



Alcohol
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Foundation



Australian Government

Local Drug Action Team Program

Stigma Resource.



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1. Glossary

1.1 A note about language

Not all people who use or are experiencing a dependence on alcohol and other drugs agree on what constitutes non-stigmatising terminology. As noted in the *Language Matters* guide developed by the Network of Alcohol and Drugs Agencies and the NSW Users and AIDS Association, appropriate terminology may be specific to the person and their situation. While there is no single use of language that will suit everyone, what's important is to take a person-centred approach.¹ Based on the *Language Matters* guidelines, the language used in this document is:

- Person experiencing a dependence on...
- Person who uses...
- Substance use
- Non-prescribed use.

1.2 Key definitions

Drug: any substance that when taken or administered into the body has a physiological effect. Using a drug may influence mood, behaviour, cognition and perception. Includes both legal and illegal drugs.

Illegal drug: a drug that is currently illegal in Australia.

Illicit drug use: includes illegal drugs, the non-prescribed use of pharmaceutical drugs and use of other substances such as inhalants.²

Alcohol or other drug use: use of alcohol or other drugs. Alcohol or drug use is not the same as dependent use. Patterns of use can range through experimental, recreational, situational or intensive use. A person may use alcohol and other drugs in different patterns throughout their life. Using alcohol and other drugs does not necessarily lead to dependence on alcohol or other drugs.

Alcohol or other drug dependence:³ can include a combination of physical, psychological and behavioural factors that may include; using alcohol or other drugs in larger amounts or for a longer time than intended; desiring to cut down on alcohol or other drug use but not being able to; spending significant time obtaining, consuming or recovering from the effects of alcohol or other drugs; experiencing strong urges to use alcohol or other drugs; use of alcohol or other drugs that results in not meeting major obligations at work, school or in personal life; continuing to use alcohol or other drugs when that use is creating or exacerbating interpersonal or social problems; giving up or reducing involvement in social, occupational or recreational activities because of alcohol or drug use; development of tolerance to alcohol or other drugs, and experience of withdrawal from alcohol or other drugs. The specifics of what constitutes a dependence will differ between people.

2. Purpose of this resource

This resource is intended to provide a foundation for Local Drug Action Teams (LDATs) to understand what stigma is, how it works, and provide guidance on how to avoid perpetuating it.

This resource is relevant to the work of all LDATs, regardless of activity, because embedding an understanding of the importance of avoiding stigma into all communication and practice can help to change the way that we think, speak and behave regarding people who use illicit drugs or experience a dependence on alcohol and other drugs. Considering how stigma works at different social levels, and the power of language to shape our beliefs and attitudes, may also spark new and innovative ideas. In the context of Australian communities, this may help to address stigma, improve health outcomes for people who use alcohol and other drugs, and build a stronger and more inclusive future.

3. What is stigma?

Stigma is a mark of disgrace.

To be stigmatised is to be stereotyped and to have assumptions made about you. These assumptions can include past choices you have made, how you will behave in the future, your beliefs and your motivations. A person who is stigmatised is not seen as a full and complex human being – they are judged first and foremost based on their stigmatised trait(s).

Stigma can reduce a human being to a stereotype.

Historically and cross-culturally, stigma has been attached to different human traits such as ethnicity or dis/ability, and human behaviours and experiences such as sexual practices, alcohol or other drug dependence, the use of drugs other than alcohol, and experiences such as displacement due to war. It's important to remember that stigma can, and does, change both over time and at various social levels.

The World Health Organization has ranked illicit drug dependence as the most stigmatised health condition globally, with alcohol dependence listed as the fourth most stigmatised. For people experiencing a dependence on alcohol or other drugs, stigma can be an invisible side-effect that negatively impacts both physical and mental health.

Experiencing stigma can have a significant negative impact on a person's quality of life. It can result in stigmatised people experiencing prejudice, discrimination, isolation and exclusion from society. Stigma can negatively impact opportunities for employment, housing, access to services, and full participation in social life. Stigma can stop people from asking for, or from offering, help and support.

4. Why talk about stigma?

Stigma can be overt and intentional, such as when it's used to purposefully other and devalue a person or group of people. Stigma can also be subtle and unintentional, such as through casual language use or through program design, policies and practices that are unknowingly discriminatory.

Even people and programs with good intentions can inadvertently stigmatise through language and program design. For example, some media campaigns with the stated objective of preventing drug use have used extreme faces of people who are purported to have become dependent on drugs to frighten and disgust their audience into not using drugs themselves.

The intent of such campaigns aimed to prevent drug use, however the use of such imagery and associated language stigmatises people who use drugs by illustrating all people who use drugs as undesirable.

While those media campaigns are a blatant example of stigmatising imagery and language, other instances – like the overrepresentation of negative and worst-case media stories – are more subtle.

