# Stigma: An invisible barrier to accessing support

Stigma and discrimination are a common experience for people with mental health or alcohol and other drug (AOD) issues, and people with disability, including Fetal Alcohol Spectrum Disorder (FASD). This can occur within social, healthcare, welfare, support services, criminal justice and employment settings.

As well as harming a person’s quality of life, stigma can create barriers to seeking and accessing support. Navigating service systems can be challenging enough for people experiencing disability, mental health, or AOD challenges, especially where there is also isolation or relationship issues.

It is made even more difficult by the structural discrimination that can exist in the systems designed to help.

For example, a person with AOD issues may be turned away from services because they are intoxicated, because they are homeless, or because of judgements made about their use of alcohol or other drugs.

There is also evidence from people with FASD to suggest that stigma is multi-layered and magnified in several ways.As well as affecting individuals with FASD, stigma can extend to their birth mothers and wider families, including mothers with AOD issues. This can lead to people being concerned about identifying as having a FASD diagnosis or about disclosing pre-natal alcohol exposure.

Stigmatising people with alcohol issues, like dependency, is made worse by the alcohol industry’s focus on individual responsibility, using vague language like ‘drink responsibly’ without mentioning or demonstrating support for the [Australian guidelines to reduce health risks from drinking alcohol](https://www.nhmrc.gov.au/health-advice/alcohol).

Instead, the alcohol industry tends to blame and shame a group it refers to as a ‘minority of harmful drinkers’ – the same group from whom it extracts its greatest profits.

So, how can governments, public health experts, educators, policymakers and the community services sector address the issue of stigma and actively encourage people to seek and access support services?

Here are some of the ways that we can continue to break down the barriers:

* Delivering anti-stigma training and resources to improve awareness in support services.
* Portraying people positively in the media as everyday human beings to promote hope, not fear.
* Engaging with people with lived experience to co-produce policies, programs and services.
* Funding AOD services adequately to provide more equitable access.
* Changing the justice system to treat AOD problems as health problems not justice problems.
* Using non-stigmatising language to acknowledge social and commercial determinants of health.

There are individuals, organisations and communities already making progress, but we know there is still much to be done to facilitate safe, respectful and open access to support services for those seeking change.

Keep an eye on our blog in the coming months as we explore the issue of stigma and its connection to disability, AOD and mental health in more detail.