ALLIANCE TO END SUBSTANCE USE STIGMA WA

A comprehensive approach to addressing stigma and discrimination for people who use alcohol and other drugs.

This paper was informed and developed by the Alliance to End Substance Use Stigma WA.

Stigma is a common and complex problem for people who consume drugs and is a key challenge in minimising the harms associated with drug use.[1]

It is well documented that individuals who have concerns related to their own or another's alcohol and other drug use experience considerable levels of stigma.[2] [3] The World Health Organisation has identified that illicit drug dependence is the number one most stigmatised health condition globally. Dependence on alcohol is ranked as the fourth most stigmatised health condition.[4]

In Australia stigma associated with alcohol use is predominantly related to dependency rather than "use" of alcohol per se. For people who use illicit drugs, and especially for people who inject drugs, stigma is much more broadly experienced. The experience of stigma can have wide-ranging impacts on an individual's health, emotional wellbeing, and quality of life. These impacts include reduced opportunities for economic and social participation, deterrence of timely help-seeking, and a reduced willingness to access treatment or support for a range of health and social concerns. Further, systems can actively exclude individuals from accessing treatment, housing/ accommodation, or support services when policies, procedures and regulations are intentionally or inadvertently stigmatising or based upon prejudiced assumptions.

The attitudes and opinions of the general public are largely determined by negative and inaccurate media representation of problematic alcohol and other drug use. Mainstream media attention on these issues is typically sensationalist and simplistic, often linking substance use to crime, and positioning people who use alcohol or other drugs as deviant, criminal, and "other." This perpetuates fearful and/or moralistic views which maintain the justification for, and normalisation of, discriminatory treatment and social exclusion of individuals experiencing concerns relating to alcohol and other drug use.[5] This process can create a self-fulfilling vicious cycle of disadvantage and marginalisation.

Reducing stigma and discrimination, and promoting social inclusion, can aid in improving accessibility of services needed for people affected by alcohol and other drug use – resulting in improved health, well-being, and quality of life.

While most people who use alcohol and other drugs do not suffer serious harms, the use of any drug, whether legal or not, always carries risk. [These risks can be ameliorated] through reduced stigma and policy change.[6]

The impacts of stigma and discrimination

Many health and social services will not provide the same supports, or will completely deny access to services, if the person is intoxicated (or even perceived to be intoxicated), experiencing drug dependence, or in many cases if the person simply identifies as someone who uses alcohol and/or other substances.
People with challenges/health concerns associated with their alcohol or other drug use are frequently confronted by judgmental attitudes and treated in a discriminatory fashion in healthcare and social service settings, contributing further to reduced and delayed help-seeking and to health inequities.[7]

Impacts of stigma and discrimination related to substance use, experienced by individuals and affecting families and communities, are wide ranging, and include:

- Low self-esteem and self-worth
- Feelings of isolation and social exclusion
- Exclusion from community life
- Feelings of helplessness
- Disempowerment
- Physical and psychological distress
- Chronic stress
- Depressive symptoms
- Compounding existing trauma
- Compromised quality of life
- Increased disadvantage and inequity, particularly for the most marginalised
- Reduced accessibility of essential healthcare
- Unemployment and loss of income
- Reduced accessibility of support services
- Reduced opportunities for employment and economic exclusion
- Problems accessing education
- Problems accessing insurance
- Limited social opportunity
- Exclusion from public housing
- Criminalisation and incarceration
- Compounded stigmatisation (e.g. related to gender, race, health, social, justice concerns)
- Increased vulnerability and exposure to unethical and exploitative practice (due in part to not enough accountable/ regulated/ quality alcohol and other drug treatment services to meet demand) [8 9 10 11 12 13 14]

Consistency in the Government Strategy and Policy context

The Western Australian Mental Health & Alcohol and Other Drugs Strategy (2026-2031) identifies the need for a broad range of strategies to support changing societal attitudes to address stigma. The Strategy commits to:

- *Collaborative and coordinated initiatives to reduce the stigma and discrimination associated with alcohol and other drug use (within the focus area of Preventing and minimising alcohol and other drugs related harms).*
- *Comprehensive, evidence-based approaches to address stigma and discrimination in order to facilitate access to appropriate and people-centred services and supports (within the focus area of Delivering alcohol and other drugs harm reduction initiatives).*
- *Evidence-based approaches to stigma and discrimination reduction across health services to facilitate access and engagement (within the focus area of Integrating alcohol and other drugs services within hospitals).*
- *Holistic and strategic approaches to reduce stigma and discrimination for those experiencing alcohol and/or other drugs use issues and/or mental health issues (within the focus area of Culture that values lived and living experience, diversity and equity).*

Our Priorities for Government (2025-2029) includes a high-level vision that would benefit from any achievements to reducing stigma and discrimination of people experiencing challenges/ health concerns associated with alcohol and other drug use, for example: *for every Western Australian …. to be able to access the healthcare we need, when we need it.*

The National Drug Strategy (2017-2026) states *improving community understanding and knowledge, reducing stigma and promoting help seeking* as an evidenced approach to good practice, and warns against inadvertently or unintentionally further marginalising or stigmatising people from priority population groups who are at higher risk of experiencing alcohol, tobacco, and other drug related harm.