It's critical that all LDAT activities, from community consultation to evaluation and everything in between, are critically and carefully appraised to ensure that the language and approach do not unintentionally stigmatise people who use illicit drugs or experience an alcohol and other drug dependence.

Additionally, understanding what stigma is and the impact that it can have on a person and their family might inspire new ideas about what can be done to reduce stigma in Australian communities.

5. Types of stigma

The experience of stigma can be split into three primary forms; social stigma, structural stigma and self-stigma. The three types of stigma are not truly separate but work in conjunction to shape a person's experience of being stigmatised.

5.1 Social stigma

Social stigma refers to the stereotypes, prejudices and discrimination that are active at a general population level. For example, a person may be ostracised by their peers if they disclose their illicit drug use or experience of alcohol or other drug dependence.

5.2 Structural stigma

Structural stigma refers to policies, laws and institutional practices. For example, if a person experiencing a dependence on alcohol or other drugs goes to an emergency room with high wait times for medical attention, they might have to leave before they're treated to avoid going into withdrawal.

5.3 Self-stigma

Self-stigma refers to internalised stereotypes and prejudice. For example, a person experiencing dependence on alcohol or other drugs may experience strong feelings of shame and low self-esteem.

6. Why does stigma exist?

There is no one “cause” of stigma. It is a complex social phenomenon and there are competing and interconnected theories about why stigma exists, and why stigma has been attached to different human traits, behaviours and experiences over time.

Stigma can be connected to traits, behaviours and experiences perceived as ‘unclean’ or ‘unhealthy’ and result in the labelling of people as undesirable and dangerous as a result.

In Australia, the stigmatisation of people who use illicit drugs or are experiencing a dependence on alcohol or other drugs is influenced by a complex cultural history that incorporates religious influences on social values, racism and racially-based marginalisation and criminalisation, economic pressures, individual and societal fears, global political history, and the influence of powerful individual actors in critical times and places.^{4,5}

Although ‘why’ is an extremely difficult question to answer, what we do know is that stigma is harming the people to whom it is attached. We also know that there can be significant variation in the experience of stigma that depends on issues like the type of drug being used, how it’s being used and how often, and who is using the drug.

7. Variations of stigma

Not all drugs, methods of drugs use, or frequency of use are equally stigmatised. Stigma can be different for a person using alcohol versus a person using illicit drugs, and different again for a person experiencing a dependence on alcohol or other drugs. Stigma can also differ between illicit drug types, the methods of drug use and the frequency of drug use.

Stigma can also be associated not just with use in and of itself, but also with the behaviours that can be connected to that drug. For example, in Australia alcohol use per se may not be stigmatised, but some behaviours that may be attached to alcohol use – such as public intoxication or alcohol-related assault – can be.

The stigma associated with a drug typically increases the further away an individual is from having an accurate understanding of the drug and how it works, as well as its legal status and social acceptability.

7.1 Stigma and type of drug

Many people tend not to label drugs like alcohol, caffeine or prescription medication as ‘drugs’ in the way they might identify illegal ones such as GHB, amphetamine or heroin. This is why organisations like the Alcohol and Drug Foundation use the terminology ‘alcohol and other drugs’ – to remind people that alcohol is a drug.

The legal status of a drug rarely corresponds with the potential harm of a drug. Alcohol for example, is a legal drug in most countries including Australia, but it contributes a considerable burden of harm in Australia.⁶ Legal prescription drugs like opioid painkillers and benzodiazepines cause significantly more drug induced deaths than illegal drugs like methamphetamine.⁷

Regardless, the legal status of a drug still appears to be one of the contributing factors to the stigma attached to it. Under the current system of prohibition, a person who uses illegal drugs is engaging in an activity that could attract civil or criminal penalties.⁸ This behaviour may result in outcomes that can negatively impact on employment, access to services and harm minimisation support.⁸

Stigma differs between the various illegal drug types as well. Consider different public attitudes towards a drug like cannabis compared to attitudes towards heroin or crystal methamphetamine. The stigma attached to a specific drug is further complicated by how it’s being used.

