

# Stigma amongst people who inject drugs and people living with hepatitis C: Australian national surveillance and approaches to reduce stigma

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**The National Stigma Indicator Project  
& Stigma Interventions –**

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# Acknowledgements

- Time and expertise of participants in all studies
  - People who inject drugs; people living with HCV
- Advisory Committee for Stigma Indicator Project
  - Brent Allan, Aaron Cogle, Louise Geddes, Jules Kim, Jayne Lucke, Anthony Lyons, Annie Madden, Lisa Maher, Kevin Marriott, Rebecca Newton, Garrett Prestage, John Rule, Christine Selvey, Leila Stennett, Melanie Walker
- Funding
  - Australian Government Department of Health
  - <http://bit.ly/stigma-indicators>



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# Background

- Stigma

- “Deeply discrediting” attribute

- Social process of exclusion; social outgroup from majority
- Internalisation of stigma and acceptance of “spoiled identity”
- Relationships of power and control

- Enacted stigma (discrimination)

- E.g. avoidance, excessive pity, blame, shame, abuse, exclusion, etc.

- Individual; Interpersonal; Organisational; Structural

- Usually focus on individual and interpersonal

- Structural stigma

- E.g. coercive public policies, criminalisation, negative media portrayal, etc.



# Background

- Stigma

- Directed to many different attributes

- E.g. physical characteristics, lifestyle choices, religious affiliation, socioeconomic status, gender, sexual orientation, etc.

- Communicable infections

- Fear of contagion
- Negative attitudes towards behaviours that increase risk of infection - blame

- Impacts of stigma

- Stress, shame, depression, isolation, maladaptive coping, poor emotional regulation,
- Less likely to disclose health conditions, avoid healthcare, decreased treatment adherence
- Increased engagement in risk practices
- Self fulfilling prophecy



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# Background

- Implicit or explicit stigma
  - Most measure explicit stigma as easier to access
  - Unconscious bias can have important and different implications
  - Must be taken into account
  - Research in this area is growing
- Layered stigma
  - Stigma can be multifaceted
  - Aimed at different attributes
  - Salience of each can depend on context



# Background

- National Strategies for blood-borne viruses and sexually transmissible infections
  - “Eliminate the negative impact of stigma, discrimination, and legal and human rights issues on people’s health”



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# Background

- Stigma Indicators Project
  - Funded by Australian Government Department of Health
  - Develop indicator of stigma among priority groups identified by National Strategies
    - Gay and other men who have sex with men
    - People who inject drugs
    - People living with HIV
    - People living with viral hepatitis
    - People who engage in sex work



