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Short communication

Perceived discrimination and injecting risk among people who inject drugs attending Needle and Syringe Programmes in Sydney, Australia

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ABSTRACT

Background: Previous research indicates that stigma and discrimination have negative consequences for both healthcare delivery and for health outcomes of people who inject drugs (PWID). Also important but not as well researched is the association between perceived discrimination and increased engagement in risky behaviours. This research aimed to explore whether perceived discrimination from workers in Needle and Syringe programmes (NSPs) is associated with increased engagement in injecting risk practices such as the sharing of injecting equipment.
Method: Convenience sampling was used across eight NSP sites within Western Sydney, Australia. All clients who attended one of the NSPs were eligible to participate.
Results: A total of 236 clients completed the survey. Perceived discrimination from NSP staff was found to be significantly associated with some injecting risk practices. Respondents who reported greater perceived discrimination from NSP staff were significantly more likely to report being injected by someone else after they had injected themselves (OR 1.2, 95%CI 1.1–1.3) and reusing a needle or syringe (OR 1.1, 95%CI 1.0–1.3) in the last month. Although clients reported perceiving more discrimination from general health workers than from NSP workers (12.8 vs. 10.2, $t = 7.739$, df = 226, $p < 0.001$), perceived discrimination from general health workers was not associated with increased injecting risk practices.
Conclusions: The findings of this study suggest that NSP workers need to be aware that although they work in a model that is usually non-judgemental, their clients may still have a heightened sensitivity to discrimination which can then have consequences for on-going engagement in risk practices.

1. Introduction

Injecting drug use is a behaviour that attracts strong moral and social condemnation. People who inject drugs (PWID) are often the subject of stereotypical media portrayals where they are depicted as living 'chaotic' and 'risky' lifestyles (Ahern et al., 2007; Room, 2005). Additionally, PWID are often blamed for their drug use and for any associated illnesses, such as hepatitis C or HIV/AIDS (Crocker et al., 1998; Weiner et al., 1988). 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 healthcare (Day et al., 2003; Hopwood and Treloar, 2003).

Stigma and discrimination in healthcare can impact on health-related outcomes via increased stress and anxiety, less frequent visits to health providers, restricted disclosure of health conditions and lower adherence to health regiments (Brener et al., 2010; Jamison, 2006; Miller et al., 2001; Pascoe and Smart Richman, 2009). As important but less researched is the notion that stigma and discrimination can lead to increased negative health behaviours and risk taking such as smoking (Guthrie et al., 2002) and risky sexual behaviours (Preston et al., 2004).

One of the principle harm reduction strategies aimed at reducing the health complications associated with injecting drug use in Australia is Needle and Syringe Programmes (NSP). The primary objective of NSPs is to provide access to sterile injecting equipment and safe disposal facilities (Health Outcomes International Pty Ltd et al., 2005). While it can be assumed that health workers who choose to work at NSPs will not hold overtly negative attitudes towards PWID, the influence of stigma and discrimination within the NSP setting should not be ignored given the noted

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impact of covert bias on workers' attitudes and behaviours towards PWID (von Hippel et al., 2008). Additionally, people who have experienced discrimination in the past may be very sensitive to the attitudes of others, and may interpret attitudes and behaviours negatively even when this is not so (Pachankis, 2007). Previous research from the UK suggests that NSP workers' attitudes and behaviours towards PWID can play a key role in encouraging and improving clients' engagement with NSP services (Neale et al., 2007; Matheson et al., 2008).

The NSP setting is important to explore as this is a key site for the prevention of blood–borne viruses. Given that feeling stigmatised may reduce the effectiveness and potential impact of harm reduction interventions (Simmonds and Coomber, 2009; Skinner and Mfecane, 2004), addressing stigma and discrimination in NSPs will contribute to improving efforts to prevent hepatitis C and HIV. This research aims to address the implications of perceived stigma and 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.

2. Method

2.1. Sample and procedure

Convenience sampling was used across eight NSP sites within Western Sydney, Australia. The recruitment sites, which were purposefully selected to represent the range of publicly-funded NSP services in this area, included four primary NSPs (stand-alone services with specialist staff), two vending machines (coin operated machine dispensing sterile injecting equipment in Fitpacks), and two secondary NSPs (where equipment distribution occurs as part of other health services; NSW Ministry of Health, 2013). All clients who attended one of the NSP sites between October and December 2012 were eligible to participate. NSP staff informed clients of the survey and they were then directed to the researchers who were on site. Participants were provided with an information sheet outlining the study. The survey was self-complete either on a touch-screen computer or on paper. Participants were given a $20 voucher on completion. The study had ethics approval from the Human Research Ethics Committee at UNSW, Australia and relevant health authorities.

