

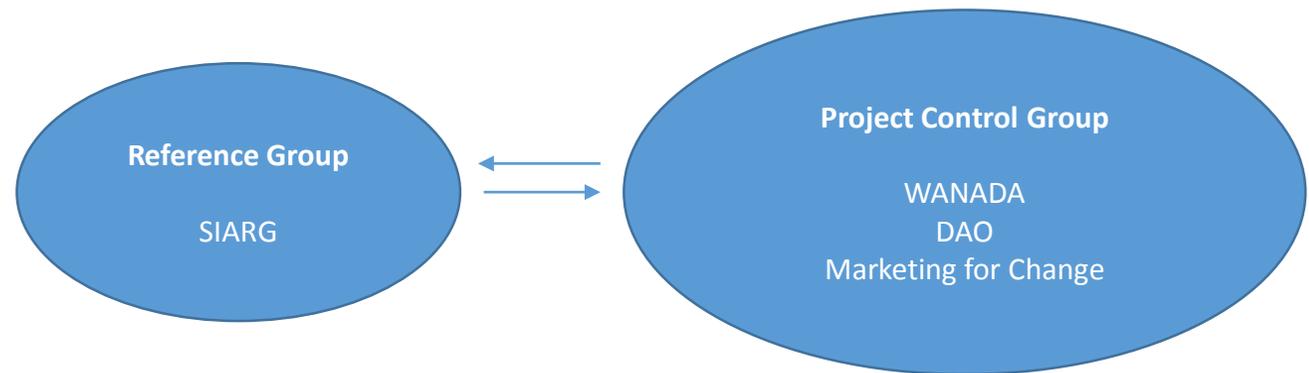
Reducing Alcohol and Other Drug Stigma Preliminary Research Findings

Alcohol and Other Drugs Symposium 2014

Presented by Luke van der Beeke,
Co-founder & Managing Director, [Marketing for Change](#)
Twitter: [@LukevanderBeeke](#)

Project background

- ✓ Supports the strategic objectives of the **Social Inclusion Action Research Group (SIARG)**
- ✓ Initial research being funded by **DAO**
- ✓ Project managed by **WANADA**
- ✓ Research by **Colmar Brunton Social Research**
- ✓ **Marketing for Change** is providing strategic and practical support, and will work with WANADA to develop evidence-based strategies to address stigma and barriers to access.



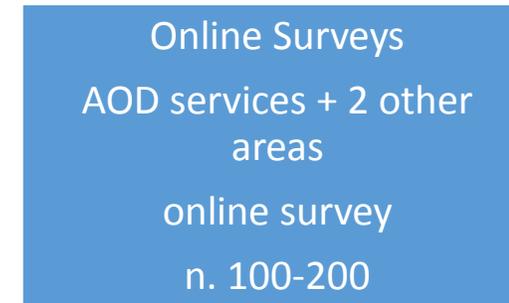
Research objectives

1. To **establish baseline data** on the **attitudes and beliefs of the WA community** toward AOD users.
2. To identify which **key groups in the community and professional sector** would be **most effective to target** in a comprehensive AOD stigma reduction program.
3. To **generate actionable-insight** that will inform the intervention mix for a **comprehensive AOD stigma reduction program**.