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# General public

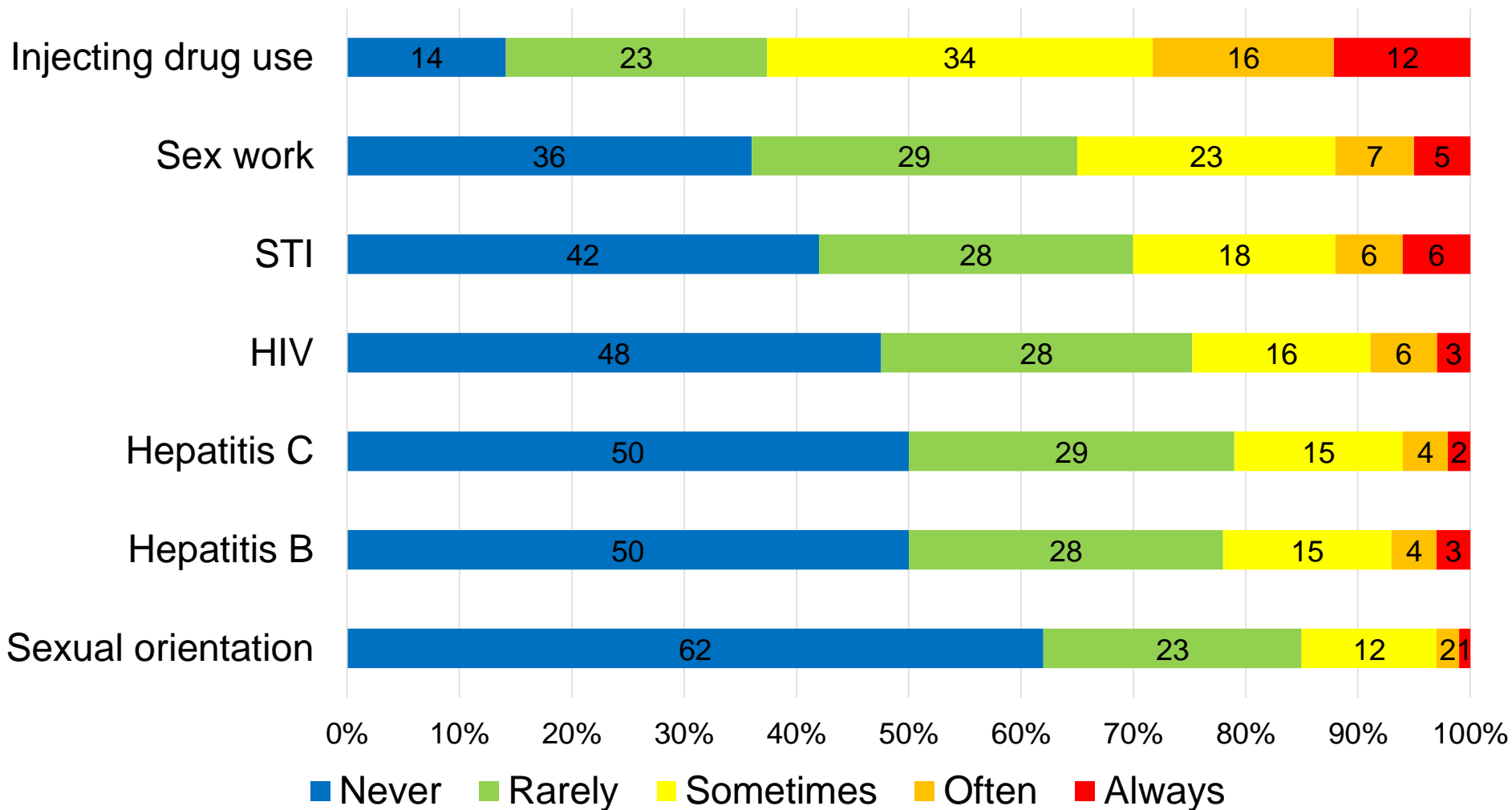
Demographics	% (N=1,001)
Gender: Male Female	43.5% 56.5%
Age: M (SD), Range	54.3 years (17.1), 18-93 years
Born in Australia	75.9%
Aboriginal or Torres Strait Islander	2.4%
Completed education: Less than high school Completed high school Certification / Diploma University	18.9% 10.7% 36.5% 33.8%
Current employment: Full time Part time	37.4% 20.2%





# General public

Would you behave negatively towards others because of their:



