

TACKLING STIGMA IS EVERYONE'S BUSINESS

A tool for talking about drugs and tackling stigma





Think of your favourite picture – maybe of a loved one, or one you’ve taken yourself, or even a painting. Now imagine two copies of it - framed. One is in a wooden frame. It’s marked, and chipped and the pieces don’t fit together. The hinge on the stand is worn out and it doesn’t sit quite right.

The other is framed in your favourite colours. It has a strong, well-made frame, decorated with intricate patterns. Maybe the name in title of the picture is in a gold metal piece.

The picture is the same, but one is way more appealing than the other. One is much more likely to make it onto your wall or mantelpiece. The well framed picture allows you to concentrate on the image, notice the details and relate these to your experiences. That’s framing.

It’s about how we present our message – in a way that is given attention or care, and in a very careful, and considered way. Language is often our frame. Framing something well makes it easier to engage with. And tackling Stigma deserves our very best care and attention. Every word we choose to use is important. Framing means using evidence to make deliberate choices in the way we communicate. How we discuss drugs has a big impact on how our audience thinks about and communicates with people affected by drugs.

We all have choices about the way we communicate – make sure yours matter. Let’s frame our conversations without stigma

Contents

Key Message 1:

Stigma Kills _____ 4

Key Message 2:

Everyone Knows Someone _____ 6

Key Message 3:

Stigma is a barrier to good health and quality of life _____ 8

Key Message 4:

It’s everyone’s business to tackle drug stigma _____ 10

Key Message 5:

Blame is not constructive _____ 14

Key Message 6:

Tackling Stigma is a human rights issue and reduces harm _____ 16

Key Message 1: Stigma Kills

A small six letter word with a punch. A blow so powerful as to cause an end to a life.

Heidi Tweedie, Moray Wellbeing Hub CIC

The word 'stigma' has a history.

In ancient Greece, it was a mark branded onto the skin that physically labelled someone as disgraced or of poor reputation. People still face similar labels today, although the mark may be less visible.

People who use drugs, people in recovery, families and communities experience stigma.

Stigma is the social process of devaluing a person by labelling them as different then attributing negative values to those differences (1).

Stigma is closely linked to prejudice, stereotyping and discrimination. Stigma intersects with other ways people are disempowered and marginalised (ethnicity, gender and sexual identity among others) often increasing risk and harm.

Stigma can be 'internalised' – beliefs we have about ourselves. It can also be 'externalised' – beliefs and attitudes other people have about us.

Types of Stigma

Self-Stigma

The internalised feelings of shame, guilt, or self-criticism that a person may experience as a result of their drug use.

Societal Stigma

The prejudices and stereotypes commonly held by society about people who use drugs, such as viewing them as weak or lacking willpower.

Institutional Stigma

The discrimination embedded in the laws, policies, or practices of organisations and systems that marginalises individuals who use drugs.

By Association

The negative social judgement or discrimination that a person experiences due to their connection with someone who is already stigmatised. Can also be known as courtesy, associative or affiliate stigma.

The different types of stigma often interact and reinforce each other. For example, societal stigma can influence institutional policies, which may further intensify self-stigma among individuals.

Tackling stigma helps people feel a greater connection to society, more included and more likely to access treatment and support for recovery.

Stigma kills people.

Reframing the societal approach towards people who use drugs, their families and those who work in drug support services is not about encouraging drug use. It is about reducing trauma, supporting people and ultimately saving lives.

Changing Lives, Scottish Drugs Death Taskforce (2022)

Can you think of someone you know who has experienced stigma? What type of stigma did they experience?

Stigma

Key Message 2: Everyone Knows Someone

Many people across Greater Glasgow and Clyde are affected by drug use. They are our family, friends, colleagues, neighbours and people who use services. One in four (25%) people who live in the NHS Greater Glasgow and Clyde area report taking either drugs or prescription medication they weren't prescribed (2).

We know when one person uses drugs or alcohol, on average, it can impact on 11 people in their family. We call this 'the ripple effect'. And yet it takes, on average, 8 years for families to reach out for support for themselves. We know the fear of other people's judgements stops families from seeking or reaching the support they need (3).

