

MESSAGE GUIDE

DRUG STIGMA

This message guide has been written for people who talk about drugs and drugs policy in Australia, including those who use drugs themselves, and are concerned about the high levels of stigma associated with the issue.

The guide was commissioned by the Alcohol and Drug Foundation, Uniting NSW & ACT and the New Zealand Drug Foundation and developed by [Common Cause Australia](#) in consultation with a range of diverse range of stakeholders including people with lived experience of drug use and drug stigma.

Why we developed this guide

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.

Stigma can make people feel unwelcome and unsafe, and may prevent them from seeking health and support services. It can have negative impacts on a person's wellbeing, employment and social outcomes.

Stigma can also intentionally or unintentionally impact on policies and systems, which can restrict opportunities for people who use illicit drugs or experience dependence. It can hinder efforts to reduce drug-related harms and result in reduced access to health services.

The way we talk about illicit drug use and people who consume drugs plays an important role in helping to reduce stigma.

Whether you work in a drug treatment service or are lobbying for drug policy reform, the recommendations in this guide should prove useful to you in both reducing discriminatory attitudes and behaviours towards people who use drugs, while boosting public support for policy reform and increased funding for drug treatment.

It is our hope, that this new narrative will also motivate our existing supporters to speak more openly, honestly and persuasively to the people in their circle of influence about drug use and drug policy.

Approach

The research and recommendations outlined in this guide are based on the [Common Cause approach](#) to community engagement. This approach is based on decades of research from the fields of social psychology, cognitive linguistics and behavioural economics.

A key finding of this research is that most people are able to think about any issue from multiple and often conflicting perspectives. Importantly, these different perspectives operate mostly at a subconscious and emotive level, which means people's attitudes and behaviours are often driven by factors beyond their conscious awareness.

In our research on drug stigma, our focus was on identifying perspectives (also known as *frames*) which make people feel at a gut level that people who use drugs deserve the same level of respect, care and support as everyone else. We also sought to understand which frames moved people into an oppositional mindset in which people who use drugs deserve to be punished and shamed. Identifying these unhelpful frames is critical, as it tells us what frames we need to be careful to avoid in all our messaging.

Methodology

In order to identify the dominant frames people in Australia use to reason about drugs and the people who use them, we conducted a nation-wide frames analysis. This involved collecting and coding over 17,000 words of language data from dozens of publicly available sources of discourse on the topic of drugs- including media articles, political debate, social media discussions and popular culture.

In addition, we conducted 15 one-on-one interviews with advocates concerned about drug stigma in Australia – including treatment providers, policy advocates, doctors, lawyers, politicians and people with experience of being stigmatised because of their use of drugs.

This language data was then coded and analysed based on key metaphors, values and story logic in order to identify the dominant supportive and oppositional frames used by Australians to think and talk about the topic.

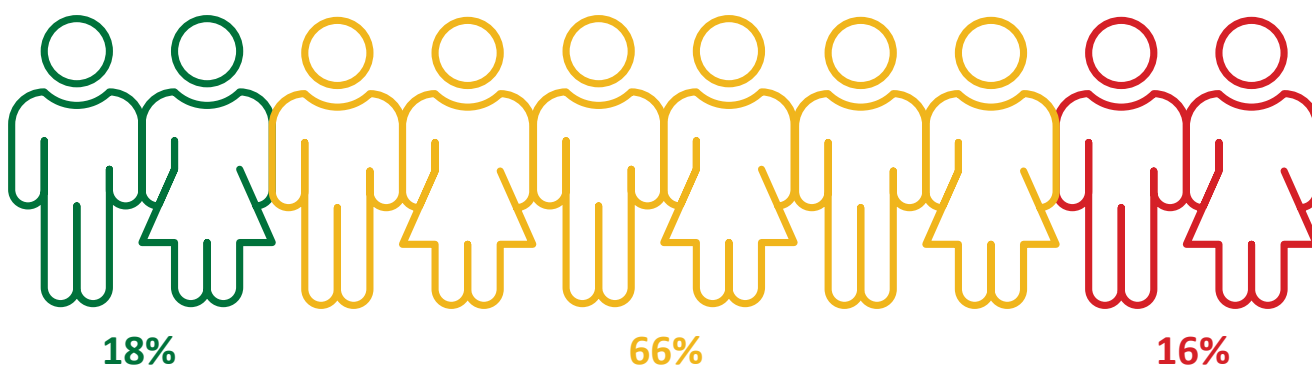
These findings were then tested using an online survey of more than 1,400 Australians¹. The 20-minute survey included a range of question formats- including forced choice² and split sample³ questions. We also tested five 30-second audio-recorded messages in which participants moved a dial up and down on their screens as they listened to the messages to indicate their level of agreement with what they were hearing in that moment. This provided us with a moment-by-moment view of the persuasive effect of the messages we tested and allowed us to isolate specific words and phrases that most resonated with audiences.

