



# AIVL

Australian Injecting & Illicit Drug Users League (AIVL)

## **National Anti-Discrimination Project – *Online Discrimination Survey Results – December 2012***

The Australian Injecting & Illicit Drug Users Leagues (AIVL) 'Online Discrimination Survey' is part of the larger AIVL National Anti-Discrimination Project. The overall aim of the National Anti-Discrimination Project is to reduce stigma and discrimination, improve access to services – particularly health-related services - and reduce social exclusion among people who inject drugs, those with hep C and/or HIV, and those on opioid replacement pharmacotherapy (ORP) programs. This will be achieved by raising awareness, reducing fears and addressing myths and misinformation among service providers, the general public and the media.

The Online Discrimination Survey presented here is targeted at people who inject drugs (PWID), people on ORP, and those living with hepatitis C and/or HIV. These people very often manage complex situations in relation to poor treatment and discriminatory practices. It can frequently be difficult to separate the reason for the poor treatment; injecting drug use, being on ORP, hepatitis C infection or a combination of these issues. This means the information needs of PWID and those on ORP are not the same as other groups in relation to reporting discrimination and the making of, and proceeding with complaints. People on ORP are also physically dependent on their medications and therefore may have more complex issues to manage when dealing with, and contemplating the reporting of discriminatory practices. In short, they simply cannot risk being removed from their pharmacotherapy treatment service due to making a complaint or lodging a report.

This survey commenced just over a year ago and has had an overwhelming amount of responses, especially given promotion of the survey and website has yet to be rolled out. This paper reports on the results of 120 surveys.

AIVLs online discrimination website can be accessed at [www.aivl.org.au/knowyourrights](http://www.aivl.org.au/knowyourrights) and the discrimination survey can be found at [www.aivl.org.au/discriminationsurvey](http://www.aivl.org.au/discriminationsurvey) If people have any questions or comments please contact Laura Santana at [lauras@aivl.org.au](mailto:lauras@aivl.org.au)

## Demographics

To date, the majority of responses have been from the age range of **36-45 yr. olds (35.8%)**, 26-35 yr. olds were the second highest age group (30.8%) to respond to the survey. Victoria had the highest percentage of respondents (23.7%), with New South Wales second at 22.9%. A large majority (71.4%) of respondents classified themselves as living in the metropolitan area of their state or territory. 53.3% of the respondents have been female, 1.7% did not wish to specify their gender, and 0.8% identified as transgender.

1. What is your age group?		
Answer Options	Response Percent	Response Count
-18	2.5%	3
19-25	5.0%	6
26-35	30.8%	37
<b>36-45</b>	<b>35.8%</b>	<b>43</b>
46-59	23.3%	28
60+	2.5%	3
<i>answered question</i>		120
<i>skipped question</i>		0

2. With what gender do you identify?		
Answer Options	Response Percent	Response Count
Male	44.2%	53
<b>Female</b>	<b>53.3%</b>	<b>64</b>
Do not wish to specify	1.7%	2
Other (please specify)	0.8%	1
<i>answered question</i>		120
<i>skipped question</i>		0

a. With what gender do you identify?	
1.	transgender

3. What State or Territory do you live in?		
Answer Options	Response Percent	Response Count
Victoria	23.7%	28
South Australia	8.5%	10
Western Australia	5.9%	7
Tasmania	1.7%	2
New South Wales	22.9%	27
Australian Capital Territory	8.5%	10
Northern Territory	6.8%	8
Queensland	22.0%	26
<i>answered question</i>		<b>118</b>
<i>skipped question</i>		<b>2</b>

4. Do you live in the city (metropolitan), country (rural) or a large town (regional)?		
Answer Options	Response Percent	Response Count
Metropolitan	71.4%	85
Regional	22.7%	27
Rural	5.9%	7
<i>answered question</i>		<b>119</b>
<i>skipped question</i>		<b>1</b>

## Where the discrimination took place

When asked 'where the discrimination took place?' the main services that people commented on were: Hospitals being the greatest place (53%), followed by Doctor/Prescriber (52.1%), pharmacies (41%), police (33.3%), with other health services e.g. mental, youth, or community health centres reported to a lesser degree (21.4%). Following this, respondents' reported dentists, drug and alcohol services, government services (such as housing or Centrelink), prisons and NSPs with 6.0%. Twenty-two (23.9%) of people stated 'Other' as a response to where the discrimination took place.

