



**AODCCC**

Alcohol and Other Drug  
Consumer & Community Coalition

# Alcohol and Other Drugs Stigma Position Paper

Moving Beyond Stigma

January 2026

*...beyond stigma*

# Acknowledgement of Country

AODCCC acknowledges that we are on Nyoongar country and extend our respect to the Traditional Custodians, the Wadjuk people, their Elders past and present. We recognise the strength, resilience, and wisdom of all Aboriginal, Torres Strait Islander and First Nations cultures.

We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

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## Recognition of Lived and Living Experience

We recognise the individual and collective expertise of those with a lived or living experience of Alcohol and Other Drugs. We appreciate and respect the emotional labour and vulnerability that is present in this space. We recognise the work of those who came before us to build the foundations to enable this work to take place.

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## About the AODCCC

The Alcohol and Other Drug Consumer & Community Coalition (AODCCC) is the peak body for alcohol and other drug consumer and community informed systemic advocacy in Western Australia. Our aim is to empower the voices of consumers, their families and supports, ensuring the health and wellbeing of our community. The AODCCC was incorporated in June 2018 in response to the need and support for an alcohol and other drug specific consumer and community informed advocacy body.

Our mission is to promote the interests, education and welfare of those affected by alcohol and other drug use. Our vision is community understanding shaped by the voice of people with lived and living experience of alcohol and other drugs. We are committed to challenging alcohol and other drug related stigma wherever it exists, in language, attitudes, behaviours, cultures, policies and systems. We will amplify the voices of people with lived and living experience of alcohol and other drugs, to advocate for responses that see alcohol and other drugs as a health and social issue.

# Stigma Position Paper 2026

Grounded in evidence and guided by community wisdom, this position paper was developed through research and respectful consultation with people who have Lived and Living Experience of alcohol and other drug (AOD) use. Their insights and expertise are essential in dismantling stigma and driving meaningful change.

## The AODCCC advocates for:

### 1. A Whole of Government Response

**Stigma and discrimination related to AOD must be addressed through a coordinated approach.** This means all health, education, justice, housing and social services working together to create policies and practices that reduce stigma and support wellbeing.

### 2. Community Led Change

**Real change starts with the voices of people with Lived and Living Experience of AOD.** Initiatives must be informed, co-designed and led by communities, ensuring that those most affected by stigma are at the centre of decision-making, policy development and service design.

### 3. Education and Narrative Change

**When we change the narrative, we change actions. And when we change actions, we change systems.** AOD literacy must be embedded in schools and community education to build understanding and compassion. Early education teaches young people that substance use is a health issue which can reduce judgement and stereotyping and encourage empathy and support.

### 4. Workforce Development

**We need to equip our human services workforce with the tools and accountability to respond effectively to AOD related stigma.** This includes professional development opportunities, trauma-informed training and clear key performance indicators (KPIs) that measure stigma reduction and compassionate care.

### 5. Investment in Lived Experience Workforce

**There is power in recognising Lived Experience as expertise and this professional workforce must be supported.** Investing in Lived Experience workforce development means increasing access to Lived and Living Experience leadership across health and human services, policy-making and community support. Lived Experience professionals bring connection, trust and hope to people navigating AOD challenges.

**Stigma:** A mark, stain or blemish, labelling someone as disgraced or of poor reputation [1]. Stigma hurts, divides, destroys, and even kills people, families and futures [2].

Stigma reduces people to labels and limits their opportunities. When stigmatising attitudes, behaviours and words are experienced, the impact can be devastating. It is embedded in our systems, policies and public narratives, and it can and must be dismantled.

Alcohol and other drug stigma is the negative attitudes, beliefs, behaviours, policies and systems directed towards people who use (or are perceived to use) substances, as well as their families, carers and significant others [3].

**These negative views are not based on reality or a persons true character. They stem from misunderstanding, fear, unfair assumptions and long-standing stereotypes.**

**Dismantling stigma is everyone’s responsibility.**

Stigma contributes to shame, withdrawal from community and reluctance to disclose use. This can lead to delays in help-seeking and engagement in care only at crisis points [4]. These cycles further entrench disadvantage and reinforce marginalisation [5,6].

