Framing Addiction and Dependence: building support and reducing stigma

Message Guide

June 2025

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Acknowledgment of Country

Turning Point wishes to acknowledge the traditional owners of the country in which this research and report was made. We pay our respects to elders past, present and emerging.

Recognition of Lived and Living Experience

Turning Point proudly recognises people with living and lived experience of alcohol or other drug use, acknowledging their important role in shaping policy, education and services.

We acknowledge that through their guidance, diverse experience and peer support, lives are saved, and health outcomes are realised. We acknowledge that participation takes courage, gives a voice, and reduces stigma and discrimination in our community.

Framing Addiction and Dependence: building support and reducing stigma message guide

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Introduction

This message guide has been designed for people who talk about addiction or dependence in Australia, including clinicians, researchers, policymakers, people with lived experience, and others working to reduce stigma and increase support.

It has been designed to support public communications like media, public policy, advocacy, or campaigns, and is not designed for clinical health settings or communications directly with someone experiencing addiction or dependence. This guide is based on in-depth message research involving over 2,400 Australians conducted by Common Cause Australia on behalf of Turning Point in 2024 and 2025.

To develop this guide, we consulted a range of stakeholders—some focused specifically on treating or advocating for and with people experiencing addiction or dependence, while others worked more broadly in harm reduction, addressing various negative impacts and stigma associated with alcohol and other drug use. Despite differences in focus, all shared a common vision: ensuring people experiencing harm can access care and support when needed, without judgement or blame.

In our research and in this guide, we have focussed primarily on understanding and shifting the public's view of addiction and dependence as it relates to alcohol, other drugs, and gambling. To a lesser extent, we also explored how these attitudes and beliefs related to other common behaviours like smoking, vaping, eating, and using social media.

Finally, while this guide and the research it draws on focus specifically on addressing the stigma associated with addiction and dependence, it is important to recognise that most people who use alcohol or other drugs do not experience addiction or dependence. Furthermore, people who use illicit drugs without experiencing dependence still experience significant stigma. For more message guidance on reducing drug stigma broadly, see Common Cause Australia's Drug Stigma Message Guide.[1]

[1] Common Cause Australia, Drug Stigma Message Guide, available from: www.commoncause.com.au/drug-stigma

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Approach

The research and recommendations in this guide are based on the Common Cause approach to community engagement, which draws on decades of research from social psychology, cognitive linguistics, and behavioural economics.

A key insight from this research is that people often hold multiple, and sometimes conflicting, perspectives on social issues. These perspectives operate largely at a subconscious and emotive level, meaning attitudes and behaviours are often shaped by factors beyond conscious awareness.

For this project, we sought to identify the frames – or underlying perspectives – that make people instinctively feel that our community would be better off with increased support for people experiencing harms from addiction or dependence, including better access to services and reduced stigma. Equally, we aimed to uncover the frames that push people into an oppositional mindset, where addiction and dependence is seen as an individual failing rather than something or someone that is worthy of increased support or understanding. Identifying these oppositional frames is just as important as recognising supportive ones, as it helps us avoid reinforcing unhelpful narratives in our audiences.

Methodology

We began our research with a **review of available evidence** around the framing of addiction. This included a review of peer-reviewed and grey literature as well as public message guidance on the topic.

We then conducted a **discourse analysis** to identify the dominant frames that shape how people in Australia think and talk about this topic. This involved collecting over 150 publicly available sources of relevant discourse, including media articles, social media discussions, policy debates, and representations in popular culture. From these materials, we coded more than 2,000 data snippets, analysing their framing and story elements, underlying values, and specific language choices.

In addition, we conducted **ten in-depth interviews** with advocates committed to reframing addiction and minimising harm for people who experience it. These advocates included senior sector leaders, academics, clinical health professionals, and people with lived experience. The interviews helped us understand how advocates talk about this topic, as well as any differing perspectives or tensions within the sector.

To test how different messages resonate with the broader public, we then conducted a **15-minute online survey** with a sample of 2,403 Australian voters nationally representative by age, gender and location. The survey included a mix of agree/disagree questions to gauge support for key messages and policy ideas. We also used split-sample testing to assess how different words and frames influenced responses.

Finally, we tested **ten 30-second audio-recorded messages**, using real-time audience response tracking. Participants adjusted a dial up and down on their screens as they listened, indicating their level of agreement with what they were hearing at each moment. This provided a detailed, word-by-word view of the persuasive effect of each message and allowed us to isolate the elements that resonated most with different audiences.