5. Where did the discrimination take place? (you can select more than one answer)		
Answer Options	Response Percent	Response Count
Doctor/Prescriber	52.1%	61
Pharmacy	41.0%	48
Police	33.3%	39
Prison	6.8%	8
Health Service (e.g. Mental, Youth, or Community)	21.4%	25
<b>Hospital</b>	<b>53.0%</b>	<b>62</b>
Dentist	14.5%	17
Government Service (e.g. Housing or Centrelink)	15.4%	18
Needle and Syringe Program	6.0%	7
Drug and Alcohol Service	17.9%	21
Other (please specify)	23.9%	28
<i>answered question</i>		<b>117</b>
<i>skipped question</i>		<b>3</b>

<i>a. Where did the discrimination take place?</i>	
1	School, Day Care, Bank, Work
2	workplace - an NSP which is part of a community health service
3	By a surgeon who is also a psychiatrist
4	pain clinic
5	nurse
6	All aspects of my life, outside my immediate, trust worthy networks
7	commercial shops (shop staff etc/security guards); education facility; public transport (ticket inspectors/drivers/station staff);in public places (by broader society); home (family); in drug using situations (by other users); work (work colleagues; boss))
8	pain clinic
9	amongst friends, Employer
10	Although I have VERY rarely encountered discrimination despite being open about IV drug use

11	work place
12	employer NGO
13	insurance company
14	at community specific functions
15	child services & day-care provider
16	Psychologist
17	drug user group

## Why people were discriminated against

Respondents to this question could select multiple options in answering, therefore figures do not total to 100%. When asked 'why people thought they were discriminated against?' The majority of people (76.1%) believed it was because of their injecting drug use status (people thinking they were current injecting drug users), 45.1% of people believed it was because they were on opioid replacement pharmacotherapies (ORP) such as Methadone, or Suboxone, and 24.8% of responses were due to respondents believing that their hepatitis C status was one of the reasons they were discriminated against. Twenty two percent (22.1%) of responses were indicated for reasons other than those listed in the survey (as listed below). Some of the reasons given for the 'other' category were; because respondents were sex workers and mental health issues. Pain management (or lack thereof), refusal of medical treatment, and inadequate treatment within hospitals also emerged as a common theme.

6. Why do you think you were discriminated against? (you can select more than one answer)		
Answer Options	Response Percent	Response Count
Because I am an injecting drug user or people think I am	76.1%	86
Because I used to be an injecting drug user	21.2%	24
Because I am on Methadone/Subutex/Suboxone	45.1%	51
Because I have hepatitis C	24.8%	28
Because I have HIV	2.7%	3
Because I am from a non-English speaking background	3.5%	4
Because I am Aboriginal or Torres Strait Islander	2.7%	3
Other (please specify)	22.1	25
<i>answered question</i>		<b>113</b>
<i>skipped question</i>		<b>7</b>

<i>a. Why do you think you were discriminated against? (you can select more than one answer)</i>	
1	Because I was a sex worker. Because I have mental health issues.
2	I was on Hep C treatment when I was being admitted for another procedure. The doctor who did my intake informed me they would have to double glove around me and I would be the last procedure of the day. This shocked me as it was my belief that <del>XXXX</del> health followed universal BBV and infection protection procedures i.e. treat everyone as if they have a BBV. I was also in the police cells at one time when a female officer refused to enter my cell because she was scared she would "catch something" and pass it to her baby, I had 4 children of my own at the time, the police force has a disgusting, misinformed and ultimately dangerous attitude, to PWID.
3	IDU finding it difficult to be taken credibly regarding need for opioid pain management consideration
4	morgue and funeral service
5	Took my sick son to hospital suffering from an implant (naltrexone) and was refused medical attention.

6	because i am a sex worker
7	the staff at the centre don't have any duty of care & should not be working with people who are marginalized or who are vulnerable
8	People think I have BBV & am a criminal who cannot be trusted
9	on MS Contin
10	i was offered less service than other peo0le in similar situation im not sure why i was not provided with service as per policy
11	Example 1. Denied pain relief for back problem at XXXX Hospital. The Doctor had written a prescription but on further reading of my file and seeing I had been on Methadone 3 years previously, she tore the prescription up and told me to "go home and have a panadol". Example 2. Methadone Clinic would not prescribe me any more than 4 days physeptone when I had to go to NZ to attend my mother's funeral, and help my family pack up her house. Consequently, I could only go for the 4 days, which caused huge amounts of friction and resentment between myself and my other family members.
12	Was given a referral to the hospital for a routine minor procedure because, as the referral stated, I was hep C +ve and of unknown HIV status.
13	because i am a heroin user
14	Systemic and Societal animosity toward IV drug users.
15	priority over non methadone customers
16	After my partner died I wasn't coping and went to a local GP and asked for some valium to help me get through the week and the funeral his family coming over, my kids etc. I had no support and a lot to do and I didn't want to use drugs as I had not used for 18 months. But the Doc refused and said I should try an alternative like yoga, that he wasn't comfortable prescribing me medication. I ended up cutting off all my hair one night and going out and using heroin the very next day and then spent the next 2 years struggling with addiction again.
17	I fell on train track and twisted my knee. The XXXX Hospital refused to give me any pain relief even though I couldn't walk and my knee was so swollen and bruised. Said I was "drug seeking". They didn't even x-ray it.