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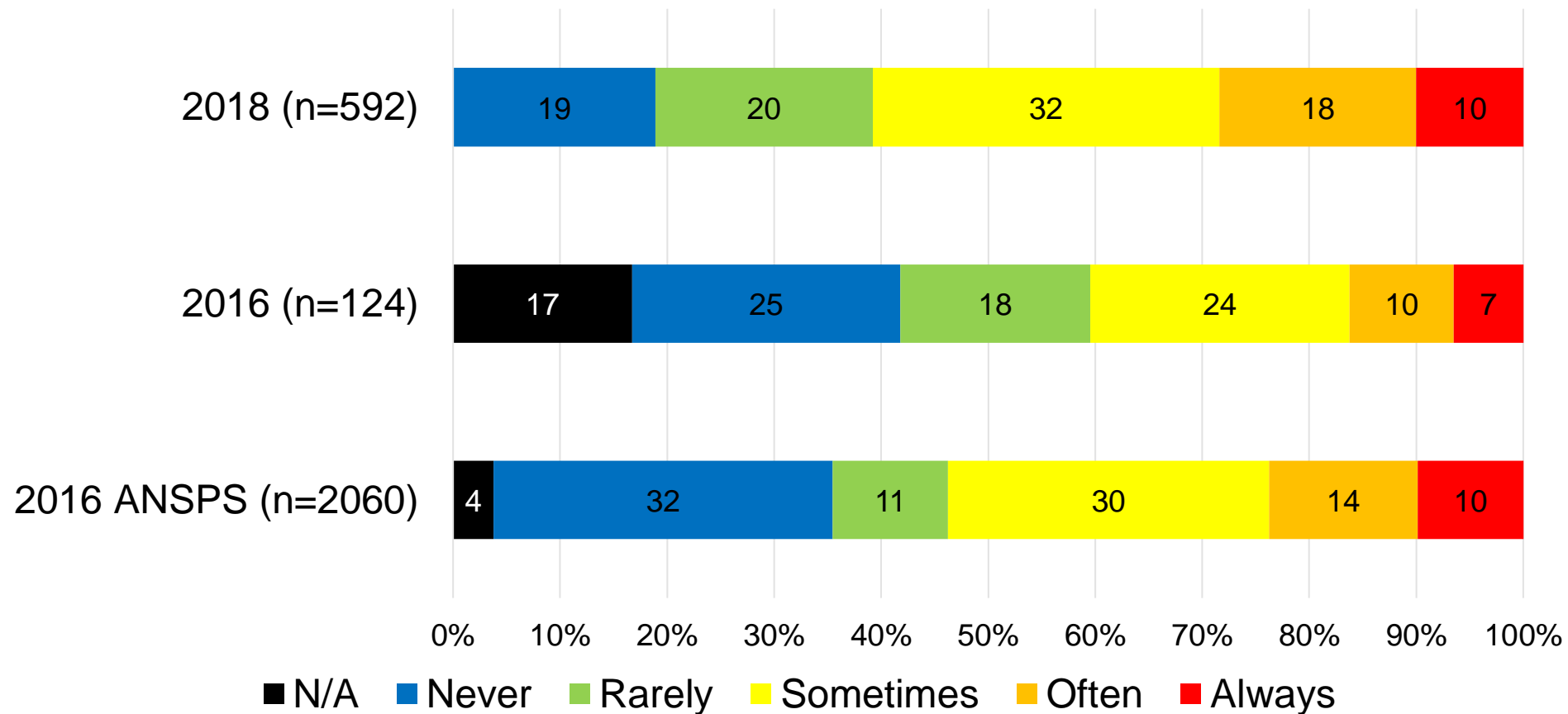
# People who inject drugs

Demographics	% (N=603)
Gender:	
Male	59.5%
Female	38.2%
Non-binary / Different identity	2.4%
Age: M (SD), Range	42.8 years (10.3), 16-97 years
Born in Australia / NZ	88.9%
Aboriginal or Torres Strait Islander	21.1%
Completed education:	
Less than high school	49.7%
Completed high school	19.5%
Certification / Diploma	21.3%
University	9.6%
Current employment:	
Full time	8.5%
Part time	13.4%
Unemployed	37.1%