The impact of drug use is not experienced equally across society. People who use drugs are more likely to face poverty and deprivation. In 2023, people living in the most deprived areas of Scotland were more than 15 times more likely to die from a drug related death than in the least deprived areas.

Tackling stigma and understanding how it connects to other ways people are disadvantaged, is vital to addressing drug related harm, including deaths. Reducing barriers and tackling stigma is everyone's business because we all know someone. See the person, not the label and not the drug.

Shame needs to be removed and support needs to be put in its place.

Family member quote, Ask the Family

Everyone Knows Someone **Stigma**

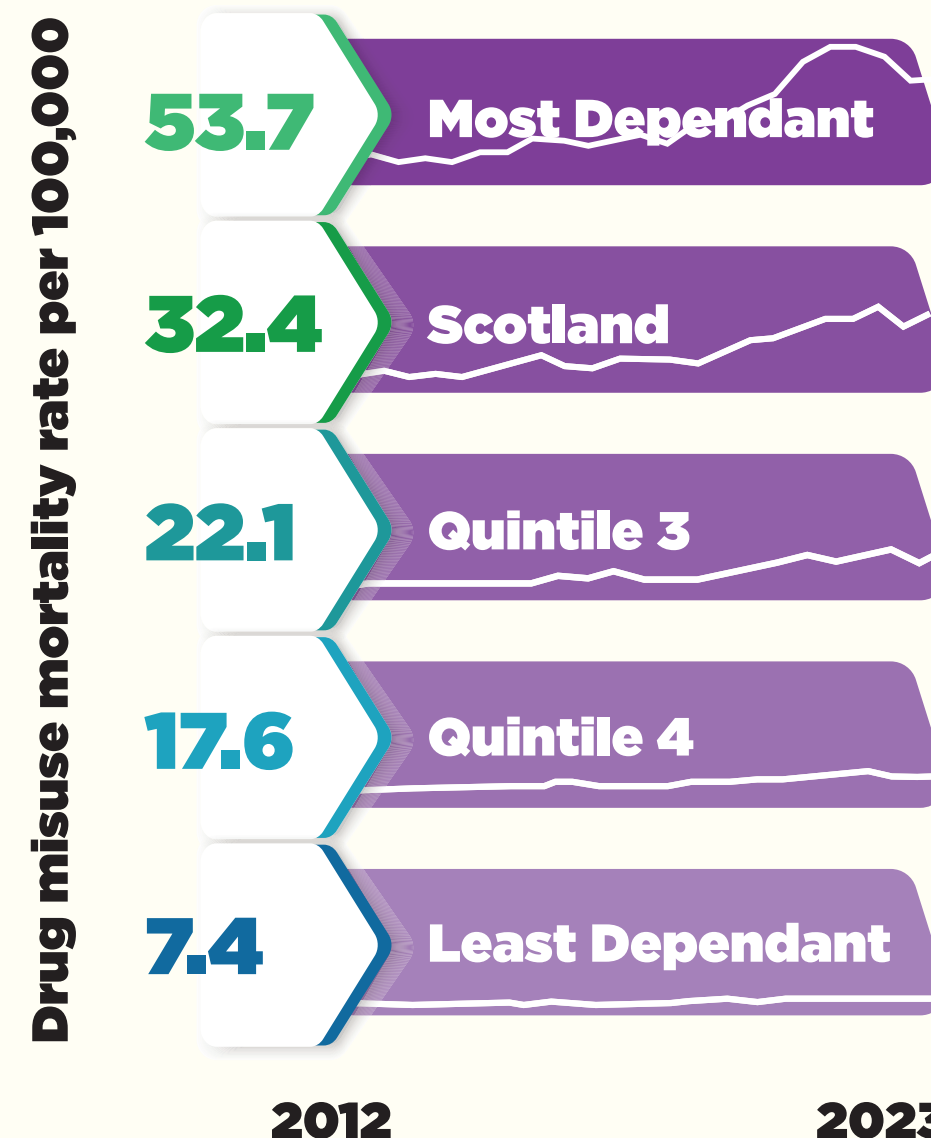


Figure 4: drug misuse death rate are 15 times as high in the most deprived areas

Can you think of someone you know who has ever used drugs?