## More than a label: The levels of Stigma

### Self-Stigma

Occurs when people internalise the negative messages they hear about AOD use [4].

People may:

- Believe harmful stereotypes about themselves.
- Feel guilt, shame or failure.
- Hide their substance use.
- Avoid seeking help or support.
- Experience isolation and declining self-worth.
- Be at an increased risk of self-harm or suicidal ideation.

### Public Stigma

Occurs in everyday interactions and community attitudes [4].

This includes:

- Being described with dehumanising labels such as ‘junkie’ or ‘addict’.
- Seeing harmful stereotypes reinforced on TV, in films and on social media.
- Being judged or denied goods or services.
- Receiving harsh or dismissive treatment from healthcare professionals, police and other service providers.

### Structural Stigma

Occurs when institutions and systems disadvantage or exclude people who use substances [4]. This includes:

- Avoiding healthcare due to fear of judgement and confidentiality concerns.
- Receiving lower quality or delayed care
- Policies that punish, exclude or reduce opportunities.
- Institutional rules that limit access to housing, employment, education or services.

## Wellness starts where stigma ends.

Many Australians use substances occasionally, others more regularly [7]. **Most substance use does not result in harm** [7]. People who use substances come from all walks of life regardless of income level, profession, age, cultural background or neighborhood.

**We all share vulnerability, and no one is immune to facing difficulty in their lives.** Life experiences, trauma, physical and psychological pain or distress can lead anyone to use substances [8]. For some people who use substances, regular use can lead to changes in the brain that result in a dependence on substances [9].

As a society, **we have a shared responsibility to respond with compassion and care**, to those who find themselves having challenges with their substance use. Yet struggles with substance use are still widely framed as a moral failing or character flaw and subject to harsh judgments.

This stigma drives discrimination that can impact every aspect of a person's life including:

- Access to healthcare
- Education and employment
- Housing and financial stability
- Community participation
- Interactions with the justice system

**When people are vulnerable, they deserve to be met with empathy and dignity, no matter their relationship with alcohol or other drugs.**



## End stigma and everyone wins.

Every Western Australian deserves dignity, respect and support, and to participate fully in their community. Yet people who use substances frequently experience being dismissed, labelled, judged and not believed [4].

This results in humiliation, fear and avoidance of care. Stigma is a significant barrier holding people back from getting the care they want when they feel they need it most.

The role of our systems in society is to protect and support people. Addressing stigma requires a coordinated and compassionate response from our health, social and justice systems.

**Dismantling stigma is essential for community wellbeing and is in everyone's best interests.**

**Change leads to better outcomes for all.** Stigma is powerful but not permanent. When we recognise how stigma shows up within ourselves, our communities and our systems, we are better equipped to challenge and change it.

**Awareness leads to understanding.  
Understanding leads to compassion.  
Compassion leads to action.  
Action leads to change.**

**We all have a role in reducing stigma and there are things we can do to affect positive change.**

## How do we move Beyond Stigma?

### Courage counts. Call out stigma!

While stigma describes the harmful thoughts about individuals or groups, there are certain behaviours and actions that result from these negative thoughts and perceptions.

- **Discrimination** is the unjust treatment people receive as a result of stigmatising beliefs.
- **Bigotry** is the intolerance of people who use or are perceived to use substances.
- **Vilification** is the public communications that stir up fear, contempt and disregard of people who use substances.

While educating people is an important method to reduce stigma, challenging people's behaviours is also very effective. When you change behaviours, people experience cognitive dissonance, where their thoughts don't line up with their actions, which then prompts someone to change their opinions.

**We must call out behaviours that can be observed, prevented and acted on.** It takes courage to address stigmatising attitudes and behaviours head on. Open conversations can help break down barriers and start to change attitudes.

### Education & training

A lack of training around the complex drivers of substance use, including trauma, mental health, inequality and pain, contributes to negative attitudes and poor-quality care [4].

Effective and evidence-based training builds knowledge, empathy and critical reflection.

#### Key components should include:

- AOD fundamentals: substance types, patterns of use, effects, dependence, and withdrawal.
- Understanding functions and social context of substance use.
- Recognising substance use in clinical settings.
- Challenging stereotypes and assumptions.
- Trauma-informed and harm reduction approaches.
- Reflective practice to uncover bias.