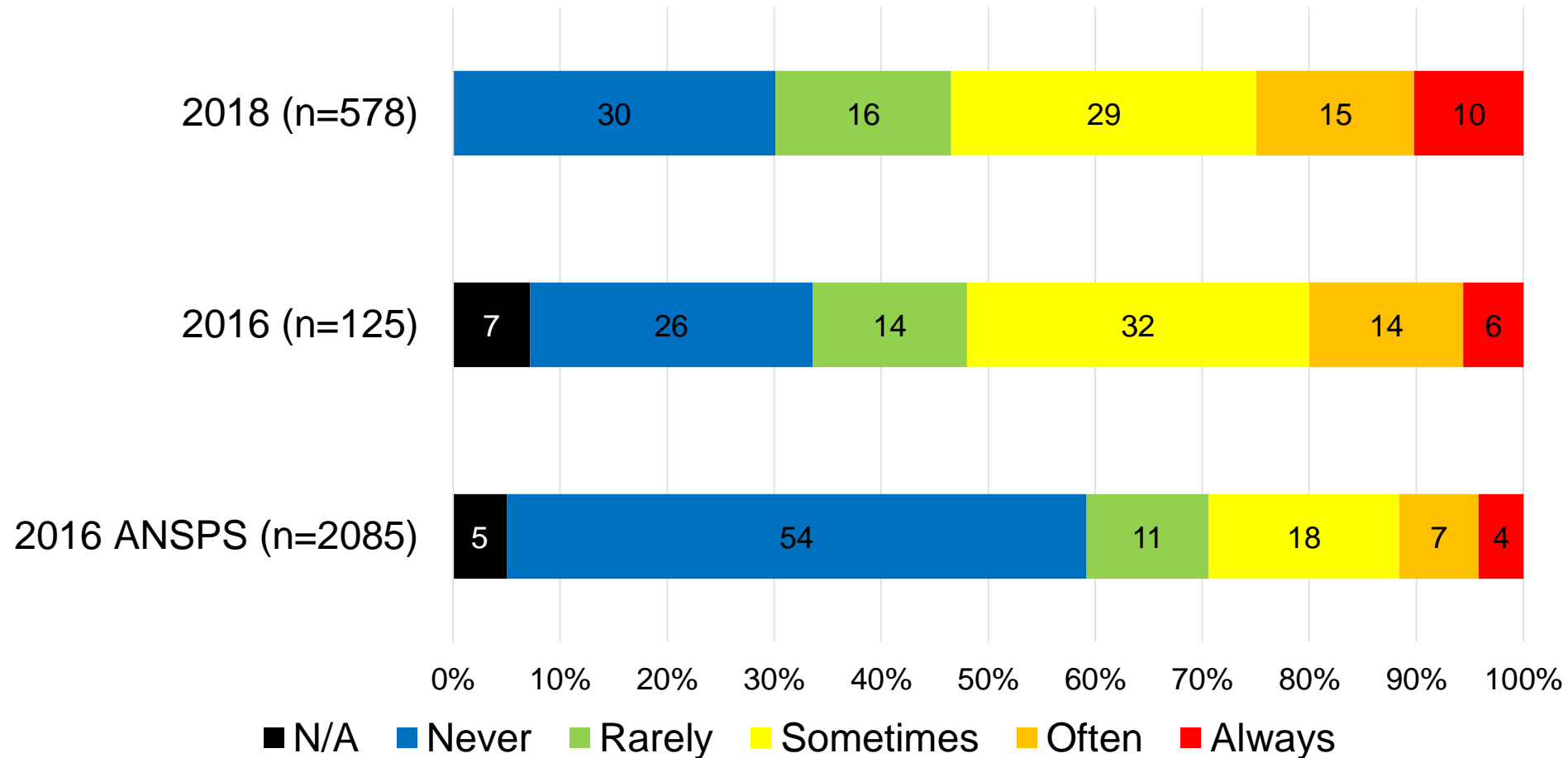
# People who inject drugs

In the last 12 months, have you experienced any stigma or discrimination in relation to your injecting drug use?