The National Preventive Health Strategy (2021-2030) promote *AOD policy and programs including prevention strategies [that] avoid and reduce stigma and discrimination* as an achievement goal, and also identifies that social and structural determinants significantly contribute to harmful AOD use and can include complex issues such as social and economic exclusion, poverty, marginalisation, racism, and stigmatisation.

The Queensland Mental Health Commission developed a range of 18 options falling within six domains for addressing alcohol and other drug stigma and discrimination.[15] These domains included: human rights; social inclusion; engaging people with a lived experience and their families; access to services (health and social services); the justice system; and economic participation.

The United Nations recognises that for *decades, governments have adopted a largely punitive approach to control narcotic drugs. UN experts say the results have been catastrophic and cite some of the harmful consequences: including mass incarceration rates, increased drug-related crimes and violence, record numbers of drug-related deaths, growing illegal production of drugs, and stigmatization and discrimination of entire communities.*[16] The International Guidelines on Human Rights and Drug Policy (2019) applies a human rights lens to equitable health and well-being for people who use drugs, as well as meaningful participation in *the design, implementation, and assessment of drug laws, policies, and practices, particularly by those directly affected*. Evidence-informed international drug policy has swung away from punitive stigmatisation and criminal justice approaches toward public health and human rights informed harm reduction approaches.

Harm reduction refers to policies, programmes and practices that aim to minimise the negative health, social and legal impacts associated with drug use, drug policies and drug laws. Harm reduction is grounded in justice and human rights. It focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that people stop using drugs as a precondition of support.[17]

The rationale and intention of state, national and international strategies, policies and frameworks are consistent. This consistency of policy intents, together with the overwhelmingly scientific evidence, cannot be clearer. This consensus identifies the need to:

- Provide more empathetic portrayals of substance use and of people that experience difficulties resulting from substance use.
- Improve treatment access and related supports that encourage help-seeking.
- Review and reform systemic and structural factors (including relevant legislation, regulations, and policies), focused on reducing the systemic drivers of stigma and discrimination.

While the evidence, expert consensus, and policy alignment are not new the factors that have acted as barriers to effecting meaningful change are less clear. The Alliance to End Substance Use Stigma WA proposes three options, that if enacted concurrently may set a foundation for sustainable positive progress that is practical, evidence-informed, and acceptable within community.

The Matrix for Change below identifies three environments where opportunities exist that would contribute to advancing sustainable change and reduce alcohol and other drug stigma and discrimination. These opportunities are already primed for action. These options, while requiring more detailed implementation planning, are practical, evidence-informed and achievable.

Matrix for Change – setting a foundation for reducing alcohol and other drug stigma and discrimination.

ENVIRONMENT OPPORTUNITIES	WHAT WE KNOW	OPTIONS FOR ACTION – PRACTICAL AND EVIDENCE-INFORMED
IN THE COMMUNITY	People who use substances and those impacted by another's substance use frequently experience stigma and discrimination, expressed through judgement and social exclusion.[18] We know • The general population of Australia is more supportive of a health responsefor people with alcohol and other drug concerns rather than a punitive response.[19] • Research clearly indicates 'the way we talk about illicit drugs and people who consume drugs plays an important role in helping to reduce stigma.' Other than the 18% of the population that do not have discriminatory attitudes, 66% can be persuaded to positively shift their attitudes.[18]	**Community development that proactively frames alcohol and other drug use and talks about people who use substances in a way that engenders humanity, dignity, compassion, and a focus on health equity.** Services within the alcoholand other drug system currentlyprovide community development related to prevention and health promotion. To address stigma and discrimination, an expanded and resourced community development model needs to incorporate intentional and proactive community awareness raising that is consistent with the research on the values-based language and approach needed to effectively reduce stigma and discrimination. This approach would need to offer professional development specifically for workers in alcohol and other drug community development roles. People with lived and living experience play a vital role in informing and contributing to the design and deliveryof this essential training. Information sharing opportunities/ communities of practice would support workers to adapt this evidence-informed approach to best meet local community contexts and needs.