Phase One



Phase Two

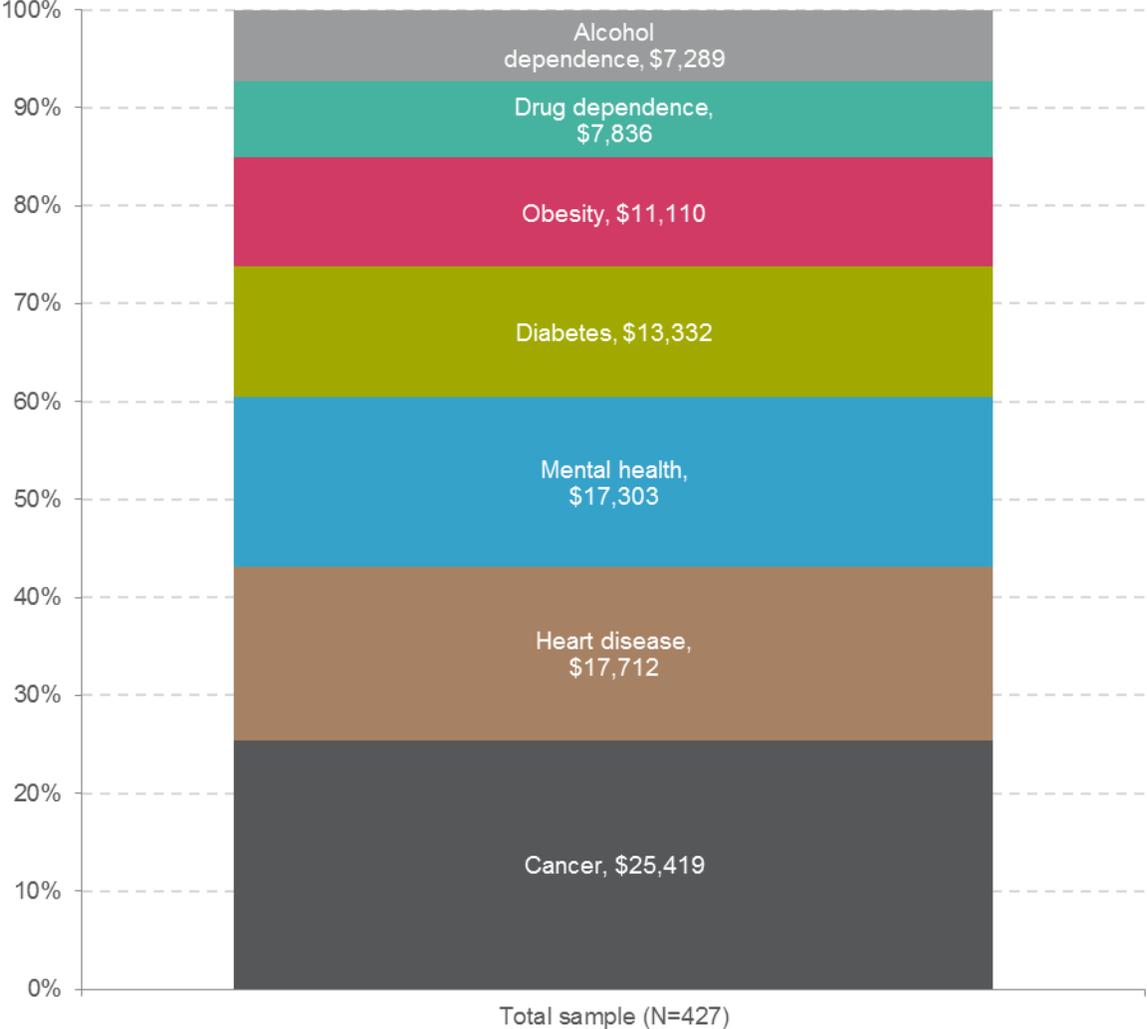


Survey of the WA Community Selected Findings

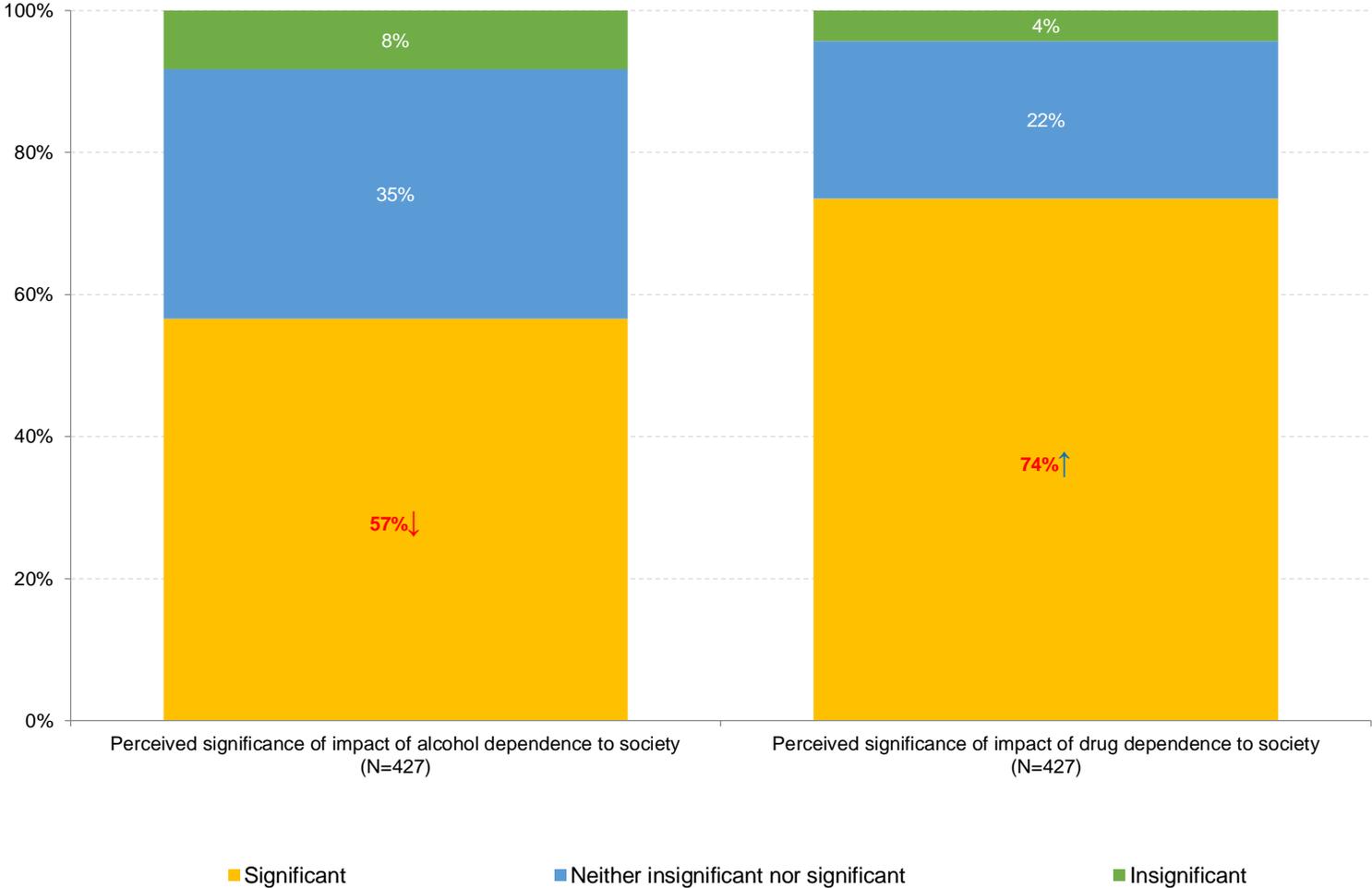
Are alcohol and other drugs a significant issue in the WA community?

Significance of the AOD issue in WA?

Q. If you had \$100,000 in government funding to spend on these seven health issues, how would you choose to allocate this?



Perceived significance of impact

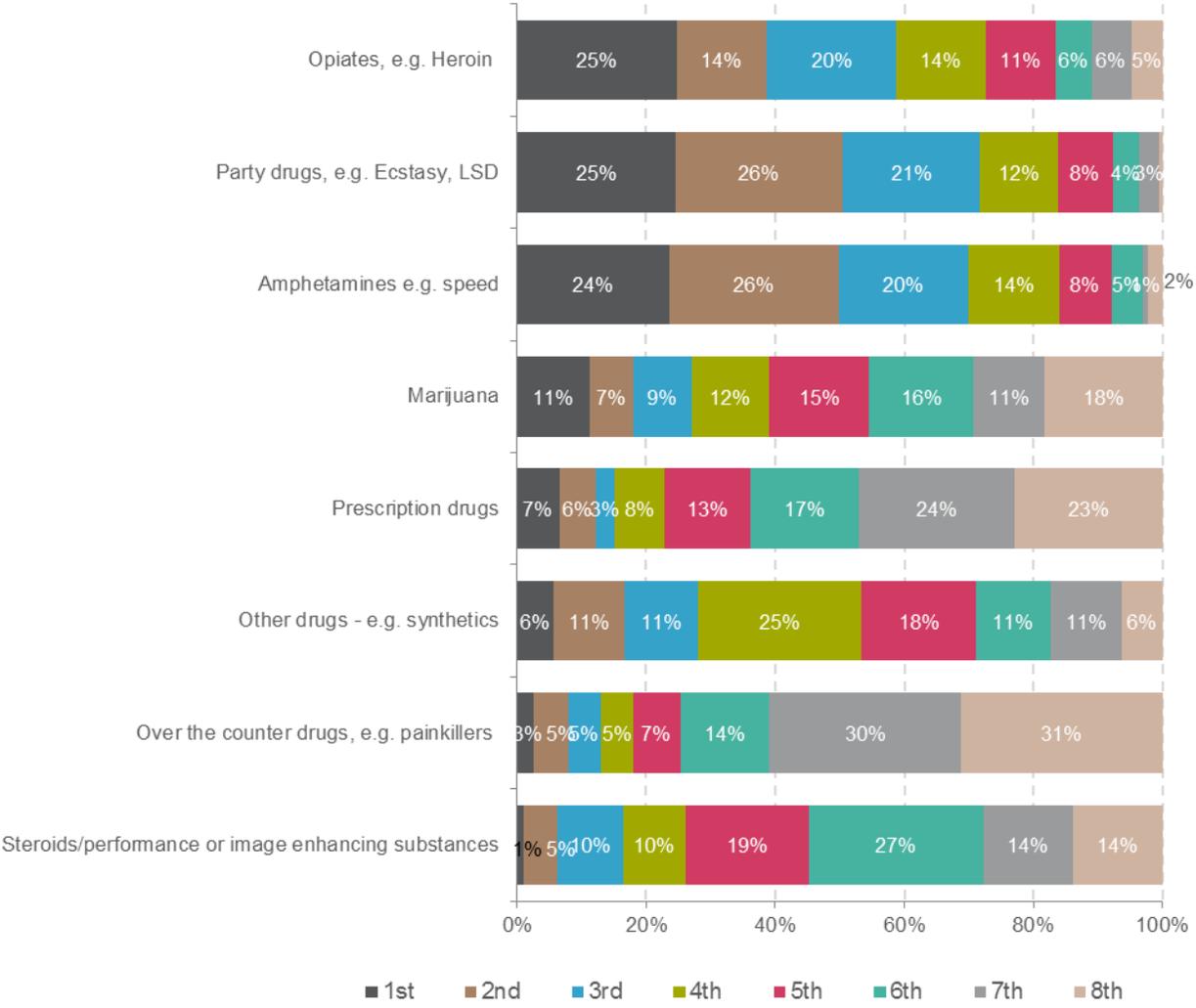


People aged 55 years and over perceived drug dependence to have a significantly higher impact compared to those aged 18-34 years.