Segmentation

Our research identified three key attitudinal groups related to drug stigma:

- **Supporters:** people who strongly agree with messages suggesting *people who use drugs deserve the same respect and care as everyone else and should not be punished*
- **Persuadables:** people who hold weaker attitudes overall and tend to *move between oppositional and supporter perspectives*.
- **Opponents:** people who strongly agree with messages suggesting *people who use drugs need to be punished and shamed*

Our survey found that supporters and opponents each represent less than one-fifth of Australians, while the remaining two-thirds of the population is persuadable.



We analysed the results of our survey based on the responses of these three groups to each of the questions and messages. Messages that appealed strongly to supporters and also shifted persuadables were identified as most useful for future messaging. These are messages that move persuadables into a supporter mindset. On the flip side, messages that appealed strongly to both opponents and persuadables were identified as harmful messages because they move the latter into an oppositional frame of mind.

Guide structure

In what follows, we provide a number of tips on how to talk about drugs and drug policy in ways that reduce stigma towards people who use drugs. This is followed by a suggested story structure comprised of messaging elements that tested well in our research. Finally, we provide some guidance on common words and phrases we should either replace or embrace.

¹ The sample of 1474 respondents was drawn from a panel and weighted to be representative of the Australian population by age, state and gender.

² Forced choice questions force respondents to choose between one of two statements with no option to skip or opt out of the question. This allows us to assess the strength of opposing frames relative to each other – for example, to assess whether a promising advocate message is more or less powerful than a common opposition message.

³ Split sample questions split the entire sample into two random groups and present each with different versions of the question. These questions are used to assess the impact of using different words or frames on people's responses.

TOP TIPS

FIRST, DO NO HARM

The dominant narrative around illicit drugs in Australia is extremely unhelpful. Many journalists and public commentators frame drugs as evil, dirty and dangerous. Far too often, these characteristics are then carried over and applied to the people who use these substances. Reducing the stigma our society places on people who use drugs requires us, therefore, to avoid messaging that reinforces this unhelpful narrative about drugs.

Unfortunately, our discourse analysis suggests that advocates often use language and framing that, whether intentional or not, panders to this dominant narrative. The following suggestions will help you avoid these common messaging mistakes in your future communications.

#1: Don't scare people

One of the key characteristics of the opposition segment in our research is the degree to which they believe illicit drugs are dangerous, dirty and addictive. In other words, heightened fear and disgust around drugs correlates with higher levels of stigmatising attitudes towards people who use them. This closely mirrors findings from previous research that fear and disgust-based messaging can increase people's discriminatory attitudes and behaviours.

In our communications, therefore, we should avoid messaging that dials up people's fear of drugs and those who use them. This includes stories that focus *exclusively* on the worst possible outcomes of drug use – addiction, devastation and death. Similarly, referring to drugs as a crisis or 'pandemic' is not helpful nor are stories and imagery which associates drug use with dirtiness or disease. While this framing is likely to attract the interest of media and others, it is also likely to activate a stigmatising mindset in some audiences.

Another subtle way in which advocates may be pandering to an irrationally heightened level of fear around drugs is by implying that our primary concern is ending drug use. When we interviewed advocates, almost all said their primary concern was ending the harms associated with punitive drug policies and the discrimination people who use drugs face in all walks of life. However, in the public discourse, advocates often failed to make this clear and either implicitly or explicitly accepted the dominant frame that ending drug use should be our ultimate goal.

Similarly, implying that everyone who uses drugs needs treatment or would benefit from reducing or stopping their consumption of drugs panders to the unhelpful notion that drug use is inherently harmful and/or addictive.

IN SHORT: Avoid messaging that activates fear and disgust or implies that all drug use is necessarily problematic.

#2: Avoid Law & Order framing

In our testing, we found references to legality or crime tended to reduce support rates from persuadable audiences. Indeed, law and order appears to be a key element of the opposition mindset⁴. This suggests that when people think about drugs from the perspective of maintaining law and order or reducing crime, they are more likely to stigmatise people who use drugs.

