Social Inclusion Action Research Group

Position Paper

June 2013

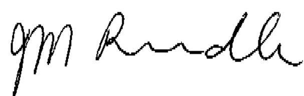
Reducing Stigma and Discrimination Relating to Alcohol and other Drugs in Western Australia

Foreword

The Social Inclusion Action Research Group (SIARG) is pleased to present this policy position paper on stigma and discrimination relating to alcohol and other drugs (AOD). The paper provides an overview of stigma research, including how it impacts people with problems associated with their AOD use, their family members and significant others, as well as people who work in the AOD sector. Stigma has wide ranging impacts on the health and well-being of people affected by AOD use. It can impact quality of life and reduce access to treatment and support.

The SIARG was formed through a partnership between Western Australian Network of Alcohol and other Drug Agencies (WANADA) and the Drug and Alcohol Office. Agencies interested in contributing to this area of work were invited through an Expression of Interest. Cyrenian House, Drug and Alcohol Youth Service, Women's Health and Family Services, West Australian Substance Users Association and Hepatitis WA subsequently joined SIARG. Consumers and significant others are also involved in the work of SIARG, with representatives participating in the group.

SIARG believe all Western Australians have the right to be included in community life. It is hoped through a long term, multi-strategic approach to promote social inclusion and reduce stigma, SIARG can contribute to a more socially inclusive society where all people are included and able to achieve their full potential.



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Introduction

It is well documented that individuals and significant others affected by alcohol and other drug (AOD) use problems experience considerable levels of stigma[1,2]. The World Health Organisation states that illicit drug dependence is the most stigmatised health condition in the world; dependence on alcohol is ranked as the fourth most stigmatised condition[3].

Stigma is predominantly related to dependency more so than AOD “use” per se. However, this is not the case for injecting drug users where stigma is more broadly experienced.

The experience of stigma can have wide ranging impacts on an individual’s health and general quality of life. This includes limiting economic and social participation and willingness to access AOD treatment or support for other health and social concerns, such as physical health problems, mental health problems, and homelessness.

Blame for the predicament of people with problems associated with AOD use is said to lie at the heart of their stigmatisation. The reasons behind AOD use are complex. Problems relating to AOD use can stem from individual and environmental factors across the lifespan, including family functioning, childhood trauma or neglect, poor living conditions, social marginalization, and emotional problems.

Media representation of the issue, whom the general public rely on for much of their information relating to AOD use[5], can be simplistic, often linking AOD use to crime. This may perpetuate a fearful, moralistic view which maintains a justification for discrimination and social exclusion of individuals experiencing problems relating to AOD use[5].

Overcoming stigma and promoting social inclusion can aid in improving access to treatment and support services for people affected by AOD use. Improvements in health, well-being and general quality in life can also be achieved. Furthermore, addressing stigma relating to working in the AOD sector can improve recruitment, retention and job satisfaction.

The Social Inclusion Action Research Group

The Social Inclusion Action Research Group (SIARG) consists of key representatives from the Western Australian AOD sector. SIARG has been formed to plan, implement and evaluate initiatives aimed at promoting the social inclusion of, and reducing the stigma and discrimination experienced by people with AOD use problems or those affected by someone else’s use. This includes family members and significant others, as well as those associated with the AOD sector such as employees.

SIARG Position statement

The SIARG believe stigma and discrimination directed toward people who are affected by AOD use problems, including significant others and those who work in the AOD sector, should not be tolerated. It is a right of all Western Australian community members to actively participate in community life. This includes being able to access all of the services required to support the achievement of optimum health and wellbeing, without fear of, or actual, stigmatisation or discrimination.

Policy and Legislative context

- The **National Drug Strategy 2010-2015** identifies the following action in relation stigma and AOD use: develop a sustained and comprehensive stigma reduction strategy to improve community and service understanding and attitudes towards drug dependence, help seeking and the related problems of individuals.
- The Western Australian **Drug and Alcohol Interagency Framework 2011-2015** prioritises improved access to treatment for those who need it. Addressing stigma and AOD use is essential to facilitate access to treatment particularly for groups who experience multiple marginalisation (e.g. homeless people, Aboriginal people, offenders and those with co-occurring AOD and mental health problems).
- The Commonwealth **Disability Discrimination Act 1992** deems 'addiction' as a 'disability.' Under the Act it is unlawful to discriminate against someone on the grounds of their dependency on AODs. In 2004 the then Federal government attempted to make discrimination on the basis of drug dependence lawful. This change failed to pass through parliament.
- The Western Australian **Equal Opportunity Act 1984** does not explicitly state whether it is lawful or unlawful to discriminate on the basis of AOD dependency. The Equal Opportunity Commission report there have been minimal known legal cases of discrimination based on AOD dependency therefore each case would be dealt with by a court individually.
- The **Global Commission Report - War on Drugs** highlights the need to end the criminalisation, marginalisation and stigmatisation of people who use illicit drugs, but who do no harm to others. The paper suggests policymakers may reinforce the idea that all people who use drugs are 'amoral addicts,' whereas in reality the situation is far more complex. The paper presents the view that the criminalisation of people who use drugs contributes to the stigmatisation and social exclusion of drug users.
- **The prohibition of illicit drugs is killing and criminalising our children and we are all letting it happen**[7] report was written on the back of the War on Drugs Report. The report suggested the term "war" on drugs tends to demonise the drugs and by association those who use drugs, resulting in considerable stigma and discrimination.