Perceived cause of biggest concern by drug type

Q. In your opinion, which of the eight following drug categories should be the biggest cause for concern in WA?

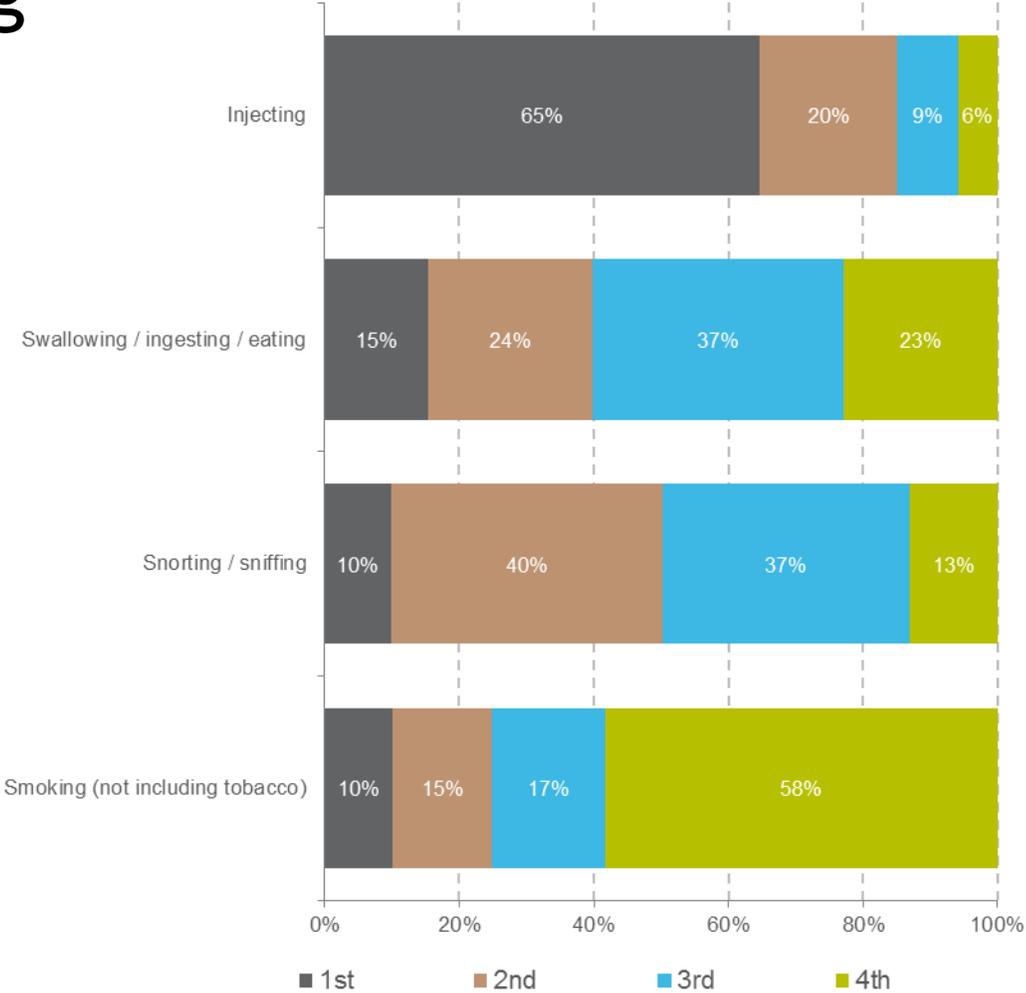
Please **rank** the drug categories from 1-8, where 1 should be the biggest cause for concern, and 8 the smallest...



Perceived cause for biggest concern in terms of manner of drug taking

Q. In your opinion, which of the four following ways of taking drugs should be the biggest cause for concern in WA?

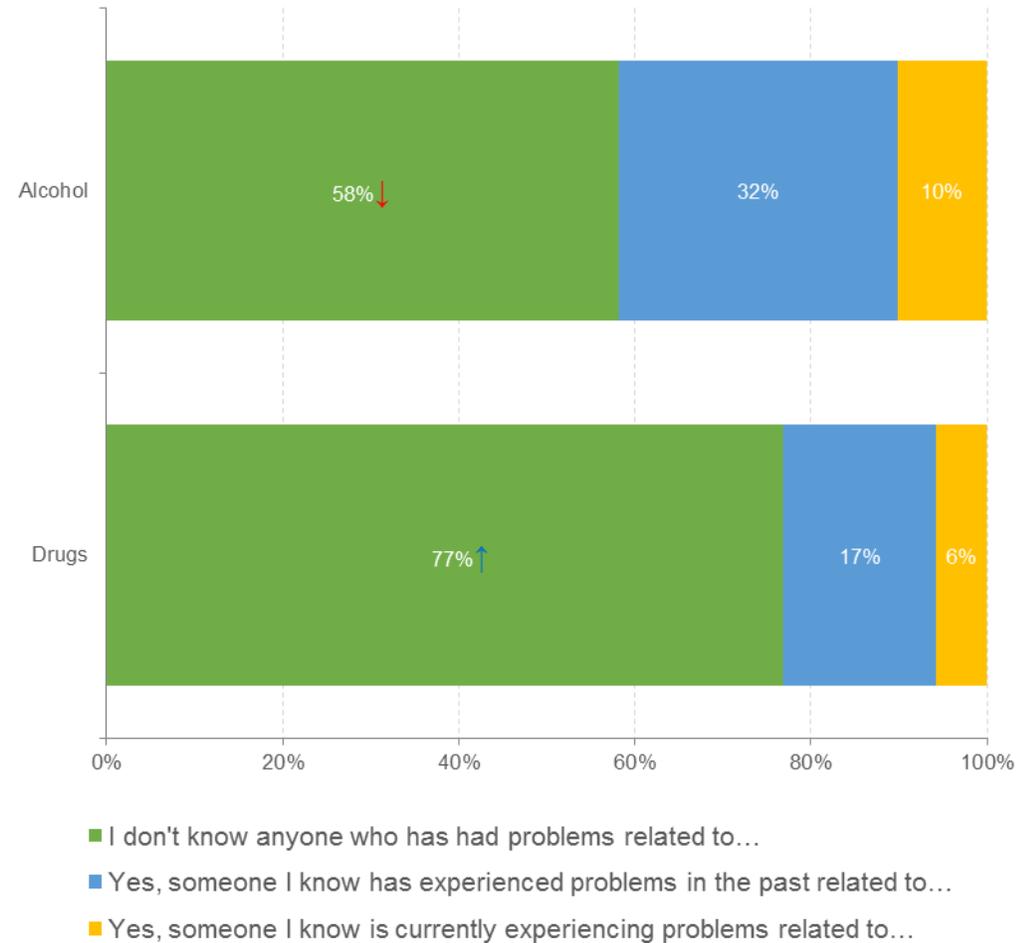
Please **rank** the ways below from 1-4, where 1 should be the biggest cause for concern, and 4 the smallest.