⁴ The opposition was the only segment to nominate 'law and order' among their top three concerns for Australia.

In our messaging, therefore, it is important we do not imply that drug policy reform or treatment services are necessary in order to reduce crime. This is something many advocates have done previously in an attempt to appeal to audiences concerned about crime. This research suggests, however, that framing our solutions in terms of crime or community safety⁵ has the opposite effect of increasing people's judgement of those who break the law by using illegal drugs.

Similarly, in calling for policy reform, some advocates point to the fact that the criminalisation of drugs means that they are produced in unregulated environments and are sold on the black market. This both increases the risks of drug use and creates a profitable underworld market. However, reminding people of this fact only builds our audiences association between drugs and crime. Indeed, this message was strongly endorsed by our opposition – a clear sign that it fails to toggle audiences out of a stigmatising mindset.

IN SHORT: Avoid justifying drug policy reform or drug treatment services from the perspective of reducing crime or increasing community safety.

#3: Don't mythbust

One of the most common messaging mistakes made by advocates is mythbusting – using facts and figures to show how a common fallacy around drugs or drug use is wrong. While the desire to correct myths is both natural and strong (especially on an issue like drugs where misconceptions are common), when you mythbust you mythbuild.

Research shows that every time we are exposed to a concept (even when framed as untrue) it is strengthened as a frame in our minds. It's also more likely to be activated next time we think about that issue. Mythbusting, therefore, has the counterproductive effect of activating and strengthening the very same ideas we are trying to dispel.

Similarly, advocates have an unhelpful tendency to remind people of what we *don't* want them to believe at the same time as telling them what we do want them to believe. We say things such as: "Drugs are a health issue, *not a criminal issue*" and "We should treat people as human beings, *not criminals*" and "We want treatment, *not punishment*". Our testing confirmed this only weakens our message by activating unhelpful ideas in our persuadable audiences.

IN SHORT: Stop reminding people of unhelpful ideas and tell your story instead.

#4: Abandon the war on drugs

Advocates often talk about the war on drugs having failed and the need, therefore, for 'a new approach'. Unfortunately, reminding people of the war on drugs – even to say it has failed – does nothing to shift the frame for drugs as an issue. In fact, it locks us into the very frame we most need to escape.

In addition, our research suggests the failure of the 'war' means different things to different people. For supporters, it is evidence that punishment and criminalisation do not work. But for the opposition it just means we failed to punish and enforce enough! This is not a strong foundation from which to build a new story to move persuadable audiences. In fact, in our dial testing, the message we tested that referenced the failed war on drugs was the least convincing message for persuadable audiences.

IN SHORT: Stop talking about the failed war on drugs. It traps us in an unhelpful frame and fails to move persuadable audiences.

⁵ In our messaging, we need to be careful not to imply that we should only care about the lives of people who use drugs if it negatively affects others. Therefore, framing treatment services or drug policy reform from the perspective of improving community safety is unhelpful. Talking about the health, wellbeing and safety of people who use drugs, however, is helpful as it implies they have inherent worth.

#5: Don't build empathy through enjoyment

In our interviews, many advocates suggested we should talk more about the enjoyment people derive from using drugs. They suggested this might help build greater empathy and understanding from people who do not use drugs.

Our message testing, however, found that people who hold highly stigmatising attitudes towards people who use drugs already strongly agree with the statement that “people take prohibited drugs because they enjoy how it makes them feel”. Repeating this message, therefore, does not appear to help us tell a more helpful story.

IN SHORT: Framing drugs as enjoyable does not build empathy for people who use drugs.

TELL A NEW STORY

If we want to change the way Australians think about people who use drugs, we need to tell a different story about drugs and the people who use them. The following recommendations are designed to help you tell that new story. They are based on messages that tested well in our research and toggled persuadable audiences into a more supportive and compassionate mindset.

#6: Frame by values

To shift the narrative on drugs and change the way persuadable people feel about those who use them, we need to embed altruistic and open-minded values at the heart of our messaging. In our testing, we found messages based around altruistic and community oriented values including honesty, helpfulness and equality, were significantly more effective at activating supportive attitudes in persuadable audiences than purely fact-based messages.

Indeed, framing the issue of drug stigma around openness and honesty was particularly effective and is a key recommendation for the story structure outlined in this guide (see “Story Structure” below). Combining this with messages around love and support for people who need it, worked particularly well.

