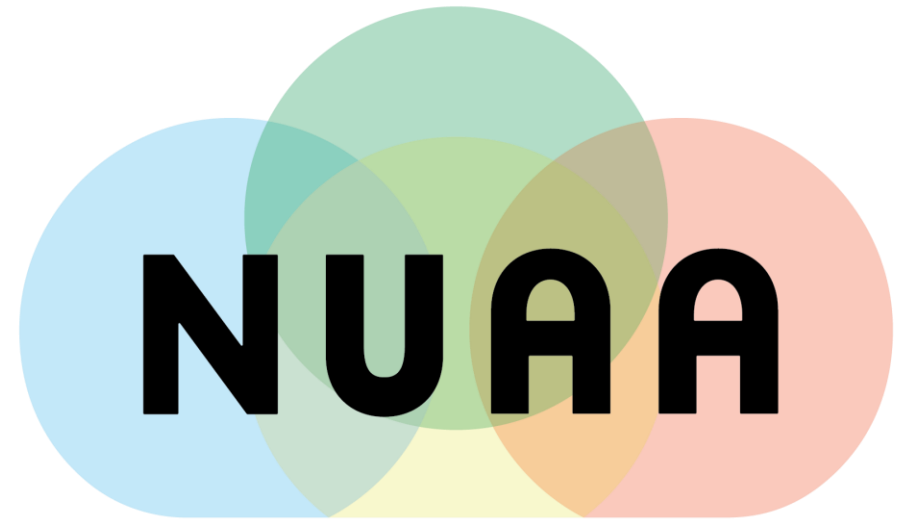


# Mental Health Comorbidity and Stigma in AOD Patients

TOPIC:

Language Matters Resource



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*PROVIDING QUALITY CARE FOR  
PEOPLE WHO USE DRUGS...*



RACGP | CPD

**Education Provider**

2020  
22



## Who is NUAA and why are we here today?

*“Advancing the rights, health and dignity of people  
who use drugs illicitly”*

- NUAA is a drug user representative organisation
- Formed in 1989 in the face of a growing HIV epidemic.
- A group of drug users, their friends, families and supporters established NUAA as an independent, user-driven community-based organisation.
- Funded mainly by the Ministry of Health to reduce the impact of blood borne virus on our community.

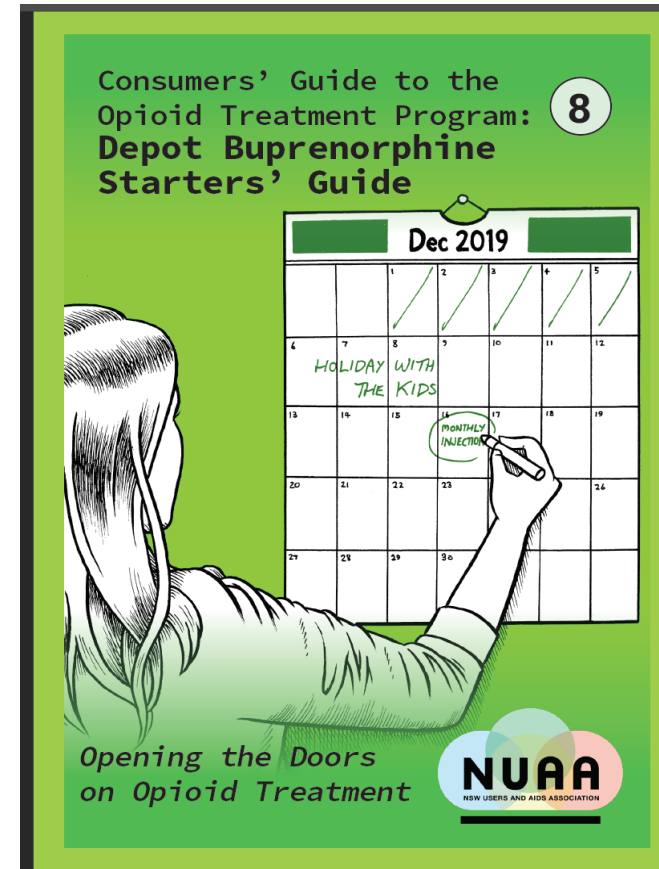


## Resources for Community

*NUAA has created an extensive variety of resources for the community that present the peer perspective on drug treatment*

