



CALD communities, Stigma and Discrimination

Impact on treatment seeking and support
for substance-use issues

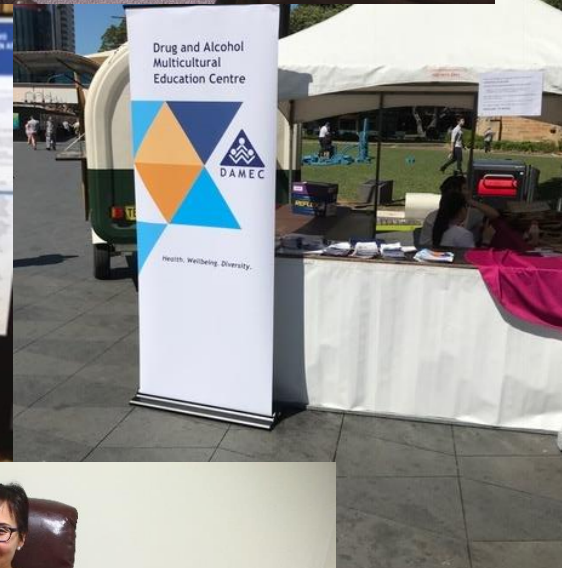
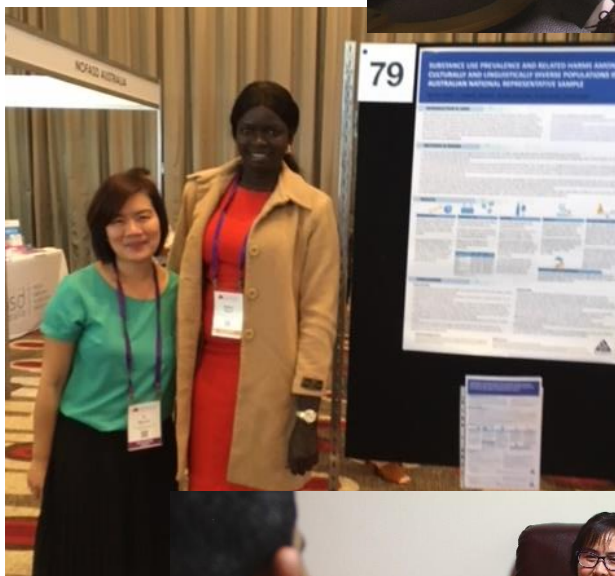
Learning outcomes

- ▶ Identify ways in which stigma and discrimination may particularly affect CALD communities
- ▶ Understand consequences of stigma and discrimination for CALD communities
- ▶ Explore strategies to address stigma and discrimination in the pharmacy environment

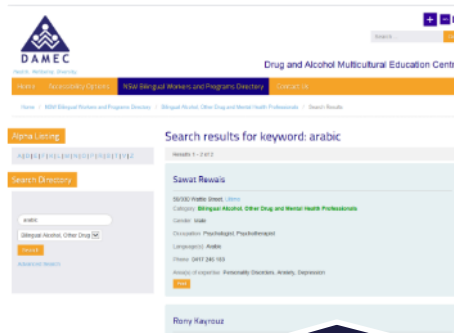


Drug and Alcohol Multicultural Education Centre

- Culturally responsive AOD bilingual counselling
- Family support
- Group programs
- Community development
- Workforce training and development
- Research



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Respect: Best practice approaches for working with culturally diverse clients in AOD treatment settings

- (1) Be sure that your client is giving informed consent**
Take time to patiently explain treatment options, risks/benefits and processes to your client and their caregivers in more than one language. **Drugs are understood in many ways across cultures. You can enhance outcomes in treatment by learning about the way your client understands drugs, pleasure and addiction.** Think about the interpretability of certain concepts that are central to the AOD treatment provided in your service. Since the Australian health system is predominantly Anglo-centric in its approach, you might ask your client and their caregivers if the process and terms used in treatment make sense to them. **You could use the "teach back" method, where you ask your client to describe how they understand the treatment process or particular terms related to their therapy, to check that you are both on the same page.** Encourage your service to provide translated information in major community languages in the service's principles and the treatment that you offer.
- (2) Support your client and their caregivers to access services**
CALD communities, particularly newly arrived groups are likely to be unfamiliar with service provision in Australia. **Your clients may feel uncertainty or reluctant to ask for help. You can address these things by offering to connect them with additional support services, if your client accepts your offer, try to make the referral in their presence.** **Secure your local specialist services and offer clients a choice. Don't assume that all people from CALD backgrounds can access culturally specific support services or that such services exist.**
- (3) Find out about the importance of your client's cultural identity to them**
Equal treatment means giving every client the same openness, sensitivity and non-judgment. This means that every client requires a different approach. **Being in a group is the best way to find out if you are comfortable to ask people for help. It is a good idea to have some information in Arabic and English.**

Workforce development resources



Links to translated information

Questioning our assumptions

Where do we get our information that informs our opinions and ideas about drug use and cultural diversity?

