

Someone's gotta do it...
- heavy work indeed!

Dr Ingrid van Beek

Director, Kirketon Road Centre

Medical Director, Sydney MSIC

As though the work wasn't hard enough...

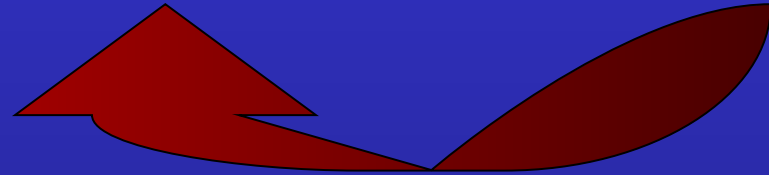
IDUs in NSP and other harm reduction settings = potentially “challenging” client population – vulnerable/powerless/low efficacy in negotiating needs within bureaucratic rules-focused health system, often “in crisis”, drug-affected, limited anger management skills, otherwise operate in the social milieu of the streets, often ambivalent regarding improving own health, depressed/anxious, can project own sense of self-worthlessness onto those who care for them - confirmed by their experience with mainstream health services

From a HCW perspective – change modest and very incremental impacting on own sense of achievement

IDUs stigmatised due to “criminal” nature of defining behaviour – notion of deservedness in relation to health and other services

Inequalities

Addiction



Robyn Room (2005)



People with alcohol or other drug addictions may:

- Receive poorer quality of health care
- Seek health care less

Why is this the case?

- In-group / out-group
 - (belongingness, non-belongingness)
 - Mooney (2005): Compassion for the “other” is no longer the norm
- Even within drug types

“I drink alcohol on the weekend because it’s fun, social and it tastes good.

You use ecstasy on the weekend because you’re deviant, screwed up, have low self-esteem, and have become the victim of a drug dealer. Hopefully the police will catch you and divert you into much needed counselling.”

Why is this the case?

- Stigma (Room, 2005)
- Weiner, Perry and Magnusson (1988):
 - Measured reactions to different stigmas including AIDS, obesity, perpetrator of child abuse, drug addiction
 - Drug addiction:
 - highest perceived responsibility
 - highest blame
 - second least pity (1st was obesity)
 - second least likely to give assistance (equal with child abuse, 1st was obesity)

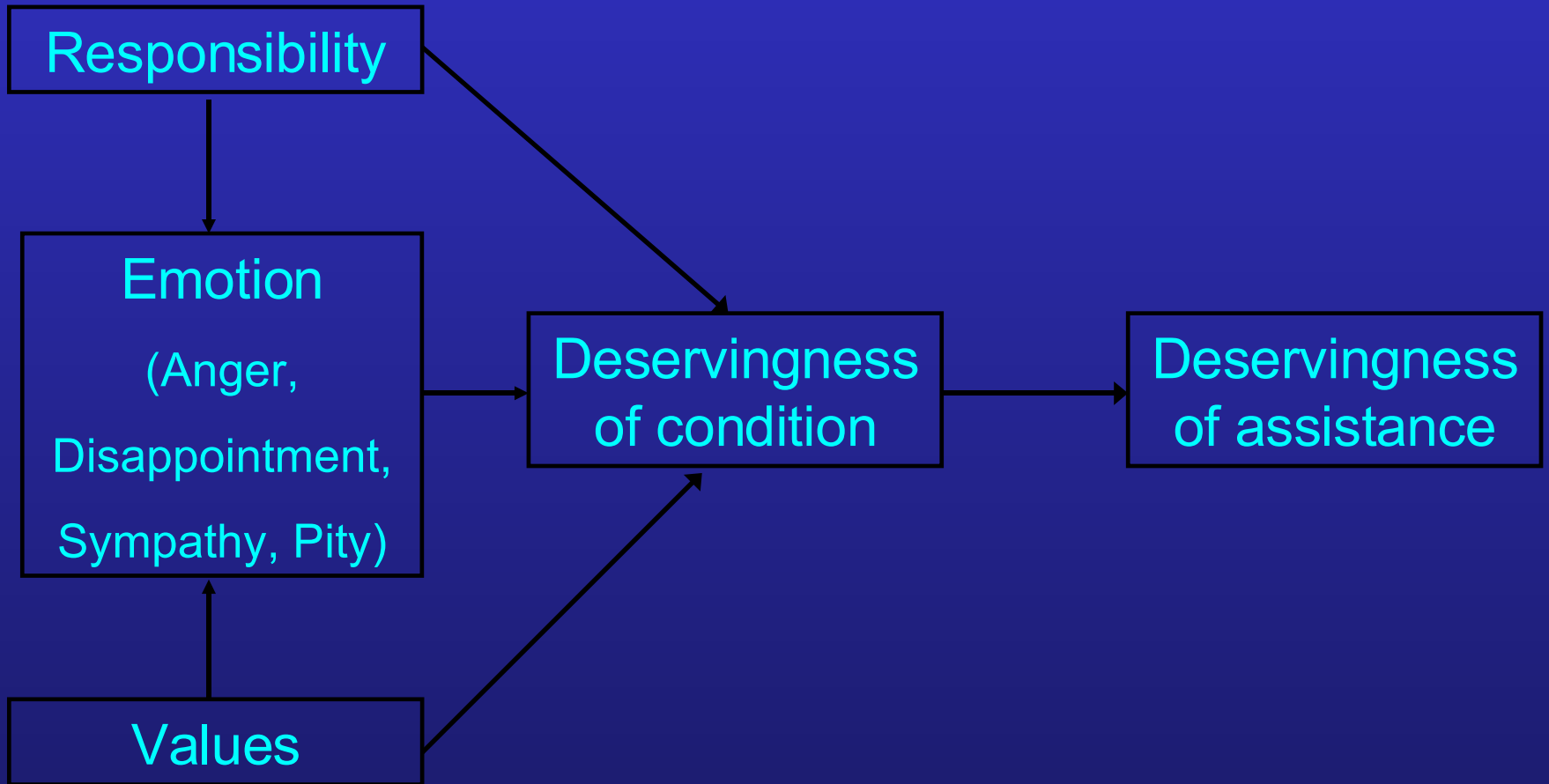
Why is this the case?

