7 UNDERSTANDING THE CAUSES OF STIGMA AND DISCRIMINATION

7.1 General Public

Fear

One of the primary factors contributing to the general public stigmatising and discriminating against people who inject drugs is fear of their actions. People who inject drugs are feared:

- firstly, because it is believed they are unable to control their actions toward others due to being controlled themselves by their addiction to drugs; and
- secondly, because of their use of needles.

The general public understand addiction to mean that people are not able to control or manage their actions when not 'high' on the substance of their addiction. They perceive that when an addict needs to obtain their drug or is 'coming down' from their drug, they are unable to control their actions toward others (out of control). Not being able to control themselves means that they are unable to be trusted. This makes the public fear the potential consequences of being around 'addicts'. They fear the threat of physical harm through either a deliberate or irresponsible action of the 'addict', emotional harm if the addict is a friend or family member, and the possibility of theft of belongings.

The stereotype of the addict also contributes to this. It is perceived that someone who does not look after their own wellbeing (health and hygiene), then they are unlikely to be concerned about the wellbeing of others.

The general public also fear the possibility of being accidentally infected with a blood borne virus, such as HIV or Hepatitis C, from a discarded needle. This was seen as a real threat by all among the public, even those who did not fear needles in general. While only a few had encountered discarded needles in public places themselves, all were aware of this as a possibility from media reports. The act of discarding a needles in a public place where others could tread on it, or children could pick it up, exacerbates the perception of people who inject drugs being selfish, irresponsible and something to be feared.

A 'Social' necessity

The stigma and discrimination towards people who inject drugs is generally considered acceptable by most of the public. While some of the public felt that overt actions of discrimination were not really necessary, the vast majority believed that stigma and discrimination towards people who inject drugs was an important defence against the acceptance and spread of injecting drug use. Although they may not feel that people such as medical professionals should discriminate in their treatment of people who inject drugs, they did feel that the stigma should continue to exist. In

general, it was believed that any toleration of injecting drug users would reduce the stigma associated with the practice.

Some among the general public felt so strongly about this that they demonstrated anger at the fact that this view could potentially be challenged by communications or in any other way. These respondents usually relied on the argument that the substance being injected is generally an illicit drug. As society had determined that the drug is illegal, then those using it should not expect positive treatment from others.

The injection

There is a certain segment of the population that have difficulty, almost a phobia, of needles in general. They react physically, going pale and shuddering, at the thought of having to receive an injection by a trained medical professional. These people cannot conceive how a person could inject themselves.

Even for the members of the general public that are able to act more rationally in regards to injections, injecting as the method of administration of the drug is seen to indicate addiction with the drug. This is because the general public perceives inserting needles directly into the bloodstream as a practice that should only undertaken in a hygienic environment by specialist medical professionals who are qualified to undertake the act. For someone to undertake this practice themselves, which is also perceived as likely to occur in a non-hygienic environment, is seen to indicate the level of obsession and addiction with the drug. Otherwise, why else would they accept the risk involved? Once the public perceived the person who injects drugs to be obsessed and addicted to a drug, they are stereotyped as a 'junkies' with all the negative behavioural associations.

7.2 Medical Professionals

As identified in Section 6.3, medical professionals claim that their treatment towards people who inject drugs is based on an assessment of risk rather than any stigma. However, when prompted it is apparent that there is a certain level of frustration experienced by some medical professionals when faced with an injecting drug user which influences how they approach treatment.

Time

Younger nurses demonstrated a certain level of resentment towards injecting drug users due to the additional strain on time that results from the processes required to minimise risk with an injecting drug user brought into emergency. Having to carefully go through possessions, monitor the injecting drug user so that they do no hurt themselves or others in their time of crisis, and dealing

with the negative attitude of some become a very time consuming exercise in a busy hospital emergency room.

Time was also an issue for pharmacists. Due to the perception, real or not, that they may need to take some additional time to deal with troublesome or confused people, pharmacists asked for customers on pharmacotherapy treatment to come at quieter time. Pharmacists also see that setting aside a quieter time for these people means that the pharmacists and pharmacy staff are not trying to serve other customers and 'keep an eye' those waiting to receive their treatment. They identify a need to 'keep an eye' on people who inject drugs in the pharmacy to minimise any potential stealing / shoplifting. Similarly any contention that may arise about the drugs being provided can also take additional time.

Medical professionals from all occupations also believed that recognition needs to be given to the fact that there is a higher concentration of mental health difficulties among people who inject drugs, meaning that treatment of these patients can often require additional time to ensure all avenues are explored appropriately.

Lack of knowledge and inexperience

Medical professionals identified that they learn about how to treat people who inject drugs mostly 'on the job'. Relatively cursory education and experience is provided during university when gaining occupational qualifications. Education on the topic tends to be within a broader area of alcohol and drugs unless specific experience is sought in clinic or treatment facility during practical training. While pharmacists may encounter customers on pharmacotherapy treatment if they work in a pharmacy providing these during their training years, most nurses and GPs do not tend to encounter situations involving people who inject drugs during their education.

This means that the vast majority of medical professionals enter their professions with the same perception of people who inject drugs as members of general community. They believe in the same stereotype, and have the same stigma and attitudes regarding discrimination of people who inject drugs as that described for the general community. These attitudes are driven by fear, perceived social necessity for the stigma and discrimination, and attitudes towards self administration of injection as members of the general community. However, at the same time medical professionals then have the additional responsibility of interacting and providing care for people who inject drugs. But they do not have any real additional training to deal with this responsibility.

The GPs in the group discussion claimed that general practitioners fell into three groups in the way they deal with people who inject drugs. These groupings are consistent for medical professionals across the various profession included in the research.