Do you know someone?

Q. Has anyone close to you (personally or professionally) experienced problems associated with their consumption of alcohol?

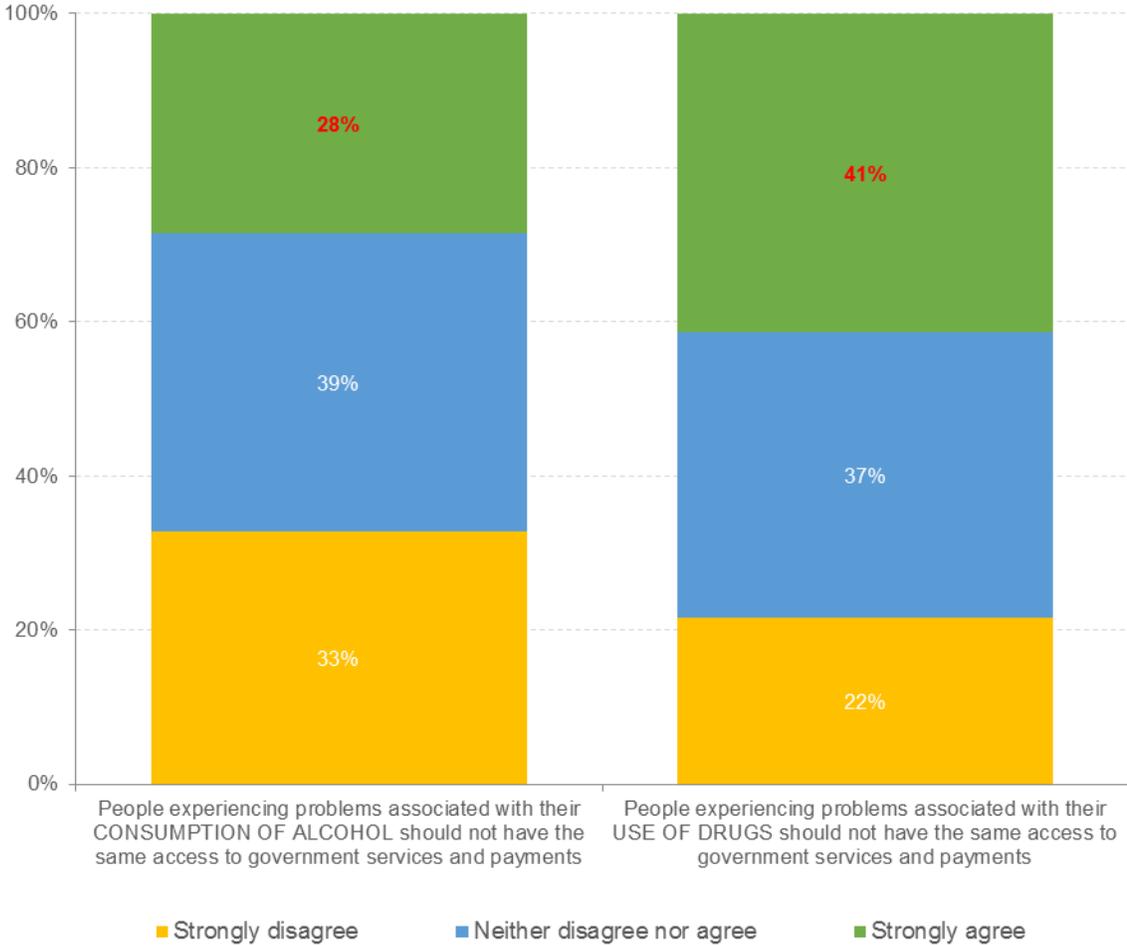
Q. Has anyone close to you (personally or professionally) experienced problems associated with their use of drugs?



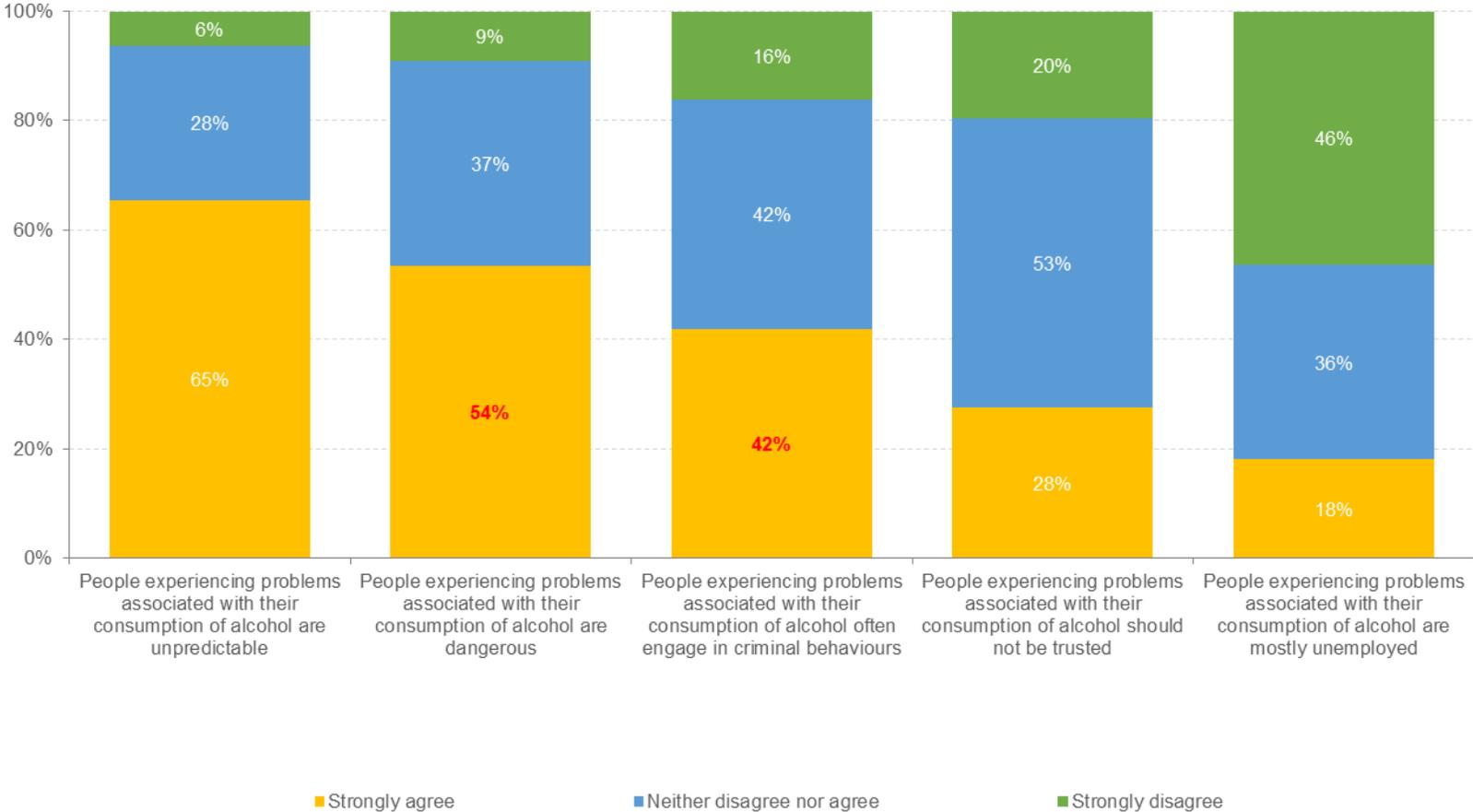
How does the
stigma manifest?