## How the discrimination made people feel

When asked 'how the discrimination made people feel?' the majority of people (73.9%) stated it made them 'angry', and 'stressed', 'depressed', 'sad', and 'isolated' were other emotions felt somewhat equally at a range of 45-55.7%. Only three people (2.6%) reported that discrimination had 'no effect' on them. 'Other' was reported by 31.3% of people and a wide variety of emotions were commented on, alarmingly feeling "suicidal" was reported by two respondents.

7. Did the discrimination make you feel?		
Answer Options	Response Percent	Response Count
Angry	73.9%	85
Stressed	53.0%	61
Depressed	55.7%	64
Sad	45.2%	52
Isolated	47.0%	54
No effect	2.6%	3
Other (please specify)	31.3%	36
<i>answered question</i>		115
<i>skipped question</i>		5

<i>a. Did the discrimination make you feel?</i>	
1	Shocked
2	humiliated
3	frustrated, annoyed, anxious
4	Judged
5	cut off from day to day life
6	marginalised, silenced
7	suicidal
8	suicidal
9	all of the above, depending on circumstance and situation and mood etc... also powerless (especially in situations with police), also belligerent and violent at times
10	2nd class citizen
11	As if no one else will listen to my problems and I always end up at square one again (Nowhere)!
12	Severely f-ed off, and angry towards the clinic I attend.
13	Frustrated and ashamed.
14	like wanting to hit up



15	ashamed
16	it made me feel like there practices were not up to Australian standard with medical practices, and also made me feel like they were not going to do the job properly
17	disappointed
18	disappointed
19	Judged
20	I felt powerless and as though I deserved to be in pain
21	disappointed
22	worried for my health options
23	in pain
24	frustrated

8. Has anyone you know been treated badly as a result of your drug using status or hep C/HIV status? (who - you can select more than one answer)		
Answer Options	Response Percent	Response Count
Your partner	47.4%	36
Your children/child	19.7%	15
Your family	25.0%	19
<b>Your friend</b>	<b>56.6%</b>	<b>43</b>
<i>answered question</i>		<b>76</b>
<i>skipped question</i>		<b>44</b>

## What happened to people as a result of the discrimination experienced?

When asked ‘what happened as a result of the discrimination?’ responses were varied, 44.9% of people stated ‘other’ reasons (as opposed to the answer options given in the survey); these ranged from ‘problems with employment’ (for instance, people choosing to leave their jobs, or experiencing problems at work which consequently made things very difficult for people). Other reasons given were primarily to do with health service provision of some kind; not being able to get certain prescriptions or suitable medication for pain, poor service in hospitals, and violations of confidentiality.

9. Did anything happen as a result of this discrimination? (You can select more than one answer)		
Answer Options	Response Percent	Response Count
Refused service	44.9%	48
Taken off (or reduced) your Methadone/Subutex/Suboxone	13.1%	14
<b>You were 'outed' as a drug user</b>	<b>49.5</b>	<b>53</b>
Violence/abuse	12.1%	13
Lost your job	14.0%	15
<b>Other (please specify)</b>	<b>44.9%</b>	<b>48</b>
<i>answered question</i>		<b>107</b>
<i>skipped question</i>		<b>13</b>

<i>a. Did anything happen as a result of this discrimination?</i>	
1	poor service and confidentiality violated - while in XXXX Hospital Surgery Ward
2	While on the methadone program my partner (who is an interstate truck driver) was asked to get a letter from his employer before he could get an extra takeaway. This was not an option and it was only lucky for us that his particular chemist decided to break the rules and gave them to him anyway because she could see he was a hard worker and trying to get off the program. It was only thanks to her he was successful in reducing and finally coming off his dose.
3	returned to doctor and requested a new referral (this incident separate to job-loss incident)
4	waiting for longer periods than other "non collecting" customers when collecting pharmacotherapy
5	lack of appropriate treatment - unable to see body of deceased friend
6	had to justify why i should get treatment for sore tooth
7	Not given appropriate pain relief
8	problem with doctor and service
9	Medi-Alert was posted by AOD and no surgery would treat him.
10	medical problems