1 Those that have a specialist interest and have developed knowledge over time, through additional education and on the job experience, of how to deal with people who inject drugs to maximise the assistance they can provide. These medical professionals generally do not hold stigma towards people who inject drugs.

2 Those that are willing to 'see' people who inject drugs but do not really know what to do – both how to interact with them and then where to send them next for appropriate treatment. The pharmacist that operated as a GP liaison for the local clinic identified that she was aware that there were GPs out there that wanted information as to how to help people who inject drugs because they simply did not know; and

3 Those that found it difficult to deal with people who inject drugs and / or discouraged them from coming to the practice.

In the research it was identified that this last group tend to justify their decision to not treat people who inject drugs by claiming that treating them would encourage other injectors to attend their surgery. They see that treating people who inject drugs risks becoming known as a GP or pharmacy who is a 'soft touch' for medications, which would encourage more people who inject drugs to come to the surgery. It is assumed that this would be exacerbated by the lack of other surgeries / pharmacies providing services to people who inject drugs (that is, fewer choices). Lack of experience means that these medical professionals tend to view people who inject drugs as likely to be 'drug seeking' and / or have a criminal agenda. They avoid the potential for this by discouraging treatment for anyone who injects drugs.

One of the GPs in the group discussion had recently moved to a large group practice after developing an interest in pharmacotherapy treatment working in his own practice for a number of years. His patients followed him to the new practice, and at times, have had to see other GPs within the practice when he is busy. Many of the doctors that have treated his patients are very surprised that the people they are seeing who inject drugs do not all fit the stereotype of the 'junkie' as they had thought all people who inject drugs as being. They claim to be surprised that some are 'weekend users' only, are in employment and have children that seem to be well cared for. The GP feels that this is indicative of how GPs attitudes developed prior to medical training are perpetuated when they do not gain any experience or exposure to people who inject drugs but are then required to know' how to treat them.

Impact on other clientele

One of the key factors that underpin the stigma and discrimination from GPs and pharmacists is the perceived impact on other patients and the image of the surgery or pharmacy. How people who inject drugs present in the waiting room could impact on other patients either directly, or on their decisions to continue treatment at the surgery or pharmacy. It is believed that other patients may

feel 'threatened', 'uncertain' and 'fearful' if a person who injects drugs demonstrated any out of the ordinary behaviour. The examples given were of people who inject drugs falling asleep on waiting room floors, or becoming aggravated when required to wait for treatment.

Additionally, medical professionals identified that others may see a risk of associated stigma. Patients may not want to be treated by a doctor who has close contact with people who inject drugs, due to the irrational, unfounded belief that there is some risk of disease transmission.

Negative impact on other clientele ultimately is seen as impacting on the medical professional's business.

Focus on 'harm' not on 'health'

It was identified that one of the key issues that medical professionals have in treating people who inject drugs is the apparent inconsistency of the intention or goal of patient with that of the medical professional. Medical professionals generally deal with people that want to get better, wanting to overcome the health problems they are presenting with. Patients are therefore working with the GP, pharmacist or nurse, to achieve this goal.

In contrast, the level of harm that is involved in injecting drugs is seen to demonstrate a lack of concern about their own health – a different goal than that of the medical professional. While GPs and pharmacists understand they are dealing with addiction in many cases, the inconsistency of these goals can be hard to reconcile when treating a person who injects drugs. This leads medical professionals to the question: 'What is their agenda by coming to me for help?', as it is perceived as unlikely to be 'to get better'. The assumed answer is 'drug seeking'.

Lack of knowledge and experience were identified as the main reason behind the assumption that people who inject drugs are invariably drug seeking. The younger medical professionals reported that one of the key things taught to them on the job, is that people who inject drugs generally *"know how to work the system to get more drugs"*. **This means that when treating people who inject drugs they are consistently questioning whether they should give them more drugs or give them less drugs when treating them**. Overall, until they have gained a great deal of experience, or have undertaken specific training in the area, it is generally assumed that people who inject drugs are drug seeking when making complaints about pain.

8 COMMUNICATION ISSUES

8.1 Overall Reactions to the Concepts and the Idea of Communication

The key difficulty in developing any communication or education materials for the general community that addresses the stigma and discrimination towards people who inject drugs is strong perception that the stigma is perceived to exist for a reason. In the current social and legal environment, the general public and many medical professionals feel that stigma and discrimination toward people who inject drugs is an important means of containing the practice and should exist.

The 'concepts' in the research were developed in order to identify whether there is any potential messaging that could be pursued as a means of communication to begin to address this issue of stigma and discrimination. They allow an insight into potential effective areas where greater public education about people who inject drugs may have a positive effect, or conversely, may trigger negative reactions.

Based on reactions to the concept, it was identified that directly challenging this strongly held belief that stigma and discrimination is an important defence for society in stopping the spread of injecting is likely to be ineffectual. Communications that try to portray this attitude as inappropriate or overly conservative are rejected outright on the basis of legality. Similarly, any concepts that attempt to evoke sympathy for people who inject drugs for no apparent reason, or tended towards a strategy of 'normalising' injecting resulted in angry reactions among some of the general public.

It was apparent that following the first two groups with the general public, that people who inject drugs are currently demonised by the general population and none of the concepts being tested dealt with this adequately. As a result an additional concept was included within the groups with the general public (Concept F). This concept took the tact of trying to 'humanise' the person who injects drugs by portraying the person with a story who is trying to 'rejoin' society by overcoming their drug issues and are seeking help. However, while they are fighting the addiction they also have to fight the negative perceptions of people which does not help them. In a sense the concept attempts to address the cliché of 'why help someone who isn't trying to help themselves', by saying 'why make things harder for someone who is trying to help themselves'.