7.2 Frequency and method of use

How, and how often, a person uses illicit drugs can also affect the stigma attached to them. For instance, a person who uses cannabis a few times a year may be viewed very differently to someone who uses cannabis daily. A person who uses cannabis daily may again be viewed very differently than a person who uses heroin daily, with the stigma – including self-stigma – associated with heroin use being higher than that associated with cannabis use.⁹

Stigma is typically highest if a person experiences a dependence on alcohol and other drugs. In this instance, blame is central to many people's prejudices and attitudes towards that person. Public attitude surveys show that many see people who experience a dependence on alcohol and other drugs as being to blame for the negative conditions and circumstances that may result.^{10,11} There is a sense that people who are experiencing dependence on alcohol and other drugs are lacking personal responsibility for individual behaviour and have chosen their path.¹⁰

The method of consumption can also affect the experience of stigma. A person who smokes heroin daily may be viewed differently than a person who injects heroin daily. Intravenous drug use in particular carries with it significantly greater stigma than smoking, snorting or swallowing drugs.¹² People who inject drugs are often seen as 'irresponsible and dangerous', viewed as making a personal choice to inject, and stereotyped as engaging in criminal behaviour to pay for drug use.^{13,14,15}

It is also possible for a person to experience stigma for using alcohol and/or other drugs from multiple levels, while simultaneously experiencing stigma for reasons not connected to alcohol and other drugs.

7.3 Experiencing multiple stigmas

An individual who uses alcohol and other drugs can be subject to stigma related to alcohol and other drugs as well as one or more additional stigmas, resulting in overlapping layers of discrimination.¹⁶ Additional stigmas can stem from an individual's perceived social identity; that is the groupings within society in which they or others believe they belong.

Social identity is constructed from characteristics such as class, gender identity, sexual orientation, ethnicity, age, history of interactions with the justice or child protection systems, religious or spiritual beliefs, mental health status, disability, body type, literacy and numeracy, and educational qualifications.¹⁷

All these characteristics can have varying degrees of stigma attached to them based on community-derived assumptions and stereotypes about the type of person who might exhibit these characteristics. This can affect how a person is treated by other people, as well as their experience within established systems and structures.

8. What role does the media play?

Media coverage is critical in shaping public discussion. This can be a problem if media coverage actively stigmatises people who use drugs by repeating negative labels, reinforcing attitudes about choice and blame, and presenting negative outcomes as inevitable for a person who uses drugs.

When illegal drug use and crime are frequently associated with each other it can deepen distrust of people who use illegal drugs or are experiencing a dependence on alcohol and other drugs by reinforcing negative beliefs.¹⁸

Media attention can either increase or decrease stigma related to alcohol and other drugs. Accurate media coverage has the potential to be beneficial if it is raising evidence-based issues and treating people who use illicit drugs, or are experiencing a dependence on alcohol and other drugs, in a sensitive way.

Australian media guidelines have been written by AOD *Media Watch*ⁱ and *Mindframe*ⁱⁱ to try and reduce stigmatising reporting on alcohol and other drug issues and promote responsible practices.

i AOD Media Watch. *Guidelines for Journalists*. aodmediawatch.com.au/guidelines-for-journalists

ii Mindframe. *Communicating about alcohol and other drugs*. mindframe.org.au/alcohol-other-drugs/communicating-about-alcohol-other-drugs

9. The impact of stigma

It's difficult to estimate the exact numbers of people who are affected by alcohol and other drug-related stigma or quantify the harms they experience because of it. Some of the most at-risk people who use drugs may experience homelessness or unstable living, and – in part because of stigma – may be unwilling to interact with researchers or participate in population surveys or other methods to collect data. Many people who have been and continue to be affected by stigma may be silent or lack a space in which to voice their experience.

The information we do have shows that stigma associated with alcohol and other drugs contributes to health inequalities and adverse health outcomes.¹⁹ Stigma has been shown to worsen stress, reinforce differences in socio-economic status, delay help seeking, and can lead to leaving treatment and support services.²⁰ Fear of being judged and rejected through a forced disclosure of their drug use can lead some individuals to avoid close contact with others, including healthcare professionals. The impact of all levels of stigma – social/public, structural and self – can interact to prevent people from seeking treatment and other important support services.²⁰ This fear can extend to people not seeking help for other medical conditions including trauma, infections, and other conditions that may even be unrelated to their substance use.²¹

9.1 Social stigma

This is stigma at an interpersonal level. It might affect the willingness of another person to offer someone a job, rent them an apartment or be socially associated with a stigmatised person.

Social stigma takes on particular significance in a healthcare context. The attitudes of healthcare professionals have the potential to influence the overall quality of the treatment received by any patient. Negative attitudes held by some healthcare practitioners can result in poor communication between patients and professionals, reduced therapeutic alliance and the attribution of physical symptoms to a person's alcohol and other drug use or dependence, rather than another unrelated disorder, leading to incorrect diagnosis and treatment.²²

People may also be stigmatised by some of their family members, which can degrade relationships, further marginalise a person using illicit drugs or experiencing a dependence on alcohol and other drugs, and reduce the social support they may have.^{23,24}

Social stigma can directly overlap with structural stigma, since people are ultimately responsible for designing and building the structures we live within.