ACROSS THE SYSTEM OF SERVICES	Stigma can make people feel unwelcome and unsafe, and may prevent them from seekinghealth and support services. It can have negative impacts on a person's wellbeing, employment and social outcomes.[18] We know • Problematic use of alcohol and other drugs rarely happen in isolation. There is significant intersectionality betweenproblematic alcohol and other drug use and many other social concerns including mental and physical health, homelessness, and family and domestic/sexual violence.[20] • There are evidence-informed approaches for supporting service change management to build confidence and capabilities to deliver routine practice that is responsive to people who use alcohol and other drugs, including consideration for population diversity.	**Whole-of-government commitment and accountability to enable improved cross-sector responsiveness to alcohol and other drug use.** Ability to have open, honest, non-judgmental conversations about alcohol and other drugs in settings across intersecting sectors is central to effectively addressing stigma and discrimination around substance use. Coordinated cross-sector capacity building initiatives that offer information, training, and enhanced networking for localised services could effectively support staff to build evidenced knowledge, skills, and confidence about alcohol and other drug use. This includes learning reflective practice to uncover unconscious bias, how to ask or talk about substance use in a way that builds trust and safety, to provide tailored information and/or harm reduction guidance, to have knowledge of local specialist services, and to refer people when appropriate and/or to seek advice or support if needed. [21] Opportunities for capability building for alcohol and other drug responsiveness across sectors has been identified in consultations with peak bodies from other sectors. Several evidence-informed capacity/capability-building tools have also been collaboratively developed and tested in various areas.

WITHIN POLICY AND LEGISLATION	Policies and institutional structures can intentionally or unintentionally restrict opportunities of people who use illicit drugs or experience a dependence on AOD.[22] People who use alcohol and other drugs may be limited in terms of their capacity to participate in political processes and to help reshape law, policy, practice and rights questions, including because of stigma, criminalisation and other factors that shape their ability to have a say in the processes that affect them.[23] We know • There is a history of effective engagement of people with lived/living experience in systemic advocacy within the WA alcohol and other drug sector. • There is growing awareness of the distinction between mental health and alcohol and other drug stigma and discrimination.[24] • Principles of participation, engagement and co-design are increasingly supported by government.	**Meaningful and purposeful inclusion of people with relevant and contemporary lived/living experience of alcohol and other drug use in a coordinated process of reviewing and reforming systems culture, legislation, regulation, policies, and practices.** Structures that lead to stigma and discrimination can be invisible to people who are not impactedby stigma. Authentic engagement with, and involvement of, the affected populations is essential to any genuine attempt to reshape legislation, policy, and practice. The inclusion of people directly affected by laws, policies and practices as a standard practice creates opportunities to identify and address stigmatising and discriminatory elements across all levels of development, implementation, and review of related government legislation, regulation, strategy, policy, and processes. Processes of legislative and policy development, review, and/or reformneed to be initially prioritised based on where evidence indicates the greatest harms from alcohol and other drug stigma and discrimination occur, as well as where there are identified opportunities (including readiness) for change. This requires a coordinated plannedapproach, underpinned by awareness, education, collaboration, and participation to support ownership by all stakeholders.

ALLIANCE TO END SUBSTANCE USE STIGMA WA

About the Alliance to End Substance Use Stigma WA

The Alliance to End Substance Use Stigma WA brings together key alcohol and other drug advocacy organisations, peak bodies, alcohol and other drug service providers and lived and living experience representatives to network, identify and or establish joint advocacy and project initiatives with the purpose of addressing alcohol and other drug related stigma and discrimination in Western Australia.

Founding organisational representatives from across the Alcohol and Other Drug Consumer Community Coalition (AODCCC), Peer Based Harm Reduction WA (PBHR WA), and the Western Australian Network of Alcohol and Other Drug Agencies (WANADA) engage for strategic discussions and coordinated action, to improve outcomes for the Western Australian community, by working to reduce the impact of alcohol and other drug related stigma and discrimination.

Together, this alliance is well placed to represent people with relevant lived and living experience, alcohol and other drug sector workers, and organisations that are committed to improving health-equity for people who use alcohol and other drugs, and to support better outcomes for people affected by their own or another's use.

Objectives of the Alliance:

1. Provide a collaborative and proactive approach, informed by the affected populations, that identifies and promotes mid- and long-term strategies to address systemic issues that contribute to alcohol and other drug stigma and discrimination.
2. Create a network for relevant information sharing and collaboration between organisations, individuals, and stakeholders committed to reducing alcohol and other drug related stigma and discrimination.
3. Provide opportunities for a collective voice to service providers, government, and policy makers to better inform responses to alcohol and other drug related stigma and discrimination.
4. Ensure authentic lived and living experience input and collaboration is maintained throughout the activities of the group via direct representation, member networks, and consumer advisory groups.