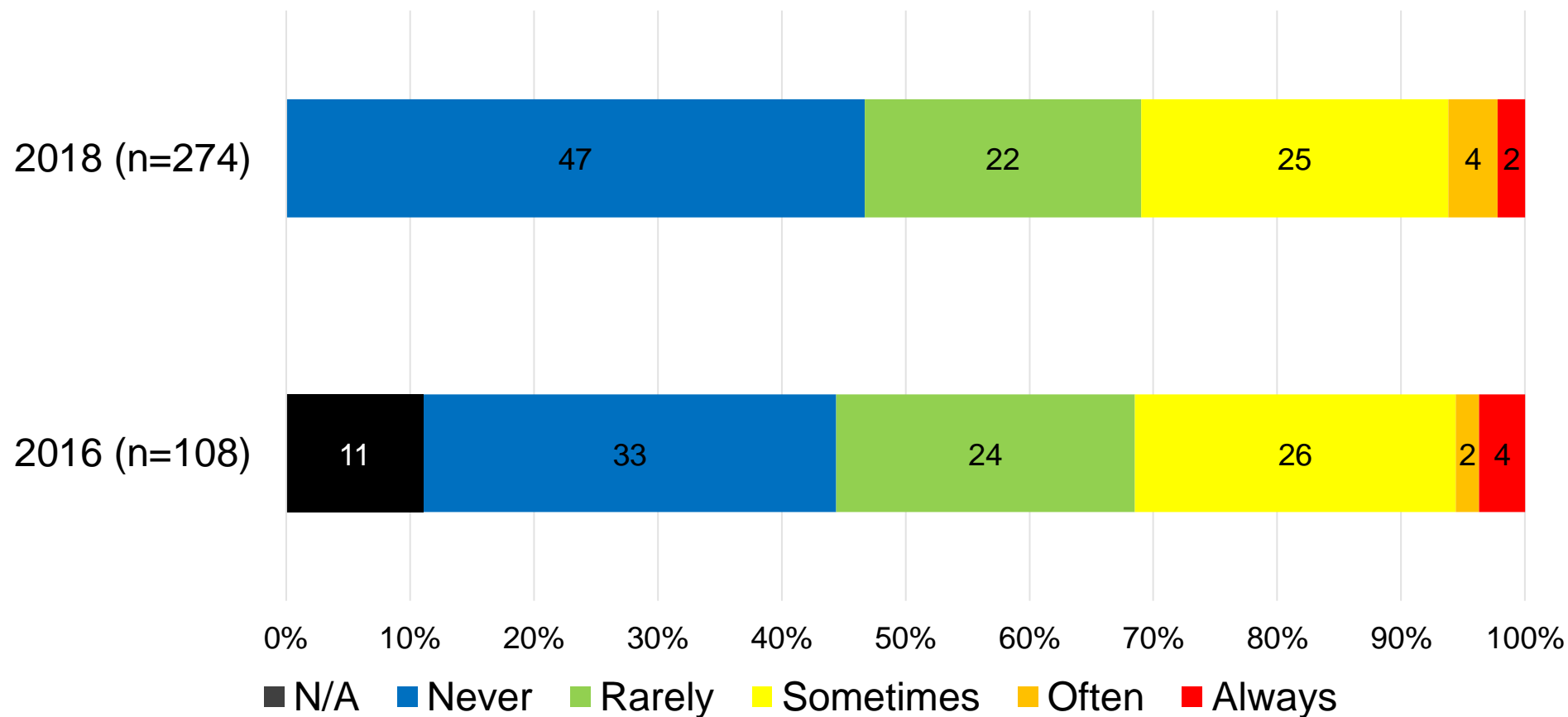
# People who inject drugs

Health workers treated me negatively or differently to other people



# People living with hepatitis C

In the last 12 months, have you experienced any stigma or discrimination in relation to your hepatitis C?