Although this may not be ideal from the perspective of the person who injects drugs and feels that they should not be judged or characterised due to this, and that they should be able to pursue this choice without stigma or discrimination provided they do not hurt others, at this current point in time other communication strategies are unlikely to be successful. Any communication will have to work with current perceptions and prejudices. The fact that these may not be true or accurate does not matter. They are strongly held views which will cause any ideas that directly oppose them to be rejected. Improvement to the situation of stigma and discrimination towards injectors needs to begin with making people who inject seem 'human' and deserving of being part of normal society. This is

best achieved among the prevailing attitudes of the general public by starting to tell a story about people who inject drugs in a way that people will accept – 'that of trying to overcome the addiction'.

In regards to the different demographics, life stages and attitudes included within the sample, younger respondents tended to respond more positively towards the concepts overall than older respondents. Similarly, there was some indication that women (of all ages) were more likely to have some empathy towards people in difficult circumstances. This suggests that communications aimed at the general public should aim at developing understanding among younger people and women.

8.2 Reaction to Specific Concepts

Concept A

WHO IS THE INJECTING DRUG USER?

David
Business man

Ruth
Mother

Jim
Homeless

Sue
Teacher

Gary
Builder

- Sadly Jim is homeless because of some mental health issues
- And David, who runs his own business is an injecting drug user

Leave your prejudices at the door …

This concept aimed to identify reactions to the potential communication ideas of:

- humanising people who inject drugs through demonstrating that people who inject drugs function the same as other people, they are 'normal', in that they hold jobs and care for their children and do not necessarily fit the stereotype; and
- asking people to identify and face up to their own discriminatory attitudes.

There was a clear message take out of 'don't judge a book by its cover' from Concept A. While some respondents felt it was effective to confront people with stereotypes that they have and which they readily admit to, others felt that there was a real risk of 'normalising' injecting drug use especially for young people. That is, the idea that David could be an injecting drug user and still run

a successful business was perceived to be an irresponsible message to give to people, and to some extent promotes injecting. It directly contradicted the perceived usefulness of the negative stigma and discrimination as a preventative measure.

Some of the positive and negative responses to this concept are shown in the quotes below:

> *"Can be anyone, not just homeless people and prostitutes."*
>
> *"It's very important that people separate the action of injecting from the image of a junky on the street."*
>
> *"Can make drugs normalized"*
>
> *"It says that even if you inject drugs you can still be successful. Do we really want people to think like that?"*

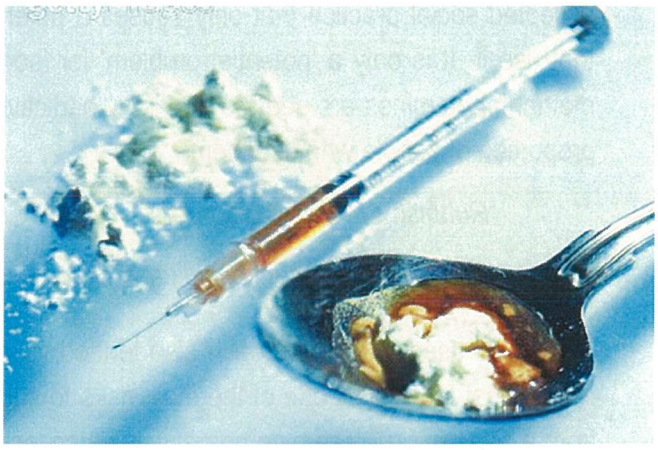
Part of the positive response to this concept in regards to it challenging stereotypes was in challenging the perception that people have toward homeless people, rather than injecting drug users. The message take out was that not all homeless people are drug users.

In addition, the concept lacked credibility for many respondents. Given the deeply held perception of the stereotype of an injecting drugs user in terms of appearance, behaviour and general characteristics, many respondents found it hard to accept that people who injects drugs can be fully functioning, working and having a 'normal' life.

> *"I don't get how someone who is addicted to injecting heroin could be a David who's my boss, don't see that happening because they would make mistakes, if you're addicted to heroin you're not thinking correctly and you couldn't do the same work as someone else."*

Concept B

WHICH IS THE MOST DANGEROUS



- Alcohol causes more social issues, more domestic violence, and costs the community more than injecting drug users

This concept aimed to identify reactions to the potential communication ideas of:

- highlighting that people who inject drugs actually do not cause harm to others, by providing comparative health and social costs with 'other' supposedly more acceptable drugs such as alcohol and 'club' drugs; and
- providing factual information about the harm done to society by injecting drug users compared to users to other social drugs.

There was some highly rationalised acceptance of this concept with people understanding that alcohol is a real problem for some people, and that the social costs are much higher than people probably realise. However, the message was understood as attacking alcohol, by making it seem as bad as, or worse, than injecting drug use rather than a defence for people who inject drugs.

When understood as 'attacking alcohol', the concept received some support especially from occasional drug users. They thoroughly endorsed the idea that alcohol is problematic. Some support for 'attacking alcohol'

"Alcohol is more socially dangerous than injecting"

"Alcohol causes just as many problems as injecting"

Once understood as a concept trying to say that alcohol causes more harm to others than injecting drug use, the argument ends up being rejected based on the simple fact of legality: society accepts that alcohol is legal, therefore currently accepting the social costs and consequences of it use, whereas the drugs that are used by people who inject are not legal.

People who drink alcohol also strongly rejected this by stating that drinking alcohol is a widely accepted social practice that only causes a potential problem among a small proportion of those that use it. It is only a 'potential problem' for 'some' people. In contrast, the drugs of heroin and methamphetamines are seen to be highly addictive and more likely to cause problem for a greater proportion of people who use them.