**Contact-based education, where individuals with Lived and Living Experience share their stories, is particularly powerful in humanising the experience** and is shown to reduce stigma, fear and moral judgement [10,4].

### Be Brave & Speak Up

#### Try to:

- Notice how people around you talk about substances and the people who use them.
- Make it known that you don't accept stigmatising language and actions.
- Encourage others to use person-first and accurate language and facts.
- Voice your concerns if you see stigmatising practices or policies in the places you visit or work in.



## The role of language in reducing stigma

Language is powerful and stigmatising words can be hurtful and disempowering to vulnerable people. Language shapes perceptions, beliefs and organisational culture.

We need to shift our language to reflect the current understanding of substance use complexities. When our words and actions reflect the nature of the health condition, we contribute to the wider support of people achieving wellbeing.

We can start by using person-first language: **Language that acknowledges a person as being first and foremost that... a person.**

**Adopting person-first, strengths-based language is a simple and powerful intervention [11].**



## Ten tips about language:

1. **People should not be defined by their substance use or diagnosis.** Use person-first and person-centred language.
2. **Language is broader than just words.** Adapt your body language and tone to convey warmth and respect.
3. **Substance use is a health and social issue.** Avoid framing substance use as a moral failing, exaggerating facts or relying on information that is not supported by evidence.
4. **Look for the most recent consensus on appropriate language** as terms can become outdated as language evolves.
5. **Choose terms that are strengths-based and empowering** and convey messages of protective and preventative measures for reducing harms related to substance use.
6. When discussing a person who uses substances **use factual and accurate information** to avoid sensationalist comments.
7. **Include help-seeking information** when working with people with a lived and living experience of substance use to encourage connections with health and/or harm reduction services.
8. Keep your audience in mind as **words can mean different things to different audiences**, depending on language and cultural contexts.
9. People with lived and living experience of substance use will refer to themselves and their life experiences in different ways, which may sometimes include terms that are stigmatising. That is their choice. It doesn't mean you adopt this language too. **Use non-stigmatising language always.**
10. If unsure it is always best to **ask a person what terminology they prefer.**

<b>Stigmatising terms.</b> <b>Instead of:</b>	<b>Preferred terms.</b> <b>Try using:</b>	<b>Why?</b>
Drug user, druggie, drug abuser	<b>A person who uses drugs, a person experiencing dependence</b>	Let's focus on the person, not the behaviour, and not the drug. Person-first and non-judgemental language emphasises the individual, which empowers and promotes a more person-centred approach.
Junkie, addict	<b>A person with a dependence on...</b>	This is someone who is likely in need of support and care for their substance use. The term 'junkie' is derogatory and 'addict' can label someone in a way that implies they can not change.
Illegal drug use	<b>A person using drugs</b>	Focusing on the legality of something can bring additional judgement. It doesn't help to support someone to associate them with being 'bad' or a 'criminal'.
Clean	<b>Abstinent, a person no longer using drugs</b>	If someone is now 'clean', what were they before? The term 'clean' implies that those who are using substances are unclean which is deeply judgmental.
It's a choice	<b>It's complex</b>	Believing it's a choice can be simplistic and damaging, and can feel like blame and judgement. There are many complex reasons for people to use substances, including trauma, poverty and many other factors outside a person's control. Saying it's a 'choice' does not tell the whole story.
'Those people'	<b>People who are affected by substances</b>	'Those people' focuses on creating an 'us' and 'them' which reinforces stereotypes and judgement. It implies that people who are affected by substances are different or 'less than'. We need to remember it can affect anyone and everyone deserves dignity and respect.
Drug seeking	<b>A person's needs are not being met</b>	People who use substances need appropriate care suitable to their needs. If their needs are not being met they can only do what they can to manage their circumstances.

## Real stories. Real people. Real change.

Contact-based interventions with direct engagement between workers and people with Lived and Living Experience is one of the most effective stigma reduction strategies. Even brief, structured interactions can shift attitudes, challenge misconceptions, humanise substance use and encourage reflection on unconscious bias [12, 13, 14].

Embedding Lived Experience educators and Peer Workers within training and services creates sustained opportunities for mutual learning and culture change.