Preferences re access to government services

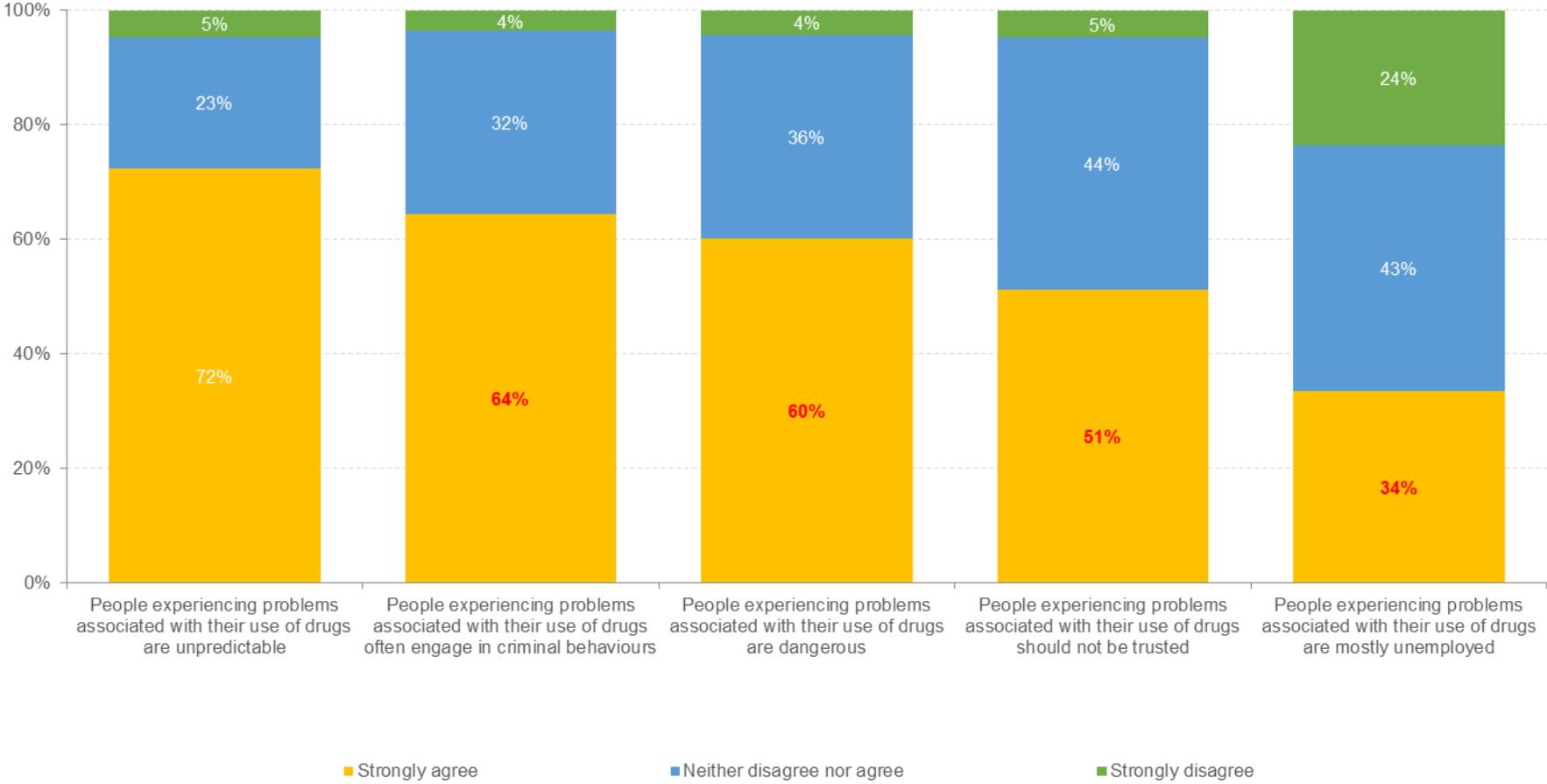
Q. Please indicate your level of agreement with the following statements, using a scale of 0-10 where 0 is strongly disagree, and 10 is strongly agree . . .



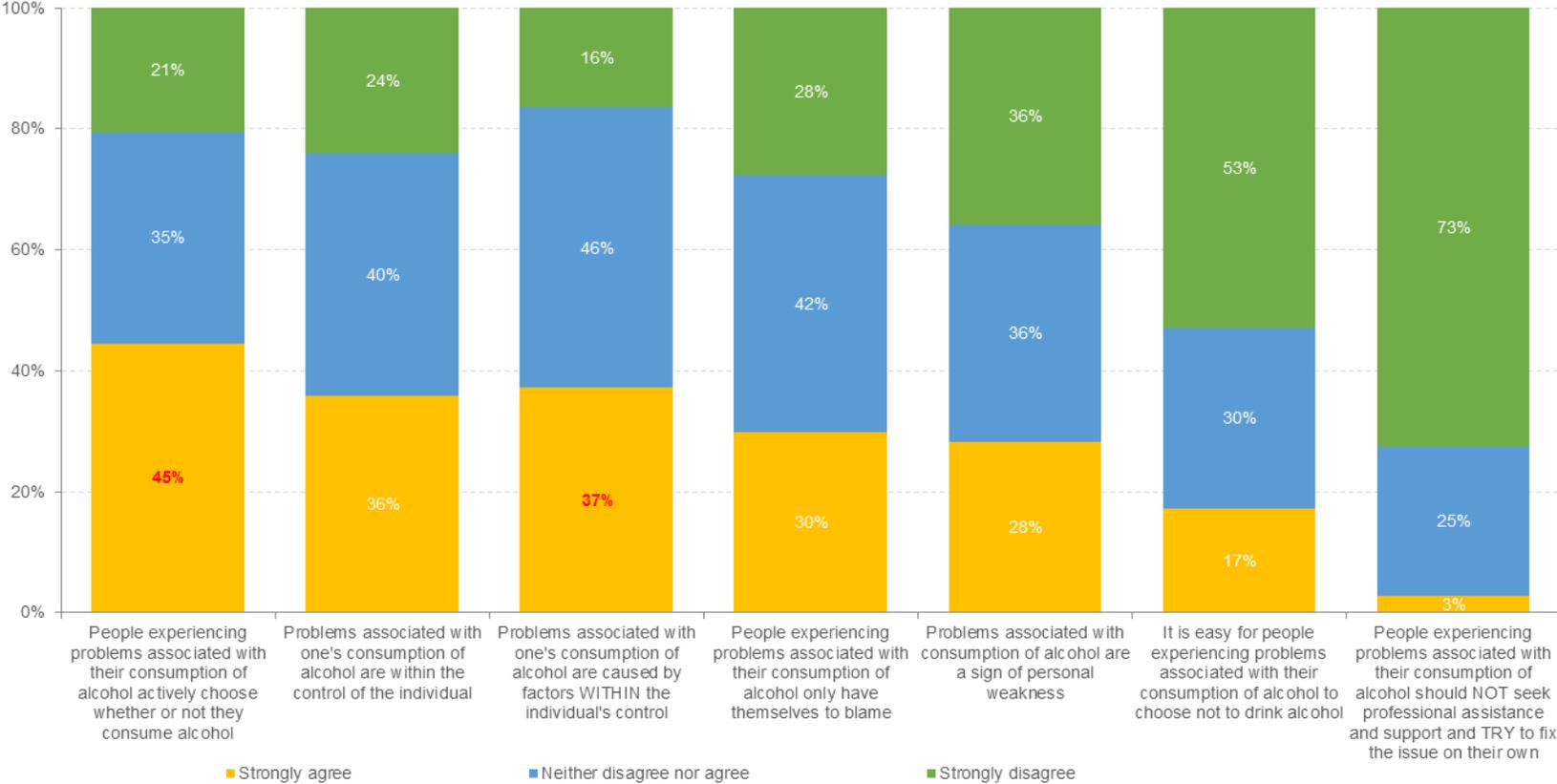
Assumptions about people experiencing problems in relation to alcohol