How did this impact on you or other people?

Key Message 3: Stigma is a barrier to good health and quality of life

Anyone accessing a service should experience a welcoming environment that treats them with dignity and respect, and that works with them to improve their health and wellbeing. This is not always the case. People who are affected by drugs tell us that they have experienced stigma in a variety of places such as; health and care services, in their street and at home, at local shops and in the workplace.

Stigma is one of the biggest barriers people who use drugs can face when accessing any form of treatment and care. That matters a lot because engaging in treatment and care is the biggest protective factor from drug overdose and death. There is a straight line between tackling stigma and helping to reduce drug related deaths.



Feelings of stigma



Tackling stigma at all levels is essential to fostering an inclusive and supportive environment for people who use drugs.

How might stigma get in way of someone seeking help or support?

Good Health
Quality of life

Key Message 4: It's everyone's business to tackle drug stigma

Tackling stigma is a jigsaw puzzle, with many different pieces.

We don't all need to be experts, but we all have a role in tackling stigma. Understanding stigma and approaching interactions with kindness and compassion is the key. While tackling stigma is more than language, it can have an impact. It's all part of the larger puzzle.

Language can be complex. Words that some people find judgemental can be empowering for others. It's important we meet people where they are, and ensure they are comfortable to communicate with us and that we do so with dignity and respect

The table below highlights words and phrases that you can use for a more kind and compassionate approach.

Instead of:	Try:	Why?
Drug User	A person who uses drugs	Person first language emphasises the individual, which promotes a more person-centred approach. Let's focus on the person, not the behaviour, and not the drug.
Junkie	A person who uses drugs	This is often used to describe someone who uses opiate drugs, such as heroin. The term "Junkie" is derogatory and another word for trash or rubbish.
Addict	A person who uses drugs	Person first language emphasises the individual, which promotes a person centred approach continued over.

Instead of:	Try:	Why?
	A person who uses drugs	This is someone who is likely to be in need of support with their drug use. Some people find the term "Addict" dehumanising, while other people can feel it is empowering. It can label someone in a way that implies they cannot change or develop.
Illegal Drug Use	A person using drugs	Drugs are often referred to as controlled substances. This is a complicated topic, but focusing on the legality of something can bring additional judgement. It doesn't help support someone to label them as bad or criminal. This isn't something we need to focus on, and it can be a barrier to support.
Clean	Abstinent Abstinence Sober Person no longer using drugs A person in recovery	The term "clean" could imply that those who are using drugs are not 'clean' and may be viewed as dirty. If someone is now 'clean', what were they before? Some people do find this term deeply judgemental, while for others it can feel empowering.
It's a choice/ lifestyle choice	It's complex	This belief could be viewed as simplistic and damaging and can feel very blaming and judgemental. There are many complex reasons someone may use drugs, including trauma, poverty, and many other factors that are not in someone's control. Saying "it's a choice" doesn't tell the whole story.

Instead of:	Try:	Why?
A 'chaotic person' Chaotic lives "Living in chaos"	A person who uses drugs Challenging or difficult circumstances Complex daily routines	This is a general term used to describe the often complicated and challenging lives of people who use drugs. It implies people have little or no control in their lives, and often ignores their strengths and the things that are going well. Let's focus on lives instead of labels.
"Those people"	People who are/have been affected by drugs	The term focuses on creating an "us vs them" narrative. This can reinforce stereotypes and judgement. When we tell this story, we are saying that people who use drugs are different from us, and often describing them as 'less-than' other people. Let's focus our language around individual experiences and remember everyone deserves dignity and respect.
A 'co-dependent' 'Enabling behaviour' (about families)	A family member affected by drug use A concerned significant other Ways of coping	These words are often used to label complex behaviours or lives. They can feel blaming, judgemental and imply fault and responsibility where it may not belong. Let's focus more on the impact on families, rather than labelling them.

Stigma

Instead of:	Try:	Why?
Substance misuse/ Substance abuse	Drug Use Drug use problem	The term substance misuse could imply that individuals are purposely misusing the drugs, therefore carrying judgment and reinforce stereotypes. Using the term drug use/drug use problem focuses on the persons experience without judgment or blame.

