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Introduction

- ❖ Stigma has been shown to have an impact on multiple aspects of life and health, particularly among people who use alcohol and other drugs (1,2), and is increasingly recognised as a serious public health issue (3).
- ❖ Stigma and discrimination can occur within multiple settings, including alcohol and other drug (AOD) treatment settings, as well as general health care settings (4).
- ❖ Previous research has found that stigma and discrimination is associated with physical and mental health issues, including severe depression and anxiety (5,6) and risky injection behaviours, such as sharing or re-using needles and syringes (7,8).
- ❖ Whilst it has been shown that people who inject drugs experience stigma across multiple settings, comparatively little is known about experiences of stigma among other groups of people who use drugs.

Aim

The aims of this research were to examine:

- ❖ Past six months experiences of stigma among two samples of people who use illegal drugs in 2022 and 2023; and
- ❖ Sociodemographic, drug use and health factors associated with self-reported experiences of stigma when visiting healthcare services in 2022.

Methods

- ❖ Data were obtained from the Ecstasy and Related Drugs Reporting System (EDRS) and the Illicit Drug Reporting System (IDRS).
- ❖ The EDRS is an annual survey of people who regularly consume illicit stimulants (primarily ecstasy), recruited from all capital cities of Australia, whilst the IDRS consists of an annual survey of people who regularly inject drugs.
- ❖ In 2022, participants were asked how often they had experienced stigma (defined as being treated poorly or differently by staff as a result of their injecting (IDRS) or illicit (EDRS) drug use) when visiting specialist AOD or general healthcare services in the six months preceding interview. In 2023, questions were expanded to include other, non-health care services, as well as any behaviours participants adopted to avoid being treated negatively or differently.
- ❖ Multivariable regression analyses were performed to determine the sociodemographic, drug use and health factors associated with self-reported experience of stigma in 2022.

References

- (1) Phillips LA & Shaw A., *Substance use more stigmatized than smoking and obesity*. Journal of Substance Use, 2013. **18**(4): p. 247-253.
- (2) Kilian C et al., *Stigmatization of people with alcohol use disorders: An updated systematic review of population studies*. Alcoholism: Clinical and Experimental Research, 2021. **45**(5): p. 899-911.
- (3) Paquette CE, JL Syvertsen & RA Pollini, *Stigma at every turn: Health services experiences among people who inject drugs*. International Journal of Drug Policy, 2018. **57**: p. 104-110.
- (4) Lancaster K, Seear K & Ritter A., *Reducing stigma and discrimination for people experiencing problematic alcohol and other drug use*. 2018: DPMP Monograph No. 26. NDARC: UNSW.
- (5) Mak WWS et al., *Meta-analysis of stigma and mental health*. Social Science & Medicine, 2007. **65**(2): p. 245-261.
- (6) Pascoe EA & Smart Richman L., *Perceived discrimination and health: A meta-analytic review*. Psychological Bulletin, 2009. **135**(4): p. 531-554.
- (7) Latkin C et al., *The relationship between drug use stigma and HIV injection risk behaviors among injection drug users in Chennai, India*. Drug and Alcohol Dependence, 2010. **110**(3): p. 221-227.
- (8) Wilson H et al., *Perceived discrimination and injecting risk among people who inject drugs attending Needle and Syringe Programmes in Sydney, Australia*. Drug and Alcohol Dependence, 2014. **144**: p. 274-278.

Results

Experiences of stigma, 2022-2023

- ❖ In 2023, 3% of the national EDRS sample reported experiencing stigma when visiting specialist AOD services (11% of those who had attended a specialist AOD service) in the six months preceding interview; 12% of the national IDRS sample reported experiencing stigma when visiting specialist AOD services (13% of those who had attended a specialist AOD service)

Self-reported experiences of stigma while attending specialist AOD services (amongst IDRS participants) most commonly occurred whilst visiting a NSP (3%) or an opioid treatment program (3%).
- ❖ In 2023, 14% of the national EDRS sample reported experiencing stigma when visiting general health care services (17% of those who had attended a general health care service) in the six months preceding interview; 32% of the national IDRS sample reported experiencing stigma when visiting general healthcare services (36% of those who had attended a general health care service)

Self-reported experiences of stigma while attending general health care services most commonly occurred while visiting a GP (EDRS: 7%; IDRS: 15%) or the emergency department (EDRS: 4%; IDRS: 10%).
- ❖ In 2023, 15% of EDRS participants and 42% of IDRS participants reported experiencing stigma in non-health care services

Self-reported experiences of stigma in non-health care settings most commonly occurred when interacting with police (EDRS: 10%; IDRS: 31%).
- ❖ In 2023, 25% of the EDRS sample and 55% of the IDRS sample reported stigma in any specialist AOD service, general health care service and/or non-health care service.