2.2. Measures

To examine perceived stigma and discrimination, participants were asked five identical questions, for both NSP staff and general health workers ("NSP staff/healthcare workers do not treat me with any respect", "NSP staff/healthcare workers make me feel guilty and ashamed about my drug use", "NSP staff/healthcare workers do not judge me", "NSP staff/healthcare workers listen to what I say", "NSP staff/healthcare workers discriminate against me because I have a history of injecting drug use"). This scale had been previously used to measure stigma and discrimination among clients attending a hepatitis C community Clinic (Horwitz et al., 2012). Each item was answered on a five point scale from 'strongly disagree' to 'strongly agree'. Responses were collapsed to create two scales, the NSP staff stigma and discrimination scale ($\alpha = 0.70$) and the health worker stigma and discrimination scale ($\alpha = 0.79$). Both scales ranged from 5 to 25 where a higher score represented greater perceived stigma and discrimination.

Respondents were asked a number of questions about their injecting drug use in the last month including frequency of injecting and whether they had injected in a public place (e.g. street, park or bench, public toilet and car). They were also asked about their NSP attendance patterns in the last year ("how often did you get sterile needles and syringes from any NSP service in the last 12 months"), and were asked about their injecting networks, e.g. "how many of your friends inject drugs" and "how much free time is spent with PWID".

Two questions assessing injecting risk practices in the last month were used as the outcome variables. One question established whether someone else had injected them after injecting themselves or others ("how many times last month did someone else inject you after injecting themselves or others"), and the second asked whether they had reused a needle and syringe after someone else had used it ("how many times last month did you reuse a needle and syringe after someone else had used it, including your sex partner"; Iversen and Maher, 2013; Stafford and Burns, 2013). Responses to these questions were dichotomised into 'yes' or 'no'.

Finally, participants were asked a number of demographic questions including gender, age, education, Aboriginal identity, income and sexuality.

2.3. Data analysis

In order to assess the bivariate associations between perceived stigma and discrimination by NSP staff and the outcome of sharing injecting equipment, Spearman rho correlations were conducted. All variables significantly associated at the bivariate level with the two outcome variables were entered into a multivariate logistic regression to assess whether perceived stigma and discrimination from NSP staff remained an independent predictor of injecting risk practices. A paired sample *t*-test was used to compare whether participants experienced greater perceived stigma and discrimination from general healthcare staff compared to NSP staff.

3. Results

A total of 236 PWID were recruited. Just under two-thirds of the sample was male, with one participant identifying as transgender (see Table 1). The mean age of participants was 39 years (SD = 9.5), and the majority were heterosexual. Approximately three-quarters were on government benefits and a similar proportion had formal education of year 10 or less. Around one in five identified as Aboriginal and/or Torres Strait Islander. When compared to a 2013 national sample of NSP attendees (Iversen et al., 2014) this sample of NSP clients was similar in age, gender and sexuality, however, there was a slightly higher representation of Aboriginal and Torres Strait Islanders.

The mean score of the NSP staff and general health worker stigma and discrimination scales was 10.2 (SD = 3.7) and 12.8 (SD = 4.2), respectively. A significant difference in scores was found indicating that participants perceived significantly more stigma and discrimination from general health workers compared to NSP staff ($t = -7.739$, df = 226, $p < 0.001$).

As illustrated in Table 2, reusing a needle and syringe after someone else in the last month was positively correlated with perceived stigma and discrimination from NSP staff. Reusing a needle and syringe after someone else in the last month was also associated with frequency of injecting, injecting in a public place, number of friends who inject and time spent with other PWID. Being injected after someone else had injected themselves in the last month was significantly correlated with perceived stigma and discrimination from NSP staff, with injecting in a public place and with amount of free time spent with PWID. Perceived stigma and discrimination from general health workers was not correlated with either outcome variable, nor was any of the demographic variables.

Two multivariate logistic regressions were computed to assess whether perceived stigma and discrimination by NSP staff