For further reading on these issues, please consider having a look at some work carried out by the Scottish Drugs Forum in their publication 'Moving Beyond People First Language – A glossary of contested terms in substance use' (2020).

A note about language

Sometimes people with lived and living experience may use language to describe themselves that others wouldn't. They might find reclaiming a specific word is empowering or they may simply feel more comfortable using certain words and phrases that have a particular meaning to them. It's not our job to correct them. It's important we meet people where they are comfortable to communicate with us and we do so with dignity and respect.

Changing our language isn't the whole picture when it comes to tackling stigma. It is a crucial piece of the jigsaw puzzle, and we can all play a part in putting it together.

Think of words or terms you might have used in the past. Why have you stopped using them?

Key Message 5: Blame is not constructive

For people to feel safe accessing services they need to feel supported to do so. People who use drugs, and their families, may already feel guilty, shameful or even blame themselves. This self-stigma very often means they avoid accessing services and continue to use drugs. Blame stops people from seeking support.

Beliefs around people's drug use can be very blaming and judgemental. There are many complex reasons someone may use drugs, including trauma, poverty, and many other factors that are not in someone's control.

Substance



Person

Environment

The 'Public Health Model of Addiction' (Zinberg, N.E., 1984 Drug, set and setting: The basis for controlled intoxicant use. New Haven: Yale University Press) notes that drug use is a complicated tangle of three main factors:

- The substance – such as heroin, or cocaine, and their effects.
- The person – influenced by their biology, mental wellbeing and personal coping skills.
- The environment – such as social norms, or how available a substance is within a community.

We know that drug use is complex and is more than a personal choice. Blaming individuals solely for drug use isolates them further, leaving them feeling unworthy of help and support.

There are also many other complex and intersectional drivers behind why some people develop problem substance use. These include adverse childhood experiences including care experience, parental substance use, social exclusion and trauma. Such experiences throughout the life course can both initiate and exacerbate problem drug use.

Cross Government response to Drug Death Task Force recommendations

Blame is a barrier. In Scotland, stigma fuels shame and stops people from seeking support. Compassion, not criticism, helps people to break free of this cycle

Can you list some of the factors you think might contribute to someone using drugs?

Key Message 6: Tackling Stigma is a human rights issue and reduces harm

In January 2022 Scotland's National Collaborative was established and is supported by a team from Scottish Government Drug Policy Division facilitated by The Health and Social Care Alliance Scotland (the ALLIANCE).

The National Collaborative's vision is to integrate human rights into drug and alcohol policy leading to better outcomes for people affected by substance use.

Charter of rights, The National Collaborative.

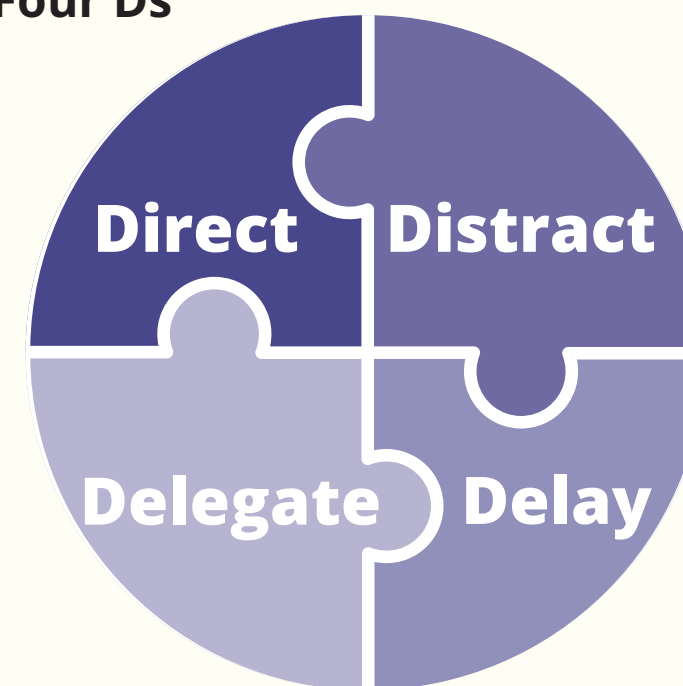
In December 2024 The National Collaborative published a Charter of Rights for People Affected by Substance Use contributing to Scotland's National Mission to reduce deaths and improve the lives of those impacted by substances.

