Experiences of stigma while visiting healthcare services among people who use drugs in Australia, 2022

Rachel Sutherland[1], Cate King[1], Antonia Karlsson[1], Carla Treloar[2], Timothy Broady[2], Udesha Chandrasena[1], Caroline Salom[1,3] and Amy Peacock[1,4]

[1] *National Drug and Alcohol Research Centre, UNSW Sydney, Sydney, Australia*
[2] *Centre for Social Research in Health, UNSW, Sydney, Australia*
[3] *Institute for Social Science Research, The University of Queensland*
[4] *School of Psychological Sciences, University of Tasmania, Hobart, Australia*

Key Findings

National

Two-fifths (38%) of the 2022 IDRS sample reported experiencing stigma when visiting healthcare services in the past six months (among those who had visited a service and staff were aware of their drug use).

One-quarter (28%) of the 2022 EDRS sample reported experiencing stigma when visiting healthcare services in the past six months (among those who had visited a service and staff were aware of their drug use).

Experiences of stigma were higher in general healthcare settings than AOD healthcare settings among IDRS participants, but comparable across settings among EDRS participants.

Introduction

People who use drugs experience high levels of stigma (1, 2), with stigma among people who inject drugs particularly high due to potential associations with blood borne viruses, and greater social disadvantage and vulnerabilities (e.g., homelessness, transactional sex) (3).

Stigma can occur within multiple settings, including alcohol and other drug (AOD) treatment settings, as well as generalist healthcare settings (4). Indeed, Paquette et al (2018) found that people who inject drugs face near constant stigma when accessing healthcare, which can range from subtle interpersonal interactions to explicit forms of inferior healthcare.

These experiences of stigma and discrimination can have significant impacts on health and well-being and can result in future reluctance to attend health services for prevention, care and treatment (5), as well as reluctance to disclose their drug use or other issues (e.g., pain) (6). This has significant implications for the health and well-being of people who drugs.

Much of the existing literature in this area has focused on people who inject drugs, with considerably less known about experiences of stigma among other groups of people who use drugs. This bulletin aims to explore this research gap by examining levels of stigma among two samples of people who use drugs when visiting both AOD and general health services.

Funded by the Australian Government Department of Health and Aged Care under the Drug and Alcohol Program

Method

This bulletin uses data from the 2022 Ecstasy and Related Drug Reporting System (EDRS) and the Illicit Drug Reporting System (IDRS), two sentinel surveys of people who regularly use MDMA/ecstasy and other illegal stimulants (EDRS), or who regularly inject drugs (IDRS), conducted in each capital city of Australia. In 2022, 700 participants completed the EDRS interview (recruited via social media and peer referral), and 879 participants completed the IDRS interview (recruited via Needle and Syringe Programs and peer referral). Full methodological details can be found elsewhere (7,8).

Questions regarding stigma were derived from the Stigma Indicators Monitoring Project, with participants asked how often they experienced stigma (defined as being treated poorly or differently by staff as a result of their injecting (IDRS) or illicit (EDRS) drug use, ranging from "Never" to "Always") when visiting AOD-specific or general health services in the last six months. Those who indicated that they hadn't visited a service, or that staff at general health services were unaware of their drug use, were excluded from analyses.

Results

Sample characteristics

The median age of the EDRS sample was 25 years, approximated three-fifths were male (56%), 19% were unemployed at the time of interview, and the drugs used most often in the month preceding interview were cannabis (31%) and alcohol (25%), followed by cocaine (12%) and ecstasy (8%). Two per cent of participants reported injecting a drug in the past month.