11	abused & mistreated
12	tried to cut me off my medication
13	left the clinic feeling v upset, crying
14	bouncer wouldn't let me use teller in foyer of pub.
15	i was taken off the program on the weekend when it's impossible to find a prescriber
16	Harassment & discrimination, denied opportunities for employment, health, education, general social advancement
17	Received inappropriate medical treatment and refused proper pain management
18	searched, arrested, charged with serious offences; lost friends; evicted from public places etc.
19	Refused MS Contin in the NT
20	My child is being judged because of my problem and is being treated as if he has the same problem and not on his own merits.
21	loss of confidentiality in hospital
22	strip searched
23	Can't work, afford living expenses, have no life...
24	Threatened to have to pick up my Benzo's (benzodiazapines) daily because i was a few days early to pick up my script
25	I left and I didn't get the help I needed
26	needed to change health provider
27	Initial reluctance and with-holding of painkillers
28	made assumptions that children had positive status treated differently at school when medical issues arouse.
29	never went back to that doctor
30	I left the job
31	Assumptions made - final warning, mind made ip
32	Co-workers distancing themselves from them, and gossiping about them and their assumed Drug Dependence
33	treated differently as a result
34	I was meant to be dosed by 8 am but the chemist always opened late and I was never considered as a customer. I had to explain why I was late to work every 2nd day. I had to lie first but then when the truth came out about being on methadone, I got fired from my job.
35	community "banning"

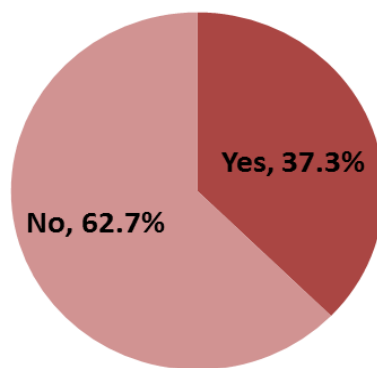
36	Outed HIV status
37	threatened to take my benzos (benzodiazepines) off me
38	It began a downwards spiral. The doctor should have seen I was in distress and organised counselling, support services and some medication to get me through that week. I have NEVER had a problem with pills or doctor shopping
39	Didnt go back for on-going treatment
40	lack of appropriate medical care
41	The treatment for my injuries were considered unimportant as i had 'asked for them anyway' Any necessity for pain relief for a head wound (that required 8 stiches) was denied/rejected on the basis that I had my dose 8 hours earlier.
42	discriminated against within drug user org due to my choice of drug. Also, methadone injectors remain heavily discriminated against in XXXX. Harm reduction does not come into play for methadone injection. XXXX refuse to even raise the issue in XXXX. been told by current manager "not to rock the boat as they are on the cusp of success' XXXX doesn't realise that we have been hearing this for almost 10 years and that they are being cowed by XXXX health
43	threatened to stop dosing me

### Did people make complaints to resolve the discrimination?

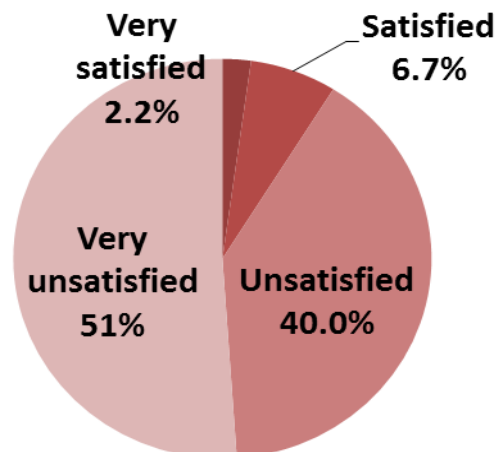
When asked 'if people had tried to make complaints to resolve discriminatory acts?' 62.7% of respondents answered 'no' and 37.3% 'yes'; further to replying 'yes', people were asked how satisfied they were with the outcome, with 8.9% indicating they were 'very satisfied' or 'satisfied', and 91.1% remained 'unsatisfied' or 'very unsatisfied'.

Those who responded 'no'; that they had not tried to resolve the complaint or discrimination were also asked why they choose not to complain. Fifty three percent (53.5%) of people answered they 'thought it would make things worse for them' if they complained, and 51.2% 'didn't think anyone would listen'. Thirty two percent (32.5%) of people either 'didn't know how' or 'where' to make a complaint.