"Rubbish skewing the figurers"

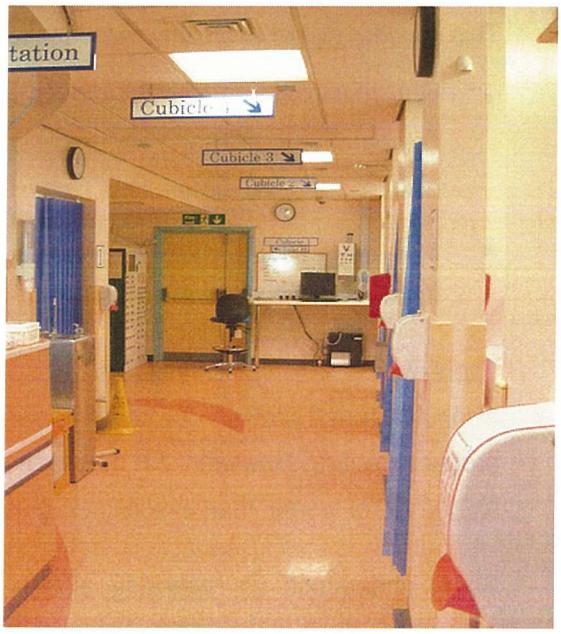
"No real comparison. Chalk and cheese"

The visual used in this approach also tended to remind people of the issue of discarded needles, which most identify as one of the main risks to society from injecting drug users. The risk to others from a glass of beer seem comparatively much less.

Concept C

BRUSHING IT UNDER THE CARPET DOESN'T MEAN IT DOESN'T EXIST

'AT HOME'



'AT NEEDLE EXCHANGE'

This concept aimed to identify reactions to the potential communication ideas of:

- humanising the user by appealing to a sense of compassion toward people who injects drugs; and
- demonstrating that there can be an acceptance, or a place, for the practice in society.

The message of the communication concept was not clear to all respondents. It was mostly seen to be a message about safe injecting rooms and promoting acceptance of these. This, as a message, was generally accepted by the majority of respondents.

"Users should be injecting in a controlled environment"

The concept succeeds to some extent by humanising the injector. This is done as it is not argumentative or confrontational by trying to say that injecting is an acceptable practice or in normalising it. Instead it tends to appeal by asking for a degree of sympathy rather than a change of perspective. At the same time it offers credibility by using an image they associate with people who inject drugs, that is, the pale, thin stereotype using drugs in an uncontrolled environment. It also seems to make sense rationally, in that safe injecting rooms help minimise the risk of people who inject impacting on the rest of the community by discarding needles in public places.

However, the message does little to change perceptions of people who inject drugs and the associated stigma and discrimination. It tends to reinforce the stereotype by the image and the message of a need to keep the practice somewhere safe so it does not impose on others. That is, by pointing out that it is necessary to provide a place where people can inject drugs, implied that without the safe place, there is risk for others. Essentially, this concept as a whole tended to reinforce negative views

"Its OK, but it goes back to the stereotype of a junkie"

Concept D

THESE PEOPLE SHARE SOMETHING IN COMMON

They all inject drugs …

This concept aimed to identify reactions to the potential communication ideas of:

- humanising people who inject drugs through demonstrating that people who inject drugs function the same as other people, they are 'normal', in that they hold jobs and do not necessarily fit the stereotype; and
- asking people to identify and face up to their own discriminatory attitudes by asking if they can actually 'tell' who may be injecting drugs out of a range of supposedly 'normal' people.

The message of the concept was quite clear to all respondents – it strongly communicated that there is a need for people to re-examine the stereotype they hold of people who inject drugs. For some younger respondents this was a positive message and demonstrated that all types of people take drugs and anyone can become addicted to drugs to the extent that they inject the drug.

"Will educate people that all classes take drugs"

However, this concept was simply not credible to many respondents. The images were of too many 'clean cut people', 'healthy people' who were so far removed from the accepted stereotype that people rejected the idea as simply unbelievable. Respondents tended to deflect the idea and not engage with the intent of the concept by saying that the drugs people were injecting were probably

prescription medication (the concept did not specify illicit drugs). This demonstrates cognitive dissonance indicting a lack of credibility. In a sense, the concept tried to take them too far on the road to acceptance too quickly and did not work with existing perceptions and prejudices (however inaccurate these may be).

Concept E

YOU WOULDN'T DISCRIMINATE AMONGST THESE PEOPLE


Woman


HIV Positive


Mental Health

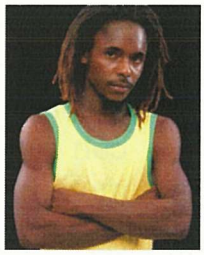

Physical Disability


Gay


Black

- **So why discriminate against these**


Injecting Drug User


Injecting Drug User


Injecting Drug User

This concept aimed to identify reactions to the potential communication ideas of:

- asking people to identify and face up to their own discriminatory attitudes by comparing discrimination of other groups / people with that towards injectors; and
- in asking if they can actually 'tell' who may be injecting drugs out of a range of supposedly 'normal' people.

This concept tended to provoke some indignation among people. Some reacted negatively because they were a member of a demographic that was highlighted as not being acceptable to discriminate against, for example women and gay men. Gender, sexuality, disability, ethnicity, mental health are not chosen. The indignation of respondents came from the fact that they still did suffer discrimination despite this, and despite the fact the discrimination was illegal. The concept was then likening this directly to the situation of people who inject drugs, which was not seen as

accurate or credible. People who inject drugs had a choice to start and continue the practice, and the practice was also illegal.

This concept also prompted others to reveal other discriminatory attitudes. There was some discussion about the whether it was right to discriminate against someone who had HIV, as many believed that the person had probably made a choice in behaviour that lead to them contracting it. Others held negative attitudes towards all of the images, which were revealed in personal written responses to the concept:

"Why wouldn't I discriminate against all of them"

Essentially the concept fails in credibility. The general public had difficulty in accepting that the choice to undertake the illegal act of injecting illicit drugs can be compared with discrimination against an immutable personal characteristic, which is not illegal.

