



Position Paper Stigma & Discrimination

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No Harm, No Discrimination

atdc
Alcohol, Tobacco and other
Drugs Council Tasmania



The vision of the ATDC is a Tasmania without alcohol, tobacco and other drug related harm or discrimination. To achieve this, it is a priority of the ATDC to tackle the stigma and discrimination associated with alcohol and other drug use across the broader community and within the health and human services sector.

The ATDC believes that stigma and discrimination directed towards people who use alcohol and other drugs, including significant others and those who work in the alcohol and other drugs sector, should not be tolerated.

All people who use alcohol and other drugs have a right to respect, compassion and dignity, and a right to access services if they feel their use is becoming problematic.

The ATDC believes that the Tasmanian community needs to recognise that alcohol and other drug use is primarily a health issue, not a moral issue, nor a law and order issue.

Access to evidence-based, quality alcohol and other drug information and treatment services should be seen as a basic right of all Tasmanians, and should not be clouded by any particular moral stance on any individual drug or the use of drugs in general.

While the ATDC recognises that social change and altering community attitudes takes time, we are of the view that clear steps can be taken which would lead to a reduction in stigma and discrimination faced by people who use alcohol and other drugs. These include:

- **Supporting increased consumer engagement and participation in organisational policy development, planning, delivery and evaluation of alcohol and other drug services**
- **Changing the attitudes of professionals by providing anti-stigma awareness training to the health and community service workforce (including police and correctional staff)**
- **Combatting the negative portrayal of people who use alcohol and other drugs, including altering the language used across the media to describe drugs and the people who use them**
- **Supporting consumers, family and the broader community to understand and respond to issues of stigma and discrimination associated with alcohol and other drug use by making available relevant educational material and resources**
- **Increasing the availability of alcohol and other drug information and treatment services for all Tasmanians**

"As a former user, hearing people speak about 'dirty junkie' sort of shamed me, which made me feel less likely to be open and seek treatment and also to retreat into 'friendship' circles where using was the common bond."

Tasmanian community member

"As a worker often people say "tough gig", "good luck changing them" which usually means that once someone is abusing alcohol or drugs you won't change them – how wrong is it that people think this way."

"I have noticed discrimination for a client in the hospital system. The client smelling of alcohol but completely sober was judged and dismissed. Hospital staff referring their questions to me instead of the client."

Tasmanian alcohol and other drug treatment workers



Introduction

Experiences of stigma and discrimination are a common occurrence in the everyday lives of people who use alcohol and other drugs.¹

Stigma related to alcohol and other drug use can be understood as the conditioned negative attitudes, opinions and beliefs held by an individual that people who use drugs are somehow different to all other people. In this community's context, discrimination occurs when people who use drugs are treated less favourably than others because of their drug use.²

In recent decades we have seen the success of many campaigns which have led to a reduction in stigma based on, for example, mental health, race and gender. However, widespread stigma and discrimination towards those in our community who use alcohol and other drugs is still disturbingly prevalent and must be addressed.

The ATDC believes that all people who use alcohol and other drugs have a right to respect and dignity, and a right to access services if they feel their use is becoming problematic.

It is also not well known that addiction is deemed a disability under Tasmanian and Commonwealth laws, and discrimination against an individual on the grounds of their addiction is unlawful.

Challenging the current stigma and discrimination felt by the alcohol and drug client population in Tasmania has been identified as a future priority for the alcohol and other drug sector in Tasmania.³

The impact of stigma and discrimination upon people who use alcohol and other drugs

The impact of stigma and discrimination towards people who use alcohol and other drugs cannot be overstated or ignored as it devalues a person's presence in society.

The impacts of stigma are wide-ranging and can include low self-esteem and worth, feelings of isolation, helplessness, disempowerment, exclusion from social life, chronic stress and depression and difficulties with employment, housing and

education. These experiences are distressing and can result in people feeling shamed, shunned, worthless and hopeless, which in turn can trigger further alcohol and other drug use.⁴

Those who have alcohol and other drug use is more often than not seen as a personal choice or a moral failing, rather than a health condition and those who use alcohol and other drugs are seen as being responsible for their situation and are judged by others in the community.

The reasons behind alcohol and other drug use are complex and varied. Excessive use can be borne from individual and environmental factors including trauma and neglect, poor living conditions and social marginalisation. But equally, problematic drug use can stem from mismanagement of prescription medication.

"Stigma creates a barrier into treatment because of how it can convey to them what the community thinks of them and/or their choices. Prevents people seeking help before significant harm occurs."

Tasmanian alcohol and other drug treatment worker

¹ For the purposes of this paper, legal drugs, illicit drugs and tobacco are all included within the term 'alcohol and other drugs'.