### 10. Have you tried to resolve the discrimination or make a complaint with the service or person?



### 11. If yes, how satisfied were you with the outcome?



12. If no, why haven't you tried to resolve the complaint/discrimination with the service or person?		
Answer Options	Response Percent	Response Count
Didn't think they would listen	51.2%	44
<b>Thought it would make things worse for me</b>	<b>53.5%</b>	<b>46</b>
Worried that it would affect my treatment	26.7%	23
Too much effort to make a complaint	24.4%	21
Didn't know how to complain	17.4%	15
Didn't know where to complain	15.1%	13
Other (please specify)	24.4%	21
<i>answered question</i>		<b>86</b>
<i>skipped question</i>		<b>34</b>

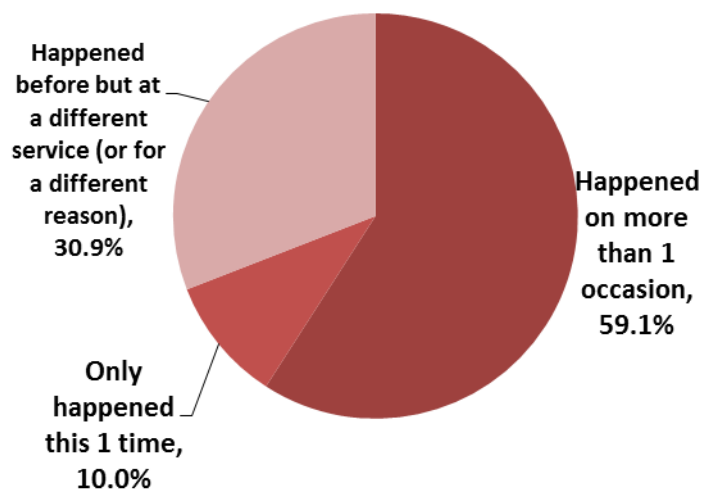
<i>a. If no, why haven't you tried to resolve the complaint/discrimination with the service or person?</i>	
1	I answered yes to made a complaint but also answered this questions cause I haven't made complaints in all instances of discrimination
2	If they had the attitude they had, then No complaint procedure would change the way they feel about me although they had known me my whole life, until I told them I was on a methadone program and getting my life on track, my family doctor said that once a junky always a junky and relapse would certainly happen and that he did not want to see me in his surgury again. And that was seeing him since a baby, my whole family seeing him, and prior to this event me having a great relationship with him, it cut me to the core.
3	physical set up of pharmacy pharmacotherapy collection area makes it difficult to implement changes to avoid periods of waiting longer than other "non collecting" customers. You raise the longer waiting periods with pharmacist who apologises, but it doesn't change the issue.
4	Didn't deal direct with my situation.
5	Waste of time, some people don't listen & have different opinions to the matter.
6	i knew it wouldn't go any further
7	Still hospitalised
8	on occasions when haven't complained, see reasons above
9	Make it worse for the children
10	don't have time to do as I am looking for housing again
11	Made to feel ashamed and didn't want to 'out' myself
12	reinforces stereotypes
13	Couldn't be bothered - in the grand scheme of things they treated me very well
14	how do you complain when something is illegal
15	Every time I complain XXXX threatens me to be locked up. Whenever I start to cry or get upset they say 'Stop that XXXX or do you need to have a little holiday' I know what they are

	saying cause they've done it before. I keep quiet
16	I was too unwell and my lifestyle would have been exposed within the smaller community in which I lived at the time

### Did the discrimination happen on more than 1 occasion?

When asked 'how often the discrimination had happened to them?' 59.1% of people answered that they had been discriminated against on more than one occasion, and 10% stated that it had happened on only the one occasion.

