

**"We live with it almost
every day of our lives"**

an AIVL report into experiences of Stigma & Discrimination

Written by Jason Hargraves



The Australian Injecting and Illicit Drug Users League (AIVL) is the national peak organisation for state and territory peer based drug user organisations and represents issues of national significance for people who use or have used illicit drugs. Its mission is 'to promote and protect the health and human rights of people who use or have used illicit drugs'.

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Overview

Discrimination means treating someone differently (generally unfairly) than other people because they have a particular characteristic. Stigma rather than being a specific 'act' that is done to you, like being directly discriminated against, could best be defined as ongoing negative labelling that causes problems. People who inject drugs, people with hepatitis C and those with HIV are very often stigmatised for not being considered a part of 'normal' society, and are commonly branded as being: deviants, diseased, unemployed, uneducated, and criminals. While this is discrediting, damaging and extremely distressing to most people, it's often not something that someone can pursue as 'discrimination' under the law. Rather stigma could be considered analogous to a generally negative attitude that is directed at others; a particular group of people as defined by their beliefs or behaviour etc.

Experiencing stigma, over long or short periods of time, can have devastating effects. It can wear people down, isolate them, and contribute toward low self-esteem and depression. This in turn can then have further negative effects such as limiting someone's ability to find work or hold down a job, participate in day-to-day activities, and their willingness to access relevant services; including health services. People who inject drugs in particular can be very vulnerable to adopting the negative stereotypes that society inflicts upon them. This can frequently mean that people stop recognising when they are experiencing stigma and discrimination, it becomes 'normalised' and almost expected or considered as legitimate or 'deserved' behaviour.

The extent of discrimination against people who use illicit drugs may be decreasing in some areas, but change is slow, and the fact that discrimination is often based on a lack of knowledge or misunderstanding does not make it acceptable.¹

AIVL has been running an online survey providing a platform for people who inject drugs, people on pharmacotherapy, and those with hepatitis C and/or HIV to tell their own very personal stories in regard to experiences of stigma and discrimination, and importantly how these experiences have affected them and often their close friends and family.

The accounts are telling, they are at once unsurprising given that people who use illicit drugs (and people who inject drugs in particular) are amongst the most marginalised, almost demonised, groups within society, yet remarkable in the degree to which some accounts are genuinely harrowing. Overall the survey responses convey a sense of negative attitudes and feelings of profound depth towards people who use illicit drugs, those on pharmacotherapy and/or those known to have a blood borne virus (BBV).

AIVL hopes that consideration of the survey respondents' testimony will contribute towards a greater understanding and awareness of the very real harm experienced by drug users in our community due to being stigmatised and discriminated against, and help people recognise our shared humanity regardless of personal choices in relation to the use of a criminalised group of drugs in modern society.

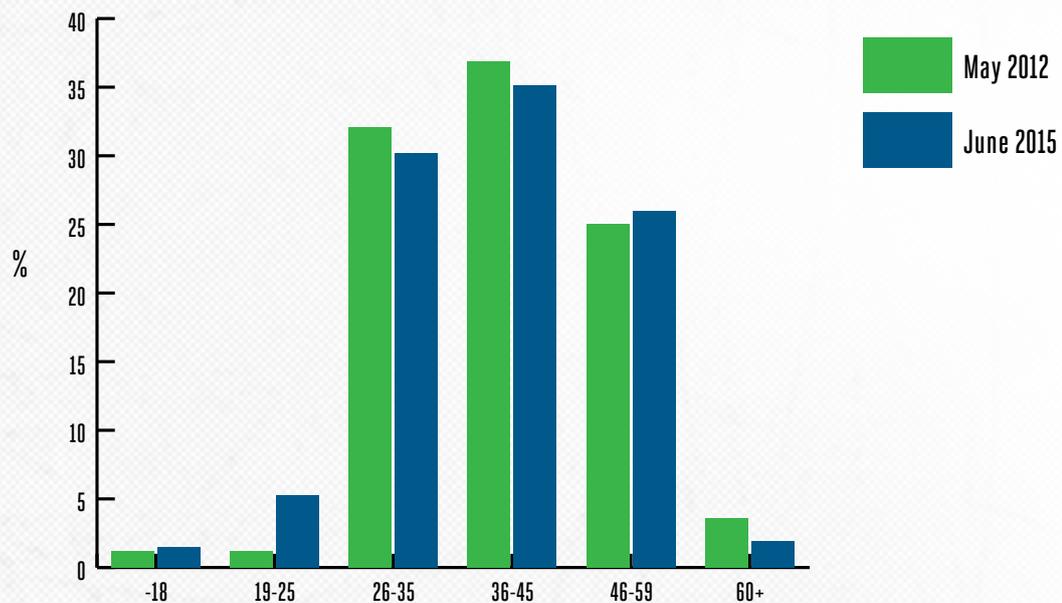
¹ AIVL media release (2004). What is Discrimination & Stigma? Available at www.aivl.org.au/stories/what-is-discrimination-stigma/. Accessed July 2015.