Concept F

- Jody has been an injecting drug user for a number of years. She's doing all she can to kick her addiction and is now on a methadone program.
- Prejudice against drug users from everyday people makes fighting the addiction harder
- Give those fighting their addiction your support

This concept aimed to identify reactions to the potential communication ideas of:

- humanising people who inject drugs by appealing to a sense of compassion among people and in highlighting that people who inject drugs have issues to deal with that can be impacted by others around them; and
- trading sympathy for a demonstration of 'trying to change'.

This concept was by far the strongest approach included in the research. It offers some strong guidance as to how communications among the general public could be used to minimise the

impact of stigma and discrimination towards people who inject drugs. The overall approach is one of trying to educate the audience as opposed to being argumentative or confrontational.

The story of Jody is one that the audience agrees with – she is trying to give up. The critical point is that its acceptance of people who are trying to stop injecting, not an acceptance of injecting. This means that the general public are willing to engage with the idea as it leverages the existing beliefs of the general public to impart education as opposed to challenging them. In a sense it a softer, more humbler approach that respects the 'line' that the community has currently determined is necessary in regards to this topic. It asks the community to 'help' the person without a cost to themselves, which most people found difficult to reject. It does not provoke judgement. In contrast, the other concepts demonstrate that challenging existing beliefs at this point only lead to rejection of the message.

> *"Fairly powerful brings compassion"*
>
> *"Giving recovering addicts a chance is a fair thing to do"*
>
> *"It's saying that we should support people that are trying to help themselves with addiction not isolate them"*

The talent used in the concept contributes to the strength of the idea. The women appears vulnerable rather than scary or threatening. She also challenged the stereotype without going to the opposite end of the spectrum by showing extremely healthy, fit people. She looked 'normal', which was accepted as credible in this instance, most likely due to the vulnerability of the image.

> *"It removes the hopeless junky stereotype"*

What makes the concept particularly effective is that it personalises people who inject drugs. The women looks real and normal, without being especially 'healthy looking', and she is appealing to people to help her deal with her issues without asking for charity. The concept was described as *"emotive"*, *"real"*, *"believable"* and *"powerful"* .

> *"It's real, people can relate to it, it's calling for people's emotions rather than saying don't stereotype, saying help rather than not judge."*
>
> *"I think it's impossible for the public to object to it, there's no way you wouldn't want to help someone who's trying to fix themselves."*

8.3 Methods of Communication

As there is a need to tell a 'story' to some extent in order to personalise and evoke the necessary sense of compassion in the communication pieces, there is some indication the print media would be useful in communications. Once engaged with the story, print provides a medium whereby the details of a situation can be relayed using both images and description. Posters in relevant

locations, such as doctors surgeries and pharmacies, could also be used with messages as succinct as those used in the concept. These are easily readable while waiting in these locations and would be useful fro the medical professionals who may uncertain as to the impact on other patients / customers of treating people who inject drugs.

8.4 Medical Professionals

Medical professionals felt that the issue for themselves was one of education rather than communication. Although the education of medical professionals is not seen to directly contribute directly to stigma and discrimination towards people who inject drugs, current education models do not actively challenge the beliefs and attitudes that younger practitioners may hold from their personal perspective. Most will undertake a general subject on treatment of alcohol and drug problems and are then required to 'learn on the job' unless they undertake a specific internship in a clinic, pharmacy, or practice that undertakes pharmacotherapy treatments. The limited number of these services means that this sort of education is limited to a few. The remaining students are then relatively poorly equipped in terms of education outside of their own established prejudices and beliefs when they enter the workforce and are responsible for treating people who inject drugs.

Medical professionals identified that there is need to adopt a similar approach as that discussed for the general community; that of using personal stories to humanise people who inject drugs for medical students. Much like with the general public, it was felt that articles in a relevant professional periodical or magazine which discussed case histories and individual stories may assist in humanising people who inject drugs for both students and those already in the workforce.

The GP and the pharmacist that worked in a nearby clinic related some success with humanising people who inject drugs to students by inviting people who inject drugs into tutorials and lectures to speak about themselves. This was seen to assist in students beginning to challenge their own preconceptions about stereotypes, and to possibility prompt some to further educate themselves on the topic beyond what is completed as a minimum requirement for alcohol and drug treatment.

9 SUMMARY AND CONCLUSIONS

1 Based on the stakeholder consultation undertaken for this research, people who inject drugs have very accurate understanding of the general public's attitudes towards them in regards to stigma and discrimination.

2 Injecting drugs is perceived as synonymous with addiction. Therefore injectors are seen to be obsessed with their drug to the extent that they have little care for the impact of their actions on others. Based on this, both the general community and the medical profession have a strongly held stereotype of a person who injects drugs.

> A 'junkie' who looks thin, gaunt, pale with bad teeth and track marks. Likely to be unemployed and possibly homeless, living off their family, or in a run down place with others. There is a strong likelihood that the person is a criminal who will steal (or commit other illegal/ immoral activities) to get money for drugs. They are not to be trusted and are irresponsible and selfish in their behaviour to others, as they are addicted to their drug and are concerned with fulfilling their addiction.

3 The main causes of stigma and discrimination towards people who inject drugs among the general community are:

- fear because of the belief that people who inject drugs are unable to control their actions toward others due to being controlled themselves by addiction to drugs;
- fear of harm from discarded needles;
- reaction to the method of administration being injection in that for someone to undertake this 'risky' practice, they are obviously obsessed and addicted to use of the drug; and
- a belief that a strong stigma and discrimination towards injecting drugs users has a role in preventing people from engaging in the practice.