How can we reduce Stigma?

Recognising stigma is the first step to tackling it. When you witness stigmatising behaviour, you have a choice about the action you take. Whatever action you choose you show stigmatising behaviour is not acceptable.

The 4D model outlines the different actions you can potentially take to tackle stigma. Every situation is unique and must be assessed to determine the best course of action.

Tool 2 - The Four Ds



The Scenarios below encourage you to think about

- What do you think?
- What do you feel?
- What would you do?
- How would you use the 4Ds?

DIRECT:

When you act immediately to call out stigma. When choosing to take direct action it's necessary to also explain why stigma is not acceptable. Your voice and body language can be helpful in demonstrating disapproval of behaviour. It's important to act only if safe to do so.

DISTRACT:

This is a more subtle and indirect way to take action to tackle stigma. You might cause a distraction intended to de-escalate a situation by interrupting, changing the subject or creating a diversion. Distraction can be useful if it's not safe to take direct action.

DELEGATE:

When you recognise it's beneficial to delegate the responsibility of acting to a more appropriate authority. This could be a line manager or someone with the social power or relationship or skills to effectively manage the situation.

DELAY:

Delaying is still an important action and doesn't mean doing nothing. It means acting after the event, once you have had time to reflect. There are many reasons you may not be able to act at the time but that doesn't mean it's too late to act. If possible, checking with the individual who experienced stigma after the event, recognising what happened wasn't OK and offering further support is an important step in tackling stigma.

Scenario	What might this sound like?
You overhear workplace 'chat' and staff refer to people as 'junkies' and 'addicts' and begin to do impressions of that person's behaviours. Your colleague James is present. James' sister Maria is currently getting support for her drug use and is in recovery. You feel upset and angry, and concerned about James	Direct "That language isn't on – it's stigmatising. It causes harm and contributes to drug related deaths."
	Distract "Oh has anyone seen today's news?" "What's the song on the radio?" Knock over waste paper bin "Did anyone see the telly last night?" "Oh is that the time?"
	Delegate You ask to speak to your line manager in private. You tell them what happened, how it made you feel, and ask them to take responsibility to deal with it.
	Delay You wait until a quieter moment of the day, and ask to speak to the colleagues in question. You wait until things are quieter, and speak to James to check in with him and ask if he is okay. You let him know that you thought the chat was out of order.

Can you think of an example of a time you could have taken direct action?

What could this have sounded like?

Can you think of other scenarios when you might see stigma, and could use these techniques?

Can you think of a time when you have already used one of the 4D's?

What happened? What could you have done differently?

Other ways to tackle stigma	
Destigmatising language.	Encourage the use of non-judgemental and person first language. By changing the way we talk we create a culture of understanding and respect.
Promote social inclusion and social justice for people who use drugs and their families.	Create opportunities for meaningful engagement in communities and workplace. Support advocacy for equal access to housing, employment and education for people who use drugs and their families.
Highlight the damaging nature of stigma and discrimination on the people who use substances and their families by talking about it and expose peoples' negative attitudes and behaviours.	Share stories and experiences that show the harmful effects of stigma. Campaigns, training and community discussions can reveal how negative attitudes impact individuals and families.
Tackle by starting from what people know and not from what you want them to think. The goal is acceptance of difference and equality.	People are more open to change when conversations begin with their existing beliefs. By using empathy can help connect with people and allow new views and acceptance relating to drug use to be introduced.
Develop knowledge and understanding around substance use.	Access to resources, workshops and discussions about drug use and recovery breaks down barriers and builds empathy.
Team training and development around drug use to improve service responses.	Attending training on stigma can greatly influence the quality of care and support people receive.
Discuss and assess policies practices and behaviours.	Review policies to ensure they promote dignity and equity. Engage staff in discussions about behaviours around stigma and ways to address them.
Seek views of people who use services.	Use surveys, focus groups and feedback sessions to hear directly from people that use your service and incorporate this into policy and service improvement.
Employ and include people with lived experience.	Actively recruit people with lived experience into meaningful roles within your service. Having lived experience within your service can challenge stereotypes.