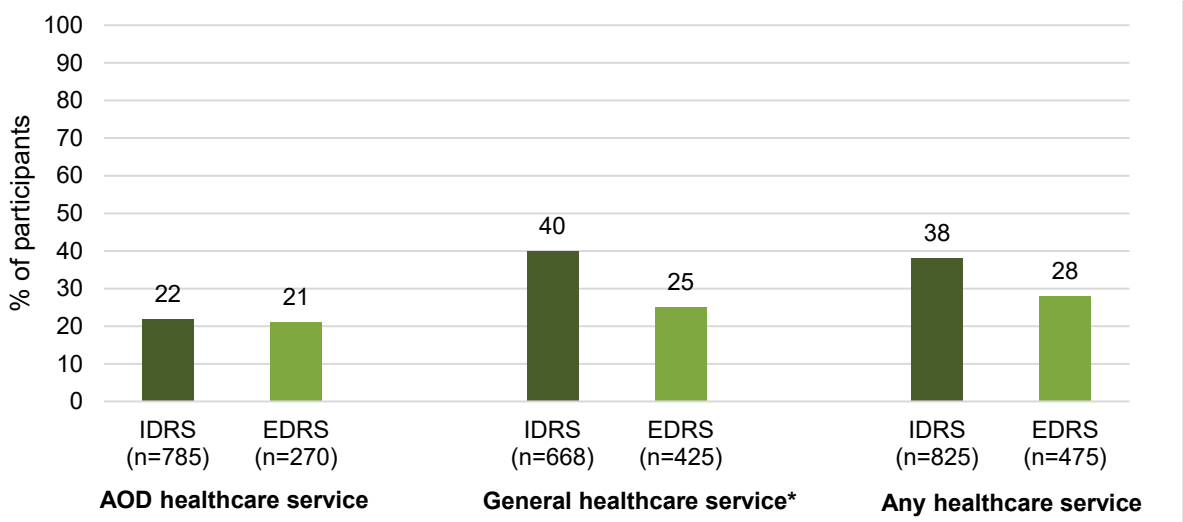
In contrast, the mean age of the IDRS sample was 46 years, 66% were male and 87% were unemployed at the time of interview, with 92% reporting that they had received a government pension, allowance or benefit in the month preceding interview. The drugs injected most often in the month preceding interview were methamphetamine (54%) and heroin (35%).

Experience of stigma

In 2022, among those who had visited a specialist alcohol and other drug healthcare service (e.g., drug treatment, counselling, needle and syringe program) in the past six months, one-fifth of participants reported experiencing some level of stigma when visiting these services (Figure 1).

Among those who had visited a general healthcare service (e.g., to see a doctor or nurse, unrelated to use of illicit drugs) in the past six months, 40% of IDRS participants and 25% of EDRS participants reported experiencing stigma (Figure 1). Notably, 27% of EDRS participants (n=187) reported that healthcare staff were not aware of their drug use, compared to 5% (n=47) of IDRS participants (note: these individuals were excluded from analyses).

Figure 1. Experiences of stigma when visiting healthcare services in the six months preceding interview (among those who had seen a healthcare worker in past six months), IDRS and EDRS, 2022



*Participants who reported that healthcare staff were not aware of their drug use (EDRS, n=187; IDRS, n=47) were excluded from analyses.

Discussion

This bulletin examined levels of stigma while visiting healthcare services among two distinct populations of people who use drugs. Experiences of stigma in AOD specialist settings were similar across both groups (21-22%), however a lower percentage of the EDRS sample reported experiencing stigma when visiting general healthcare services (25% vs 40% of IDRS sample). These findings are likely reflective of the additional stigma experienced by people who inject drugs, due to potential associations with blood-borne viruses, identifiable physical marks, such as track marks, and higher levels of "undesirable health and social conditions" such as homelessness, crime and transactional sex (5).

Further, the higher levels of stigma experienced among general health settings is broadly consistent with existing research which has found that people who inject drugs reported greater acceptance, mutual respect and stronger connection with staff in community-based organisations, compared to large institutional healthcare settings (5,9,10). Combined, these findings support the importance of ensuring that all mainstream healthcare staff are provided with stigma-reduction training, but also suggest that there may be benefit in incorporating a broader range of healthcare services into existing AOD settings.

References

1. Paquette, C. E., Syvertsen, J. L., & Pollini, R. A. (2018). Stigma at every turn: Health services experiences among people who inject drugs. *International Journal of Drug Policy*, 57, 104-110.
2. Phillips, L.A. & Shaw, A. 2013. Substance use more stigmatized than smoking and obesity. *Journal of Substance Use*, 8(4), 247–53.
3. Luoma, J.B., Twohig, M.P., Waltz, T., Hayes, S.C., Roget, N., Padilla, M. & Fisher, G. (2017). An investigation of stigma in individuals receiving treatment for substance abuse. *Addictive Behaviors*, 32(7), 1331–1346. doi: 10.1016/j.addbeh.2006.09.008.