Questioning our assumptions

Beliefs about substance use

Reasons for dependency

Acceptability of different types of substances

When is best to seek help

Acceptability of different types of treatment

Ideas about what 'recovery' should look like

Beliefs about CALD communities and substance use

Levels of substance use

Types of substances used/ not used

Levels of need

Attitudes towards harm minimisation

Expectations of support

Setting the scene: Substance use in CALD communities

- ▶ Some evidence of less problematic use of substances among people born overseas as a whole, but not across all communities or for all substances (Donato-Hunt, Munot & Copeland, 2012; Hossain et al. 2014; Wei et al. 2017).
- ▶ Lower levels of contact with AOD treatment services (AIHW, 2017)
- ▶ Lower levels of BBV testing amongst people using PIEDs (Rowe et al., 2017)
- ▶ Some evidence of riskier injecting practices (Maher et al., 2007; Rowe et al., 2017)
- ▶ Co-occurring mental health issues (Horyniak et al., 2014; SESLHD, 2016)

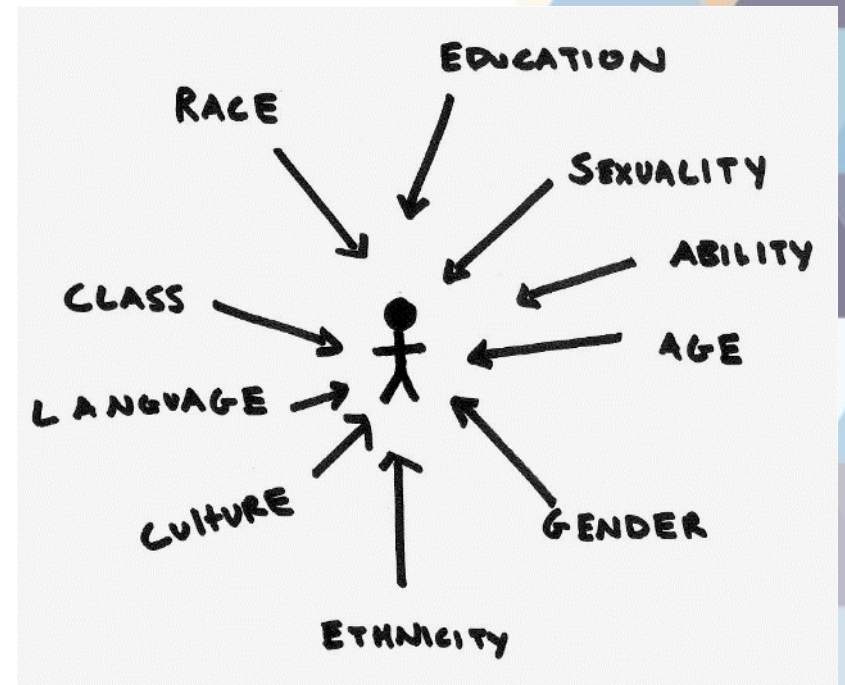
Stigma: What is it?

An attribute that is deeply discrediting
(Goffman, 1963)

- ▶ Public Stigma
- ▶ Enacted Stigma
- ▶ Perceived stigma
- ▶ Self-stigma



Intersectionality



Stigma: What is it?

- How could stigma manifest itself in these situations?
- What are the consequences?

Think from the perspective of:

- The pharmacist
- The patient
- Others involved (e.g. family members)

Example 1

Wafa is a 33 year old mother of two, she has just moved to Australia from Lebanon. When she lived in Lebanon and whenever any of her children got sick, she would usually go to the pharmacy to explain the problem and the Pharmacist will give her the appropriate medication. And if it is a really serious sickness, she will go straight to the hospital.

One day, Wafa's oldest daughter started vomiting, had diarrhoea and a fever. Wafa took her child to the Pharmacy to get antibiotics. It was a very busy day with lots of customers waiting to be seen. The Pharmacist told Wafa to go to her GP and get a prescription. Wafa was very upset with this response.