Key findings & results

The AIVL discrimination survey has been available since 2012 having been disseminated through AIVL's website, as well as in hard copy through AIVL's member organisations in each state and territory. This paper is a review of the first 265 responses sharing a broad range of experience of discriminatory behaviour suffered by respondents across genders, ages, and in many distinct settings. It is interesting to note that hospitals, doctors, prescribers, and pharmacies are nominated far more than other service providers in responses from survey participants. Interactions with police also rated highly.

The overall demographics show male and female respondents equally represented, with those aged 26 through to 45 equalling greater than 65% of respondents. The next largest age group represented are those between 46 and 59 years of age at 26%; with those over 60 represented at around 2%. Younger people have been increasingly represented with a jump from 1.2% in 2012 to 5.3% in 2015 from respondents aged 19 to 25. This represents an increase of 4.1% for this age group.

Figure 1: Respondents by age



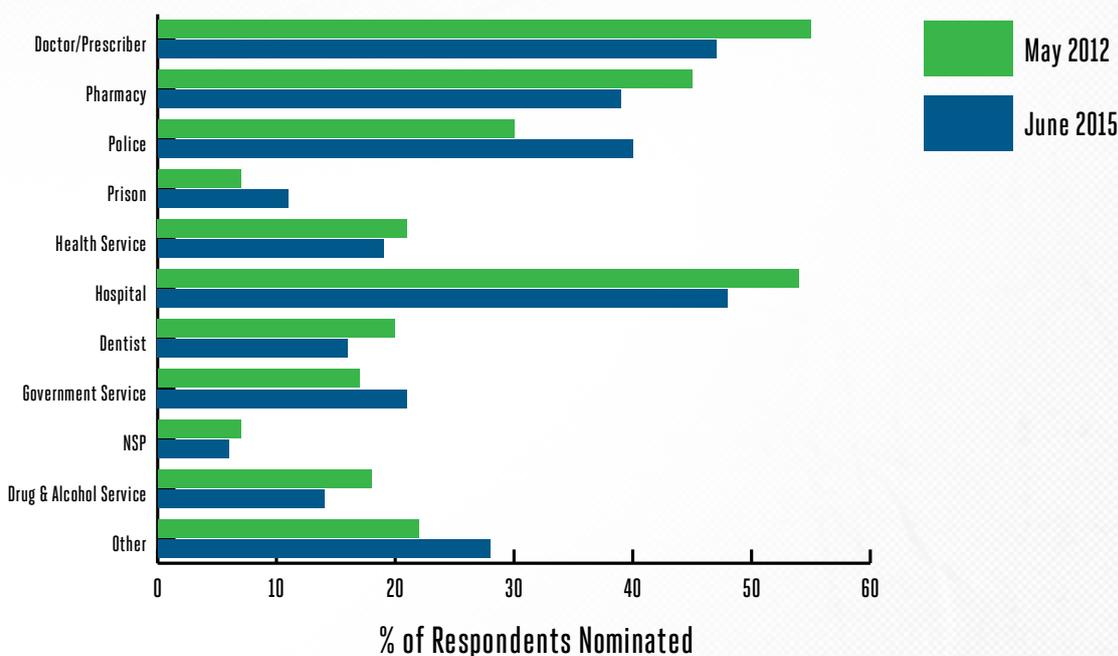
Reported incidents according to states or territories are as expected considering the relative populations by jurisdiction. Nationally the majority of reported incidents overall (69%) occurred in metropolitan settings, however incidents being reported from regional and rural areas have increased by 10% during the survey period to date (25.3% and 5.4% of respondents nominated these localities – that is in regional/rural areas outside of metropolitan centres – respectively).

"Systemic and societal animosity toward IV drug users"

- Female, 26-35, Metropolitan, VIC

Reviewing the data further and looking specifically at where the incidents took place provides a much clearer idea of the types of environments and work places in which stigma and discrimination towards drug users, people on pharmacotherapy, and those with hepatitis C and/or HIV is most common. Once an understanding of this dynamic – those places where survey respondents report discrimination as having occurred – is reached it is not difficult to gain an appreciation of the potential implications. Namely, the data suggests people seen as drug users, former drug users, or having a BBV are more likely to be treated poorly (often in regard to their healthcare), sometimes denied treatment altogether or provided a level of treatment far below the quality that other members of society would consider appropriate within the Australian healthcare system.

Figure 2: Incidents by location or service type



The degree to which healthcare providers stand out as the locality or place where such stigma and discrimination has been reported as having occurring is troubling. As mentioned above the healthcare sector stands out as the primary area in which respondents report cases of discrimination; often of an extremely serious nature and in some cases injurious to the respondent's physical and/or mental health. Police and prisons, NSPs, government agencies, and drug and alcohol services are also significantly represented. A specific breakdown of where incidents of stigma and discrimination were reported to have occurred appears at figure 2; the occurrences reported under "Other" most frequently reflected incidents in workplaces and/or employment agencies, amongst the general community, within the family, child protection agencies, and when dealing with schools and day-care facilities.

"Don't get me started!!"

- Female, 36-45, Metropolitan, NSW

When it came to 'why' respondents thought they had been discriminated against the overwhelming majority (73%) nominated "Because I am an injecting drug user or people think I am", followed by "Because I am on Methadone/Subutex/Suboxone" (that is a prescribed pharmacotherapy program) at 42%. Note that this question was posited in a way that allowed respondents to nominate multiple reasons for their thoughts on why they had been discriminated against, therefore the percentage values here reflect the percentage of respondents who indicated that particular reason (as well as possibly others). Those who believed that their hepatitis status was involved in their experience of discrimination was 27%, HIV status was 1.6%, and 28% of respondents nominated a cause under "Other".