4 The mains causes of stigma and discrimination among medical professionals include:

- the required care of the injecting drug user tends to be considered relatively time consuming, especially in time poor places such as emergency rooms at hospitals and pharmacies;
- lack of knowledge and experience with injecting drug users throughout education meaning that medical professionals tend to begin their working life with the same perceptions of injecting drug users as that of the general community, but have the additional responsibility fo having to treat them medically;
- perceived negative impact on other patients and the image of surgery or pharmacy, which ultimately impacts on the business; and

- the apparent inconsistency between the harm inflicted by the injecting drug users on themselves and the goal of medical professionals in providing for health, resulting in medical professionals questioning the reason that the person who inject drugs may be seeking their assistance. The assumed answer by those inexperienced with drug users tends to be drug seeking.

5 Development of any communication or education materials for the general community that addresses the stigma and discrimination needs to work with existing attitudes and prejudices. The key one of these to note is that overwhelming belief that the stigma toward people who injects drugs exists for a reason – that of a defence to more people adopting the practice.

6 Any communication / education materials that directly challenge this belief will be rejected outright on the basis of the illegality of drugs. Materials that aim to evoke a sympathy for people who inject drugs for no apparent reason, or tend towards a strategy of 'normalising' injecting could prompt negative, even angry reactions, from the general public.

7 Among the materials tested, the concept that was most effective provided a story about a person who is trying to overcome their addiction, and needs the general public's understanding, not prejudice, to do so. This type of concept evoked compassion among people, and 'humanised' the injecting drug user, while not challenging their existing beliefs. Effectively, this approach worked with existing beliefs and prejudices (even if they are not accurate) to create a situation where people could begin to understand injecting drug users.

8 There was a greater acceptance of the concept tested among younger respondents and females. This suggests that communication / education materials would be more effective if aimed at these groups.

9 Consideration should be given to using print media to provide communication and education to these groups. This is particularly effective in telling personalised stories, and can be demographically targeted. It is also easily adapted to poster materials which could be useful in relevant location such as pharmacies and surgeries.

10 Greater experience and exposure to people who inject drugs throughout the education of medical professionals is seen as necessary to overcome issues of stigma and discrimination among health professions. An example of how this could be effectively done was in having a person who injects drugs attend a tutorial or lecture to speak about themselves. This was seen as valuable means of 'humanising' people who inject drugs to students, and prompting students to challenge their own preconceptions about stereotypes.

11 In addition, medical professional identified that as well as pursuing a communication / education element with the general public, it would be useful to provide materials for GPs,

pharmacists and nurses. They suggested case stories and articles in professional periodicals to assist in giving people who inject drugs a human face and to combat the widespread belief in the 'stereotype'.

APPENDIX A - RECRUITMENT SCREENER

Group	Target group	Demographic	Attitudinal criteria	Location
1	General Public	Parents of 15-28 year olds	Parents must be aware that their children use recreational drugs and relatively comfortable with this	Sydney
2		Regular / occasional drug users (non-injectors) age 18-24	Use illicit drugs once or more times a month (non-injectors)	Sydney
3		18-30 year olds	Respond positively to attitudinal statements that indicate that enjoy use of alcohol and / or illicit drugs themselves	Adelaide
4		Over 30 years of age		Adelaide
5	Medical Professionals	N/A	Inclusion of GPs, pharmacists, nurses in emergency units	Sydney

Group specifications

GROUP 1

Mixed gender split of males and females

All must be parents of at least one child aged between 15 – 28 years of age (cross section of children ages within this age group please)

Then, please ask the following questions (reassure of confidentiality and that group will have similar experiences):

Q1. Do you agree with any of the following statements .....?

- My child / children have never touched drugs or alcohol. **(TERMINATE IF AGREE)**
- I am aware that my child/ children has consumed alcohol in some social situations **(CONTINUE TO NEXT STATEMENT)**
- I am aware / suspect that my child / children has used recreational drugs , eg marijuana / ecstasy or similar in the past. **(CONTINUE IF AGREE)**

Q2. Which of the following statements do you agree with in regards to your child's children's use of alcohol or drugs?

- Its normal for kids, including mine, to have a little bit too much to drink sometimes **(CONTINUE – IS A CONTROL STATEMENT)**
- I would be very concerned if I found out that my child has ever used drugs like marijuana or ecstasy of similar (**TERMINATE**)

- I'm scared my kids will become addicted to drugs if they use them **(TERMINATE UNLESS AGREE WITH THE ANY OF THE FOLLOWING STATEMENTS)**
- I think that most kids will try recreational drugs like marijuana or ecstasy these days so I don't really worry about it– its part of growing up and going out
- I'm relatively OK with my kids to use a small amount of marijuana or ecstasy is OK, as long as they don't overdo it.
- I know that my child uses drugs when they go out occasionally, but it doesn't seem to have affected them any worse than a hangover from alcohol might do, so I'm not too concerned.

RECRUIT IF AGREE WITH ANY OF THE LAST THREE STATEMENTS.

GROUP 2

Mixed Gender

REMIND OF CONFIDENTIALITY AND ASK THE FOLLOWING)

Q1 . Do you use any of the following drugs....?

- Marijuana
- Ecstasy
- Acid / LSD
- GHB
- 'K'
- Speed
- Crystal Meth / Meth
- Base
- Cocaine
- Heroin (**THANK AND CLOSE – WE ARE TALKINGTO HEROIN USERS SEPERATELY)**

IF DO NOT USE ANY DRUGS EVER - THANK AND CLOSE

Q2. For each drug used, ask the following.....

On average, how often would you use that drug?

- Daily (**TERMINATE**)
- Weekly (**CONTINUE**)
- Once every couple of weeks (**CONTINUE**)
- Monthly (**CONTINUE**)
- Once every couple of months (**TERMINATE**)
- Very rarely – only a couple of times a year (**TERMINATE**)

Q3. If respond positively to using speed, crystal meth, meth, or base, please ask the following (again remind of confidentiality)...