² As defined by the Australian Injecting & Illicit Drug Users League (AIVL).

³ Tasmanian Department of Health, Mental Health Alcohol and Drug Directorate, *Reform Agenda for Alcohol and Drug Services in Tasmania – Consultation Draft*, August 2018.

⁴ K Lancaster, K Seear & A Ritter, *Reducing stigma and discrimination for people experiencing problematic alcohol and other drug use*, 2017, p8.



Many people experiencing problematic alcohol and drug use also have other comorbidities including, but not limited to, homelessness, mental health issues, health conditions such as hepatitis C and HIV, or involvement with the justice system.

Stigma and discrimination can create barriers to people seeking and receiving help to address problematic alcohol and other drug use and can also hinder their ability to reconnect with the community and access opportunities such as employment. Additionally, it can further compound social disadvantage and can lead to social isolation and exclusion which can have negative impacts on mental and physical health.⁵

People who use seek treatment for their alcohol and other drug use report experiencing stigma from service providers, and therefore develop strategies to avoid being stigmatised, including delaying presentation for care, not disclosing the severity of their drug use, downplaying pain and seeking care elsewhere.⁶

Discrimination towards people who use alcohol and other drugs is perpetuated by the negative portrayal of drugs and the people who use them, within the media. The continued focus on the links between (mainly illicit) drug use and crime, rather than drug use as a health issue, serves to reinforce negative stereotypes. Negative assumptions, such as people who use drugs are untrustworthy, violent or unpredictable leads to further social exclusion and estrangement from families and the community.

To shift community attitudes and encourage treatment seeking behaviour, the negative stereotypes of people who use alcohol and other drugs, particularly those who experience problematic use need to be challenged, and messages of support, and the availability of health services must be promoted.

Who is doing the stigmatising?

People who use alcohol and other drugs report stigma and discrimination to be the most pervasive in five settings:

1. Health care and public health
2. Welfare and support services, including housing
3. Public order and criminal law
4. Employment
5. Society at large⁷



Strategies to tackle stigma and discrimination need to happen across the spectrum with community, workforces and consumers themselves.



⁵ Queensland Mental Health Commission, *Changing Attitudes, Changing Lives*, March 2018, p5.

⁶<https://www.sciencedirect.com/science/article/pii/S0376871619300699> accessed on 15 May 2019

⁷ Queensland Mental Health Commission, p5.



Health professionals such as GPs, nurses, social workers, and pharmacists, as well as para-professionals, such as counsellors and case managers are a central part of the frontline workforce providing key services to individuals who use alcohol and other drugs. The attitudes of these professionals in regard to alcohol and drug use are often a crucial barrier for individuals seeking access to services.

My intoxicated daughter was placed in a wheelchair (nothing wrong with that) in the A&E and was noticed by an old friend from school who moved to sit beside her. Initially, my girl was not able to engage in conversation but after a period was able to appreciate her friend's company. A nurse then called her friend over and asked her if she wanted my daughter to be moved away from her. She replied indignantly "No, she's my friend!". When this was relayed to me I was so, so sad and very hurt for my poor, dear girl."

The often used word 'alkie' is stigmatising in itself – the label is dismissive of the human being's essence and his/her suffering. Since my child's death (so-called) educated people close to me have bandied this label in my presence; admittedly not about my child, but hurtful to hear nevertheless, And I have been asked to my face if it's a relief that my child is dead."

Tasmanian consumer representative

Discrimination by landlords, employers, workmates and friends has the effect of limiting the housing, employment and social opportunities for people who use drugs. This discrimination then also has the very real effect of impacting negatively on the lives of others too, such as partners and children.

Another environment in which stigma and discrimination towards people who use drugs is commonplace is within custodial settings. While there are people who work within the prison system who recognise the potential positive opportunities for treatment that incarceration can provide, there is still a significant level of genuine disrespect for prisoners who use drugs.

The concept of 'self-stigma' or 'internalised stigma' is something which has been researched and reported on. Self-stigma refers to negative thoughts and feelings (e.g. shame, negative self-evaluative thoughts or fear) that emerge when a person identifies with a stigmatised group and has been shown to impact negatively on a person's behaviour, for example avoiding treatment, lack of employment seeking, and avoiding close contact with other people.⁸

People who use alcohol and other drugs commonly report feeling stigmatised by close friends and family. They report feelings of estrangement, isolation and social exclusion, or treated like they are an embarrassment to their friends and family.