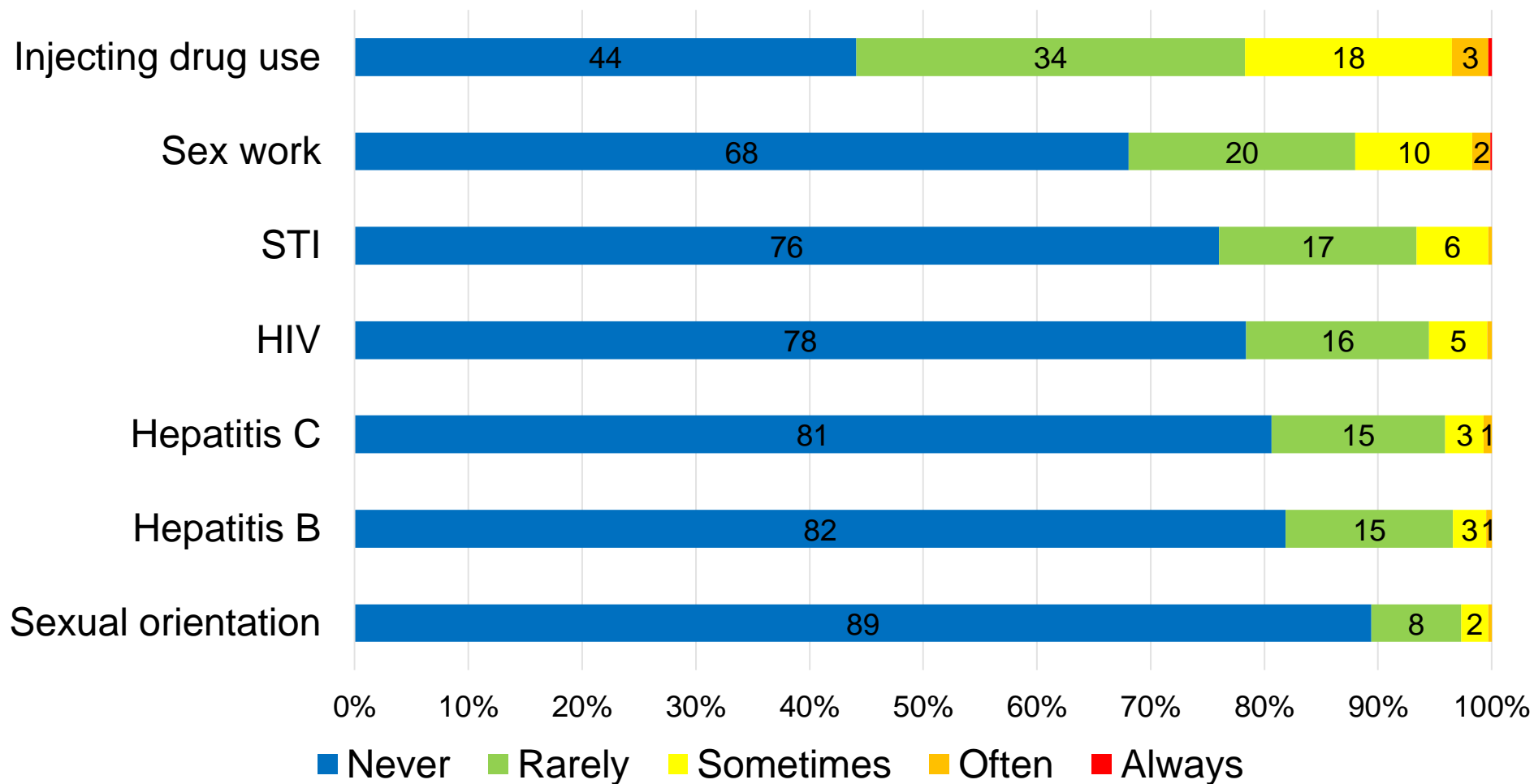
# Health care workers / Students

Demographics	% (N=751)
Gender:	
Male	7.2%
Female	92.0%
Non-binary / Different identity	0.8%
Age: M (SD), Range	37.6 years (13.6), 18-70 years
Born in Australia / NZ	84.3%
Aboriginal or Torres Strait Islander	3.7%
Completed education:	
Completed high school	10.8%
Certification / Diploma	21.0%
Undergraduate university	38.6%
Postgraduate university	29.0%
Health care worker	73.5%
Student	26.5%



# Health care workers / Students

Would you behave negatively towards other people because of their:

