and all the rest of it, it was basically dismissed as yeah, you're just having an inactive period."*

**Interviewer:** "Okay, so that was the terminology they used?"

"Yeah, it's kind of all you're being told is that you're still a junkie, you're just inactive," [6: p. 71].

### **Language is important**

The language and actions that stigmatise people who use alcohol and other drugs can be dehumanising and damaging [8]. Often, individuals are blamed, and it is implied that they deserve to suffer while being defined by their use of drugs [9].

*"One time I went into hospital for something. One of the doctors said, 'She's a bloody drug user. No use keeping her in hospital for the night. May as well just treat her and let her go, because she won't stay in hospital.' I said, 'What?! Sorry?!' I said, 'I love hospital, I'll stay in here for the night if you want me to.' But saying that about me? I felt a little bit down," [7: p. 65].*

The use of stigmatising language can also be perpetuated in the media. Specific resources have been developed to provide guidelines for communicating about alcohol and other drugs, such as the [Mindframe for Alcohol and Other Drugs resource](#) and [AOD Media Watch](#).

The stigmatisation of people who use alcohol and other drugs can also extend to those around them, including staff in the drug support services and service system. Often, this workforce experiences stigma as a result of the association they have with people who use alcohol and other drugs. Similarly, the families, friends and children of people who use alcohol and other drugs can face stigma expressed through actions and language.

### **Steps to reducing stigma**

The pervasive and widespread nature of stigma toward alcohol and other drugs in Queensland has led to efforts to better educate the community about the issue. One way to minimise stigma is to adjust language. Evidence-based guidelines, resources and training that promote non-stigmatising language provide a framework to reduce stigma.

#### **Examples include:**

- The *Power of Words* resource which includes an online directory of words and phrases for a range of settings [10]. It notes body language and tone are important contributors, along with spoken language.
- The *Message Guide for Drug Stigma* is designed to change the language used to describe people who use alcohol and other drugs [11]. It states: "We need to shift focus and blame away from people who use drugs and onto external factors. This means shifting the problem from 'drug use' over to 'drug stigma' and the people who perpetuate it" [11: p. 6]. Fostering openness and transparency in conversations about alcohol and drugs means people who use alcohol and drugs are more likely to engage with family, friends and support services.
- The *Putting Together the Puzzle* program delivers stigma awareness and minimisation training to groups and organisations in Queensland. Developed by the Australian Injecting and Illicit Drug Users League (AIVL), the program began in 2014 and is delivered by Queensland Injectors Health Network (QuIHN) representatives who have lived experience of alcohol and other drug use [8].

Other ways to reduce stigma include:

- focussing on people, rather than their use of alcohol or other drugs
- choosing words that are non-judgmental and inclusive
- approaching people experiencing issues with alcohol and other drug use with a compassionate and health-based response

- asking questions and learning more about the person
- avoiding judgment, blame and stereotyping

These strategies can help bring people from the margins of society into a position where help is available [12].

## Conclusion

Stigma can be conceptualised as the negative attitudes and perceptions held by society, groups and individuals about people who use alcohol and other drugs. The result of stigma is discrimination, self-stigmatisation and poor health and psychological outcomes for people who use alcohol and other drugs. Language is a common way in which stigma is spread and maintained. There are a variety of guidelines and resources to assist people in adopting non-stigmatising language when talking to people who use alcohol and other drugs. Moreover, there are targeted intervention programs which deliver training to organisations and groups on how to reduce stigma through better use of language and behaviour.

Changing the way that we talk to and about people who use alcohol and other drugs can have significantly positive outcomes by fostering social inclusion and offering non-judgemental support for problematic drug use.

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