Amongst the latter, that is, "Other" responses, the majority conveyed a sense of having been discriminated against based upon their appearance and presentation or their level of education; although criminal history, having come from a non-English speaking background, or being Aboriginal or a Torres Strait Islander were all represented.

"the way I look generally - piercings, tats, not 'conforming'" - Female, 26-35, Metropolitan, ACT

"hearing, speech and no teeth" - Male, 46-59, Rural, WA

"coz of the way I dress" - Male, 36-45, Metropolitan, WA

"because im illiterate" - Female, 26-35, Metropolitan, QLD

One of the more concerning issues in relation to why respondents thought that they had been discriminated against was in relation to their honesty (disclosure) regarding their drug use or BBV status when seeking healthcare. People who disclosed their drug use or BBV status when seeking healthcare reported that this disclosure contributed toward the subsequent discrimination they felt they had been subjected to. This was particularly evident when it came to the provision of, or need for, adequate analgesia/pain relief.

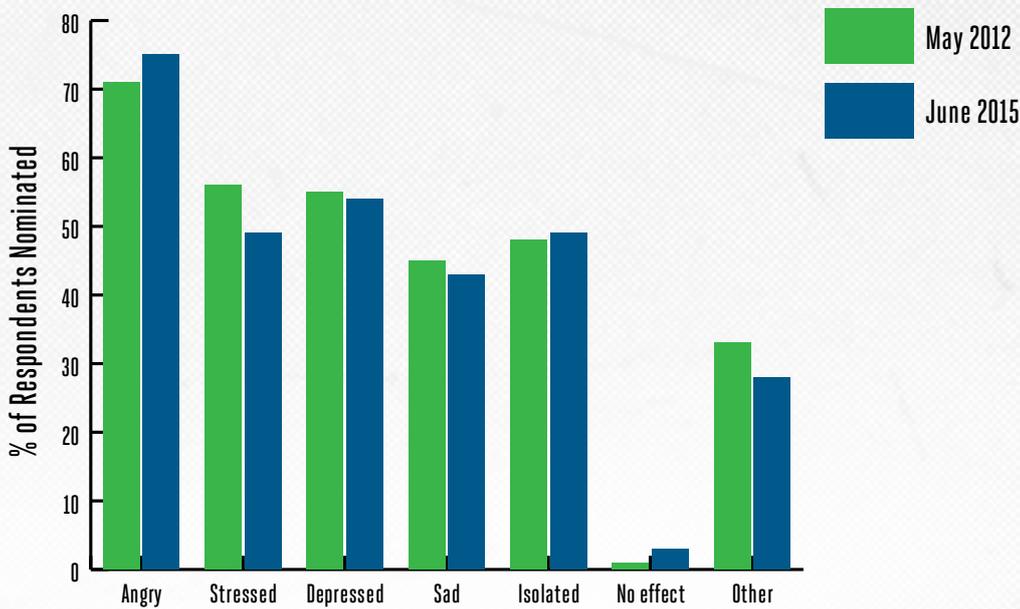
"I fell on train track and twisted my knee. The XXXX Hospital refused to give me any pain relief even though I couldn't walk and my knee was so swollen and bruised. Said I was drug seeking. They didn't even X-ray it." - Male, 46-59, Regional, SA

"Humiliated, exposed, suicidal"

- Female, 46-59, Metropolitan, ACT

The next survey question, represented at figure 3, related to how the discrimination made the respondent feel and was also framed in a way that allowed respondents to nominate more than one answer. The responses here paint a grim picture and only 3% of respondents said that the discrimination had "No effect" on them.

Figure 3: How did the discrimination make you feel?



It is evident when looking at figure 3 that stigma and discrimination appear to be having negative effects upon a sector of society that is already marginalised and vulnerable, and in many instances pushing people into suicidal states. "Suicidal" was the most common response mentioned under "Other" and reflects the outcome of recent research, The Australian Treatment Outcome Study, led by Professor Shane Darke and Professor Maree Teesson and reported by the National Drug & Alcohol Research Centre (NDARC).² This study found that in the case of long-term heroin users nearly half had previously attempted suicide, compared with a little over 3% amongst the general Australian population. Additionally, amongst heroin users, one in ten reported current suicidal ideation and one in twenty had an actual suicide plan; this latter being seven times higher than the general population.

Stronger adjectives on the themes of alienation, disempowerment, frustration, suicidal ideation, betrayal, fear, and shame are all significantly represented in the "Other" option for this question. Of note there were no responses under the "Other" option that implied that their experience had resulted in, or prompted, any sort of change for the better amongst the respondents.