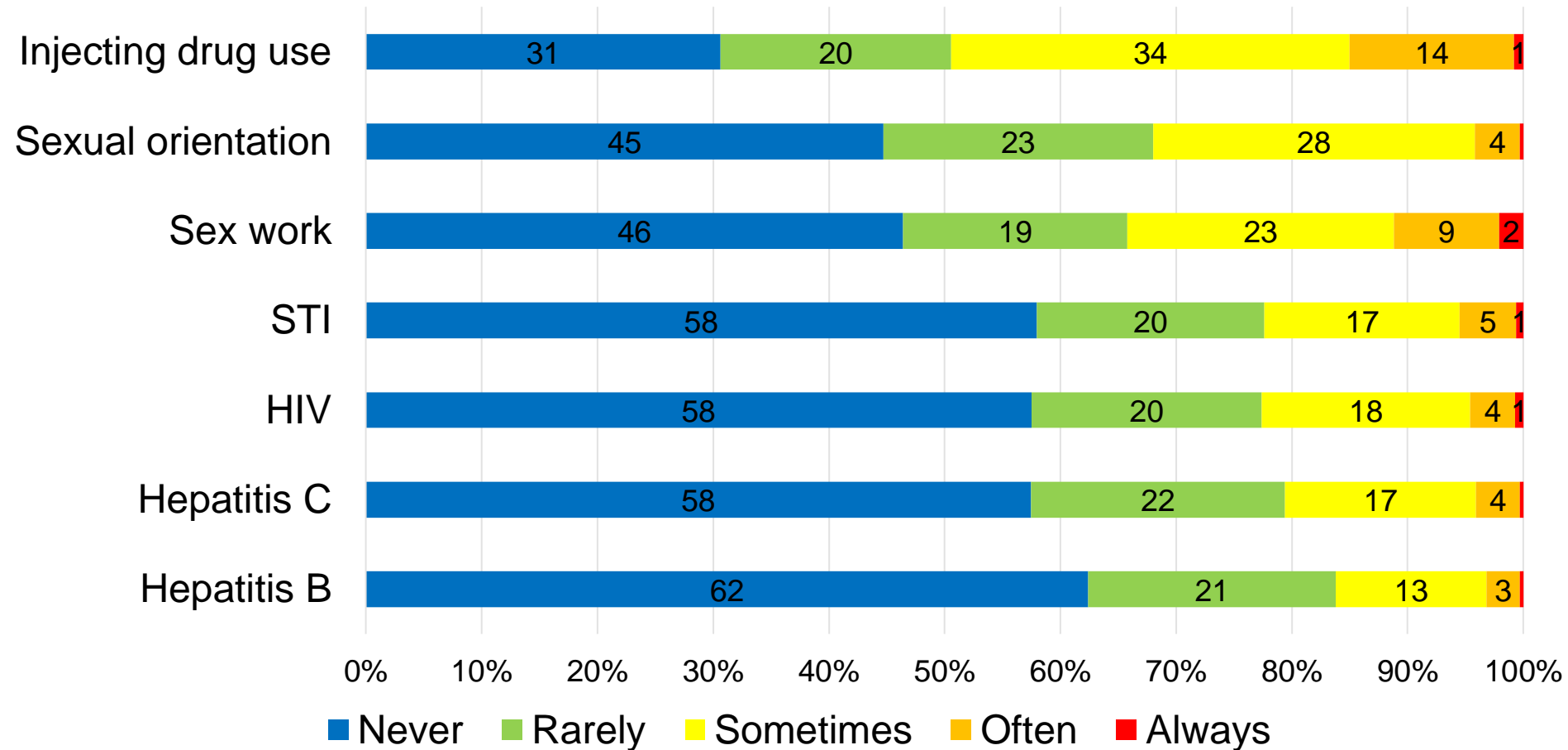


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# Health care workers / Students

In the last 12 months, have you witnessed any health workers behaving negatively towards patients/clients because of their:



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# Publications

- Broady et al. Responding to a national policy need: Development of a stigma indicator for blood borne viruses and sexually transmissible infections. *Australian & New Zealand Journal of Public Health*, 2018;42(6):513-5.
- Brener et al. The role of social support in moderating the relationship between HIV centrality, internalised stigma and psychological distress for people living with HIV. *AIDS Care*. (in press)
- Broady et al. Stigmatising attitudes towards people who inject drugs, and people living with blood borne viruses or sexually transmissible infections in a representative sample of the Australian population. *PLOS ONE*, 2020;15(4):e0232218
- Brener et al. Predictors of health care workers' support for discriminatory treatment and care of people who inject drugs. *Psychology, Health & Medicine*, 2019;24(4):439-45.



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# Stigma Reduction Intervention



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# Framing stigma reduction interventions

- Most research in mental health
  - Mental health – no contagion, less blame
  - Differences in the attributes we are interested in
    - hep B vs sex work vs HCV vs HIV
  - Need to understand specific issues for each attribute



# Framing stigma reduction interventions

- Education and Contact
  - Contrasting the myths and facts
  - Interacting with people (“in recovery” for mental health)
  - Positive speakers (“Contact Hypothesis” - Allport, G. W. (1954). The nature of prejudice. Cambridge, MA: Perseus Books)
- Corrigan et al. (2017). Journal of Mental Health 26(5): 411-418.
- Brener, L., Wilson, H., Rose, G., Mackenzie, A., & de Wit, J. (2012). Challenging stereotypes and changing attitudes: improving quality of care for people with hepatitis C through Positive Speakers programs. *Psychology, Health and Medicine*, 18(2, 1 March 2013), 242-249.
- Cama, E. J., Wilson, H., Mackenzie, A., & Brener, L. (2015). Hepatitis C Stigma and Empowerment Through Positive Speaking in Sydney, Australia. *Journal of Community and Applied Social Psychology*, 25(5), 418-431. doi:[10.1002/casp.2222](https://doi.org/10.1002/casp.2222)