These are freely available via our website  
<https://www.nuaa.org.au/opioid-treatment-programs>

With further information available via our flagship publication  
[www.usersnews.com.au](http://www.usersnews.com.au)





## Our reach and level of collaboration with the Ministry of Health is growing

- Users News website had 226,000+ visits last year with 203,000+ unique visitors – up 1355%
- 65% visitors are from outside Australia with 37% from the USA
- Most popular article “what causes a comedown” has been viewed 64,847 times over the past year
- Depot buprenorphine article “the shot that lasts a month” 10,991 visitors
- NUAA works with NSW Health to produce “drug alerts” – these receive hundreds of thousands of views on Facebook



## Other NUAA Services

### *Training:*

- We offer RACGP accredited training to support GPs to work with people who use drugs
- Full day course (40 CPD points)
- Online modules (4 CPD points)
  - HCV
  - Opioid Treatment Program
- All training has been developed working with people on treatment, GPs and specialists



## Stigma & discrimination

- Stigma “a mark of disgrace associated with a particular circumstance, quality or person” is a *belief* while discrimination “the unjust or prejudicial treatment of different categories of people” is an *action*
- Stigma and discrimination are deeply rooted in the criminalisation of drug use and the subsequent “war on drugs”

Parties to the convention are “concerned with the health and welfare of mankind” and are “conscious of their duty to prevent and combat the **evil** of drug addiction”

Single UN Convention on Narcotic Drugs, 1961
- The war on drugs has done little to interrupt the supply of drugs but has resulted in the wreckage of countless lives
- How does the “war on drugs” approach play out in NSW today?



## Harm minimisation/harm maximisation

### A Balanced Approach Across the Three Pillars of Harm Minimisation



Our National Strategy promotes the evidence-based approach of harm minimisation:

- Demand reduction (preventing or delaying uptake, access to treatment)
- Supply reduction (disrupting the supply of drugs)
- Harm reduction (reducing the adverse health and social consequences of drug use)



## NSW Alcohol and Other Drug Strategy.....







## Systems issues that can be attributed to stigma:

- Lack of funding leading to poor access to services
- Lack of coherent workforce planning/low pay/chronic workforce issues
- Lack of access to general practice
- Relatively little investment in research
- “Different rules” for people on medically assisted treatment for opioid dependence
- Demonisation of evidence-based treatment in the media