### 13. Has this discrimination happened before?



## Other comments:

<i>a. Do you have any other comments or anything else you would like to add?</i>	
1	Providers of AOD services need to be trained better and this training to include attitudes and discrimination. Lots of times when I have experienced discrimination I pretty sure the people didn't even know they were doing it or didn't think it was important. Better promotion of who drug users are i.e. normal people that don't all fit the stereotype of being bad people who rob and steal etc. Slowly changing attitudes through media and staff training and promotion of the positives contributions drug user make.
2	General practices are difficult to complain to, or about due to their threat and ability to refuse to service you and their knowledge of the difficulty in finding another practice willing to take methadone patients.  This means that I feel I can't complain about clinical issues or even disputes about fees, etc.
3	I will never divulge my status again, in detriment to my health, in fact I rarely ever go to a doctor unless in critical circumstances.
4	I was spotted going into methadone clinic and i was outed at work - asked the service if there was any recourse. the answer I got was some mistakes you pay for over a lifetime. when I asked is there a service I could contact, I was told to move on as others are waiting to be dosed (I feel murders get a lesser sentence) you try to do the right thing get help, get on a program then pay for it the for the rest of my life - that's one thing how about doctors police chemists anyone who has a position of power over you: You try your hardest to do right but the shit you have to navigate what's the point
5	For almost 20 years I have struggled to exercise my right to access health services at the same level, and quality as the general population. I am fortunate to be literate, somewhat articulate and I have always ensured that I am as well informed as possible about any issues, information and new policies/legislation etc. that relate to my wellbeing and health(physical, emotional and mental) as a drug user, sex worker, human being and a mother. I have always been as assertive and pro-active as possible about accessing relevant services and have found ,on many, many occasions, that I have to all but demand to be treated with dignity, equality and sometimes any treatment at all. I recently was diagnosed with breast cancer and subsequently underwent a mastectomy, oophorectomy(removal of the ovaries) and an intensive series of chemotherapy treatments. Perversely, as a cancer patient, I was granted treatment at a level and quality which had heretofore eluded me when I was just a second class cancer free, mentally ill addict. As a patient of the Dr XXXX, I was absolutely astounded by the quality of the plethora of services which 'miraculously' became available to the newly cancerous me. Suddenly, I had access to an army of health professionals encompassing a vast range of disciplines and specialties; e.g.- dental, psychiatric, physiotherapy, social workers, oncologists, acupuncture, infectious disease specialists, pharmacists, to name but a few. I was also offered a gamut of completely cost free logistical support- including transport (to and from home, hospital and other clinics), financial assistance, access to a number of support networks, home help with cleaning etc., exercise programmes, workshops aimed at improving self-esteem through 'improving' ones appearance by learning how to wear make-up and wigs including free cosmetic gift packages, free wigs etc. I was offered massage therapy, manicures, pedicures etc. all of this because I was now a member of the Cancer club. What I found most amazing was not so much the cancer specific treatments which I was now entitled to, but the access to top quality treatment for my pre-existing conditions, namely opiate dependency, Hepatitis C and bipolar disorder. Why did cancer turn me into someone that mattered? A previously second class someone who had been screaming for decades for her



right to be heard, treated with dignity and receive health care of the quality I always knew existed, but was precluded from due to the unsavoury, and decidedly 'un-sexy' nature of my pre-existing illness(es). Ironically, the cancer caused me very little discomfort in comparison with the years of agony, despair, self-loathing and pain I had suffered as a result of my addiction and bipolar condition. Once I was diagnosed with cancer, everyone treated me differently. My G.P, Pharmacist, Psychologist and Psychiatrist afforded me instant credibility and displayed compassion which I had actually needed for years yet despaired of ever receiving. I could go on and on, but I'm sure you get the picture. This is some seriously fucked up shit! I'm still the same person I ever was but now I don't have to wait in the back of the chemist for my dose, I actually get to see my doctors within the actual hour of my appointment. Suddenly I have credibility because some doctor decided I had cancer and chose to cut some bits from me. I never noticed being unwell from this so called cancer(until they chopped me up and pumped me full of toxic chemicals) but I sure as hell suffered for years in the dark, waiting to be 'thrown a bone' or be granted some relief from the omnipotent Doctors in their unreachable ivory towers. They who saw me as an undeserving burden on the system, unworthy of care and/or compassion due to my diagnosis as a head fucked junkie. Yet now, apparently I have become worthy; I receive respect, compassion, understanding and care from those same health professionals, and many others, the only difference is now I have had cancer. If I had to choose between cancer and addiction/mental illness, I'd choose cancer in a heartbeat.

6 This is routine in almost every hospital I have visited through-out Australia. Once you say you are prescribed methadone, everything changes. You are faced with the choice of disclosing that you are on methadone and facing discrimination and poor service/inadequate access to pain killers etc. or not disclosing and....getting inadequate help with your pain because of your tolerance. I have been denied service, called a thief, taunted, had my confidentiality violated by the nurses, had the police rung on me and denied access to an anaesthesiologist on the grounds that I was just exhibiting drug seeking behaviour (and not because I had shattered my tibia and fibular and the whole ankle joint of my left leg). Complaining may be possible or prudent in a large population but in my experience it can have negative effects in small community settings.

7 To my mind the departments (police, XXXX health) who should be open minded and well informed about BBV's and PWID are the most judgemental and therefore are encouraging further harms to people who choose to use drugs, their families and the wider community.

8 my experience was of being a perceived drug user in 2000 - i was a sex worker and a uni student and had fallen ill and needed to go on sickness benefits (i wasn't on any benefits at the time). I went into centrelink to see the social worker, I was shaking and crying quietly as I wasn't very well and found it hard to talk to him, he yelled at me and said to not come in if i was in this state, implying i was a drug user. I actually wasn't using drugs at all, but was very unwell due to chronic fatigue and CMV.