Have you ever injected drugs?

- If yes, thank and close. Injectors are being spoken to separately
- If no, continue.

GROUPS 3 & 4

Mixed gender in each – try and get a spread of ages but in group 3 please take care of mix really young girls with older guys. Maybe keep them in their late 20s.

We are trying to get people who do use alcohol to excess (have one drink too many) or drugs socially with friends – would be good to ensure a mix of people who have / do use drugs socially as well as those that just use alcohol

Ask the following questions....

Q1. Do you agree with any of the following statements ....?

1 "I don't like drinking alcohol and rarely drink it" **(IF YES, TERMINATE UNLESS RESPOND POSTIVELY TO STATEMENT 6)**
2 "I watch what alcohol I drink and rarely or never have too much" **(IF YES, TERMINATE UNLESS RESPOND POSTIVELY TO STATEMENT 6)**
3 "I like a drink and occasionally may have a little bit too much" **(CONTINUE)**
4 "Its fine to use alcohol or drugs when I'm out having a good time with your friends". **(CONTINUE)**
5 "I sometimes wake up with a hangover after having one to many drinks" **(CONTINUE)**
6 "I do use drugs socially sometimes"

IF IN DOUBT ABOUT ANY RESPODNENTS HERE –GIVE ME CALL.

GROUP 5

Want 6-8 in the group in total.

Due to the mix of respondents we will only be paying $150 per respondents including GPs – aim for their better nature.

We are looking for medical professionals that have relatively frequent experience or contact with injecting drug users. I will draft a letter which may help recruitment, but it will only be from us as I'm not sure that a letter from the client will be effective or not.

The work is being done for the Australian Injecting and Illicit Drug Users' League (AIVL). AIVL is the national peak organisation representing the State and Territory-based Drug User Organisations and issues of national significance for illicit drug users. We are doing some research for them to better understand if stigma and discrimination against injecting drug users exists in the community and reasons underlying this issue. The research is important to AIVL as stigma and discrimination

is a key barrier for some injectors seeking treatment. They have identified that medical professionals are one of the important groups they need to understand

Aim for a 6.30 start. We only need a maximum of 2-3 GPs so we should be able to get some at that time.

Try and have 2-3 GPs, 2-3 pharmacists and 2-3 nurses / doctors who have worked in emergency areas of hospitals.

DISCUSSION GUIDES

Note – the timing and order of questions have been included as a guide only. Discussions are likely to follow a different order, reflecting the priorities of different audiences.

1 Introduction (5 minutes)

- Introduction of research topic and aims:
  - to understand their views and opinions about injecting drug users.

Explain that the purpose of the group is for people to give their honest opinions and viewpoints. Feel free to be as open and honest as possible.

- Researcher to explain anonymity, recording:
  - audio recording only and only for moderator use etc
- Respondents to introduce self:
  - name
  - profession/ occupation
  - about practice/ pharmacy / hospital

2 Spontaneous issues in relation to drugs(10 minutes)

Note – this section is intended to explore attitudes and existing opinions of drug users.

- Overall experience with drug users in general – not just injectors?
- Describe a typical drug user that they may know?
  - how old?
  - what type of drugs do they use?
  - how often do they use them?
  - in what sort of situations?
  - how do they feel when using drugs?
  - How do they feel when not using drugs?
- Do they see different drugs differently, if so:
  - what specific associations do they have with specific drugs (image profiles of different drugs)
  - what are the short term and long term effects of different drugs (good and bad aspects)

3 Experience with injectors (15minutes)

- Do you think differently about injectors than other drug users? Why?
- What are some issues they face in regards to injectors in particular?

- probe out experiences with injectors in detail
- positive experiences?
- negative experiences?

- How do they react in the 'negative experience' situations?
- Are there alternative to the way they may react?

4. Awareness, knowledge and experience of discrimination and stigma toward injectors(15 minutes)

- What sort of situation so you think that injectors may be discriminated against / stigmatised?
  - probe out different circumstances
- Prompt with:
  - employment
  - access to services
  - medical treatment:
  - in hospitals?
  - in doctors surgeries?
  - in pharmacies?

- Have you ever known stigma and discrimination toward injector to occur in any of these situations?
  - why?
  - is stigma and discrimination justified in these circumstances?
- In your experience, how do injectors react in these sort of situations?
- What do you think the consequences of instance of stigma and discrimination are for injectors?
- Are there any consequences fro the broader community ?

5. Changes in Attitudes to injectors over time (medical professionals only) (10 minutes)

- Have attitudes towards injectors changed over time in your profession?
- How have they changed? Why?
- Have your own attitudes towards injectors changed over time?
- What people or factors have contributed to any change?
- To what extent have all of these issues affected the culture within the 'gay community'?

- How do they feel about this?

6 Perceptions of service providers (10 minutes)

- What support organisations are available for injectors?
- How much contact have you had with these?
- To what extent do you feel it / they adequately deal(s) with the needs of injector?

- Do you feel there is any discrimination within these types of organisation, either overt or under the surface?
- If so, what is the cause?
- Is it possible to change this type of attitude and behaviour?
- What about support if they face stigma and discrimination – where could they go?

7. Reaction to concept materials (20 minutes)

Moderator to explain this research is intended to understand if people opinions and view on injectors can be influenced by new information.

We are going to show you some ideas that have been developed. They are not advertising, they are just ideas to use in this discussion. We don't necessarily expect them to change your existing opinions, but we are interested to see if any make you think differently or provide you with some new information that you may not have thought about previously. Please give each a mark out of 10. 10 being the highest and indicating that does make you think a bit differently – 0 being that it has absolutely no impact on you at all.

