



Full length article

## Frequent experience of discrimination among people who inject drugs: Links with health and wellbeing



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### ABSTRACT

**Background:** Previous research has shown that people who inject drugs (PWID) experience discrimination on a regular basis. This study explores the relationships between discrimination against PWID and health and wellbeing.

**Methods:** Data on discrimination against PWID and their health and wellbeing were drawn from the Illicit Drug Reporting System collected in Australia in 2016. The Personal Wellbeing Index was used to measure wellbeing, and the Kessler-10 scale was used to measure psychological distress. Experience of overdose, injecting related illnesses, diseases, and risky injecting behaviour were also assessed. We fitted multivariate logistic regression models adjusted for socio-demographic, imprisonment history, and drug-related factors.

**Results:** Of the 796 participants included in the study, the majority who reported experiencing discrimination were male (65%), heterosexual (89%), and unemployed (89%). Thirty percent of the sample (n = 238) reported they had never experienced discrimination because of their injecting drug use. Seventeen percent of participants had not experienced discrimination in the twelve months prior to the interview, 24% experienced discrimination monthly, 16% experienced discrimination weekly, and 13% experienced discrimination daily or more. Frequent discrimination was associated with increased odds of overdosing, injecting related illnesses and diseases, mental health issues, and poor wellbeing. Among those who reported experiencing discrimination, females and those who identified as Indigenous were found to have poorer health and wellbeing outcomes.

**Conclusions:** Our findings highlighted that frequent discrimination may lead to worse health and wellbeing among PWID. If our findings are supported by other research, policies aimed at reducing discrimination against PWID may be warranted or improved.

### 1. Background

Injecting drug use is the most stigmatised among all routes of illicit drug administration (Ahern et al., 2007), as it is seen as the ultimate breach of social conventions in contemporary society (Treloar et al., 2013; Manderson, 1995). Stigma, as a sign of low moral status (Goffman, 1986), is followed by discrimination (Sartorius, 2006), which is defined as actions from a dominant group or group member that aim to harm other individuals that are part of less dominant groups (Huddy et al., 2013). Discrimination may generate adverse social and individual outcomes in those discriminated against. Experiencing discrimination is especially damaging for PWID, as it is shown to happen

in diverse settings including employment, health, and welfare and is perpetrated by a variety of social actors such as employers and co-workers (Earnshaw et al., 2013), health providers (Sarin and Kerrigan, 2012; Simmonds and Coomber, 2009), and members of the general public (Davidson et al., 2012; Gayen et al., 2012; McKenna, 2013). As such, discrimination can be a catalyst for ongoing denials and exclusions for PWID.

These settings are mainly places that PWID seek out in order to improve their health, wellbeing, and life standards. Work, for example, is important in the lives of mainstream society members, and evidence shows that holding a job is beneficial not only in its financial aspect but also for individuals' physical and mental health and general wellbeing

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(Waddell and Burton, 2006). PWID are largely unemployed and are shown to have difficulty finding and/or securing a job for a range of reasons, one of which includes discrimination attached to their injecting drug use (Sarin and Kerrigan, 2012).

Discrimination may also be a barrier for those who choose to change their injecting drug behaviour by engaging in opioid substitution treatment (OST). Beginning OST presents a number of difficulties. In addition to the immediate challenges of coping with withdrawal symptoms, social ties to PWID who are not in treatment, and temptation to use other drugs, there is evidence of discrimination against PWID in OST dispensing pharmacies. Pharmacy staff have been shown to prioritise other customers over PWID on OST, resulting in long waiting times (Davidson et al., 2012; Simmonds and Coomber, 2009).

Similarly, welfare settings can be a source of discrimination. The 2016 Australian Illicit Drug Reporting System (IDRS) report suggested that PWID experienced discrimination regularly when attempting to access welfare services (Stafford and Breen, 2017), most notably when they try to secure and/or maintain safe accommodation. Considering that 80% of participants in this sample reported being homeless, it is important to determine whether discrimination from the welfare system perpetrates a lifestyle of homelessness (Stafford and Breen, 2017). Further, PWID have also reported being discriminated against in public places, which can happen more frequently when people are homeless (Stafford and Breen, 2017). A lack of safe accommodation is also associated with poor overall health and wellbeing, and previous studies have identified relationships between discrimination and adverse physical and mental health outcomes among PWID (Sarin and Kerrigan, 2012; Neale et al., 2008; Davidson et al., 2012; Wilson et al., 2014; Gayen et al., 2012).