9 The survey is constructed such that you can only refer to a single incident of discrimination, but for most the experience is common, ubiquitous even; most people can identify multiple key incidents. So the above answers are confused (e.g. I tried to resolve only one incident but not others). I'd suggest that you re-construct the survey - first ask how many incidents the respondent wants to refer to and then repeat the page of questions according to the number of incidents named.

A summary of 4 key experiences is below (there are many, many more daily experiences which I have chosen not to try and list or describe. Discrimination is insidious. It is lived on a daily basis, such that for many users, it becomes so 'every day' that you normalise it and forget that you are being treated unjustly):

1) Lost my job at an NSP/community health centre (CHC) after a colleague complained that I was intoxicated in the workplace (another user who was frequently intoxicated herself). This was despite an existing 'policy' of user employment - management at the CHC did not know how to approach the management of users in the workplace. Although the allegations were never proven, I was - quite literally - forced to resign as they made my position untenable. I did not lodge a complaint - who would want to go back and work in that environment?!?

2) My GP (primarily pharmacotherapy prescriber) once wrote me a referral to a specialist (specialist service completely un-drug related) in which she wrote that I was hepatitis C positive. I am not, and have never been infected with hep C - have never tested positive for antibodies. I had never been tested for hep C in that GP's surgery. The GP just made this assumption based on my active injecting status. I returned to the surgery and requested the referral be re-written and also queried the relevance of my hep C status to this particular referral - it was not relevant (positive or otherwise) and the GP could not provide me with an answer. Nor did I receive an apology.

3) I went through 5 separate pharmacotherapy dispensers (chemists) before I found one where the staff treat me like a normal customer. Discrimination in these 5 chemists ranged from: (a) not being allowed to browse the shelves while I waited to be served OR being watched like a hawk if I did move away from the dispensing counter, (b) being forced to wait for service until the shop was empty (regardless of what order we arrived in the shop) - I complained as it was making me late for work and was told bad luck, (c) various accusations of dishonesty relating to dosing including for example accusing me of trying to trick them for a double dose (why would I bother? I'd just ask GP for an increased dose!) or diverting my dose, (d) accusation of dishonesty relating to payment (I had paid a month - \$120 - upfront and they didn't record it and didn't believe me, when I insisted that the security camera be reviewed to check it turned out I was right and I did not receive an apology, (e) too many more to mention!

It is a 78km round-trip from home for me to attend my current chemist - about 2 hours driving from outer metro area, across to the other side of town. I travel this distance once a week because of the incredible difference it makes to my sense of self to be treated like a normal human being.

4) structural discrimination - for example, particularly the punitive pharmacotherapy prescribing and dosing regimens and policies in operation which don't allow patients to have any control over their own dosing, render us incapable and not-to-be-trusted children.

I could go on....

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|----|---|
| 10 | design of pharmacotherapy collection/pick up areas in pharmacies needs to be reviewed with a set of standards being developed by health department in conjunction with pharmacists and people on pharmacotherapies.   |
| 11 | I feel powerless against them. If they decide to treat me like shit there is nothing I can do about it except walk out - and that's what I usually do.  |
| 12 | I have ongoing issues with discrimination and it makes me feel very anxious on some occasions   |
| 13 | some pharmacists have this underlying suspicion/distrust/disbelief in anything you say, if you are on OST. even down to checking dates, or anything you have told them. e.g.: today is the 15th, I pay this much....for dispensing fees. Or they keep reminding you of when your script |