"I felt powerless and as though I deserved to be in pain." - Male, 46-59, Regional, SA

*"(I feel) like I don't matter to society at all, like I'm useless and worthless... I am still very upset."
- Female, 36-45, Metropolitan, VIC*

"Victimised, helpless, compromised, disillusioned, and bloody terrified of ever having to place myself in the care of that particular hospital especially ever again." - Male, 36-45, Metropolitan, ACT

AIVL is concerned about these responses as we believe they are indicative of the extent to which stigma and discrimination has an effect upon those who find themselves subjected to it. The fact that someone who is ill can present to their general practitioner, local hospital, or other healthcare or government service provider and leave in a worse state than when they went in should be of concern to everyone; not least those services concerned.

² NDARC. Managing drug users' high suicide risk: new NDARC resource assists co-ordinated approach (2015). Available at <https://ndarc.med.unsw.edu.au/news/managing-drug-users%E2%80%99-high-suicide-risk-new-ndarc-resource-assists-co-ordinated-approach>. Accessed August 2015.

"My kids and family get told what I do all the time, they get pulled over leaving my house, and then they search the car and them all the time."

- Female, 36-45, Metropolitan, SA

It is not only the survey respondents themselves who have suffered from stigma and discrimination; the survey also demonstrates how partners, children, other family members, colleagues, and friends have also been affected.

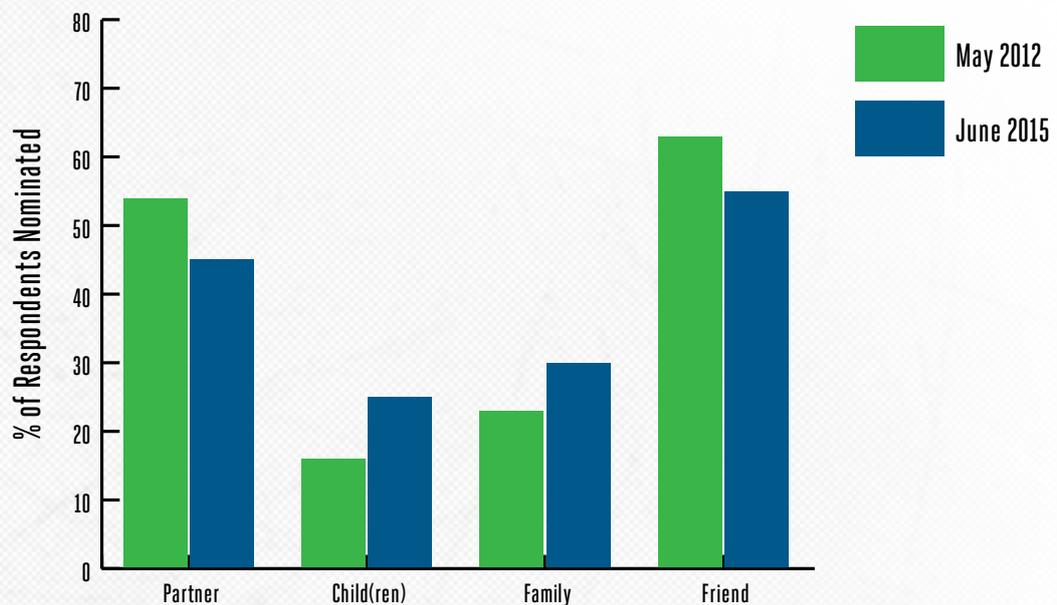
Once again the question relating to whether anyone else had been affected by the stigma or discrimination reported against the respondent was one that allowed for multiple responses and it was not uncommon for respondents to nominate three, or even all, of the available options.

"Children should not be held accountable for parents' lifestyle or behaviour and FACS (Family and Community Services) should not be able to tell everyone indiscriminately about the parents." - Female, 36-45, Regional, NT

"(My) partner lost job because she was seen waiting for me outside the methadone clinic." - Male, 46-59, Metropolitan, NSW

"took my kids off me." - Female, 26-35, Metropolitan, QLD

Figure 4: Has anyone you know been treated badly due to your drug use or BBV status?



"(I was) not given needed treatment (and) nearly died because of it."

- Male, 46-59, Metropolitan, QLD

The consequences of being discriminated against as reported in this survey include refusal of service (including provision of pharmacotherapy and pain relief), breaches of confidentiality and being 'outed' as a drug user or as having a BBV, loss of employment, the loss of custody of their children, and even alleged instances of violence and abuse. The overall result for people has often been traumatic and life changing in a negative way.

"(I suffered a) manic episode, loss of accommodation and relationship with partner." - Female, 36-45, Metropolitan, WA

"(I was) contained in a NSW health facility and injected with pharmaceutical shit." - Female, 36-45, Metropolitan, NSW

"Outed as having HIV." - Gender unspecified, 46-59, Metropolitan, SA

"Lifelong friends didn't want (to) be around (me) anymore they stopped calling." - Female, 36-45, Metropolitan, QLD

"(I) have lost parts of my job role." - Female, 46-59, Metropolitan, WA

"I didn't get the pain relief needed after major surgery." - Female, 46-59, Metropolitan, WA

"When I was turned away from the Emergency Department of a major hospital due to being perceived as 'drug seeking' the symptoms that had caused me to go to Emergency in the first place proved to be due to a spinal abscess that having been left untreated eventually destroyed the entirety of the disc tissue between my vertebrae, ate away parts of the bone of two vertebrae, and left me 'two weeks' away from becoming a paraplegic." - Male, 36-45, Metropolitan, ACT