**Lived Experience and Peer Workers bring unique expertise, enabling them to build trust and offer empathetic support** [15, 16].

Their presence improves engagement, enhances person-centred care and reduces judgement across the workforce [17].

Lived Experience and Peer Workers can:

- Advocate for people navigating complex systems.
- Influence service design and policy.
- Strengthen cultural safety and trauma-informed practice.

**Investment in Lived Experience workforce development is essential for stigma reduction and system reform.**

## Equity in care ends stigma.

AOD-related stigma is deeply intertwined with broader inequities, including poverty, racism, trauma and discrimination. Equity-oriented care integrates trauma-informed practice, harm reduction and cultural safety [15].

**It shifts the focus from "what's wrong with you?" to "what has happened to you?"** [18].

This approach promotes:

- Safety
- Trust
- Shared decision-making
- Cultural humility
- Awareness of structural inequities

Equity-oriented practice helps dismantle the power imbalances that lead to stigma and disengagement from care.



## Reform policy. Transform practice. End stigma.

Systemic reform requires courage and consistency.

Policy and practice reforms create the conditions for compassion to flourish. They reshape the environments in which people seek help and participate in community life.

**Stigma loses its power when systems place dignity, equity and lived experience at the centre.**

Individual action is important, but **lasting change requires reform across policies, systems, governance structures and institutional practices** [19].

Stigma is reinforced through the rules, procedures, funding mechanisms and organisational cultures that shape people's experiences of care, justice, housing and community life.

Systemic reform must align with best-practice principles of harm reduction, trauma-informed care and person-centred service delivery [20].

This requires reshaping the environments in which decisions are made and **ensuring that the people most affected by those decisions have influence and authority.**



## Key systemic reforms include:

- **Embedding Lived and Living Experience in Governance and Decision-Making.**

Stigma cannot be dismantled without the leadership of people most affected by it, at all levels.

- **Reviewing Policies Through a Stigma and Equity Lens.**

Many policies unintentionally reinforce stigma by penalising or excluding people who use substances. A comprehensive review is needed across sectors, including health, housing, child protection, policing, corrections, education, social services and employment.

- **Strengthening Cross-Sector Collaboration.**

AOD stigma is most harmful when systems operate in silos. People are frequently caught between disconnected services in health, justice, housing, income support, and mental health, leading to repeated traumatisation and exclusion.

- **Ensuring Accountability Through Measurement and Transparency.**

Stigma reduction must go beyond good intentions, to proof of progress. It must be measurable with clear indicators and transparent reporting. Measurement and transparency turn stigma reduction from a goal to a concrete, actionable commitment.

- **Legislative and Policy Reform at a Government Level.**

Systemic stigma is reinforced through laws that criminalise or punish people who use substances. A rights-based, public health approach requires legislative change.

**Stigma is a social and systemic construct that can and should be dismantled.** It fuels harm, drives inequality, and prevents people from seeking support when they need it most.

But it is also clear that **when communities, services and governments choose compassion, dignity and evidence-based practice, lives improve and systems transform.**

Reducing AOD-related stigma is both a moral responsibility and a practical necessity for a healthier, more equitable Western Australia.

We all share vulnerability. Likewise, **we all share the capacity to create environments where people are met with understanding** instead of judgement, support instead of punishment, and opportunity instead of exclusion.

### Stigma divides. Compassion connects.

Change begins with listening to and valuing the expertise of people with lived and living experience.

Their leadership must guide the policies, systems and cultural change required to shift how our community understands and responds to substance use.



Reforming language, embedding trauma-informed and harm-reduction approaches, strengthening the peer workforce, and ensuring accountability across sectors are all essential steps. **These steps must be taken together, with commitment and courage.**

By centering lived experience, challenging harmful narratives, and building systems grounded in respect and human rights, **we can create a future where every person, regardless of their relationship with alcohol or other drugs, is treated with dignity, has equitable access to care, and can participate fully in community life.**

The AODCCC is committed to driving this change. We invite government, services, communities and individuals to stand with us.

**Together, we can replace stigma with understanding, replace fear with empathy, and build a Western Australia where all people have the opportunity to live well.**

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