Table 1: Self-reported experiences of stigma due to illicit drug use in the past six months, EDRS, nationally, 2022-2023

	EDRS	
	2023	2022
% Experienced stigma in specialist AOD service (e.g., drug treatment, needle-syringe program)	3***	8
% Experienced stigma in general health care service (e.g., doctor, nurse)	14	16
% Experienced stigma in non-health care service	15	/
% Experienced stigma in any setting	25	/

Note. / Not asked. Statistical significance for 2022 versus 2023 presented in figure; **p*<0.050; ***p*<0.010; ****p*<0.001.

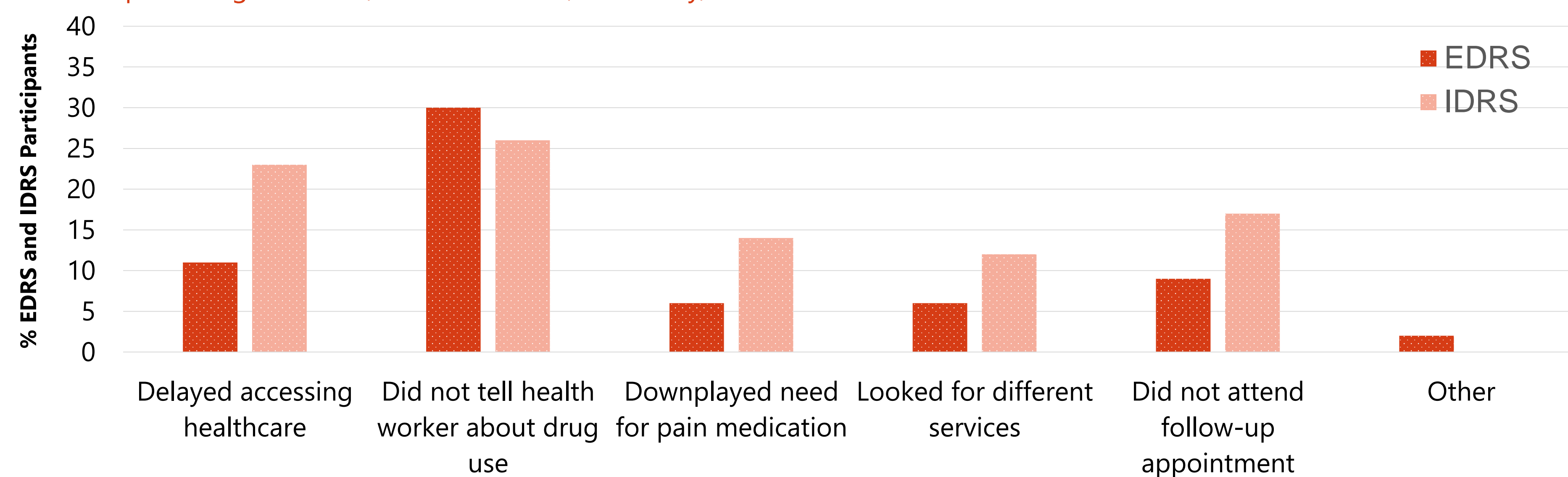
Table 2: Self-reported experiences of stigma due to injecting use in the past six months, IDRS, nationally, 2022-2023

	IDRS	
	2023	2022
% Experienced stigma in specialist AOD service (e.g., drug treatment, needle-syringe program)	12***	20
% Experienced stigma in general health care service (e.g., doctor, nurse)	32	34
% Experienced stigma in non-health care service	42	/
% Experienced stigma in any setting	55	/

Note. / Not asked. Statistical significance for 2022 versus 2023 presented in figure; **p*<0.050; ***p*<0.010; ****p*<0.001.

- ❖ In 2023, approximately two-fifths of both EDRS (39%) and IDRS (43%) participants reported behaviours to avoid being treated negatively or differently by AOD specialist or general healthcare services in the past six months (see Figure 1).

Figure 1: Behaviours adopted to avoid being treated negatively or differently by AOD specialist or general healthcare services in the six months preceding interview, EDRS and IDRS, nationally, 2023



Note. Y axis reduced to 40% to improve visibility of trends.

Factors associated with experiencing stigma in healthcare settings, 2022

- In 2022, across both the EDRS and IDRS samples, participants who experienced stigma were:
- more likely to be female; and
 - more likely to experience high psychological distress.
- ❖ In 2022, past year overdose was associated with experiencing stigma amongst the IDRS sample; and
- ❖ In 2022, unstable housing and incomplete high school education were associated with experiencing stigma amongst the EDRS sample.

Implications

- ❖ Our findings show that self-reported experiences of stigma are relatively common amongst different populations of people who use drugs, and traverse both health and non-healthcare settings.
- ❖ Multiple indicators of disadvantage were found to be associated with experiencing stigma when visiting healthcare services.
- ❖ There should be a universal precautions approach to stigma in healthcare, with all healthcare staff provided with stigma-reduction training.

Acknowledgements and more information

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