"I was yelled at and threatened to be removed from (the) methadone program because I didn't understand a diagram the chemist drew..." - Female, 36-45, Metropolitan, VIC

The Complaint Process OR

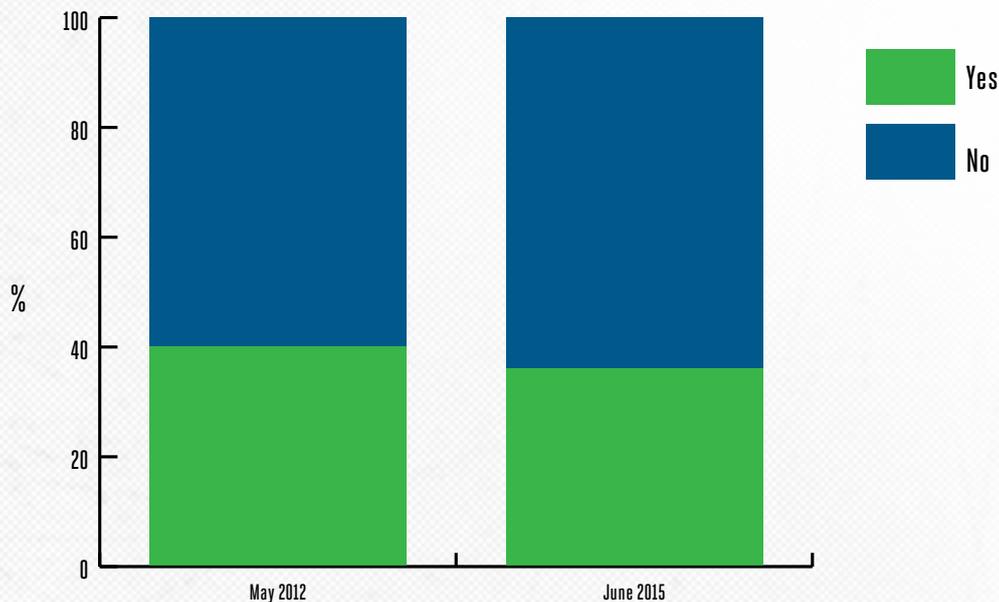
"(I) knew they wouldn't listen. Plus sometimes it's just exhausting fighting the same old battles."

- Female, 26-35, Metropolitan, ACT

The services that have been identified by survey respondents invariably run internal (formal) complaint management services, or are subject to outside bodies that govern similar processes. Despite this nearly two thirds of those people completing the survey indicated that they had not sought resolution of the discrimination they were subject to through lodgement of a complaint with the service or the service's governing body. And the trend in this regard has worsened throughout the period of the survey to date. 64% of respondents in June 2015 not having sought resolution through a complaints process compared to 60% in May 2012.

Of those respondents who did seek resolution through a complaints process only 11% said that they were satisfied with the outcome: in May 2012 3% were "Very satisfied" and

Figure 5: Have you sought resolution through a formal complaint?



9% "Satisfied", and similarly in May 2015 6% of respondents were "Very satisfied" and 5% "Satisfied" with the outcome of their own respective complaints.

This leaves a balance of roughly 89% for each survey period falling within the 'unsatisfied' response: in May 2012 51% were "Very unsatisfied" and 37% "Unsatisfied", and similarly in May 2015 55% of respondents were "Very unsatisfied" and 34% "Unsatisfied" with the outcome of their respective complaints.

"The 2 hard basket"

- Male, 46-59, Regional, QLD

In relation to figure 6, responses included in the "Other" option primarily conveyed notions of complaints processes as being "pointless" and "emotionally draining". More disturbingly in one instance a respondent alleged they had been "threatened" (with being "outed" as a drug user to employers), in another a respondent said that they were "too scared they will not let me see my son", and in another case a respondent alleged a service provider "threatens me to be locked up...they've done it before." (Male, 46-59, Regional, SA).