Finally, while the messages we tested didn't explore openness to change values such as freedom, choice, creativity and curiosity in any depth, these were central values for our supporter segment. This suggests these values may provide fruitful territory for our messaging if we can prime them in persuadable audiences.

IN SHORT: Use messaging that connects strongly to altruistic and open-minded values.

#7: Put people who perpetuate stigma in the frame

In order to tell a new story, we need to shift focus and blame away from people who use drugs and onto external actors. This means shifting the problem from ‘drug use’ over to ‘drug stigma’ and the people who perpetuate it.

Framing the community as a whole as the cause of stigma is not helpful as this activates defensiveness in persuadable audiences. Instead, it is more persuasive to shift the focus onto prominent people who support punitive policies and sensationalist media coverage. Our message testing found most persuadable audiences agreed the legality of drugs had more to do with politics than levels of harm, and that we need more facts and less sensationalism in media coverage of drugs.

IN SHORT: To shift the focus off people who use drugs, frame those who use perpetuate drug stigma as the problem.

#8: Paint a new picture of people who use drugs

It is easier to stigmatise a group of people who don't look like 'us'. Painting a more realistic and diverse picture of the people who use illicit drugs in Australia is, therefore, an important step to breaking down unhelpful stereotypes.

One way to do this is to ensure that the stories we tell of people who use drugs, reflects a diversity of occupations, ages, social status and outcomes.

IN SHORT: Point to the diversity of people who use drugs in Australia to undermine simplistic stereotypes

#9: Point out that preventing all drug use is unrealistic

One way to shift the conversation from preventing drug *use* to improving the health and wellbeing of those who do, is to point out that stopping all use of illicit drugs is unrealistic. This is common sense to most persuadable people and, therefore, a useful element to include in our messaging to establish common ground.

It is important to note, however, that this message does not, by itself, set a new frame for the issue. It is possible to agree that drug use can never be stopped entirely, but that it should be minimised as far as possible by any means necessary – including harsh punishments for people who use them. Make sure, therefore, to couch this message within the broader context of the need for more openness and honesty around drug use and the ways in which we can support the health and wellbeing of those who do. In other words, treat this message as a throwaway line rather than a core framing device. An example of this is provided in our suggested message later in the guide.

IN SHORT: Remind people that stopping all drug use is unrealistic

#10: Bring alcohol into the frame

One of the key differences between supporters and opponents in our research was the degree to which they believed the legality of drugs is related to the harms they cause. Indeed, supporters rank alcohol as the most harmful drug in Australia, while our opponents rank it among the least harmful.

Reminding persuadable audiences that alcohol is a harmful drug, therefore, is one way to activate a supporter mindset, by demonstrating subtly that the legality of drugs is not a reliable indicator of the harms they cause. It also serves to expand the definition of 'drug users' to a much larger portion of the population – challenging simplistic stereotypes.

Similarly, making references to 'alcohol and other drugs', as opposed to just 'drugs', helps to associate the two concepts in people's minds and in our testing toggled persuadable audiences into more of a supporter mindset. Of course, this won't always be appropriate- for example, when you're referring specifically to illicit drugs. But connecting the two concepts whenever possible to do so, will help shift this frame over time.

IN SHORT: Remind people that alcohol is a drug that causes significant harm in Australia

#11: Frame dependence as a symptom

The vast majority of the supporters in our research believed that substance dependence was a symptom, not the source, of people's problems. While the opposition disagreed, persuadables were marginally more likely to agree with supporters on this part of the narrative.

That said, most persuadables also agreed that 'people who use prohibited drugs will most likely become addicted'. Therefore, it is important in our messaging that we frame substance dependence as an *outcome of other life challenges*, rather than something caused by the drug itself.

Similarly, when talking about support services, we should be careful not to imply that everyone who uses drugs requires treatment. For example, instead of talking about *drugs* being a health issue (which implies that everyone who uses drugs is unhealthy), we would talk about *drug dependence* being a health issue.

IN SHORT: Explain why substance dependence happens rather than imply it can happen to anyone.

STORY STRUCTURE

More than anything else, it is stories that persuade human beings. If the story you're telling doesn't make logical sense at an intuitive level or doesn't connect with their values, they'll walk away either unconvinced or unconcerned. In either case, you've wasted your time.

To tell a persuasive story, we need to be clear about the vision of what we want and the values at stake, the barrier to achieving that vision, and the solution required. Using the below vision-barrier-action story framework will help you tell a values-driven story in which our solutions make sense to persuadable audience.