Attitudinal Groups

By scoring survey respondents' answers to key questions, we identified three attitudinal groups in how people think about the topic:

Supporters

These are the people who strongly believe that people experiencing harm from addiction or dependence should have the support and care they need, without judgement or blame. They are firm in their support and are not swayed by opposition messaging.

Persuadables

These are the people who mostly agree with our supporters but are also influenced by opposition messaging at some level. As the name suggests, they are the most sensitive to how messages are framed, making them a key target for effective communication.

Opponents

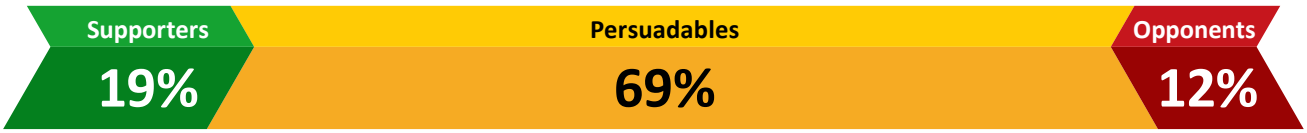
These are the people who judge and blame people experiencing addiction or dependence, viewing it as a personal failing. They reject advocate messages and policy solutions that call for systemic support for people experiencing harm.

Encouragingly, our survey found that almost one-fifth of respondents (19%) were supporters, while only 12% were opponents. Most people (69%) were persuadable and toggled between supportive and oppositional attitudes.

There were some differences in attitudinal groups across different demographic groups. Women were more likely to be supporters than men (23% compared to 15%). People who reported lower household incomes (under $60,000) were also more likely to be supporters. People who vote for Greens or Independents were more likely to be supporters (34% and 28%), while Coalition voters were more likely to be opponents (17%) than supporters (11%).

There was also a strong correlation between regular drug use (including alcohol and tobacco) with higher levels of support. Around a quarter (26%) of people who had ever tried illicit drugs were supporters, and only 7% were opponents, while people who had never tried illicit drugs were slightly more likely to be opponents (15%) than supporters (14%).

Attitudinal Groups among survey respondents



Insights

Most people want less stigma, but will judge people themselves

Our research looked closely at stigma, including whether people believe addiction or dependence is stigmatised, whether it is a problem, and what should be done about it.

The good news is that most people (almost 80%) recognise that stigma towards people experiencing addiction or dependence exists. This includes stigma from healthcare professionals, journalists and the media, and within the broader community. More importantly, the majority also agree that addressing this stigma is important.

However, despite this recognition, many respondents expressed stigmatising attitudes themselves. Between 30-57% of people admitted they would think less of someone they knew if they found out they were experiencing addiction or dependence.

Drug use is most stigmatised

The level of stigma people held varied depending on the type of addiction or dependence. Respondents were far more likely to think less of someone if they found out they were addicted to or dependent on illegal drugs (57%), followed by gambling (42%), alcohol (39%), vaping (37%), prescription drugs (35%), and cigarettes (30%).

This hierarchy of stigma was consistent across both our survey and literature review, with the most judgemental or stigmatising attitudes consistently directed at people using illegal drugs.

While this heightened stigma is concerning, there were some more positive trends when it came to talking about systemic support for people experiencing dependence. People were just as likely to agree that we as a community should do more to support people experiencing addiction or dependence on illicit drugs compared to people experiencing the same with alcohol (73% total agreement for both). They were also 5% more likely to agree that governments should do more to improve access to services for people experiencing addiction to drugs than they were for people experiencing the same with alcohol or gambling.

These findings suggest that while stigma towards drug dependence is higher, there is also promising support for systemic responses over individual blame.

Strategic framing works

Our research found strong evidence that strategic framing on this topic can shift attitudes, reduce stigma, and increase support for systemic solutions.

We saw an 8-14% increase in support and a reduction in stigma pre- and post-dial messages, indicating that using the right frames can persuade people to be more supportive and less judgemental. These shifts included:

- Up to 13% fewer people expressing judgement towards those experiencing addiction or dependence.
- An 8% increase in agreement that communities need to provide more support.
- A 14% increase in support for government action to improve treatment access and early intervention.

