CALD communities, Stigma and Discrimination

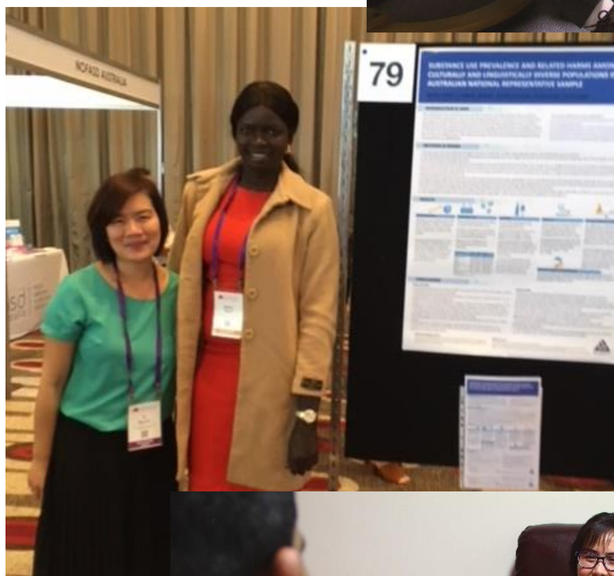
Impact on treatment seeking and support for substance-use issues

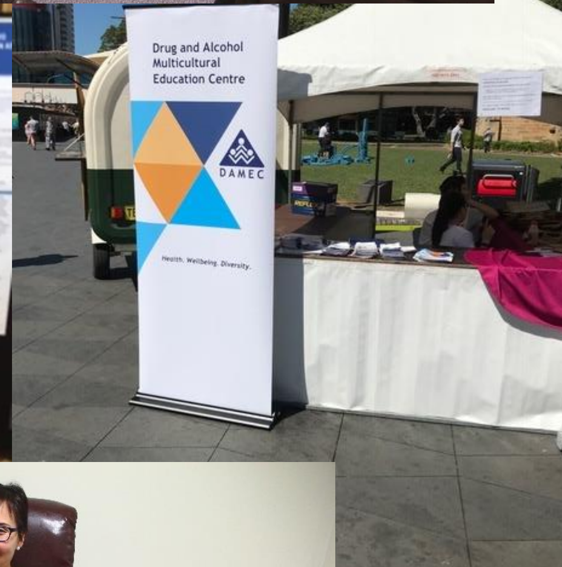
Drug and Alcohol Multicultural Education Centre

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

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





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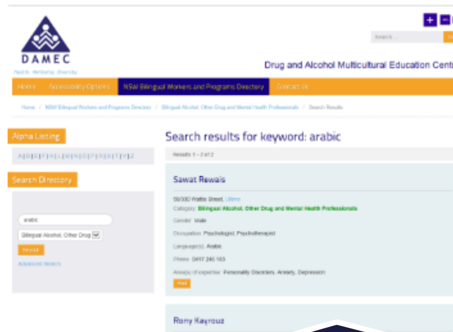


Bilingual programs and practitioners directory

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

(1) Be sure that your client is giving informed consent

(2) Support your client and their caregivers to access services

(3) Find out about the importance of your client's cultural identity to them

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

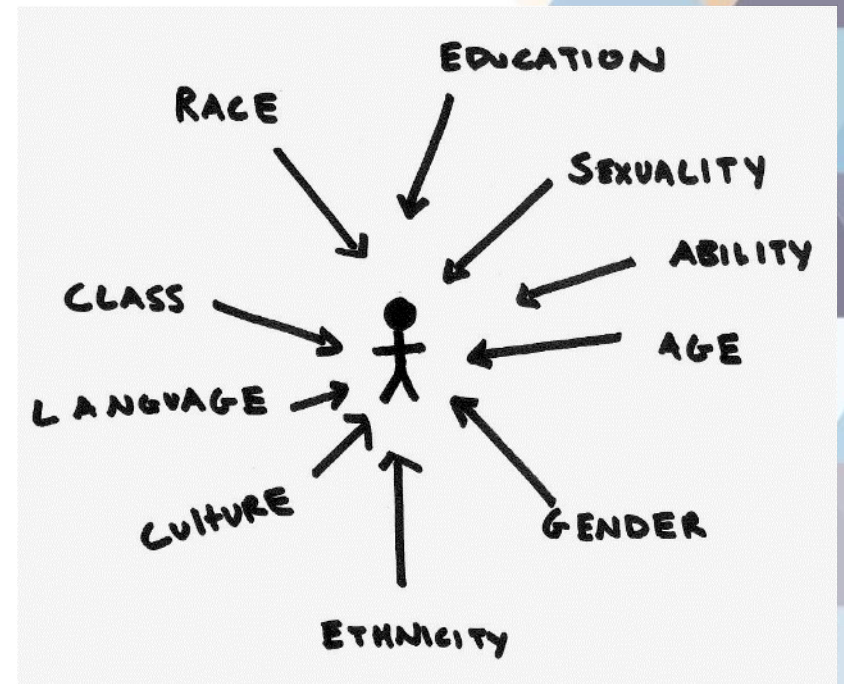
- Some evidence of less problematic use of substances among people born overseas as a whole, but not across all communities or for all substances (Donato-Hunt, Munot & Copeland, 2012; Hossain et al. 2014; Wei et al. 2017).
- Lower levels of contact with AOD treatment services (AIHW, 2017)
- Lower levels 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

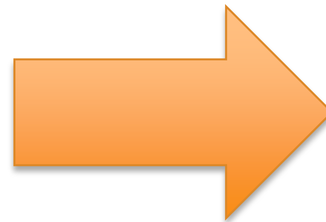
Sione arrived in Australia over 30 years ago. He and his wife Mele have worked hard to build a successful life here for themselves and their family.

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., & Chaar, 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

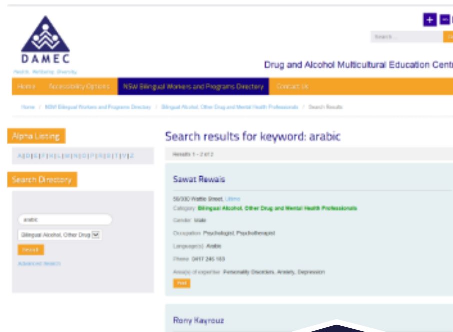
Drug and Alcohol
Multicultural
Education Centre

T: (02) 8706 0150
F: (02) 8706 0154
E: admin@counselling.damec.org.au

Suite 15, Level 4,
13-15 Moore St
Liverpool NSW 2170

Suite 102, Level 1,
114-116 Main St
Blacktown NSW 2148

www.damec.org.au



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