### Why terrifying ‘month-long high’ drug is given to inmates

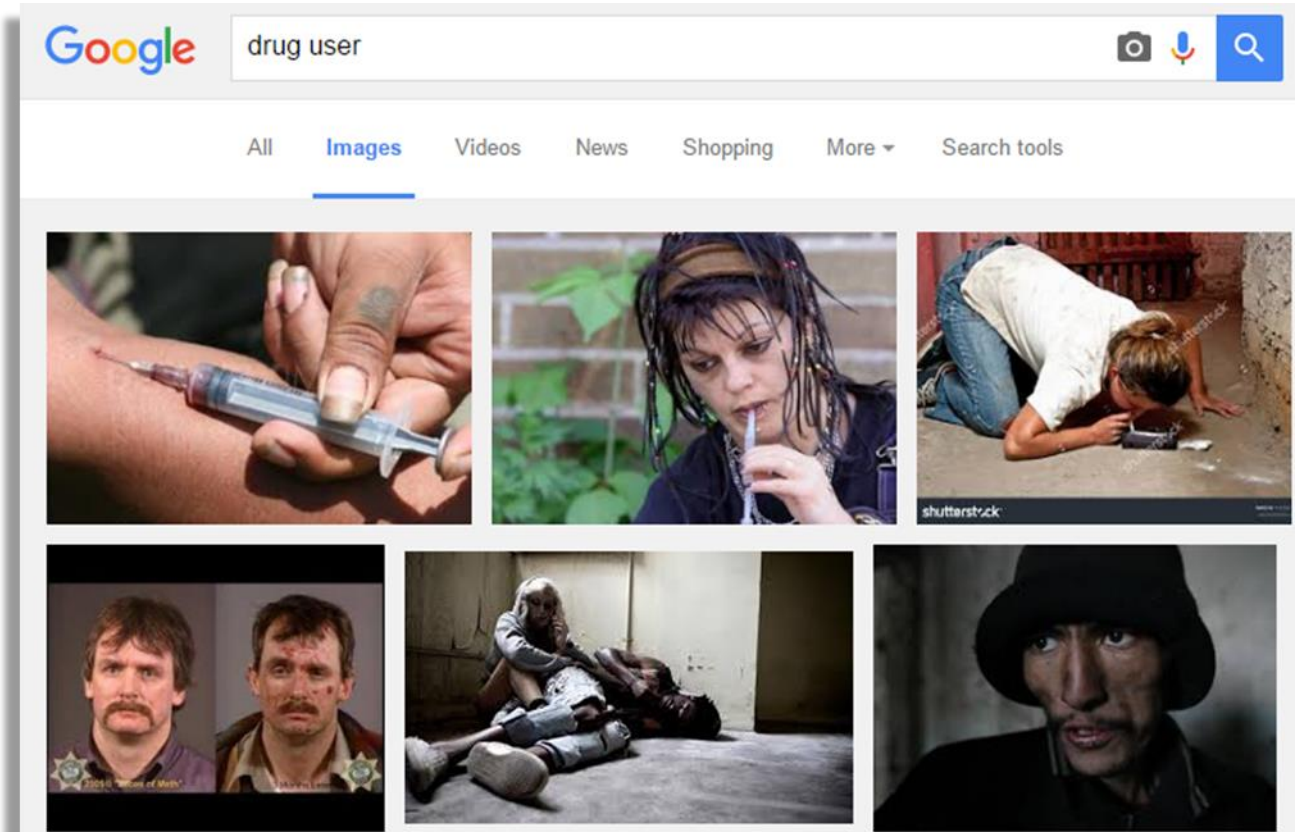
An addictive opioid — which has sparked prison hostage situations and assaults — is being handed out legally in NSW prisons. And there’s a crucial reason why.

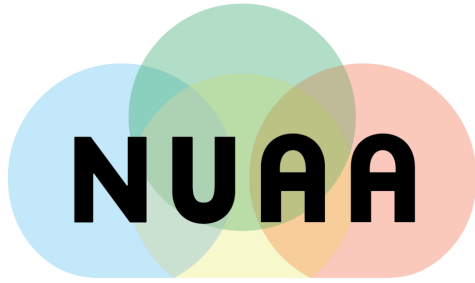


## The experiences of people who use drugs

*“Respect me enough to treat medical issues I consider important...not the ones you consider are a problem”*

Quote by a NUAA Member in regards to how they wish to be treated by the health sector.





## The impact of stigma on individuals

Ethan is 22 years old. He is in his final year of university and working four days a week in a challenging job. He is doing well at work and university, lives independently and has a wide circle of friends and is in a steady relationship. He has been prescribed Ritalin for ADHD for the past six years without issues.

When Ethan moved to the care of a new psychiatrist, he did what he thought was the responsible thing and told his new clinician that he occasionally used MDMA and cannabis. As a result, Ethan had to attend every two weeks to complete urine tests in order to continue his Ritalin prescription.

Ethan eventually discontinued his medication. He experienced a number of significant mental health issues which may or may not be related to the interruption of his care.





## The impact of stigma on individuals

Patricia (52) has been on the opioid treatment program off an on for about 25 years. She exited the program for a while because she was “outed” by co-workers who disclosed she was on the program with intrusive questions asked publicly. This breach of Patricia’s privacy meant that she had to resort to the black market and was frequently sick.

Patricia is now in a private program where she is required to see her doctor fortnightly. The visit is bulk billed and rarely includes care planning (the treating clinician sometimes her tells stories about his race horse). These visits are required in spite of Patricia being on a stable dose since 2004. Pre-COVID, Patricia was required to attend twice a week to pick up her dose, now it’s once a week.

Patricia has been employed full time for the whole of her adult life. The visits and dosing fees have a significant impact on her finances and life.





## The impact of stigma on individuals

Gareth is 34 and uses methamphetamine. He is now employed full time and in a committed relationship. At one stage he was using more and living a precarious existence. He went to a GP seeking help for mental health issues and was told to “come back when you stop using”

Gareth’s experience is not unusual. Nearly every person who uses drugs has a story about how difficult it is to access treatment; these difficulties are compounded when there are concomitant mental health issues.