Our recommendations are based on story elements that tested well in our research and work together to tell a logical story that supports the solutions most advocates support. Although this story is no silver bullet to drug stigma, it incorporates evidence-based messages that will shift most persuadable people into a more supportive mindset.

VISION:

- Emphasise the importance of openness and honesty
- Paint a diverse picture of people who use drugs

BARRIER:

- Point to politics and media sensationalism as a barrier to honesty and enablers of stigma
- Explain how secrecy and stigma harms people

ACTION:

- Frame your solution as an innovative approach to drugs based on openness and honesty
- Call for more compassion and support for people who need help

Example message:

Below is an example of how our recommended story structure could be executed as a complete message, while also incorporating the messaging tips included in this guide.

As a community, we should be able to have more honest and open conversations about alcohol and other drugs. Pretending we can stop all use of drugs is simply not realistic. We know a lot of people, from lawyers to mechanics to office workers, use prohibited drugs and lead otherwise normal lives.

Yet in Australia, most people agree our attitudes and laws around alcohol and other drugs are based more on politics than common sense. Not only do some media outlets use sensationalism more than facts to shame and dehumanise people who use drugs, our government's harsh and outdated approach prevents them from being honest about their experiences.

This stops those who do need help, from seeking it, because they feel rejected and alone.

Indeed, for people who do have issues with their use of alcohol or other drugs this often has more to do with other challenges they're facing than the drugs themselves, which they use as an imperfect solution to their pain. In these situations, our role as a community is to help people find better solutions, not dish out judgement and shame.

Meanwhile, we know that innovative approaches that encourage people to be honest and open about drugs, like pill testing at music festivals and medically supervised injecting rooms, keep people safe from easily preventable harms.

While not everyone has a problem with their use of drugs, for those that do, our first response as a caring community should always be to provide the love, support and treatment people need to stay healthy and well.

Words to replace and embrace

Many of the common words and phrases we use when talking about drugs and the people who use them reinforce unhelpful narratives that contribute to stigma. Below is a list of words and phrases to replace with alternatives you can embrace.

In addition to the below list, we recommend you reference the [Power of Words](#) guide, which includes more detailed recommendations for healthcare and other professionals on how to avoid stigmatising language around drugs.

Replace	Embrace	Why
Drugs*	Alcohol and other drugs	Where applicable, reference alcohol together with drugs in order to challenge people's preconceptions of 'drugs' and 'people who use drugs'. *Where you are referring specifically to illicit drugs, saying "drugs" alone is perfectly fine.
Drug users	People who use drugs	Putting people's humanity first and framing drug use as a behaviour, rather than a characteristic elicits more empathy and avoids defining people by one aspect of their lives.
Problematic drug users	People who have issues with their use alcohol or other drugs People experiencing dependence on alcohol or other drugs	Use person centred language to avoid labelling the individuals themselves as "problematic".
People who <i>need</i> treatment	People who <i>think they need</i> treatment	Don't imply that others know what is best for people who use drugs.
End drug harms	Keep people who use drugs happy, healthy and safe	Avoid implying that drugs are inherently harmful. Focus instead on your positive vision for people's health and wellbeing.
The war on drugs has failed	We need to have a more open and honest conversation about drugs People who use drugs should be treated with the same compassion and respect as everyone else in our community.	Referring to the 'war on drugs' traps us within the dominant unhelpful frame for drugs. Instead of negating this unhelpful frame, tell a new story about drugs and the values that should guide our treatment of them and people who use them.

<p>Drug dependence should be treated as a health issue, <i>not a criminal issue</i>.</p> <p><i>We need treatment, not punishment</i></p>	<p>Drug dependence should be treated as a health issue.</p> <p>We need better treatment options for those who think they need it.</p>	<p>Reminding people of ideas we would rather they forget only dilutes our message. Stick to talking about what we do want without mentioning what we don't want.</p>
<p>There is no safe level of drug use. Use of any drug always carries some risk</p>	<p>While most people who use drugs do not suffer serious harms, the use of any drug, whether legal or not, always carries risk. [Followed by articulation of the <u>contexts</u> that cause risk that can be altered through reduced stigma and policy change]</p>	<p>Paint a more realistic picture of drug harms and point out how context plays an important role in determining risk. This turns the conversation from "what bad things do drugs cause" to "how can we alter the context in which people take drugs to make them more safe".</p>