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# Stigma Reduction

- Commonwealth funded, 12 month timeframe
- Online, Facebook advertising – general public
  
- Use existing resources
  - Contact hypothesis
    - Humanise each group



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# Stigma Reduction



CAIRNSHEPC.COM

Movie You Can't Hep That | Cairns Hep C Free | Cairns | Cairns Hep C CURE CHAT



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# Stigma Reduction

- Consent
- Randomised
  - Control
  - People living with HIV
  - People living with hepatitis B
  - People living with hepatitis C
  - People who inject drugs
  - Sex work
- Pre survey; Video (3-5mins); Post survey; 3 month follow up



# Stigma reduction, n=2010

Group	N (%)
HIV intervention	320 (16.6)
Hepatitis B intervention	333 (17.3)
Hepatitis C intervention	347 (18.0)
People who inject drugs intervention	316 (16.4)
Sex worker intervention	296 (15.4)
Control group	316 (16.5)



# Stigma Reduction

- Progressive – conservative
- Know someone with attribute
- Support of various social policies, markers of overall attitude
- Main outcome measures
  - Stigma indicator
  - Attitudes
  - Controllability
  - Social distance
  - Opinions



# Stigma Reduction

- Initial results are looking very positive
  - Post-survey: Results moving in the right direction for most measures for all attributes
  - Three month follow-up: Data currently being analysed – how sustainable are the changes?
  
- Next project:
  - How to scale
  - Time to develop and incorporate theory; build for purpose prompts



# Stigma Reduction

- What next?
  - How to scale – broader public reach
  - Time to develop and incorporate theory
  - Develop tailored interventions for specific attributes and/or audiences (e.g. health care workers)



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# Thank you

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- [t.broady@unsw.edu.au](mailto:t.broady@unsw.edu.au)
  
- “CRSH Stigma Indicators”
  - Plain English summaries
  - Technical reports



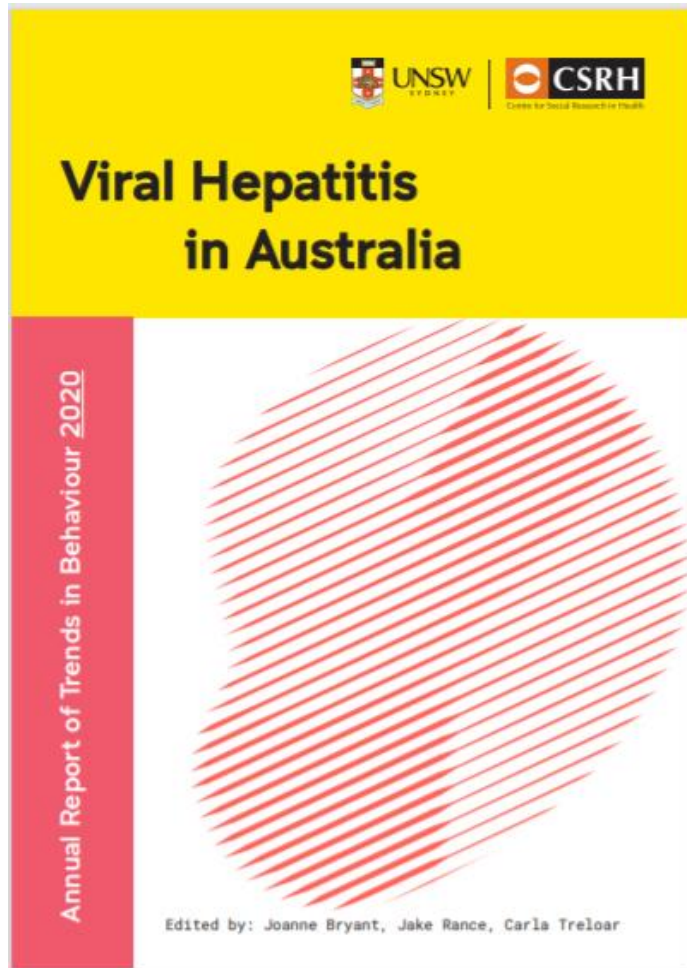
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# Annual Report of Trends in Behaviour 2020

## Viral Hepatitis in Australia



Full report available at:  
[bit.ly/csrh\\_artb](https://bit.ly/csrh_artb)



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