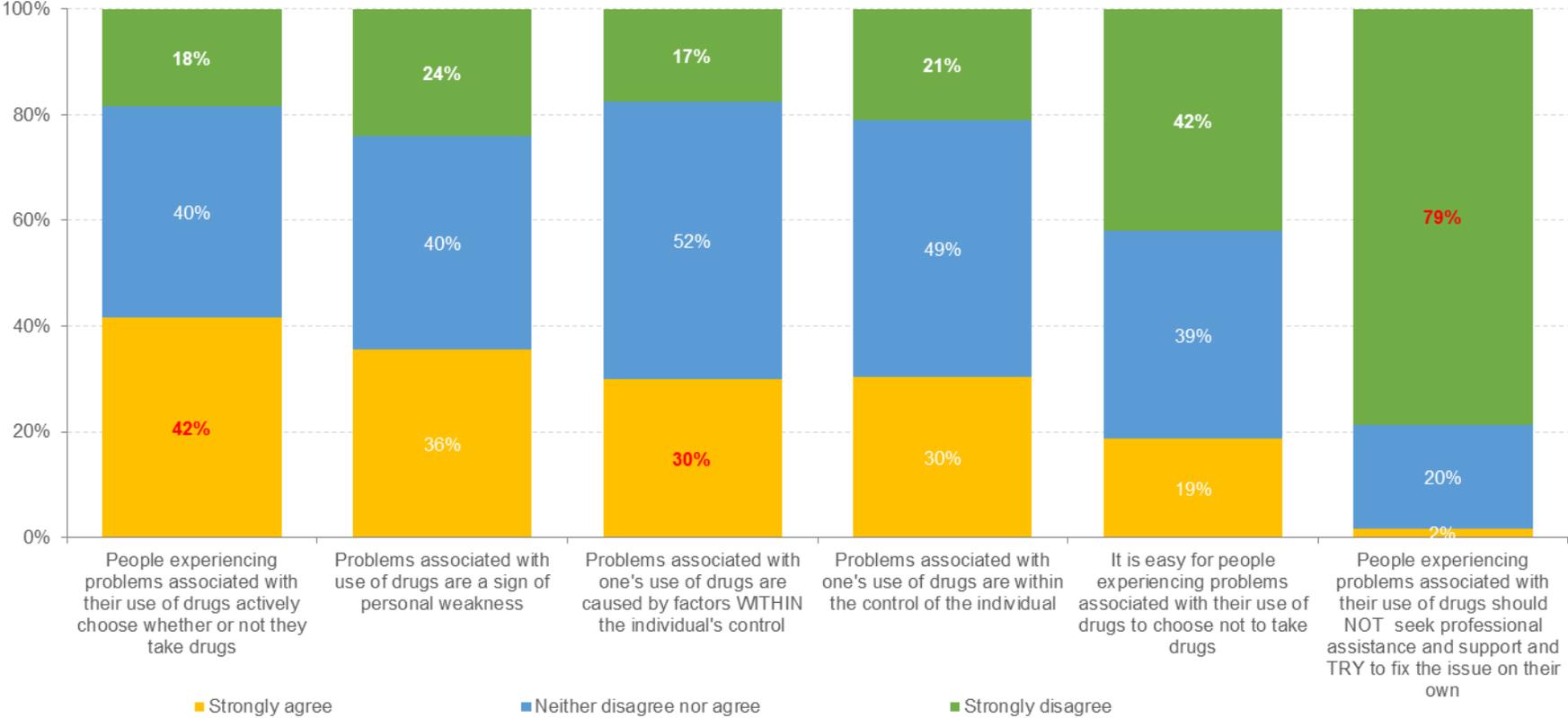
Assumptions about people experiencing problems in relation to drugs