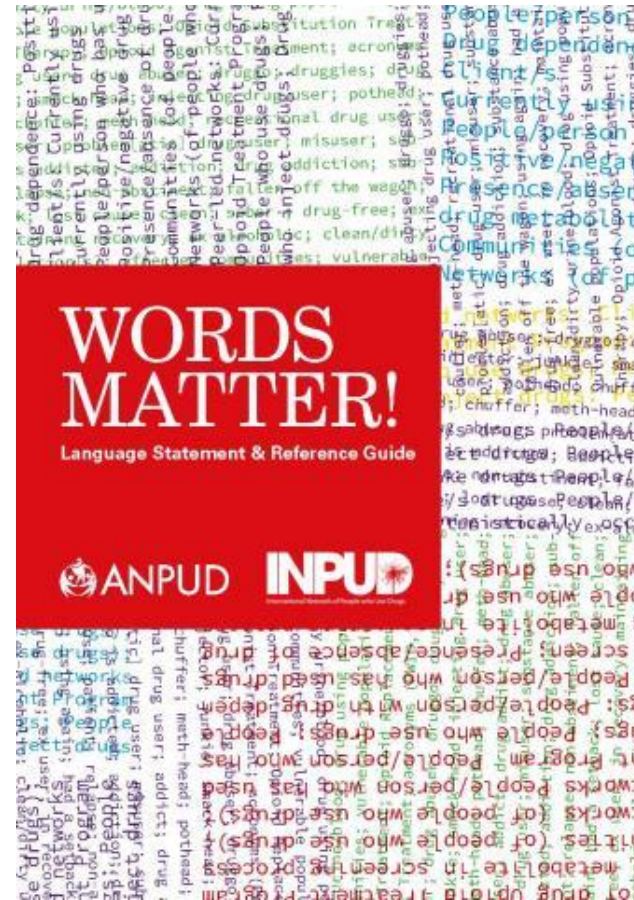
# NUAA/NADA LANGUAGE MATTERS RESOURCE

Language matters	
<p><b>Language is powerful</b>—especially when talking about alcohol and other drugs and the people who use them. Stigmatising language reinforces negative stereotypes. "Person-centred" language focuses on the person, not their substance use.</p>	
When working with people who use alcohol and other drugs...	
try this	instead of this
substance use, non-prescribed use	abuse misuse problem use non-compliant use
person who uses/injects drugs	drug user/abuser
person with a dependence on...	addict junkie druggie alcoholic
person experiencing drug dependence	suffering from addiction has a drug habit
person who has stopped using drugs	clean sober drug-free
person with lived experience of drug dependence	ex-addict former addict used to be a
person disagrees	lacks insight in denial resistant unmotivated
treatment has not been effective/chooses not to	not engaged non-compliant
person's needs are not being met	drug seeking manipulative splitting
currently using drugs	using again fallen off the wagon had a setback
no longer using drugs	stayed clean maintained recovery
positive/negative urine drug screen	dirty/clean urine
used/unused syringe	dirty/clean needle drities
pharmacotherapy is treatment	replacing one drug for another
<p>Adapted from Language Matters from the National Council for Behavioural Health, United States (2015) and Mātua Raki, New Zealand (2016).</p> <p>NADA NAA</p>	

- A4 Handout (double-sided)
- A3 Poster
- 10 Point Good Practice Guide (on reverse side)
- Not 'prescriptive' more of a 'guide' to respectful, strength-based and non-stigmatising language in relation to people who use drugs and AOD issues
- Copies of the resource and poster can be obtained through NUAA.



## “PRACTICE MATTERS” GP WEBINAR SERIES



- New resource produced by the International Network of People Who Use Drugs (INPUD) and the Asian Network of People Who Use Drugs (ANPUD)
- Copies can be found online at:
- <https://www.inpud.net/en/words-matter-language-statement-reference-guide>

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**“PRACTICE MATTERS”  
GP WEBINAR SERIES**

## **Australian Journal of General Practice (AJGP)**

*Formerly Australian Family Physician*

**“How stigmatising language affects people in Australia  
who use tobacco, alcohol and other drugs”**

**By: Dr Hester Wilson**

<https://www1.racgp.org.au/ajgp/2020/march/how-stigmatising-language-affects-people-in-austra>





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