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Perceived discrimination associated with injecting risk in a sample of people who inject drugs recruited from needle and syringe programs in Sydney

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Introduction

Injecting drug use is a behaviour that attracts strong moral and social condemnation. As such people who inject drugs (PWID) are often stigmatised and therefore are labelled as deviant by the majority. Stigmatising attitudes towards PWID may translate into discrimination, which is the differential treatment of individuals based on their association with a stigmatised group (Giddens et al., 2009). One area in which stigma and discrimination appears to commonly occur is in the health care sector (Day et al., 2003; Hopwood & Treloar, 2003). Stigma and discrimination in health care settings can lead to an increase in negative health behaviours and risk taking. For example, in a study of rural men who have sex with men, experiencing intolerant attitudes from health workers was predictive of engagement in greater sexual risk behaviours (Preston et al., 2004). While it can be assumed that health workers who choose to work at needle and syringe program (NSP) will not hold overtly negative attitudes towards PWID, the influence of stigma and discrimination within the NSP setting should not be ignored. Given that feeling stigmatised may reduce the effectiveness and potential impact of harm reduction interventions (Simmonds & Coomber, 2009) ways in which to address stigma and discrimination in NSPs will contribute to improving efforts to prevent the spread of hepatitis C.

This research aims to address the implications of perceived discrimination on injecting risk practices by establishing whether an association exists between clients' perceived discrimination by NSP workers and sharing of needles and syringes used for injecting drugs.

Method

- Convenience sampling was used across 8 NSP sites within Western Sydney, Australia. The recruitment sites included:
 - 4 Primary NSPs
 - 2 Secondary NSPs
 - And 2 vending machines
- The survey was self-complete either on a touchscreen computer or on paper.
- Participants were given a \$20 voucher on completion.
- The study had ethics approval from the UNSW Human Research Ethics Committee and relevant health authorities.

Results

A total of 236 PWID were recruited. Just under two-thirds of the sample was male (n=153, 64.8%), with one participant identifying as transgender. The mean age of participants was 39 years (SD=9.5), and the majority were heterosexual (n=206, 87.3%). Around a quarter identified as Aboriginal and/or Torres Strait Islander (n=52, 22.0%).

As expected, a significant difference in perceived discrimination by NSP staff and general health workers was found indicating that participants perceived significantly more discrimination from general health workers compared to NSP staff (10.2 vs. 12.8, $t=-7.739$, $df=226$, $p<0.001$).

As illustrated in the correlation table (see Table 1), reusing a needle and syringe after someone else in the last month was positively correlated with perceived discrimination from NSP staff. Additionally, being injected after someone else in the last month was significantly correlated with perceived discrimination from NSP staff.

Table 1: Spearman's rho correlation table for outcome and predictor variables

	Someone else injected you after injecting themselves or others in the last month	Reused a needle and syringe after someone else had used it in the last month
Someone else injected you after injecting themselves or others in the last month	1	-
Reused a needle and syringe after someone else had used it in the last month	.442***	1
NSP Staff discrimination scale	.235***	.138*
General health workers discrimination scale	.075	.017
Age	.021	.013
Gender	.077	.009
Education	-.019	-.030
Frequency of using any NSP service in the last year	.095	.058
Frequency of injecting in the last month	.116	.153*
Injected in a public place	.184**	.299***
Friend who inject drugs	.123	.185**
Free time spent with PWID	.146*	.215***

* $p<0.05$, ** $p<0.01$ *** $p<0.001$

Two multivariate logistic regressions were computed to assess whether perceived discrimination by NSP staff remained an independent predictor of risky injecting practices

- Reusing a needle and syringe after someone else last month was significantly more likely to occur among participants who perceived greater discrimination from NSP staff (OR 1.1, 95%CI 1.0-1.3).
- Perceived discrimination from NSP staff remained a significant predictor of being injected after someone else (OR 1.2, 95%CI 1.1-1.3).

Conclusion

These findings suggest that perceived stigma and discrimination from NSP workers could have an impact on injecting risk practices. Additionally, findings from this study shed light on the continued sharing of unsterile injecting equipment even in areas where access to sterile equipment is good.

NSP workers and any health workers working with PWID need to be aware that although they work in a model which is usually non-judgemental, their clients may have a heightened sensitivity to discrimination (Pachankis, 2007) that could influence interpretations of workers' discussions of safe injecting and might ultimately lead to on-going engagement in injecting risk practices.

References

Provided on handout



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