Perceived self control over problems relating to alcohol



Perceived self control over problems relating to drugs

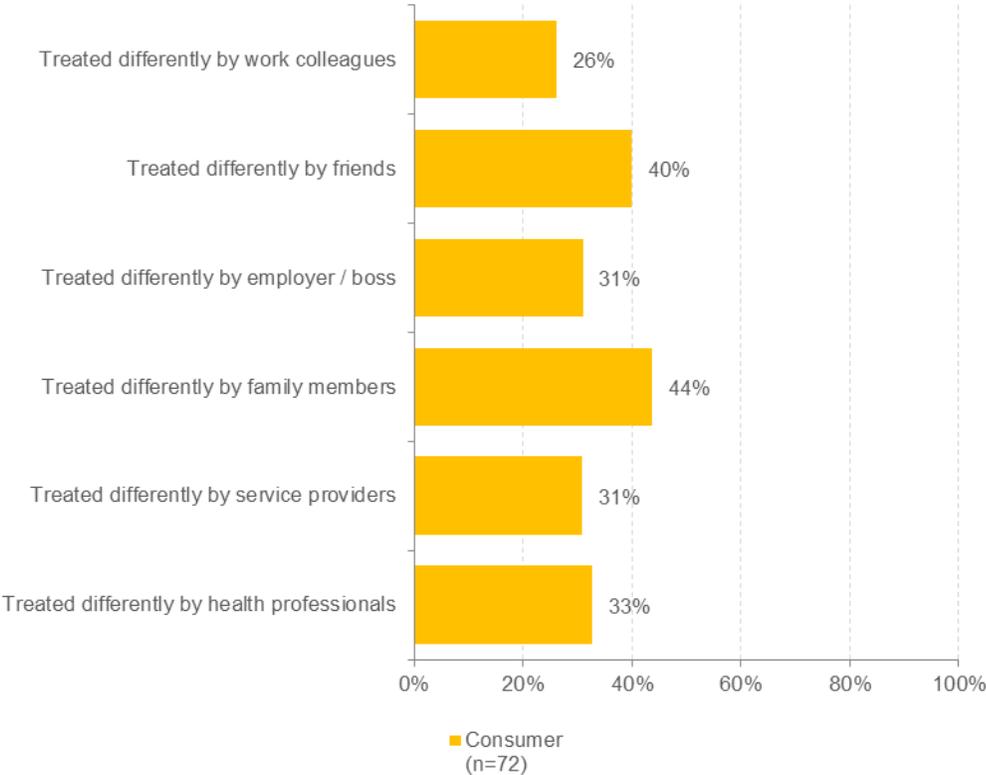


Experiences and
expectations of
treatment by others

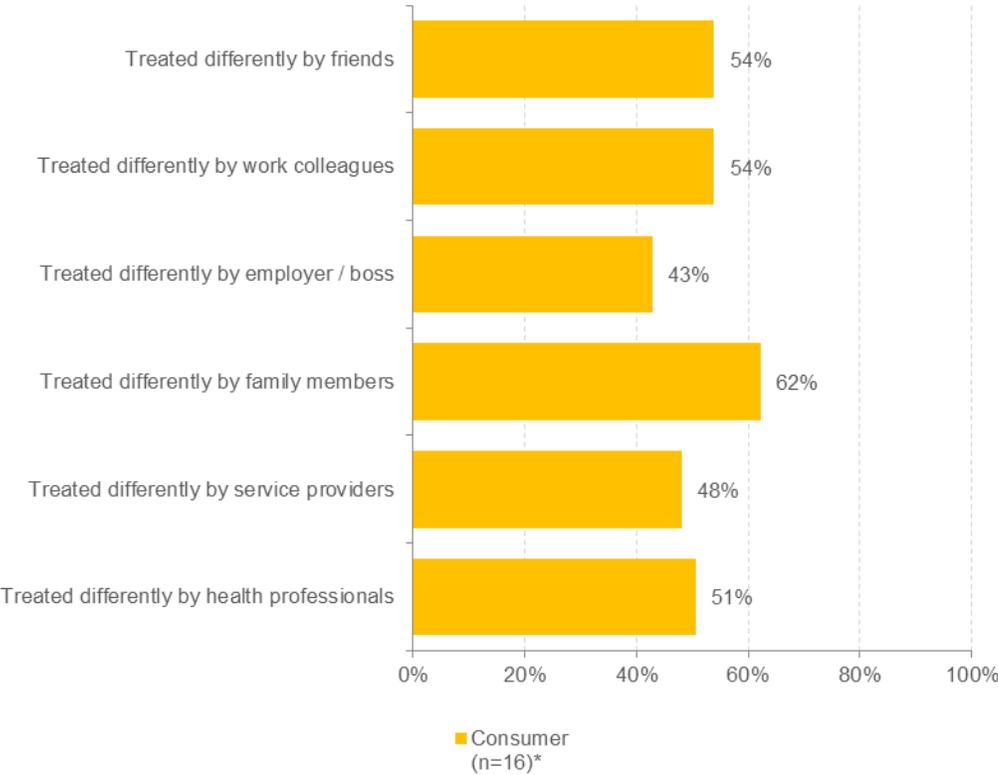
Treatment from others in relation to problem associated with . . .

% "Always", "Often", "Sometimes"

Alcohol



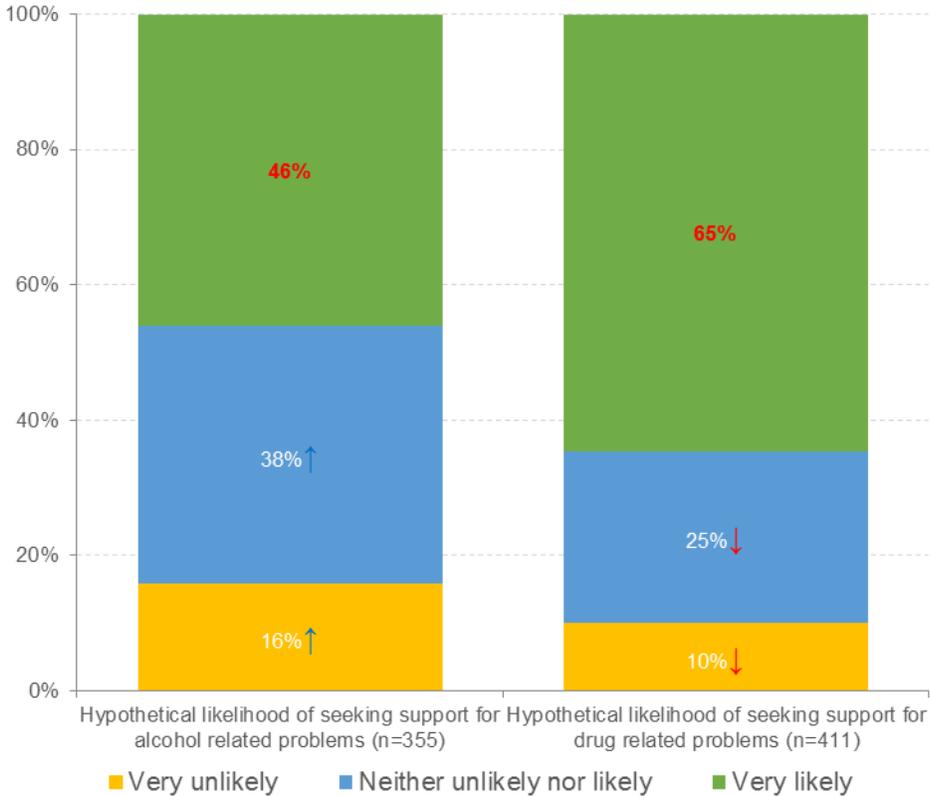
Drugs



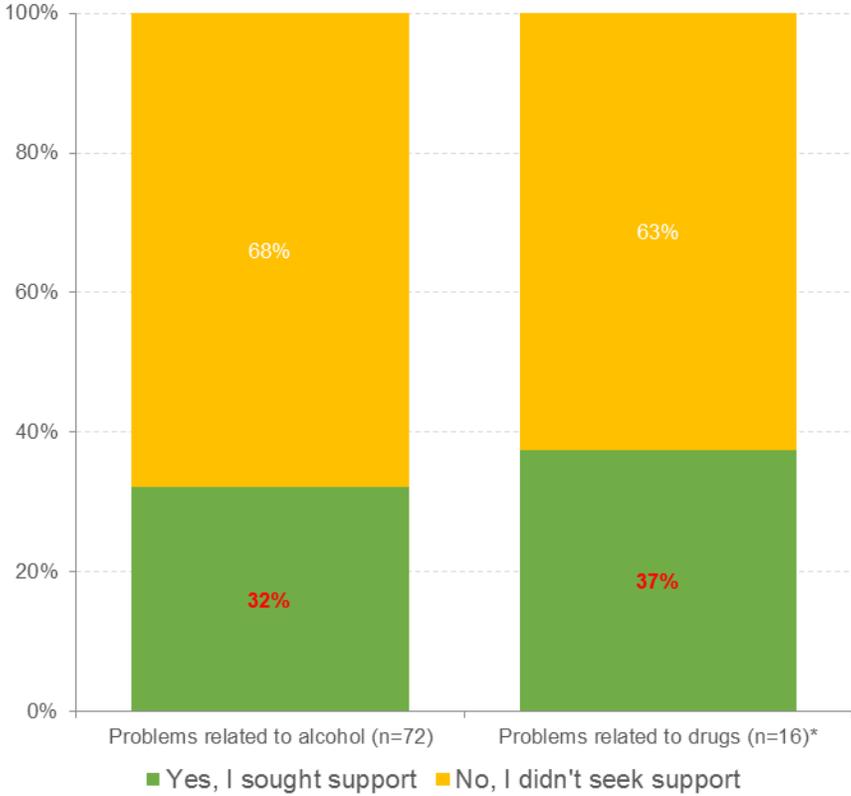
Support seeking behaviours

Support seeking behaviours

Non-Consumers: Would you seek support?