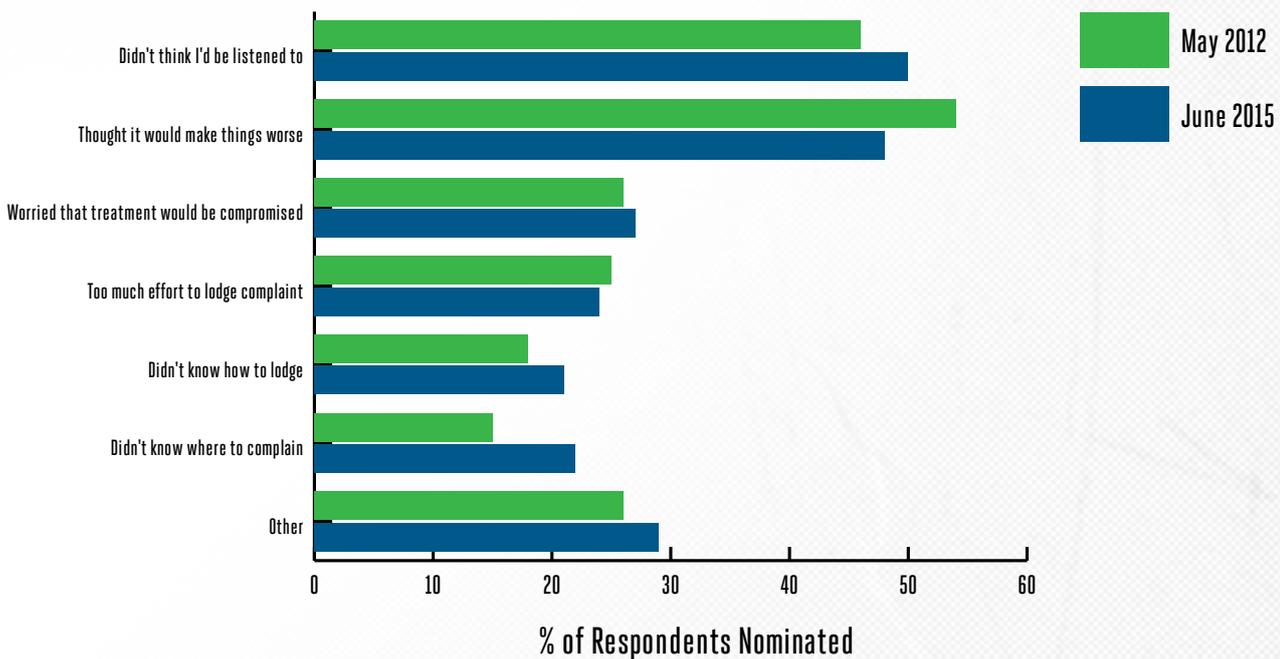
There are also instances where the respondent believed that the party discriminating against them had a right to do so.

"(I) felt that (the) med(ical) establishment may have had (a) legal right to discriminate against me." - Female, 26-35, Metropolitan, WA

"I don't know that my family think... I don't deserve the discrimination." - Female, Over 60, Metropolitan, ACT

"(I was) too embarrassed and ashamed (to make a complaint). Felt I deserved it." - Female, 36-45, Metropolitan, NSW

Figure 6: Reasons for not making a formal complaint

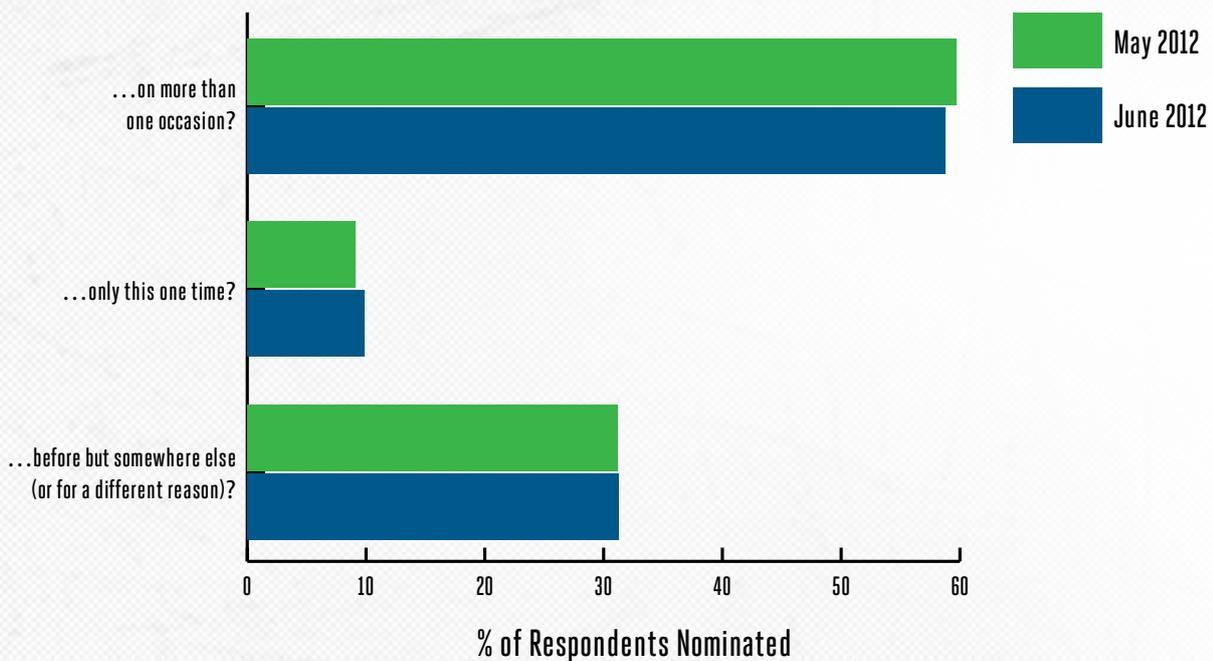


"It happens everywhere,
all the time for so many reasons..."

- Female, 26-35, Metropolitan, ACT

Only 10% of respondents nominated that they had been discriminated against on only the one occasion. Whilst the remaining 90% were split between nominating that discrimination had "Happened on more than 1 occasion" and "Happened before but at a different service (or for a different reason)", it is clear that for the vast majority of respondents stigma and discrimination were far from being an infrequent occurrence. Rather a sense is conveyed that instances of stigma and discrimination are something that they confront so often that they have in many cases developed a grim fatalism towards such treatment, in tandem with a belief that little can be done to improve their lot in this regard.