A variety of consequences, including stigma and discrimination, can result from numerous other legislative and policy directives including organisational and/or operational policies.

The impacts of stigma and discrimination

The impacts of stigma and discrimination relating to AOD use are wide ranging, including:

- Low self-esteem and self-worth
- Feelings of isolation
- Development of self-hate
- Feelings of helplessness
- Disempowerment
- Exclusion from community life
- Physical and psychological distress
- Compromised quality of life
- Chronic stress
- Depressive symptoms
- Unemployment and loss of income
- Difficulty obtaining employment
- Difficulty obtaining housing
- Problems accessing education
- Problems accessing insurance
- Limited social opportunity[8, 9].

Stigma can discourage access to AOD treatment, with labelled groups seeking to distance themselves from the "label" through forgoing or delaying treatment[10]. Reluctance to access health services due to fear of, and actual, discrimination can also have significant negative impact on health and well-being. In addition, a person's access to other support services which deal with issues such as homelessness, mental health, domestic violence and emergency relief can also be affected due to potential and actual discrimination from these types of services.

Stigma can also impact the effectiveness of early identification and screening, which are key priorities for public health. Those who may not be experiencing significant problems but still wish to access support from services may also be discouraged due to the stigma associated with receiving AOD treatment.

The chronic stress experienced by stigmatised individuals also has its own physical and mental health implications[11].

Opioid substitution treatment

Stigma has also been associated with opioid substitution treatment, particularly where an individual is prescribed methadone for a long period of time. It is considered by some that methadone maintenance programs are not treatment[12]. It has been argued that the stigma associated with methadone maintenance, which has strong evidence to support its use as a viable treatment option, has impacted its accessibility and distribution[12]. Policies and procedures relating to the provision of

opioid pharmacotherapies are essential for the management of a safe and effective program but effort must be made to minimise potential stigma of both people accessing the pharmacotherapy and staff providing the program.

Alcohol

Alcohol use is sometimes considered a social behaviour promoting social inclusion. Heavy alcohol drinking can even be socially acceptable at some events such as weddings and parties[13]. Once a person's alcohol use oversteps the social norms, however, stigma can result[14].

The problems relating to alcohol consumption are largely preventable and account for significant social, physical, emotional and economic costs to the Western Australian community. Comprehensive strategies to reduce harmful alcohol consumption in Western Australia are modelled on highly successful anti-smoking programs. An unintended result of the highly successful anti-smoking program has been a certain loss of social status and generation of stigma relating to smoking[15].

At a population level, programs to decrease alcohol consumption and harm are required to challenge the Australian drinking culture and address alcohol related behaviours that are not desirable such as alcohol fuelled violence. Broader population based programs are beyond the scope of this paper that focuses on access to treatment and support services; however it is important to acknowledge that public health objectives need to be balanced to ensure that inappropriate levels of stigma are not generated.

Blood Borne Viruses

People with blood borne viruses, such as Hepatitis C, can also experience significant stigma and discrimination[16]. Injecting drug use is a significant contributor to Hepatitis C and even though a person may no longer inject, stigma associated with contracting Hepatitis C can remain. Furthermore, pressure to disclose can also have a substantial negative impact on people with Hepatitis C.

Significant others

Stigma and discrimination is not only directed at those who are experiencing problems with AOD use but also their significant others (family members, children, partners and friends), resulting in feelings of resentment, anger, loss, shame, secrecy, distrust, inability to cope, hopelessness and helplessness[17].

The AOD sector workforce

In 2003, the National Centre for Education and Training on Addiction[19] undertook a comprehensive review of the issues facing the AOD non–government workforce. Stigma relating to working in the AOD field has been identified as a key factor impacting the recruitment of new staff. Motivation levels amongst existing staff were also found to be influenced by the perceived negative views associated with providing help to a highly stigmatised group[19].

Who is doing the stigmatising?

According to consumers interviewed as part of the national research project *Barriers and Incentives to Drug Treatment for Illicit Drug Users*[18], discrimination had been experienced from a range of people and professionals, including family members, staff at pharmacies, friends, doctors and nurses, other health workers, landlords and co-workers.

The Australian Injecting and Illicit Drug Users League (AIVL)[9], '*Why wouldn't I discriminate against all of them?', A report on stigma and discrimination towards the injecting drug user community* also highlights the detrimental impact negative general community attitudes have on people who use drugs and the reluctance of people who use drugs to access medical care due to fear of discrimination. Furthermore, the AIVL report raises the issue of the stigma that exists within the drug using community between users of different types of drugs, and those who use different drug use methods.

What will SIARG do?

The SIARG will, together with key stakeholders, drive the strategic planning and overall broad direction of activity to promote social inclusion of people affected by AOD use, including families and significant others, and reduce stigma and discrimination experienced by people who work in the AOD sector. Key stakeholders involved in planning and implementing strategies include consumers, significant others and people who work in the AOD sector.

In depth research is required with groups including the Western Australian general public and other key staff from the health and social service sector to inform strategies and initiatives that are most likely to affect a cultural shift, influence attitudes and ultimately change behavior. Consideration of organisational policies and procedures that create or contribute to stigma and discrimination will also be a priority of the group. Appropriate action to influence change will be taken where required.

It is expected the work of the group will be long-term, comprehensive and multi-strategic.

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