Consumers: Did you seek support?



Qualitative research
AOD sector workers and
consumers

Recruitment and group details

Recruitment

- Two EOI's placed in WANADA's weekly Monday newsletter
- AOD sector workers were asked to provide clients with the EOI notice
- Interested AOD sector workers and consumers registered interest by calling toll free number. Field team then called back to book them in

	Mon 26 th May AOD SECTOR WORKERS		Tuesday 27 th May CONSUMERS	
4.00PM	1 group - mixed gender N=9, inc 2 phone	1 group - mixed gender N=8, inc 1 phone	1 group – males N=7	1 group – females N=9
6.00PM	1 group - mixed gender N=8, inc 1 phone	1 group - mixed gender N=8	1 group – males N=10 inc 1 phone	1 group – females N=6

Where does stigma exist?
How does it manifest?

Stigma in government

Sector worker POV

- Lack of funding
- Other health problems higher on the agenda
- Illegality of drugs – perpetuates a criminal stigma around dependency

Consumer POV

- Police can be inflexible and assume a level of violence
- Also swayed by appearances – e.g. standard of dress
- Two consumers who'd become 'clean' in jail reported they were required to enter into a methadone program on release to adhere to terms and to see children

Stigma in broader health and emergency services

Sector worker POV

Emergency services

- Lengthy wait times for ambulances
- Drivers can be dismissive (lack of understanding/training?)
- Consumers given a lower priority
- Unpredictable nature of consumers adds to discriminative/judgemental behaviours

Hospitals

- May discharge patients due to their alcohol or drug dependency
- Death certificate citing cause of death as “intravenous drug user”, rather than “heart attack”

Stigma in broader health and emergency services

Sector worker POV

General Practitioners

- GP's known to refuse appointments, especially if RDA
- Reports of GP's acting differently – less trusting, less willing to accept appointments

"If a doctor is good they burn out quickly.
Word gets around."

"One client was clean for 10 years, went to a doctor and admitted a past drug problem. After this the doctor treated her like crap, and presumed she was there for drugs."

Stigma in broader health and emergency services

Sector worker POV

Pharmacists

- Overt discrimination** at the shop front
- Different entrances** for people on C-POP
- Consumers required to wait and **kept out of sight**
- Job ads stating – “No C-POP”
- Accusations of theft**, not being served within a reasonable time

Stigma in broader health and emergency services

Consumer POV

Hospitals

- ED staff treat consumers with contempt.** A waste of time
- Staff have **ignored injuries** and delayed treatment
- Some staff (especially nurses) **lack empathy**
- Have reportedly neglected some consumers when presenting for unrelated issues
- There is a strong perception of **'neglect'**

General Practitioners

- Can be **mistrustful**
- Can be **reluctant to write scripts** for certain drugs regardless of need

Stigma in broader health and emergency services

Consumer POV

Pharmacists

- C-POP pharmacists perceived as displaying more damaging and severe discrimination than other providers
- Reports of **pharmacists** overtly **exploiting their power**
- Separate entrances** was a constant theme
- Reports of **overt rudeness** from **pharmacists** and their **staff**

Other services

- One consumer had a dental nurse ask her to leave and never return when she booked in for subsidized care
- Mental health services were felt to stigmatise people with dependencies on methamphetamines
- People felt they were met with **confrontation and judgement** from mental health services **as to the cause of the mental health issue**

“A chemist made me wait 3 hours for methadone.”

“The chemist said to me, people like me should have an STD test.”

Stigma within the AOD sector

Sector worker POV

- ❑ Organisational **policies** increasingly **restrictive** and **lack empathy**
- ❑ **Management** and higher levels of their organisations can stigmatise some clients and judge their choices. **Lack of experience on the 'front line'**
- ❑ Some sector workers have **jaded mindset** toward relapsing rehabilitation patients. "He's one of those." "You know what she'll be like."

Consumer POV

- ❑ Participant experiences varied across organisations
- ❑ Understanding and empathy critical
- ❑ The better the **understanding and trust**, the more success the organisation would have in retaining the person as a client

Move to make residential rehab facilities smoke free when 98% smoke daily. A barrier to participation & constitutes discriminatory policy making.

"I feel dislike from them straight away, like you're a junkie, filthy."

Societal Stigma

Sector worker POV

Lots of **assumptions** by the public, e.g.

- Offensive name calling, disparaging remarks
- Consumers are thieves, liars, manipulative, unhygienic

Consumer POV

- Feel looked down upon, on the receiving end of disparaging remarks
- Appearance was a large determinant as to the amount of stigma they would attract

PISS HEAD
JUNKIE
PROSTITUTE
CRIMINAL
DRUGGIE
UNDERWORLD
DIRTY
HOMELESS



"Nine out of ten times it depends what you're wearing."

Stigma within the workplace

Consumer POV

- Employers and work colleagues **treat people differently** upon finding out about a drug or alcohol problem
- Can act **awkward, confused**. Can **create strain** on previously good professional relationship
- Reports of **jobs lost** because Dr's call employers
- Loss of a university course position when employer found out

Peer to peer stigma

Sector worker POV

- Judgement between consumers
- Hierarchy exists** (e.g. people who sniff solvents are at the bottom)
- Stories of people seeking assistance but not wanting to be placed in a rehabilitation program with 'junkies'
- Some past consumers** now working in the sector **feel judged**.
Peers can be suspicious of their activities

What are the causes?
What can be done?

What underpins stigma?

- Lack of understanding and empathy at all levels
- Embedded in the media discourse
- Illegality + black and white rules on possession and use of drugs in Australia
- The system prevents honest discourse between consumers and service providers
- By comparison, alcohol use isn't see as socially unacceptable. Problematical

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Farmer S [redacted] from Tannabah, Coonabarabran, with some of his Merino wethers that have been eating darling pea. Photo: The Land

Hundreds of sheep in the central west of NSW have died after eating a poisonous plant and bashing their heads open "like heroin addicts"

Plague proportions of darling pea have dealt another blow to farmers who suffered the impacts of the bushfire in Coonabarabran last January.

The endangered native pea, which usually exists in the area in small quantities, has spread

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How can AOD stigma be reduced?

Within society

- Education via the media
- Influencing the media (repositioning)
- Education in schools (tolerance + communication)
- More clean injecting facilities & needle exchange programs
- Dry zones + dry options at social venues

At government level

- Increased funding
- Higher profile in the health sector
- Legislative change
- A more progressive approach

How can AOD stigma be reduced?

Policy reform

- Policy and leadership needs to demonstrate compassion and humanity
- Based on evidence, facts and consultation
- Flexible and responsive to need
- Respond to issues that underpin the addiction

Other

- Integrated, collaborative service delivery
- Individual case managers
- Flexible service models within organisations
- Training and education of all health professionals
- Education of consumers re behaviours

How can AOD stigma be reduced?

“It's time to speak out. It's time to ask governments around the world to study the evidence and look at the harm being done by outdated drug laws. Most importantly, it's time to start thinking about and treating drug problems as a health issue, not a criminal issue.”

– Richard Branson
Huffington Post, 6 March 2014

Questions & Feedback

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