Queensland Mental Health Commission

Options for reform

Changing attitudes, changing lives

Options to reduce stigma and discrimination for people experiencing problematic alcohol and other drug use

March 2018

Queensland Government

Authority

The Queensland Mental Health Commission was established under the *Queensland Mental Health Commission Act 2013* to drive reform towards a more integrated, evidence-based, recovery-oriented mental health and substance misuse system.

One of its key functions in achieving reform is to undertake and commission research in relation to mental health and substance misuse issues (section 11(1)(f)) and to review, evaluate, report and advise on the mental health and substance misuse system (section 11(1)(d)).

The report will be provided to the Minister for Health and Minister for Ambulance Services, the relevant Directors–General of State Government Departments, and made publicly available.

Feedback

We value the views of our readers and invite your feedback on this report. Please contact the Queensland Mental Health Commission on telephone 1300 855 945, fax (07) 3405 9780 or via email at info@qmhc.qld.gov.au.

The Queensland Government is committed to providing accessible services to Queenslanders from all culturally and linguistically diverse backgrounds. If you have difficulty in understanding the report, you can contact us on 1300 855 945 and we will arrange an interpreter to effectively communicate the report to you.

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Acknowledgements

We pay respect to Aboriginal and Torres Strait Islander Elders, past and present, and acknowledge the important role of Aboriginal and Torres Strait Islander people, their culture and customs across Queensland.

We also acknowledge people experiencing mental health and alcohol and other drug problems, as well as those impacted by suicide, and their families, carers and support people. We can all contribute to a society that is inclusive and respectful, where everyone is treated with dignity and able to focus on wellness and recovery, and have fulfilling lives.

The Commission would particularly like to acknowledge the people who generously shared their personal experiences to help inform ways to reduce stigma and discrimination.

Commissioner's message

Most Queenslanders, most of the time, experience good mental health and wellbeing and can contribute to, and participate in the community. Queenslanders from all walks of life use alcohol, tobacco and other drugs. While not everyone who uses alcohol or other drugs will experience harms, when harms do occur they can have a wide-ranging impact on the mental and physical health of the person, their family, friends and the broader community.

As this report demonstrates stigma, and discrimination, causes significant harms. It acts as a barrier to people seeking help and support in order to make changes in their lives. For some of our most vulnerable Queenslanders, stigma and discrimination can lead to and compound socio-economic disadvantage through unemployment and social isolation.

A multi-layered and multi-level response is required to eliminate stigma and discrimination, and to support people on their journey to recovery and reconnection to the community. This report outlines options for reform that can guide actions to reduce the harms experienced by many people experiencing problematic alcohol and other drug use.

I sincerely thank the people who generously shared their personal stories to inform this report. Through interviews and consultation, they poignantly illustrated how stigma and discrimination is experienced: for some on a daily basis. Regardless of how frequently or where stigma and discrimination is experienced it ultimately devalues people and takes away their dignity. I hope that this report can support the voices of people with a lived experience to bring about long-term change.

I also thank the wide range of people and agencies that have contributed to this report. They include the Drug Policy Modelling Program who informed the evidence base with their detailed research, the Queensland Network of Alcohol and other Drug Agencies and the alcohol and other drug treatment services who supported their clients to participate in the research, members of the Project Advisory Group that guided the project, the Queensland Mental Health and Drug Advisory Council, and the State Government agencies who provided important feedback throughout the development of the options for reform.

I look forward to continuing our collective effort towards building a healthy, inclusive and connected community for all Queenslanders.

Ivan Frkovic
Queensland Mental Health Commissioner

About this report

This report has been prepared by the Queensland Mental Health Commission (the Commission) to examine ways to reduce stigma and discrimination which has a negative impact on the mental health and wellbeing of people experiencing problematic alcohol and other drug use.

The work contained in this report is a commitment within the Queensland Government's *Queensland Alcohol and other Drugs Action Plan 2015–17* (the AOD Action Plan). The findings and the options for reform outlined in this report support the AOD Action Plan's overarching goal—which is to prevent and reduce the adverse impact of alcohol and other drugs on Queenslanders.

This report outlines 18 options for reform regarding systemic issues to address stigma and discrimination for people experiencing problematic alcohol and other drug use, and their families. It is intended to encourage policy discussion and enhance understanding of the prevalence and impacts of stigma and discrimination. It also seeks to inform services, and the community about ways to address the attitudes, policies and practices that may directly or indirectly manifest stigma and discrimination.

This report also sets out evidence-informed advice to reduce the harms caused by stigma and discrimination. It is informed by a range of sources, including independent research undertaken by the Drug Policy Modelling Program, National Drug Research Centre at the University of New South Wales on behalf of the Commission; the views of people with a lived experience of problematic alcohol and other drug use, their families and friends; Queensland government agencies; non-government organisations; and consultation with the Queensland Mental Health and Drug Advisory Council.

The options for reform are based on the following policy principles:

- **Harm minimisation approach**: A harm minimisation approach, in line with the *National Drug Strategy 2017–2026,* has been adopted to prevent and reduce the adverse impact of alcohol and other drugs on the health and wellbeing of Queenslanders. Stigma and discrimination is an avoidable harm that impacts negatively on the mental and physical wellbeing of individuals and families experiencing problematic alcohol and other drug use.
- **Recovery-oriented approach**: Recovery from problematic alcohol and other drug use is possible. Many people, with the right support, can and do recover and live a life with purpose and hope. Stigma and discrimination hinders recovery.