4. Lancaster, K., Seear, K. & Ritter, A. (2018). *Reducing stigma and discrimination for people experiencing problematic alcohol and other drug use*. DPMP Monograph No. 26. NDARC: UNSW.
5. Biancarelli, D.L., Biello, K.B., Childs, E., Drainoni, M., Salhaney, P., Edeza, A., Mimiaga, M.J., Saitz, R. & Bazzi, A.R. (2019). Strategies used by people who inject drugs to avoid stigma in healthcare settings. *Drug and Alcohol Dependence*, 198, 80-86. doi: 10.1016/j.drugalcdep.2019.01.037.
6. Broady, T., Brener, L., Cama, E., & Treloar, C. (2022). *Stigma snapshot: People who inject drugs 2021*. Sydney: Centre for Social Research in Health, UNSW Sydney. DOI: http://doi.org/10.26190/e4wt-c720.
7. Sutherland, R., Uporova, J., King, C., Jones, F., Karlsson, A., Gibbs, D., Price, O., Bruno, R., Dietze, P., Lenton, S., Salom, C., Daly, C., Thomas, N., Juckel, J., Agramunt, S., Wilson, Y., Que Noy, W., Wilson, J., Degenhardt, L., Farrell, M. & Peacock, A. (2022). *Australian Drug Trends 2022: Key Findings from the National Illicit Drug Reporting System (IDRS) Interviews*. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney. DOI: 10.26190/5czp-af24
8. Sutherland, R., Karlsson, A., King, C., Jones, F., Uporova, J., Price, O., Gibbs, D., Bruno, R., Dietze, P., Lenton, S., Salom, C., Grigg, J., Wilson, Y., Wilson, J., Daly, C., Thomas, N., Juckel, J., Degenhardt, L., Farrell, M. & Peacock, A. (2022). *Australian Drug Trends 2022: Key Findings from the National Ecstasy and Related Drugs Reporting System (EDRS) Interviews*. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney. DOI: 10.26190/hbqt-9d09
9. Muncan, B., Walters, S.M., Ezell, J. & Ompad, D.C. (2020). "They look at us like junkies": influences of drug use stigma on the healthcare engagement of people who inject drugs in New York City. *Harm Reduction Journal,* 17, 53. https://doi.org/10.1186/s12954-020-00399-8
10. Treloar, C., Rance, J., Yates, K. & Mao, L. (2016). Trust and people who inject drugs: The perspectives of clients and staff of Needle Syringe Programs. *International Journal of Drug Policy*, 27, 138-145. https://doi.org/10.1016/j.drugpo.2015.08.018

Suggested Citation

Sutherland, R., King, C., Karlsson, A., Treloar, C., Broady, T., Chandrasena, U., Salom, C. & Peacock, A. (2023). Experiences of stigma while visiting healthcare services among people who use drugs in Australia, 2022. Drug Trends Bulletin Series. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney. DOI: 10.26190/rwpw-wc68

Acknowledgements

- The participants who contributed their valuable time to share their experiences.
- All those who contributed to, advised on, and supported the project.
- The Australian Government Department of Health and Aged Care for funding the IDRS and EDRS projects.

Participating Researchers and Research Centres

- Dr Rachel Sutherland, Fiona Jones, Antonia Karlsson, Julia Uporova, Daisy Gibbs, Olivia Price, Cate King, Professor Louisa Degenhardt, Professor Michael Farrell and Associate Professor Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;

- Joanna Wilson, Dr Campbell Aiken and Professor Paul Dietze, Burnet Institute, Victoria;
- Yalei Wilson and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Jodie Grigg, Dr Seraina Agramunt and Professor Simon Lenton, National Drug Research Institute and enAble Institute, Curtin University, Western Australia; and
- Catherine Daly, Dr Jennifer Juckel, Dr Natalie Thomas and Associate Professor Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.