Previous studies have found links between stigma, discrimination, and the health and wellbeing of people who use drugs (Cama et al., 2016; van Boekel et al., 2013) and have highlighted the importance of reducing discrimination in health and social care contexts (Brener et al., 2010; Neale et al., 2008). However, beyond this initial evidence, there is limited understanding of whether frequency of discrimination impacts the health, wellbeing, and welfare of PWID. Investigating the relationship between frequent discrimination and the health and wellbeing of the PWID can expand the literature on this topic and give new insight into aspects of discrimination that are more pronounced for PWID (Bullen, 2010; Rivera et al., 2014). This paper will explore whether frequency of discrimination impacts on the health and wellbeing of a national sample of PWID in Australia.

## 2. Methodology

### 2.1. Study design

Each year, a sentinel sample of approximately 800 people who regularly inject illicit drugs is recruited across all State and Territory capitals in Australia for the Illicit Drug Reporting System (IDRS) survey. Participants are recruited using social media advertisements, posters in relevant health facilities, and word of mouth. The questionnaire asks about their patterns of drug use, involvement in crime, use of health services, and their health and wellbeing. Interviews last approximately one hour and are conducted in Needle and Syringe Program facilities by trained non-judgmental interviewers. The IDRS methodology is extensively described elsewhere (Hando et al., 1998). Ethics approval was obtained from local ethics committees from each State and Territory as well as from the University of New South Wales Human Research Ethics Committee. Participants provided informed consent and upon completion of interview were reimbursed forty Australian dollars. Participants were eligible if they were seventeen years or older, injected drugs regularly (i.e., at least monthly) in the six months prior to interview, and had lived in the city of interview for at least twelve months prior to the interview. Participants who have been away from the local market for more than 2 months, e.g., due to incarceration or residential

treatment, are ineligible for the IDRS.

### 2.2. Measures

Participants were asked how often, on average, they had been treated differently to other people and believed it was because they were PWID (never /not in the previous twelve months, monthly, weekly +).

We recoded experience of overdose and injecting related illnesses and diseases (dirty hit<sup>1</sup>, abscesses or infections from injecting, difficulty injecting, and thrombosis or blood clots) in the month prior to interview. We also recorded engagement in unsafe injecting behaviour using two items inquiring about borrowing needles and/or injecting equipment in the previous month (no/yes). We asked participants to report any mental health issues in the six months prior to the interview (no/yes) and assessed psychological distress by dichotomising the 50 scores from the Kessler-10 scale [“low or no distress” (score 0–15) and “moderate/high/very high distress” (score 16–50)] (Kessler et al., 2002).

We asked participants to rate their general health between excellent/good (0) and fair/poor (1). We also used the validated scale Personal Wellbeing Index (PWI) (International Wellbeing Group, 2013) to compare our sample mean with the Australian population mean. The seven items of the PWI were summed to generate a total score ranging from 0–63. We converted the score reported in the 2016 Australian Unity Wellbeing Index survey (76.7 out of a possible 100) (The Australian Unity Wellbeing Research Team, 2016) using the formula from the PWI manual (Supplementary Figure). This yielded a corresponding Australian mean score of 49, which we used to generate a binary variable indicating scores equal to or above (0) or below the Australian mean (1). We also used current or recent experience of homelessness as another indicator of wellbeing (Steiner et al., 1995), which was coded as past (0) and current/recent homelessness (1).

### 2.3. Data analysis and covariates

We used descriptive analyses to investigate differences in health and wellbeing by frequency of discrimination and cross-tabulated with potential confounders. We then used multivariate logistic regression analysis to model relationships between frequency of experience of discrimination and indicators of health and wellbeing using the standard p-value ( $p < .05$ ).

Covariates which were associated with either the dependent or independent variables were included in the analyses. These were age, gender, employment status, Aboriginal/Torres Strait Islander status, education level, accommodation type, most injected drug, age of first injection, frequency of injecting, if currently in treatment, prison history, and if arrested in the previous twelve months. We conducted interaction analyses where covariates appeared to reduce the association between discrimination and our outcomes of interest. Missing data represented 7.5% of the total sample of people who reported discrimination, and there were no differences between those lost to follow up and those who remained in the study (results not shown).

## 3. Results

From a total of 796 respondents, 29.9% reported they had never been treated differently to other people because of their injecting drug use, 17.1% had not experienced discrimination in the twelve months prior to the interview, 24.4% experienced discrimination monthly, and 28.7% experienced discrimination weekly or more often.

Gender and current treatment were associated with experience of discrimination (Table 1). In adjusted models, more frequent

<sup>1</sup> An injection that makes the person feel sick.

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