

# Stigma towards co-occurring disorders: Challenges and opportunities in mental health and alcohol and other drug (AOD) settings

Published: August 2025

## What is stigma, and why does it matter?

Stigma has been defined as ‘a mark of shame, disgrace, or disapproval that results in an individual being rejected, discriminated against, and excluded from participating in a number of different areas of society’<sup>1</sup>. While all mental health conditions are stigmatised to some degree, substance use disorders remain among the most stigmatised conditions worldwide<sup>2,3</sup>.

Healthcare providers are not immune to stigmatising attitudes<sup>4,5</sup>, and structural stigma – practices and policies that limit access to quality care – is often embedded in the formal and informal rules of services<sup>6</sup>. Eliminating stigma in mental health settings is a key objective of the Federal Government’s National Mental Health Commission Stigma Reduction Strategy, with the [Our Turn to Speak](#) survey finding that over 80% of people living with complex mental health disorders had experienced stigma in health services in the last 12 months<sup>7</sup>.

**Addressing stigma is critical as it takes up to two decades for people to seek help for drug and alcohol problems, and negative experiences in healthcare settings can discourage people from further treatment.**

Even in the absence of overt judgement, these experiences can fundamentally lower the expectations of people with substance use disorders<sup>8</sup>, discourage further help-seeking<sup>3</sup>, and compromise treatment outcomes through diminishing motivation and feelings of self-efficacy<sup>5</sup>.

## Challenges and opportunities in addressing the ‘double stigma’ of co-occurring disorders

The Royal Commission into Victoria’s Mental Health System highlighted how the impacts of mental health stigma are compounded by the ‘double stigma’ of a co-occurring substance use disorder. However, substance use disorders are often excluded from research examining mental health stigma. For example, substance use was considered out of scope of the ‘Our Turn to Speak’ survey, despite evidence that substance use frequently co-occurred with other diagnoses, and was often a factor that compounded participants’ experiences of stigma<sup>7</sup>.

## What can stigma look like in MH/AOD settings?

- Therapeutic pessimism, where people with substance use disorders are believed to have a low chance of recovery<sup>3</sup>.
- Negative core beliefs that frame clients as manipulative, unmotivated, and undeserving of care<sup>4</sup>.
- Diminished provider empathy and engagement<sup>5</sup>.
- Non-collaborative and paternalistic approaches to treatment<sup>5</sup>.
- Diagnostic overshadowing, where physical or mental health symptoms are misattributed to the effects of alcohol and drug use<sup>9</sup>.
- Denial or delay of mental health treatment due to substance use<sup>10</sup>.
- Low perceived role legitimacy among clinicians (i.e., that providing treatment is outside of their scope of practice or professional responsibilities)<sup>4</sup>.
- Selective provision of treatment or harm reduction (e.g., naloxone) based on physical appearance or type of drug used<sup>11</sup>.
- Reluctance to provide opioid pharmacotherapy; believing it ‘replaces one drug with another’<sup>12</sup>.
- Restrictive or coercive treatment policies<sup>13</sup>.
- Physical separation of services for people receiving substance use disorder treatment<sup>6</sup>.
- Stigmatising language, including in organisational policy<sup>6</sup>.

There is also less evidence on effective approaches to address substance use stigma compared to other mental health conditions, particularly in healthcare settings<sup>14</sup>. A 2023 Hamilton Centre scoping review found that while the number of published evaluations had almost doubled over the past four years, the overall evidence base remained limited, with no stigma-reduction interventions developed specifically for mental health settings. Despite these limitations, this literature – along with efforts to reduce stigma associated with other health issues – provides insight into strategies that can improve treatment experiences and outcomes for people with co-occurring conditions<sup>15</sup>.

## Addressing stigma at the individual level: Training and workforce development

Education that challenges myths and stereotypes is a foundational strategy for addressing stigma and promoting inclusiveness in healthcare settings. However, research has shown that incorporating contact with people with lived experience has a greater and longer-lasting impact on stigma than education alone<sup>16</sup>. Peer-led and community organisations often deliver lived-experience-based education, while there are a number of digital resources or storytelling websites that feature first-hand accounts from people living with stigmatised conditions.