People make judgements of:

- Responsibility for condition
- Deservingness – of their condition
not of assistance?

Blame the victim

Deservingness Theory





"Give 'em dirty needles and let 'em die ... I don't understand why we think it's important to keep them alive" - Judge Judy

Australia?

“The audience at **Brisbane's Carlton Crest breathed a collective "yes" and a cheer went up around the room.”**

– Drug Sense Focus Alert #139

How big is the problem?

- We don't know. A small but substantial minority.
- Hard to quantify, little research

Does the community's view of the
“undeservedness” of IDUs extend to
those who care for them?

“How many people have been encouraged to inject drugs because of the advice being offered by Ingrid van Beek and her team of so-called professionals? I am willing to bet that some of those working at the [medically supervised injecting] centre will be trawling the streets for addicts to get their numbers up because, after all, it is their livelihood. Indeed, when I pointed out the escape clause to my wife [the new provision that a review will be triggered should utilisation drop below 75% of current attendance levels] she immediately suggested that staff would pull people in off the street and get them to inject inside the injecting room so that they could maintain their jobs” – MP for Castle Hill; Hansard, NSW Parliament, June 2007.

Other examples

Rev Fred Nile MLC, Christian Democrats: "...so what constitutes drug overdose resuscitation at the shooting gallery – patting the back of their hand, does that count? Estimates Committee, 2002

Rev Gordon Moyes MLC, Christian Democrats: "Responding to Drug Free Australia's concerns that reported overdose figures were up to 36 times higher in the shooting gallery facility Medical Director van Beek was also forced to admit that the overdose figures were indeed excessively overinflated by their methodology of recording. Rather than comparing respiratory arrest overdoses locally with overdoses in the clinic, every snooze or nod off in the clinic was counted even those that did not involve potentially fatal respiratory arrest" Wesley Mission minutes, 2003.

“There hasn’t been a single referral [from the MSIC] to any of the Salvation Army rehabilitation facilities, WHOS or Odyssey House”.
Major Brian Watters, then Chair, ANCD 2004

“It's the misinformation that makes me mad. They're all on about the drops in deaths but the fact is that's a result of the heroin drought, which was a result of Federal Government policy. There's been a dramatic drop in deaths, quite irrespective of the injecting room.

In 2000 - 24 people died in Cabramatta. In the next 6 months that dropped to five. At the same time in Kings X it went from 13 to 24 - the number of deaths doubled after the room opened”. Radio Interview, Jason Morrison, 2GB, July 2006

Does it really matter?

- Apart from the direct impact the “worthless” status of IDU client population may have on staff morale and sequelae thereof, is there also a risk that Harm Reduction workers will absorb clients’ sense of hopelessness and become similarly marginalised within the health system, potentially reducing their efficacy when it comes to advocating for system change/clients’ rights?

Solutions?

- Articulate and recognise the “deservedness” issue – using analogies, putting a human face on it
- Call it for what it is – stigmatisation/discrimination and use the everyday language of the tabloid press
- Develop strategies to change culture, reduce non-belongingness and stigma – of both clients and HCWs
- Articulate Harm Reduction goals and achievements and promote these at the general and local community level as well as among HCWs
- Ensure that Harm Reduction workers are supported and adequately rewarded professionally and personally for their hard work

Acknowledgements

- Prof Ann Roche, Director NCETA (Freeman et al)
- *UnitingCare* NSW ACT
- The Harm Reduction field - for its ongoing commitment to social justice in the face of concerted attacks from the forces of darkness...