

Stigma and Discrimination



Position Paper

What we mean by stigma

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”. Stigma is labelling and stereotyping of difference, at both an individual and structural societal level, that leads to status loss (including exclusion, rejection and discrimination).¹

What we mean by discrimination

Discrimination is the lived effects of stigma – the negative material and social outcomes that arise from experiences of stigma. Both stigma and discrimination rely on societal structures and systems that facilitate and create the conditions for their operation (for example, unequal power is one such condition).²

The evidence

Experiences of stigma and discrimination are a common occurrence in the lives of people who experience problematic alcohol and other drug use. Stigma and discrimination occurs across a range of settings including health care, community services, police, criminal law, employment and in the media. These every day experiences of stigma and discrimination are distressing and contribute to people feeling shame, anger, rejection and a sense of worthlessness and hopelessness. This can in turn impact a person’s motivation to seek treatment and negatively impact the effectiveness of treatment where it is accessed. It can also hinder people’s ability to connect with the broader community.³

¹ Karl Lancaster, Kate Seear, and Alison Ritter, “Reducing Stigma and Discrimination for People Experiencing Problematic Alcohol and Other Drug Use,” (Queensland Mental Health Commission, 2017).

² *ibid.*

³ Drug Policy Modelling Program, “Reducing stigma and discrimination for people experiencing problematic alcohol and other drug use” (2018), <https://dpmp.unsw.edu.au/sites/default/files/dpmp/resources/Monograph%2026%20Drug%20Policy%20Modelling%20Program.pdf>

There is a misconception that stigma and discrimination can be used in a positive way to discourage people from using illicit drugs, however there is no evidence to support this assertion and a wealth of evidence that points to the destructive impacts of stigma.⁴

Language can be powerful and the careless use of language can have a devastating impact. People experiencing alcohol and other drug issues are – first and foremost – people who have individual abilities, interests and needs. They are mums, dads, sons, daughters, sisters, brothers, friends, neighbours and colleagues.

In Australia, best practice is to use ‘person first’ language, which prioritises the person and describes the substance use as merely one element of their life. Using language thoughtfully can foster positive attitudes by emphasising the person rather than the issue.

Changing language is the first step to reducing stigma. Resources such as the [Language Matters guide](#) and the [Mindframe reporting guidelines](#) are useful resources on ways to talk about people who use drugs in a respectful manner.

Reducing discrimination requires a systematic approach to reform our health services, law enforcement and other systems that come into contact with people who use drugs to improve current practice. The Queensland Mental Health Commission’s *Don’t Judge, And Listen*⁵ research paper identifies that for Aboriginal and Torres Strait Islander peoples, ‘stigma and discrimination occurred in their personal and socio-economic interactions and interaction with the service system. This paper, together with the Commission’s options paper *Changing Attitudes, Changing Lives*⁶ provides a good starting point for systemic reform to reduce stigma and discrimination for people experiencing problematic alcohol and other drug use.

4 Queensland Mental Health Commission, “Changing Attitudes, Changing Lives,” (2018).

5 Queensland Mental Health Commission, “Don’t Judge, and Listen” Experiences of stigma and discrimination related to problematic alcohol and other drug use (2020)

6 Kari Lancaster, Kate Seear, and Alison Ritter, “Reducing Stigma and Discrimination for People Experiencing Problematic Alcohol and Other Drug Use,” (Queensland Mental Health Commission, 2017)

QNADA’s position

It is our view that the evidence supports:

- **person first language must be adopted across the health and community services sector in Queensland to reduce attitudes that stigmatise people who use drugs.**
- **careful reporting by the Queensland media of AOD issues will assist in reducing stigma and promoting help seeking behaviour.**
- **implementation of the options for reform outlined in *Don’t Judge, And Listen*, as well as *Changing Attitudes, Changing Lives* will contribute to system improvement and should be implemented as a matter of priority.**