Further resources to support with talking about drugs and tackling stigma are available on the [NHSGGC Alcohol and Drug Health Improvement Website](#).

Intersectionality

This framing document focuses on drug stigma however we acknowledge stigma does not exist in isolation. There are many overlapping factors that influence a person's individual experience of stigma.

There are strong links between poverty, trauma, mental health, substance use and experience of the criminal justice system. The resources below provide further guidance on how best to frame our language and communication to tackle stigma when discussing these topics.

- How to talk about alcohol – Framing recommendations to deepen understanding of harm and build support for action. Alcohol-Toolkit_Final.pdf
- A framing toolkit: Talking about poverty.Framing toolkit: Talking about poverty | Joseph Rowntree Foundation
- Talking About Community Justice – Framing Toolkit. Framing Toolkit - Community Justice Scotland
- See Me – End mental health discrimination. See Me | End Mental Health Stigma and Discrimination | End Mental Health Stigma and Discrimination
- National Trauma Transformation Programme - Homepage - National Trauma Transformation Programme

Final thoughts

Thank you for reading this framing document. We hope you found it useful. The people you work with don't hear these messages every day. You and your conversation, letter or policy document might be the first time someone notices and feels reassured about tackling stigma.

People who are affected by drugs don't just exist in services or have their lives mapped out by drug strategies. They are our family, friends, colleagues and neighbours and we can make a difference.

Tackling drug stigma is everyone's business.



If you have any comments or feedback please contact the Stigma Action Group at ggc.mhead@nhs.scot



Why We Made This Toolkit

The Equality Act 2010 does not classify alcohol or drug use problems as a disability (one of the nine protected characteristics) unless originally the result of a medically prescribed treatment (4). This means organisations have no legal requirement not to discriminate, therefore, many do not have policies explicitly supporting people with drug use problems in the way they would for other health conditions. However, substantial and long-term physical or mental impairment from using drugs or alcohol is classed as a disability.

In 2020, the Drug Deaths Taskforce published A Strategy to Address the Stigmatisation of People and Communities Affected by Drug Use with the aim of helping to achieve a more informed and compassionate approach towards people with lived experience of drug use problems and their families.

This document seeks to explain the impact of stigma on health and provide practical tools, suggestions and strategies to tackle stigma. Helping us work towards the aims of the Drug Deaths Taskforce.

Acknowledgements

This document was created by the Greater Glasgow & Clyde Stigma Action Group. The group is a multi-agency partnership of statutory and third sector organisations providing a collective and coordinated approach to tackling the stigma associated with drugs across Greater Glasgow and Clyde.

Specifically, the Stigma Action Group would like to thank the members of the Drugs and Stigma Framing Document subgroup for their work planning and writing this document as well as NHSGGC Medical Illustration for bringing this document to life. We would like to thank the many Lived Experience Reference Groups across the board for providing comment and guidance ensuring this document is an impactful and useful anti-stigma resource.

References

1. A Strategy to Address the Stigmatisation of People and Communities Affected by Drug Use. <https://drugtaskforce.knowthescore.info/wp-content/uploads/sites/2/2022/08/stigma-strategy-for-ddtf-final-290720.pdf>
2. NHS Greater Glasgow and Clyde 2022/23 Adult Health and Wellbeing Survey Greater Glasgow and Clyde Report February 2024.
3. Ask the Family! Family Perspectives on Whole Family Support and Family Inclusive Practice. Commissioned by Whole Family Approach/ Family Inclusive Practice Working Group Funded by the Scottish Government. February 2021.
4. UK Government webpage. Discrimination: your rights: Types of discrimination. <https://www.gov.uk/discrimination-your-rights>

Content developed and editorial support by NHS Greater Glasgow & Clyde, Scottish Families Affected by Drugs and Alcohol, Scottish Drugs Forum and Renfrewshire ADP.

Design and production supported by NHS Greater Glasgow & Clyde, Medical Illustration