These changes, achieved within a 15-minute survey, are a promising sign that narrative change can positively influence people. The following section outlines the most effective ways to framing the topic to shift attitudes and increase support.

Top Tips

Use ‘addiction’ or ‘dependence’ as appropriate

The advocates we spoke with during our research had mixed feelings about using the term ‘addiction’ in public messaging.

Some felt it was the best (if not only) term that could be used to describe addiction across a range of substances and behaviours, from alcohol and other drugs to gambling. Others worried that the term itself was stigmatising, in part because of its connection to the dehumanising and commonly used slur ‘addict’.

In our message testing, we explored at length the effects of using different terminology to describe the experience. Specifically, we tested what impact using the term ‘addiction’ versus ‘dependence’ versus more descriptive language had on responses in different contexts, including people’s likelihood to judge others.[2]

To our surprise, we found very little difference in how people thought about the topic, regardless of whether we used the term ‘addiction’ or ‘dependence’. For the most part, our choice of term had no statistically significant impact on how people thought about the problem, the solution or their likelihood to stigmatise people for experiencing harm.[3]

Importantly, we found that both terms could be used to reduce stigmatising attitudes and build public support for more government funding for treatment and support services when embedded in well-framed messages. In other words, which term we use has far less impact on public audiences than the frames we use them within.

That said, among advocates and people with lived experience, there are varying opinions and levels of comfort with the word ‘addiction’ regardless of what our message testing found. When deciding what terminology to use, therefore, we encourage advocates to consider what they are personally comfortable with, and what they believe is appropriate for their audiences in each context.

Key takeaway:

Advocates can be confident using either ‘addiction’ or ‘dependence’ in their messaging, depending on what they feel most comfortable with and that is most appropriate for their audience.

[2] Survey respondents were split into three streams and received messages about ‘addiction’, ‘dependence’ or a descriptive explanation (‘engaging in behaviours more than they would like’). We then analysed for differences in responses.

[3] Respondents who received the descriptive explanation were more likely to hold individuals personally responsible for their behaviour compared to those exposed to the terms ‘addiction’ or ‘dependence’. Respondents in the ‘dependence’ stream were less likely to judge someone experiencing dependence on prescription drugs compared to those in the ‘addiction’ or descriptive explanation streams. When we repeated questions about ‘dependence’ at the end of the survey, marginally more respondents had shifted towards more favourable attitudes compared to those in the ‘addiction’ stream.

Build empathy

While addiction and dependence only affect a minority of people in a clinical sense, many aspects of the experience are relatable to most people.

Emphasising these relatable aspects helps suppress stigmatising attitudes by building empathy. Stigma thrives on 'othering'—the perception that a group is different, separate, or even inferior. Empathy counters this by fostering understanding, humanising experiences, and highlighting commonalities.

You can build empathy by highlighting how:

1. **We all do some things more or less than we want (with relatable examples)**

   Doing something more, or less, than we intend is a normal part of human behaviour. Many of us scroll social media longer than we planned, keep snacking on unhealthy foods when we're not hungry, or drink more alcohol than we initially planned to.

   These everyday experiences help illustrate a core element of addiction—the way certain substances and behaviours can override our intentions and influence our wants and needs. It's part of the human condition.

2. **Addiction and dependence are caused by a variety of external factors**

   Our discourse analysis found that the broader public lacks a clear narrative about what causes addiction and dependence. When people don't have a clear explanation, they fill in the gaps with assumptions—in the case of addiction, this is often that people experiencing it have less willpower than others. Sure enough, our opposition is the most likely to believe this, but it also makes sense to most persuadables.

   To shift persuadable people out of the stigmatising 'willpower' frame, we need to provide an alternative explanation for why some people struggle more with addiction than others.

   Our testing found the most effective way to do this is by pointing to other factors over which people have less perceived control, including heightened stress or anxiety, social isolation, and unresolved pain or trauma.

   Presenting these alternative explanations helps our audience empathise with those experiencing harm, while also helping them better appreciate the role of connection, support and treatment.

3. **It is experienced by a diverse group of people**

   While the opposition tends to characterise people experiencing addiction or dependence as different to 'the rest of us', supporters reject this notion. The good news is the vast majority (82%) of persuadable people also agree that anyone can develop an addiction or dependence. Advocates can activate and reinforce this by painting a diverse picture of people experiencing harm. In practice, this means choosing examples and case studies, where appropriate, that reflect this diversity.