Figure 7: Has the discrimination happened...



"(The) more injurious cases of discrimination that have happened to me... they have completely negatively CHANGED MY WHOLE LIFE."

- Female, 36-45, Metropolitan, NSW

As at June 2015 49% of respondents had taken the opportunity to expand upon their experience of stigma and discrimination in the open text field available for general comments at the end of the survey form.

Given this opportunity, further to the already disturbing data that precedes it, respondents have provided accounts and additional information that could be defined as nothing less than 'harrowing'. Too frequently this discrimination has led to drastically detrimental health outcomes for those involved.

"(It) absolutely beggars belief that I was not taken seriously upon my first presentation at the Accident and Emergency Dept of said hospital. I was in employment with hundreds of dollars cash in my pocket (with which I could have had drugs - pain killers - delivered to me in a very timely manner) yet the doctors persisted in this perverse mindset that I wanted 'their' drugs; when in fact what I wanted was a diagnosis and treatment for something that I knew (in my body and in my heart) was a genuine (health/physiological) issue. Furthermore I was able to articulate clearly the progression of my symptoms and the considerable steps I had already taken to get a diagnosis allowing for subsequent treatment. It should have been clear upon the most rudimentary consideration of my story that it warranted investigation, and that the idea that I was at A&E putting up with the Hell of humiliation that they put me through was thinking of the most simplistic type in the extreme immediately pharmacotherapy and drug use came into the equation." - Male, 36-45, Metropolitan, ACT

"I will never divulge my status again, in detriment to my health, in fact I rarely ever go to a doctor unless in critical circumstances." - Female, 36-45, Regional, SA

For drug users who wish to cease or in some way 'manage' their lives generally in terms of their drug use pharmacotherapy (methadone, suboxone, etc.) is a legal means by which to do so. Often it is the only realistically available legal means to do so for those who cannot access or afford expensive residential rehabilitation services with lengthy waiting lists. It is therefore concerning the degree to which those in pharmacotherapy programs report discrimination. Pharmacotherapy programs are touted as a means "...to help the client adjust to life without substance use. Clients make lifestyle changes, such as improving relationships with family and friends, getting stable housing, developing financial security and finding work."³

3 Cahm Knowledge Exchange (2009). Methadone Maintenance, Action and Maintenance Phase. Available at www.knowledge.cahm.net/. Accessed July 2015.

Despite being promoted as a means by which someone might demonstrate in a very real way a willingness to meet societal expectations vis-à-vis being a 'contributing' member of society, those receiving pharmacotherapy remain subject to stigmatisation and often have barriers to improving their circumstances by this means placed in their way, for example being subject to prohibitive regulation of unsupervised 'take away' doses that would better enable them to seek or attend work. Honesty about drug use, even a willingness to address perceived 'problematic' drug use, has seemingly too often simply resulted in further ostracism, humiliation and alienation from the broader community, that same community who may well have directed them to the option of pharmacotherapy for 'self-improvement'. "A customer at the chemist over heard one of the workers complaining to a co-worker about the 'bloody junkies' they have to put up with."

"(Y)ou start off going to the doctors they prescribe the addictive drugs to you. Then when there is a problem getting off them you are treated like a second class citizen, as though it's entirely your fault." - Female, 46-59, Metropolitan, SA

"(T)rying to get legitimate pain medication more than 75% of the time results in discrimination or pre-judgement. This forces me to use 'pharmacotherapy' as pain management. It is a really sad situation." - Male, 26-35, Metropolitan, NSW

"It is interesting to note that the attitudes of nursing staff/doctors & their demeanour towards me changed markedly to condescending and patronising by degrees once they became aware I was on opiate replacement programme." - Male, 46-59, Metropolitan, QLD

"(Seeking treatment) created more problems even though I wanted help." - Male, 36-45, Metropolitan, WA

"(A)fter telling the hospital I am on methadone, I could tell straight away my treatment was different. That's all they focused on from that point." - Female, 36-45, Metropolitan, QLD

"(I) thought that for us recovering addicts trying to live and survive our disease & illness, that being on a program/maintenance was not only the right way to go but the 'suggested' way to go 'legally'. Why then, are we constantly battling, explaining and having to prove ourselves in society every second of every day?" - Female, 36-45, Metropolitan, ACT

"(Y)ou try to do the right thing get help, get on a program then pay for it the for the rest of my life." - Male, 46-59, Metropolitan, NSW

Where To From Here?

"(Service providers) need to be trained... Lots of times... I have experienced discrimination I (am) pretty sure the people didn't even know they were doing it... Slowly changing attitudes through...training and promotion of the positive contributions drug users make."

- Female, 36-45, Metropolitan, ACT

One of AIVL's primary goals has always been to promote and protect the health and human rights of people who use/have used illicit drugs. Therefore the elimination of stigma and discrimination against this population, as well as those on pharmacotherapy and/or those who have a BBV, is a body of work that is of great importance to AIVL. The AIVL discrimination survey is just one aspect of AIVL's work in this field. AIVL advocates and makes representation on behalf of these constituents through maintaining and building upon an organisational presence in the world of social media: including our website (www.aivl.org.au), dedicated Facebook page, Twitter network, and YouTube channel. AIVL also oversees a national network of member organisations in each state and territory, and contributes to various committees and community consultations affecting key policy in this area.