Misperceptions about other people's attitudes can shape behaviour and workplace culture, and addressing these can help reduce stigma<sup>16</sup>. Attitude change can also achieve through reflective practice and structured peer supervision that encourages open dialogue, corrects assumptions, and helps to foster a more inclusive environment<sup>17</sup>. Over time, healthcare workers who have more contact with people experiencing stigmatised conditions tend to develop greater confidence, empathy, and willingness to provide care, potentially due to increases in confidence as well as the effects of witnessing patients' improvements first-hand<sup>14</sup>.

## Addressing stigma at the service level: Organisational change

Tackling stigma effectively requires action at the organisational level<sup>18</sup>. For managers, it is critical to model inclusive values, identify key learning needs among staff, and provide structured opportunities for staff reflection and dialogue, including supervision. Appointing peer mentors or stigma-reduction champions can further support staff learning and promote inclusive care. Services should regularly review their policies, language, and practices to remove stigmatising or unnecessary requirements (such as compulsory urine testing) and make sure environments don't physically or symbolically isolate clients<sup>17</sup>. Creating services where people feel safe to share feedback and experiences is key, including offering clients anonymous and culturally safe ways to raise concerns.

## Stigma reduction resources for healthcare providers and services

### Online training for healthcare providers

- [Stigma in mental health and addiction care \(Module 6\) \(Module 7\)](#) Free online training modules. [Hamilton Centre]
- [Understanding Stigma](#) Free online course to help healthcare providers improve patient interactions and overall care for people with mental illness, including addiction. [CAMH, Canada]
- [Combating Stigma: Strategies for Inclusive Health Services](#) 7-week paid online course providing tools and knowledge to identify, understand and address the impact of stigma in healthcare. [UNSW]
- [AOD Essentials: Challenging Stigma](#) Free 45-minute online course designed for Alcohol and Other Drug (AOD), Mental Health, and Social and Emotional Wellbeing (SEWB) workers. [QLD Health]

### Posters and booklets

- [Language Matters](#) Resource to provide guidance on how to use language to empower clients and reinforce a person-centred approach. [Network of Alcohol and Other Drug Agencies]
- [The Power of Words](#) Practical guide and desktop flip book containing evidence-based advice on using non-stigmatising language when speaking about alcohol and other drug use. [Alcohol and Drug Foundation]
- [Alcohol and Other Drugs: Your Language Matters!](#) and [Your Language Matters: A Clinician's Guide](#) Posters based on the Power of Words practical guide. [Monash University and Peninsula Health]
- ['Alcohol and other drug stigma in healthcare'; 'See the person, not the stigma'; 'Worried about someone who uses alcohol or other drugs?'](#) Posters to encourage supportive conversations around alcohol and other drug use and dependence. [Alcohol and Drug Foundation]

### Video resources

- [Respect and a listening ear: Quality health care for people who use or have used drugs](#) Video resource that aims to raise awareness around stigma and discrimination, drawing on the lived experience of people who use alcohol or drugs when seeking health care and expert commentary. [NUAA]
- [Lives of Substance](#): Personal stories of alcohol or other drug dependence. [Curtin University]
- [Overdose Lifesavers](#): Personal stories of opioid overdose and use of naloxone. [Overdose Life Savers]
- [Stories of stigma and discrimination](#) Short films that aim to improve understandings of experiences of stigma when accessing healthcare among people who inject drugs. [Harm Reduction Victoria]

### Toolkits for reducing stigma in healthcare services

- [Reducing stigma and discrimination associated with blood-borne viruses and sexually transmissible infections: A stigma reduction toolkit for the Victorian healthcare workforce](#). Practice-ready strategies, ideas and resources to reduce stigma in healthcare settings (relevant to professionals and services who work with people who inject drugs). [Australian Research Centre in Sex, Health and Society]
- [How to create an effective anti-stigma program](#) Tips for creating a successful anti-stigma program in healthcare environments. [Mental Health Commission of Canada]
- [Mosaic Toolkit](#): Practical guidance on how to reduce mental health stigma. [World Health Organisation]
- [Community toolkit](#) Resources to connect Australian communities with practical, actionable evidence-based research and tools relating to crystal methamphetamine. [Cracks in the Ice]

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