"Try being refused pain relief when you are in labour, you're labelled a druggie no matter what. I was giving birth, and they treated me like I was only there to get drugs"

Tasmanian consumer representative

Legal drugs

Stigma and discrimination are not just experienced by people who use illicit drugs. Stigma and discrimination are also experienced by people who use alcohol to excess, don't drink any alcohol and those who smoke cigarettes.

⁸ Lancaster et al, p20.



Alcohol use is often considered a social behaviour which promotes social inclusion, and heavy drinking can even be seen as socially acceptable at events like weddings, celebrations and parties. However, once a person's alcohol consumption oversteps the social norms, including anti-social public drinking, alcohol-fuelled violence, as well as the less visible forms of drinking (ranging from heavy drinking at home to more severe alcohol dependence), stigma can result.⁹

The stigma associated with alcohol use is also likely to aggravate the negative effects of alcohol dependence on social behaviour, social interactions and the social environment, and can hinder the seeking of professional help because people fear being labelled alcoholics and subsequently experience loss of social status.¹⁰

People who smoke cigarettes also report experiencing stigma and discrimination. Increased efforts in the last decade with legislative changes and marketing of smoke-free environments have been successful in reducing the number of people smoking and improving the health of many Tasmanians. However, the unintended and negative consequences of these changes are that there has been increased stigmatisation of smokers. Smokers report feeling shunned and humiliated in being restricted to unpleasant public areas to smoke.

"A man who had completed a month treatment in-patient was moving to a new area to remain sober and was refusing to tell his new GP he was in recovery."

Tasmanian alcohol and other drug treatment worker

What is needed?

Strategies to tackle stigma and discrimination need to happen across the spectrum with community, workforces and consumers themselves.

Engaging with people who use alcohol and other drugs at an organisational level

It is well recognised that the participation of people with lived experience should be core business for services and organisations that engage with people who use alcohol and other drug use. The involvement of consumers at the policy development, planning, delivery and evaluation levels of services and treatment programs will inevitably lead to a more consumer right's focussed sector.¹¹ Unfortunately, Tasmania is the only jurisdiction in Australia to not have a funded service user/consumer organisation - something which the ATDC is working towards amending.

"People generally don't like the way drugs can make a person seem, even long after they have given them up - I've not had one cone in the past 16 years but so many times a day someone personally challenges me with their own subjective view on the easy going gestures I acquired while on drugs - it is as if they smell it on me still."

Tasmanian consumer representative

⁹ G Schomerus, M Lucht, A Holzinger, H Matschinger, M Carta, & M Angermeyer. *The Stigma of Alcohol Dependence Compared with Other Mental Disorders: A Review of Population Studies*. Alcohol and Alcoholism. Vol. 46, No. 2. p105-112

¹⁰ Ibid

¹¹ Lancaster et al, p34.



Anti-stigma awareness training

Anti-stigma awareness training across all relevant workforces is key to increasing knowledge and reducing stigmatising attitudes. Awareness training broadly refers to *behavioural, educational, and social intervention programs that address actionable causes of stigma, by creating an awareness of what stigma is, how it is produced and its implications.*¹² The alcohol and other drug sector, including those frontline services on the peripheral, are the first point of contact for people seeking help and support. The quality of those initial interactions are vital in supporting people in their recovery and enabling access to a range of other services across the spectrum of their care.

Media awareness and training

The media, including social media channels, can play an important role in conveying messages that increase knowledge and understanding about alcohol and other drugs, thus reducing levels of blame and stigma. Educating the media on responsible reporting of information is a key action. Media reports and campaigning should use images and messages that promote support and hope and portrays people who use drugs as everyday ordinary members of our community. Frightening and demeaning imagery is ineffective and leads to further separation and stigmatisation of people who use drugs. Language is very important in any communication or messaging. Inaccurate or discriminatory use of language and terminology is stigmatising – a person is not their drug use, it is just one aspect of their life.

Information and marketing resources

The availability and promotion of information and education materials can help to reduce the stigma associated with alcohol and other drug use and accessing treatment services. Non-judgmental and credible messaging targeted at those in our community who use alcohol and other drugs, as well as family members and the broader community, can increase awareness of the complexity of the issues and reduce stigmatising attitudes.

Increase the availability of AOD treatment services

Alcohol and other drug treatment reduces stigma by showing care and concern for the welfare and wellbeing of people who use drugs. Availability (and promotion) of alcohol and other drug treatment services acknowledges that drug use is a health issue and should be addressed as such.

"Also the way the person themselves talk about themselves. Many of our clients use words such as 'druggie', 'loser' – their confidence in who they are has eroded and so negative self-talk has become the norm. This generally impacts on their recovery, their families / friends."

Tasmanian alcohol and other drug treatment worker

¹² Lancaster et al, p89.