Respondents asked to fill in a self complete:

- What is your understanding of the main message of this idea (what is it trying to say to you)?
- What reaction do you have to that message?
- What do you see as being the main strengths and weaknesses of this idea?

Discuss:

- What is the main message?
- How credible do you find that message (to what extent does the content credibly reflect the implications of taking each specific drug?)
- What do you see as being a strength of this idea? What are the weaknesses?

- Probe on:
  - visuals?
  - language?
  - tone?
  - style?

8. Summary (5 minutes)

Moderator to explain the research is being done as it has been shown that injector sometimes do not seek out treatment and support because of stigma and discrimination.

- Is there anything that you have heard or seen tonight that has made you think differently towards injectors than what you did previously?

Thanks and close.

2948 DISCUSSION GUIDE – AIVL

Note – the timing and order of questions have been included as a guide only. Discussions are likely to follow a different order, reflecting the priorities of different audiences.

1 Introduction (5 minutes)

- Introduction of research topic and aims:
  - to understand their views about stigma and discrimination

Note – some questions have been framed in the third person to allow respondents to 'project' responses on to others if they are not comfortable talking about their own situation or experiences.

Explain that the purpose of the group is for people to give their honest opinions and viewpoints. Feel free to be as open and honest as possible.

- Researcher to explain anonymity, recording:
  - audio recording only and only for moderator use etc
- Respondents to introduce self:
  - name
  - who live with – friends/ partner/ family etc...
  - occupation

2 Spontaneous issues in relation to drugs(15 minutes)

Note – this section is intended to explore attitudes and existing opinions of drug users.

Self-complete 1 - focus upon illicit drugs

- Write down first thoughts and feelings associated with drugs in general
- Overall attitudes towards drugs (good and bad)
- Do they know people that use drugs?
- Describe a typical drug user that they may know?
  - how old?
  - what type of drugs do they use?
  - how often do they use them?
  - in what sort of situations?
  - how do they feel when using drugs?
  - How do they feel when not using drugs?
- Do they see different drugs differently, if so:
  - what specific associations do they have with specific drugs (image profiles of different drugs)

- what are the short term and long term effects of different drugs (good and bad aspects)

3 Awareness, knowledge and experience of discrimination and stigma (15 minutes)

Self complete 2 Q1.

What are your first thoughts when you hear the words stigma and discrimination? These could be images, words, thoughts. Please remember there are not right or wrong answers.

Discuss answers, probing fully.

- What sort of situations can people be discriminated against / stigmatised?
- Describe the type of person that you associate stigma / discriminated with?
  - the person who is stigmatised / discriminated against? Why are they stigmatised / discriminated against do you think?
  - the person doing the stigma and discrimination?

Probe fully to begin to identify stereotypes associated groups.

(NOTE – drug users may not come up in the section. This established a baseline for people attitudes to the topic).

- Why do you think stigma and discrimination occurs?
  - what are the attitudes and beliefs people hold that causes this to happen?
  - is stigma and discrimination justified in some circumstances?
- How do imagine that people deal with stigma and discrimination?
  - try and overcome it?
  - confront it? '
  - avoid it?
- Are there barriers in addressing stigma and discrimination being addressed?
- What do you think the consequences of stigma and discrimination are?
  - for the people being stigmatised/ discriminated against?
  - for the people doing the stigmatising / discriminating?
- (MODERATOR TO JUDGE WHETHER NECESSARY TO ASK) Now we've been talking about it, can you define what stigma is? What discrimination is?

4 Labelling and Stereotypes (10 minutes)

Self Complete 2, Q2. – Respondents to write down any examples of labelling or stereotypes that they think exist in Australian community. Remind them that they may or may not agree with them, we just want to know what sort of stereotypes may exist.

These could be based on any number of things - race, gender, sexuality, behavioural, age.

Discuss.

- Do you think its common to label / stereotype people?
- Who in the community may label of stereotype others?
- What sorts of stereotypes or labels do you think exist in the community – what have you written down?
- Why do you think that those stereotypes are associated with that group?
- What sort of people in the community may agree with the those stereotypes? What sort of people wouldn't?
- idea of stereotyping / labelling

(NOTE – drug users

5 Stigma and discrimination against drug users (15 minutes)

If respondents have not brought up...

- Ask again...who knows people that use drugs?
- Do you think that these people are stigmatised / discriminated against in anyway?
- How?
- Explore fully.
- IF NOT RAISED, what about injectors?
- Do you know anyone who injects drugs/ has injected drugs in the past?
  - do you think differently about injectors than other drug users? Why?
  - than people in general? Why?
- Do you think injectors are discriminated against / stigmatised?
  - how?
  - what are you views on this?
- Who would discriminate / stigmatise injectors?
  - what type of people?
  - what type of circumstances?

EXPLORE IN DETAIL

If not raised, what stereotypes / labels to people have in regard to injectors (likely to have been brought up earlier)

- How do you think injectors react when they are discriminated against/ stigmatised?
- Do you think there are consequences for injectors when they are discriminated against?
- What about for the broader community?

6 Reaction to concept materials (20 minutes)

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Discuss:

- What is the main message?
- How credible do you find that message (to what extent does the content credibly reflect the implications of taking each specific drug?)
- What do you see as being a strength of this idea? What are the weaknesses?
- Probe on:
  - visuals?
  - language?
  - tone?
  - style?

7 Existing strategies and support and gaps in this area (5 minutes)

- What support is currently available for injectors? Probe:
  - networks
  - professional advice
- What about when they face stigma and discrimination? eg. when refused painkillers in a hospital? Or made to wait for medical treatment? Or refused entry to XXXXXX? (AIVL – CAN YOU PROVIDE A COUPLE OF EVERYDAY EXAMPLES?)
- Where can they go for help to combat this stigma and discrimination?

8 Summary (5 minutes)

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Thanks and close.