Additionally AIVL produces and disseminates a wide range of resources and educational materials including video and other digital media, both online through our website and through provision as hard copy material such as targeted guides, handbooks, and promotional materials. AIVL also writes and disseminates comprehensive reports and policy documents. These address key policy, research, and advocacy work within a harm reduction framework as a way of addressing stigma and discrimination, drug law reform, universal access to drug treatment, and human rights issues in prisons and compulsory detention centres, amongst other issues.

Whilst AIVL now finds itself at the fore in confronting the complex issue of stigma and discrimination and its deleterious impacts, it is no longer one of only a few organisations doing so. The role stigma and discrimination plays in negatively affecting the health, access to healthcare, and the ability of people to participate fully in society, and the degree to which it can compromise their legal and human rights, has long been a focus of AIVL's work but is now also recognised in the Australian Government Department of Health Fourth National Hepatitis C Strategy 2014-2017 (henceforth referred to as 'the Strategy')⁴ and the Parliament of Australia Report on the Inquiry into Hepatitis C in Australia (henceforth referred to as 'the Report').⁵ AIVL's hope that the respondents testimony will contribute towards a greater understanding and awareness of the harms caused by this ongoing problem is reflected in these government policy documents.

The Strategy document acknowledges this situation in one of its stated objectives, (to) "Eliminate the negative impact of stigma, discrimination, and legal and human rights issues on people's health." The provision of, and particularly expanded access to, clean injecting equipment for people who inject drugs is listed as a 'priority area' for action in this regard; with re-use of injecting equipment identified as a barrier to the stated objectives of accessing treatment, care and support with people's health.⁶ "An enabling policy and legal environment that addresses criminalisation, stigma and discrimination, and human rights issues will help to increase access to services and improve the health and lives of people with hepatitis C."⁷ Likewise, submissions to the Report included a call to "address the lack of awareness", particularly in regard to how hepatitis C is transmitted, through an "awareness campaign" that "called for specific strategies to firstly address the broader stigma and discrimination in the general community".⁸

Whilst these Australian Government inquiries and strategies come from an intent to ameliorate the impacts and spread of BBVs, particularly hepatitis C, it would appear from the conclusions and recommendations of both the Strategy and the Report that the connection between hepatitis C, as just one of a group of BBVs, and people who inject drugs is now better understood and documented, and hence worthy of attention at a national level. This would further suggest that amongst the broader community the impact of stigma and discrimination against people who inject drugs, people on pharmacotherapy, and those with a BBV is beginning to be seen for the damaging phenomenon that it is, and that it in no way helps to address the core issues.

AIVL believes that reversing, challenging and changing the tired narratives that have dominated the debate in the past is best undertaken through ongoing, dedicated and active participation in advocacy and campaigning that aims to educate broadly and clarify misunderstandings through an evidence based approach. AIVL aims through such means to provide the community at large with a more realistic perception and appreciation of illicit drug use as a part of the human condition. Clearly discussion of pharmacotherapy and the role it plays, the impacts of BBVs and the means by which transmission may take place, are also inclusive of such an approach. This is the context within which the AIVL discrimination survey was developed, so as to provide a platform allowing those negatively affected by stigma and discrimination to share their experiences with a view to both informing the debate and validating their common experience.

4 Australian Government Department of Health. Fourth National Hepatitis C Strategy 2014-2017. Available at <http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-hepc>. Accessed July 2015.

5 Parliament of Australia. Report on the Inquiry into Hepatitis C in Australia. Available at http://www.aph.gov.au/Parliamentary_Business/Committees/House/Health/Hepatitis_C_in_Australia/Report. Accessed July 2015.

6 Australian Government Department of Health. Fourth National Hepatitis C Strategy 2014-2017. Op cit., 4. Measuring Progress.

7 Australian Government Department of Health. Fourth National Hepatitis C Strategy 2014-2017. Op cit., 7. Priority Areas for Action.

8 Parliament of Australia. Report on the Inquiry into Hepatitis C in Australia. Op cit., 3 Living with Hepatitis C, Diagnosis and Treatment Experiences.

To this end, and in addition to the survey, AIVL also undertakes a variety of training initiatives for people who inject drugs, those with a BBV, their families and people who work with them. This includes the AIVL Training Module for Healthcare Professionals and Students, “Putting Together the Puzzle. Stigma, Discrimination and Injecting Drug Use” which is being used in a range of training environments including with medical, nursing, pharmacy and dental professionals and students; that is those working in the sector that was most frequently nominated in the survey responses as the location where discrimination had occurred. The module aims to provide a consistent training platform for use with students in this sector so that they may be better informed about these complex issues before taking up their chosen vocation.

AIVL recognises that stigma and discrimination toward people who use or have used drugs, those on pharmacotherapy, and those with BBVs like hepatitis C and HIV, remains deeply embedded within Australian society and is something that will take time to redress thoroughly.

It is AIVL’s hope that positive change will be increasingly demonstrated in future responses to the online survey upon which this report is based. We encourage feedback, comment and questions.

For copies of this report and/or to participate in the survey please contact info@aivl.org.au or go to www.aivl.org.au.