   This will help toggle persuadable people into a more empathetic frame of mind, while countering unhelpful stereotypes.

Key takeaway:

Build empathy by highlighting the relatable aspects of addiction and dependence and showing how factors beyond people's control make it harder to address for a diverse group of people.

Externalise the problem (and solution)

A dominant frame for addiction and dependence is that it is caused by poor choices and lack of willpower, and, therefore, that the harms associated with it are the sole responsibility of those experiencing it.

In short, the problem is framed as people making poor choices, and the solution is for those people to make better choices. This framing fuels moral judgment and overlooks larger systemic factors and external contributors.

Not only is this stigmatising framing dominant among the opposition, but it is also highly convincing to persuadable people. Thankfully, most persuadable people also recognise the external barriers and harms people face, including stigma, criminalisation, and a lack of funding for research and healthcare, when presented with them.

So, to shift attention away from individuals and their choices, advocates should instead remind audiences of the external barriers and solutions that impact people living with addiction or dependence.

Our testing suggests stigma is one of the most powerful barriers to highlight, with the vast majority agreeing not only that stigma exists, but that it is important to address stigma (79% and 77% respectively).

Part of externalising problems and solutions involves naming the agents responsible, such as governments, healthcare services, media, or the community. When we fail to name these external agents and instead leave people experiencing harm as the only people in our narrative, the responsibility will inevitably fall back on them.

Key takeaway:

Focus on the external barriers and solutions that create or address harm and name those responsible in order to shift blame away from people experiencing addiction and dependence.

Focus on treatment (or support) where possible

Throughout our testing, we found that whenever we brought 'treatment' or 'support' into the frame, it had a strong positive impact on attitudes and policy support.

When asked to select the most important principles in addressing addiction and dependence, the top response for both supporters and persuadables was that everyone should have access to the healthcare and support they need and deserve. This response outperformed individual accountability and was far more popular than other, less helpful options, such as protecting the community from crime and minimising costs to the taxpayer.

Most people (71-73%) agreed that as a community, we should do more to support people experiencing dependence on alcohol or other drugs, and most people (including 77% of persuadables) agreed that addiction requires treatment, not lectures about self-control.

Overall, framing addiction and dependence around treatment and support was more convincing to persuadables than framing it as a matter of individual responsibility.

This framing works best when we provide details about treatment options and examples of their positive impacts on people's health and wellbeing.

Key takeaway:

Explaining the positive impacts of treatment and support increases public backing for government funding for treatment services and reduces stigmatising attitudes and beliefs.

Use implicit health framing (not explicit references or analogies)

In our public discourse analysis, we found many advocates became bogged down in heated debates about whether addiction should be treated as a 'health issue' or a 'criminal issue'. In fact, many advocates anticipating this debate would proactively call for 'addiction to be treated as a health issue, not a criminal issue'.

Not only is proactively negating the opposition's frame an unhelpful tactic in messaging (for more on this see the Drug Stigma Message Guide), but our testing suggests that explicitly calling for addiction to be treated as a health issue is less effective than implicitly framing it as such.

Most people (71%) already understand that addiction is a health issue that requires a health response. When we used health terminology (like treatment, healthcare, recovery, services, and early treatment/intervention) we saw positive trends in understanding and support, particularly for better funding solutions. For example, 71% of people think that modernising Australia's approach to addiction should be a government priority to improve people's chances of recovery through early treatment.

While this implicit health framing was useful in our testing for generating support and reducing stigma, explicit health framing, such as directly calling addiction a 'health issue' or using health analogies, was less effective. For example, when we tested an analogy with asthma, which previous research suggested was the most promising health analogy, we found support for a health approach dropped by 10%. Additionally, explicitly labelling addiction as a 'health issue' was no more effective than simply framing the issue around addiction or dependence on its own.

Therefore, instead of taking up time asking people explicitly to think about addiction or dependence as a health issue or making analogies to other conditions, simply talk about it as a health issue using terminology typically used for other health issues.

Key takeaway:

Frame addiction/dependence as a health issue implicitly by talking about things like healthcare, treatment options, health services, and recovery to boost support.

Build support for harm reduction

Previous research suggests many Australians overestimate the likelihood of dependence from the use of drugs, and that this belief correlates with stronger support for stigmatising and harmful government policies, such as criminalisation, and reduced support for harm reduction measures, such as pill testing and supervised injecting rooms.