Example 2

David is a young man in his mid-20s. Growing up, David was made to go to the one GP that his parents first visited when they arrived to Australia. Now that he is an adult, David does not go to the GP anymore. He prefers to go to the pharmacy for help with any health issues.

Like many of his friends, working out at the gym is a big part of David's life. For the past 2 years David has used AAS to increase muscle strength. David regularly comes into the pharmacy to buy injecting equipment.

Example 3

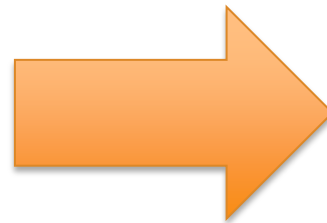
Sione arrived in Australia over 30 years ago. He and his wife Mele have worked hard to build a successful life here for themselves and their family.

Sione's and Mele have been given care of their grandchildren whilst their eldest daughter is required to complete alcohol and drug treatment. This includes her participation in the methadone program. Sione doesn't understand why the government is allowing his daughter to replace one addiction with another.

In some CALD populations, the stigma around substance use can be particularly acute for individuals, families and communities

Involves processes of:

- ▶ Labelling
- ▶ Stereotyping
- ▶ Social rejection
- ▶ Discrimination
- ▶ Shame



Lack of disclosure
+
Delayed help seeking



Case Study: Andrew

- ▶ Lived in Australia 25+ years, refugee background
- ▶ Complex issues: family breakdown, poly substance use, unemployment, cycles of incarceration, mental health issues, HCV, debt...
- ▶ Family has paid for expensive naltrexone implants overseas but this did not lead to a change in drug use behaviour
- ▶ Engagement with methadone program not consistent
 - ▶ Shame at being seen lining up at the clinic
 - ▶ Accessibility: limited opening hours, reliant on public transport, presence of police outside clinic

**What could be done to improve
Andrew's experiences of
treatment?**



Attitudes

- Value for diversity
- Cultural self-assessment
- Awareness of one's own limits
- Recognition that issues that arise are likely the result of misunderstandings, rather than rushing to make judgments

Skills

- Avoiding overgeneralising
- Capacity to demonstrate empathy, tolerance and respect when interacting with people from other cultures
- Appropriate ways of communicating (both verbal and non-verbal)

Knowledge

- Knowledge of how cultures differ on key dimensions
- Recognition of the impact culture and history has had on treatment methods and professional practice
- Understanding of broader issues impacting CALD clients (migration/resettlement, discrimination, trauma)

**Once you label me,
you negate me**

Søren Kierkegaard, Danish Philosopher (1813-1855)

Also thinking about the business/ organisation

- Policies, guidelines and procedures (e.g. interpreter access)
- Workforce development
- Community engagement
- Communication appropriate to community preferences and levels of health literacy
- Budget to support these activities

(NCCC 2006)

Further resources

- Australian Injecting and Illicit Drug Users League (AIVL) 2011, ['Why wouldn't I discriminate against all of them?', A report on stigma and discrimination towards the injecting drug user community](#), Canberra, Australia.
- Mohammad, A., Saini, B., & Char, B. B. (2015). Exploring culturally and linguistically diverse consumer needs in relation to medicines use and health information within the pharmacy setting. *Research in Social and Administrative Pharmacy*, 11:4, 545-559. DOI: [10.1016/j.sapharm.2014.11.002](#)
- Flaherty, I. and Donato-Hunt, C. (2012) Cultural and family contexts for help seeking among clients with cannabis, other drug and mental health issues, *Mental Health and Substance Use*, 5:4, 328-341, DOI: [10.1080/17523281.2012.711768](#)
- Rowe, R., Berger, I., Yaseen, B. and Copeland, J. (2017), Risk and blood-borne virus testing among men who inject image and performance enhancing drugs, Sydney, Australia. *Drug and Alcohol Review*, 36: 658–666. DOI:[10.1111/dar.12467](#)

Contact Us



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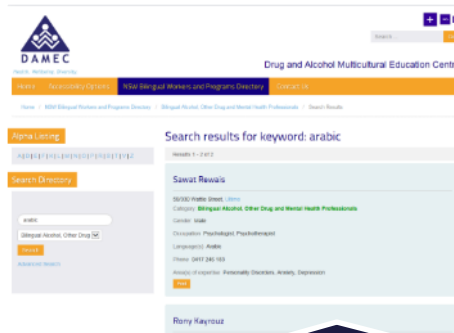


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Workforce development resources



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