Stigma, Discrimination & People Who Inject Drugs
Genuine access to new hepatitis C treatments

Yvonne Samuel
NSW Users & AIDS Association (NUAA)
“Respect me enough to treat medical issues I consider important... not the ones you consider are a problem”

A NUAA Member
Stigma and Discrimination

ARE YOU AWARE THAT:

80% of PWID have experienced discrimination in health care settings

Source: AIVL online discrimination survey results, Oct 2012
Barriers that stigma and discrimination create

Often service providers are not aware that they are acting in a discriminatory manner

• ‘Micro-aggressions’ are the small slights, insults and indignities built up over time so that people who inject drugs come to believe that any ‘slight’ is based on their drug use

• Prior experiences mean that people who inject drugs expect to be treated unfairly and/or differently from non-drug users

• Many people who inject drugs believe that there will be negative repercussions if they make complaints
Barriers that stigma discrimination create cont.

• The indignities suffered as a result of stigmatisation can prevent people who use drugs accessing health services.

• Many people who injecting drugs will avoid health services rather than being identified as a drug user or seen as a ‘druggie’ or ‘junkie’.

• Stigma can be a barrier to people who injecting drugs being open and honest with their health care provider.
Challenging stigma and discrimination in your service
NEW DAA’s – SOLVED RIGHT?

Having a Baby

Will Totally Fix Everything
Genuine access to new hepatitis C treatments

Not reality for many people who are injecting drugs.

- Described as the hard to reach, disconnected, unstable, difficult
- The concerns of over “costs” of non-adherence is justifying the next generation of structural barriers to accessing hepatitis C treatment
- And again costs are creating the next dialog on deservedness that prevent people from believing in their worthiness to seek treatment
Successful treatment of HCV for people who use drugs

NEEDS

• Working collaboratively with drug user peer and community organisations, including a genuine peer workforce
• Widespread health sector training in stigma and discrimination
• Enhancing treatment access by removing structural barriers,
• Consumer Engagement and consultation
• Expansion of harm reduction services, including in prison
• Accessibility, reduction of waiting lists and punitive policy in drug and alcohol services
• Improve complaints processes and responsiveness
“Further Articles & Resources”

- C change : report of the enquiry into hepatitis C related discrimination / Anti-Discrimination Board of New South Wales
- ASHM: Discrimination around HIV and Hepatitis C in Health Care Settings

- [https://www.youtube.com/watch?v=tUndEB-SvQk](https://www.youtube.com/watch?v=tUndEB-SvQk)
“Thanks for participating”

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This presentation has been adapted from the AIVL ‘Putting Together the Puzzle Training Workshop’, a Stigma and Discriminations Training package that targets healthcare professionals and students. And is used with their permission.