It's important, therefore, that in our messaging around dependence, we do not pander to misleading, stigmatising or stereotyped beliefs about drug use and instead frame the issue in a way that complements harm reduction messaging.

One effective way to align with harm reduction messaging is to emphasise that not all drug use is harmful and that many of the harms associated with drug use are caused or exacerbated by stigma and punitive government policies rather than the substances themselves.

Another way to ensure our messaging around dependence does not undermine broader harm reduction efforts is to point out that ongoing use of a substance is only a problem when it causes harm to the user or others.

Helpfully, this is a perspective that resonated with persuadable people in our testing, with 74% agreeing that dependence is only a problem 'if the benefits of engaging in the behaviour are outweighed by the costs to them or others.'

Key takeaway:

To avoid undermining harm reduction messages:

- Avoid implying that all people using drugs need treatment.
- Be careful not to suggest that all substance use is inherently harmful.
- Clarify that the goal is to increase support and reduce harm for those who want and need it.

Narrative Structure

Vision-Barrier-Action is an evidence-based narrative structure that is particularly effective with persuadable audiences. It leads with a positive vision to connect with our audiences at the level of shared values, before outlining the problem and proposed solution.

Below, we outline the core ingredients of this structure and how the top tips above can be incorporated into a logical and compelling narrative in support of people experiencing addiction and dependence.

Core ingredients of a vision-barrier-action narrative about addiction/dependence

Vision

- People are treated with care, respect, and empathy
- People are healthy and well
- People are supported to overcome challenges
- People have autonomy and agency over their lives and health

Barrier

- Stigma prevents people from finding the right support
- Limited access to the right services, treatment and/or support
- Funding short falls for treatment services, research, prevention and harm reduction
- Criminalisation of drug use prevents support

Action

- Listen to and support people experiencing harm, without judgement
- Increase government and service funding for comprehensive treatment and supports
- Specific policy that supports people experiencing addiction or harm from substances (e.g. pill testing, media reporting standards)
- Stop criminalising people who use drugs

Examples

The following are examples of vision-barrier-action messages that we tested using dial testing. At least 80% of respondents rated each of these messages moderately to extremely convincing.

1. **Stigma**

   We all deserve to be treated with care, respect, and dignity.

   But when people experiencing addiction seek help, they are often met with stigma from people who rely on simplistic stereotypes, blame people for their pain, or simply turn away. Over time, people can internalise this stigma, which turns to shame and guilt, making them less likely to reach out for the support and care they deserve. Indeed, it can take Australians experiencing harms from alcohol, other drugs and gambling, 18 years to reach out for support.

   That's why it's important we listen without judgement and meet our friends, family, colleagues and neighbours with the support, connection, love and understanding we all need to live our best lives.

2. **Funding**

   We should all be free to live long fulfilling lives and to have the support we need to overcome our challenges when life gets tough.

   For people experiencing addiction, we know that supports including alcohol and other drug treatment services, gambling help programs and peer-led support groups can transform people's lives – especially when these supports can be accessed early.

   However, years of underfunding from our government means many of these services are unable to provide enough support when and where it's needed, with long waiting lists in big cities and no services available in some rural towns.

   It's time our government increased funding for addiction treatment and support services so that everyone has access to the support they need to get and stay well.

3. **Health**

   Universal access to healthcare is a core principle of our democracy. We expect our government to ensure that everyone, no matter who they are, where they live or how much money they have in the bank, has access to the care they need when they need it.

   But when it comes to the treatment of addiction, our health system is failing. Addiction should be a healthcare priority - not only is it one of the leading causes of preventable death and disease in Australia, it is also highly treatable – especially if care is provided early.

   It's time our government provided everyone with the healthcare they need and deserve and increased funding for research, treatment and support services for the one in four of us who will struggle with alcohol, other drugs or gambling in our lifetimes.

4. **Criminalisation**

   When we're going through a rough time, staying connected to our friends and family, having a sense of purpose and getting professional help where appropriate, makes all the difference.

   But some politicians think the best way to treat people experiencing addiction is to remove them from their support networks, strip them of purpose and throw them in jail. This is not just an outdated approach to addiction, it's cruel and counterproductive.

   It's time for politicians to invest in the treatment services and supports proven to transform people's lives by not just treating their physical dependence, but also by addressing the underlying distress that causes addiction in the first place.