	finishes, how many takeaways I get, keeping you waiting while they serve other customers who aren't on OST. There is this lack of care & concern, basic courtesy & chit chat that doesn't happen for me, but happens for 'non using' customers. One chemist even asked for references & interview before they would offer me a place in their dispensing program. Not to mention they exorbitant fees they charge- \$15 for each time I come into the chemist! Over the 10 years I have been on OST- I have given my chemist over \$10,000! How can that be justified?
14	Thanks for this opportunity
15	no
16	This survey is a good idea
17	<p>"Bad staffing can wreck an NSP. This NSP staff member is angry, unhelpful, impatient, and demonstrative (bangs drawers, slams doors). She makes arbitrary rules and hates to listen to or help service-users.</p> <p>Just FYI her name is XXXX, she works alone more than half the week at the XXXX site of the XXXX Community Health Service. I'm sure prospective clients avoid her by going elsewhere, or by attending when she's away, or by not getting fresh equipment.</p> <p>My complaint was brushed aside by management, who relied on her 'account' and avoided the substance of my complaint."</p>
18	Presented at local A&E of hospital very ill some hospital staff refused proper service due to fact i was injecting drug user and on the buprenorphine programme I was treated and class as a JUNKIE ( One with no regards for self, others or disposal of equipment) rather than a USER ( One with respect for others care and proper disposal of equipment) Having been classified as a junkie instead of being admitted to hospital was treated as a day patient and not operated on as I should have been. I go to my local GP daily to have dressings etc. changed as the hospital thinks that because of my drug usage I should fix myself and apply my own dressings
19	Yes one of my situations happen the a high ranking police officer. He told a client when I was doing sex work that I was HIV .Now I'm too scared to back to work.
20	There should be put in place screening process for Drug & Alcohol workers and not a 'text book' if you know what i mean. Empathetic not "sympathetic"
21	This is a major issue in Australian society, which has been neglected for far too long. Thank you AIVL for the difference you will make for IDU & all other minorities who live in this great & prosperous nation, so that one day we can be proud again of being Australian. As it is, it's a fucking embarrassment.
22	Yes Dr XXXX can't read. How can how say I'm getting my medication in XXXX and XXXX when I told him I wasn't. His solution "it's ok. You've been on this too long anyway. So I'm cutting you off." He won't refer it to the police etc. He said it's up to me to work it out... like how?
23	Children should not be held accountable for parents lifestyle or behaviour and FACS should not be able to tell everyone indiscriminately about the parents.
24	discrimination will never stop no matter what. Even if drugs were legalised.so there is no point

	stressing about it. fuck it and fuck them all. Enough said. God bless
25	Private doctors will not help me to get off the drugs, won't sign a temporary disability form, won't refer to a doctor that can help. They treat me like a devil.
26	Was once told by my prescriber when I was coming down on my dose and asked for Valium every 3rd day to help me sleep and make the reduction easier, not to bother even trying to get off methadone, and just accept that "You are a hopeless fucking junkie and always will be." I told him to "take a flying fuck", and changed my prescriber.
27	Have come to expect discrimination whenever I attend a health service which has led me to delay seeking health treatment until a condition becomes chronic.
28	I have been collectively referring to multiple incidents of discrimination.
29	I've found that health professionals and front line services have become more accepting of injecting drug use. However, I say that as somebody unidentifiable as an IV drug user. I know of many individuals whose visibility and the impact of homelessness on their appearance and hygiene have been treated poorly and with a presumption of mental illness - this is the (minority) group that should be focused on in the ongoing campaign. Thanks for undertaking this - tis appreciated.
30	Need information for user friendly doctors who won't discriminate against PWID.
31	I told a staff member I had HIV/HEP C and it was confidential. She told the boss without my ok.(I worked in child care) and was thinking of going on treatment for HEP so needed support. I got called into the office although they knew legally couldn't sack me I knew it would not be comfortable. I decided to leave rather than be stressed at work. Best thing I did a I now work at (name withheld) where I can be open about my status and volunteer work I do with (name withheld). My issue was I thought we were well past this discrimination by now.
32	a drug user liaison officer would be good to introduce to be able to meet and try and resolve these types of issues
33	I am not on the methadone program anymore, when I was I was working and trying to lead a normal life. The discrimination from the prescribing pharmacy just treated me unfairly in many ways and I was treated like I had no rights anyway. Due to the circumstances around being on the methadone program I was too embarrassed to complain. In any other part of my life I would have no problems standing up for my rights.
34	mainstream society needs lots of education around drug use & drug users, everyone seems to think that you has less rights as a drug user, i thought we were still members of the community not separate. thanks
35	great survey
36	Health care professionals are really discriminatory towards people with drug use history and I never knew who to complain to.
37	I (we) need someone to act on our behalf. How can I stand up to them when they threaten to have me committed? Having mental health and drug issues makes me even more vulnerable. I just wish someone would listen to me and not just force me to take medication or drop off medication when it suits them. They make me very anxious whenever I go there which means sometimes I miss my appointments and then I get into trouble for that also.

38	At the dental hospital I was treated differently because I told the anaesthetist that I was on Methadone. After having my teeth pulled (even though they probably could have been saved) everyone on the ward got codeine tablets for pain relief after our abstractions where as I got panadol
39	Drug users, and especially IV users are one of the most discriminated groups on the planet. Add other minorities to that i.e. gender, sexual orientation and ethnic background and life for you is hard and judged. Keep up this incredibly important work :)
40	Making a complaint simply means having to go through the whole process of having more people make judgements about me as a user.