9.2 Structural stigma

This is stigma resulting from policies, laws and institutional structures that intentionally or unintentionally restrict opportunities of people who use drugs.²⁵

Departmental and institutional structures, such as lack of privacy within emergency departments, may make people who use illicit drugs, or are experiencing a dependence on alcohol and other drugs, reluctant to divulge their participation in a stigmatised activity within the hearing of people they fear will then judge and reject them for it. This can result in reduced access to accurate health assessments.²⁶

The criminal records that may be attached to illegal drug charges are another example. These records can be a barrier to future housing, employment, even travel and migration opportunities. Structural and social stigma in turn both impact self-stigma.

9.3 Self-stigma

This is an internalisation of negative attitudes and stereotypes. Previous personal experiences of discrimination or stigmatisation due to illicit drug use or a dependence on alcohol and other drugs can weigh heavily on people and may lead to a lack of engagement and unwillingness to seek help when required.²⁰

For some people, the label that they put on themselves becomes a barrier to treatment and access to services. Fear of being treated differently, expectations of being dismissed or rejected and self-stigma have all been shown to result in people delaying treatment leading to greater drug dependence.²⁰

Some people who use or are experiencing a dependence on alcohol and other drugs report fearing that if they accept the need for treatment they then admit to being an ‘addict’, and this self-stigmatising narrative adversely changes how they perceive themselves.¹⁰ This loss of control of their ‘status’ or internalisation of the labels applied to them can lead to shame, further isolation, and increase risky alcohol and other drug use practices.¹⁰

9.4 Stigma and families

The impact of stigma on the family of people who use illicit drugs, or are experiencing a dependence on alcohol and other drugs, will be different for every family. It’s important to remember that not all parents or carers who use alcohol and other drugs have difficulty caring for children, and not all people who use alcohol and other drugs will have their familial relationships affected by that use.

In some cases, however, having a family member who uses illicit drugs, or has/is experiencing a dependence on alcohol and other drugs, is connected to experiencing what’s known as ‘affiliate stigma’, ‘courtesy stigma’ or ‘associative stigma’.^{24,27,28} That is, stigma by virtue of being connected to a stigmatised person. Alcohol and other drug-related stigma can also be difficult to disentangle from stigma related to other elements of a family’s social identity, like class or ethnicity. Not all families will experience stigma in equal measure.

For parents of people who are experiencing a dependence on illicit drugs, some people may feel a sense of isolation and shame and may fear judgement from others. Stigma associated with a person experiencing dependence may also affect a family member’s perception of themselves. As a parent participant in one study said, “a lot of people seem to think that heroin’s a dirty thing – you feel dirty yourself.”²⁹

9.5 Losing a loved one

Losing a loved one to an alcohol and other drug-related death is challenging for any person or family. How family members manage the loss afterwards cannot be generalised and is dependent on a range of personal and social factors. Some families, or family members, may wish to conceal the fact that the death was alcohol and other drug-related to avoid stigmatisation. On the other hand, others may become very public champions of awareness raising or advocating for harm reduction measures and drug policy changes.

10. Why does stigma matter to LDATs?

Many LDAT activities will not directly address alcohol and other drug stigma, but all LDATs have the opportunity to avoid inadvertently perpetuating stigma when developing and implementing their activities. Talking about stigma also offers the opportunity to educate your team members and organisational colleagues about issues like the power of language and the importance of challenging stereotypes and oversimplifications.

While planning and developing your activity and any supporting collateral (e.g. surveys, brochures, social media), take time to critically appraise the approach and rationale of the activity. This can include considering if the approach is endorsing stereotypes (e.g. the mass media campaigns featuring extreme face ‘transformations’) and ensuring that person-first language is always being used (e.g. person who uses drugs, not drug user). A useful tool for assessing language is the *Language Matters* guide.ⁱⁱⁱ

Language is powerful.

Advocates of person-first language recognise that the order of the words, not just the words used, affects the images that are generated about the person or group being described.³⁰ Efforts to address other stigmatised populations – such as in the fields of mental health and disability – have recognised the importance of addressing stigmatising language. Many practitioners and advocates have chosen to adopt person-first language, such as person with a disability, and ask that it be adopted by others.

As you complete your community consultation, it can be important that any discussion about what’s happening in your community and what needs to be done remains non-stigmatising and respectful. This includes not just people who are using drugs, but also their families and friends.

It can also be helpful to keep in mind the impact that alcohol and other drug-related stigma can have on a person when designing surveys and running interviews or focus groups. People, and their family and friends, may be unwilling to divulge past or current alcohol and other drug use or dependence for a number of reasons, including privacy concerns.

Being aware of what stigma is, the impact it has, and actively working to avoid perpetuating it is one of the first steps towards a broader social shift to reduce stigma and improve the health outcomes for people who use illicit drugs or experience a dependence on alcohol and other drugs.

iii nadaweb.azurewebsites.net/wp-content/uploads/2018/03/language_matters_-_online_-_final.pdf

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