About the Alliance members

AODCCC
Alcohol and Other Drug
Consumer & Community Coalition

The Alcohol and Other Drug Consumer & Community Coalition (AODCCC) works to reduce stigma and discrimination by placing lived and living experience at the center of community engagement, education, and systemic advocacy across Western Australia. By empowering individuals to share their stories and amplifying peer voices, the AODCCC challenges harmful stereotypes and fosters compassion and understanding around alcohol and other drug use. Through training and education initiatives, it promotes knowledge and awareness that reframe substance use as a health and social issue rather than a moral or criminal failing. The AODCCC also supports inclusive governance and policy advocacy, ensuring lived and living experience informs decision-making and sustainable solutions. By engaging communities and building cross-sector partnerships, the AODCCC strengthens trust, promotes dignity and respect, and creates safer, more supportive environments where individuals can access support without fear of judgement or discrimination.

The AODCCC Membership Survey Report 2025 – 2026 includes many personal experiences of stigma and discrimination, highlighting compounding factors to improving health and well-being. A few of these stated experiences are offered below. Addressing stigma and discrimination is critical to improving outcomes for people with lived/living experience of alcohol and other drug use and the broader community.

I was ostracised from friends; my suicidality and mental health was dismissed by doctors and family/friends because of my lifestyle/habits. I was treated as though I was stupid, reckless, asking for it. When assaulted, people blamed my lifestyle. This caused lots of trauma....

One nurse said, 'do you know how much taxpayers' dollars are wasted helping people like your Mum?' ... The last five years have been unbearable – it has affected every aspect of our lives.

My parents all but wiped me from their lives, calling me a 'junkie' and kicking me out of home, rendering me homeless and livingrough for the next 4.5 years. Stigmaand shame became'normal' for me on an almost daily basis – even when I was trying my best to get my life together and find support wherever possible.

My experience is currently one of shame and exile. Sadly, my family members fear what they don't understand so I have been shamed, and they have cast me out from the family.They believe all drug addicts to be liars and people that will never be able to be trusted despite me never giving them a reason to think this.

peer based harm reduction wa

Peer Based Harm Reduction WA (PBHR WA) is a consumer-led not-for-profit and the state's largest provider of health and harm reduction services for people who use drugs. Our programs include peer-education projects, needle and syringe exchanges, overdose prevention and take-home-naloxone, outreach services, and fixed-site and mobile health clinics. PBHR WA also provides training and work force development to other front-line organisations. Established in 1996 by people who use drugs, PBHR WA is managed and run by and for people with relevant lived/living experience, and is part of the national network of lived/living experience drug user organisations and a full member of the Australian Injecting and Illicit Drug Users League (AIVL), the national peak body for peer-based drug user organisations.

PBHR WA advocates for evidence-based medicine and for evidence-informed health and social policy regarding alcohol and other drugs. Our work is underpinned by the basic principle that the right to health, the right to safety,and the right to freedomfrom discrimination are all fundamental human rights, and that everyone should be treated equitably and with respect, regardless of their circumstances. We affirm that good research, good policy, and better outcomesfor communities all flow from authentic engagement with and involvement of the affected populations. PBHR WA aims for an inclusive society where all voices are heard, and where people are treatedwith dignity and have equitableopportunities regardless of their choice to use drugs. To further this aim, we work to advance the health, dignity, and social justice of people who use drugs in Western Australia. Of necessity this involves attention to countering the stigmatisation of people who use drugs and fighting the prejudice and discrimination that increase disadvantage and marginalisation and that create barriers to equitable access to services.

wanada
Western Australian Network of Alcohol & other Drug Agencies

The Western Australian Network of Alcohol and other Drug Agencies (WANADA) is the peak body for the specialist alcohol and other drug services in Western Australia. Approximately 90% of these services are not-for-profit. They deliver prevention, community development, support, safe places while intoxicated, harm reduction, counselling, withdrawal, residential treatment in the community and in prisons, post residential transitional housing, and post-prison re-entry services. WANADA considers it a fundamental human right of all Western Australians to have access to services that meet their health and wellbeing needs.

Stigma and discrimination, however, create significant barriers to service access and can severely impact quality of life. This is particularly the case for people affected by problematic alcohol and other drug use.

WANADA is committed to advocating for and enabling reduction of stigma and discrimination experienced by those affected by alcohol and other drugs. All members of the community, services and government must work together to build inclusive communities that support people to access the assistance they need, when they need it, regardless of their circumstances and alcohol and other drug use.

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