  In Queensland, government and non-government alcohol and other drug treatment agencies define recovery as "any approach that seeks to identify and achieve goals that are meaningful to the client, which may include safer using practices, reduced use or abstinence. For many people, recovery describes a holistic approach that offers greater opportunity for positive engagement with families, friends and communities"[1].
- **Social inclusion**: Stigma and discrimination underpin actions that socially exclude people experiencing problematic alcohol and other drug use. Social inclusion is critical as it is strongly associated with quality of life factors that protect against problematic alcohol and other drug use. This includes, but is not limited to, economic security, being and feeling safe, access to services, equity and fair treatment, self-esteem and confidence, good physical health and social support with family and friends.
- **A balanced approach**: There is a need for balance between individual rights and responsibilities, and those of others including families and the broader community.
- **Health–focused approach:** Addressing problematic alcohol and other drug use as a public health and wellbeing issue, not a moral or criminal justice issue can lead to better outcomes for individuals, families and communities. Reducing stigma and discrimination can have a positive impact on the physical and mental health and wellbeing of Queenslanders.

Executive summary

Societal values toward problematic alcohol and other drug use inform stigma and discrimination. These values are reflected in the cultural acceptance of some substances such as alcohol, alongside the criminalisation of others. This distinction informs stigmatisation and discrimination, particularly against people who use illicit drugs. There is strong evidence that intoxication or dependence is behaviour that is considered immoral, illegal, and deviant. The World Health Organisation indicates that illicit drug dependence is the most stigmatised health condition in the world[2]. People who are dependent on drugs are viewed as more blameworthy and dangerous compared to people living with mental illness or physical disability[3]. Frequently, society neglects to separate the person experiencing problems from the alcohol and drug use itself, which can result in negative labelling: reinforcing the stigma and furthering alienation.

Experiences of stigma and discrimination are a common occurrence in the everyday lives of people with a lived experience[i] of problematic alcohol and other drug use. These experiences are distressing and can result in people feeling shame, anger, rejection and a sense of worthlessness and hopelessness. This in turn can trigger further alcohol and other drug use.

Stigma and discrimination can create barriers to people seeking and receiving help to address problematic alcohol and other drug use and can also hinder their ability to reconnect with the community, and access opportunities such as employment. Additionally, it can further compound social disadvantage and can lead to social isolation and exclusion which can have negative impacts on mental and physical health. It can also have a significant negative impact on the families and friends of people experiencing problematic alcohol and other drug use, and can affect people long after problematic use has ceased.

Stigma is complex and can be expressed as ‘felt’ or ‘perceived’ stigma (real or imagined fear of discrimination); ‘enacted’ stigma (experiences of stigma and discrimination); and ‘self’ stigma which is the internalisation of negative thoughts and feelings arising from identifying as part of a stigmatised group. Structurally, stigma and discrimination may arise in policies or laws.

In the uncommon but important instances where people report an absence of stigma and discrimination, they felt understood and cared for as a ‘normal’ individual. Inclusion fostered greater connection to families and the community more broadly and contributed to improved wellbeing.

Stigma and discrimination have been found to be most pervasive in five settings:

1. Health care and public health
2. Welfare and support services, including housing
3. Police, public order and criminal law
4. Employment
5. Society at large.

In these settings stigma and discrimination negatively impact people’s access to services (including health care), fair treatment in the justice system, employment opportunities, relationships with family and friends, their feelings of social inclusion, and their drug use.

An analysis of Queensland legislation highlighted the potential for discrimination in a wide range of provisions, mainly through the need for clarity of definitions, which influences their application by decision makers. The need for overarching human rights protections was also identified.

[i] Lived experience refers to people who have a direct personal experience of problematic alcohol and other drug use.

To effectively address stigma and discrimination, a multifaceted approach that addresses individual attitudes and behaviours, in tandem with strategies focused on societal structures and systems is required.

To shift community attitudes and to decrease stigma associated with accessing information about alcohol and other drugs and treatment services, it is essential to challenge the pervasive negative stereotypes of people who experience problems with alcohol and other drug use. It is also essential to convey hopeful messages that support, services and a variety treatment types are available.

Options for reform

The Queensland Mental Health Commission identified 18 options for reform under six key domains.

Domain 1: Human rights

Option 1. The Queensland Government progress the introduction of a Human Rights Act for Queensland.

Domain 2: Social inclusion

Option 2. The Queensland Mental Health Commission identify and promote effective anti-stigma training activities and resources, including examination of the 'Putting Together the Puzzle' anti-stigma program that has been delivered in Queensland.

Option 3. All social service sector workforces, including health, housing, child safety and justice, build staff capacity to recognise and reduce stigma and discrimination by providing ongoing training and professional development opportunities. Anti-stigma training should be:

- delivered in partnership with people with a lived experience of problematic alcohol or other drug use
- targeted to the relevant audience/s.

Option 4. To contribute to decreasing stigma and discrimination in help-seeking, Queensland Health explore implementation of strategies to ensure that credible, factual and positive information about alcohol and other drugs and how to access support and treatment, is readily accessible to the general public. Information should be tailored for:

- population groups at higher risk of problematic alcohol and other drug use
- families and friends of people experiencing problematic alcohol and other drug use
- the general population to counteract stigmatising attitudes and normalise help seeking from available services.

Option 5. The Department of the Premier and Cabinet ensure that Queensland Government mass media campaigns are based on evidence and reinforce positive messages that people can and do recover from problematic alcohol and other drug use.

Option 6. The Department of the Premier and Cabinet and Queensland Health, in partnership with key stakeholders, explore options for the development of evidence-based mass media campaigns to reduce stigma and discrimination experienced by people who use alcohol and other drugs.

Option 7. The Queensland Mental Health Commission, in partnership with key stakeholders, will investigate development of an evidence-based media resource designed to improve media coverage of issues related to alcohol and other drug use.

Domain 3: Engaging people with a lived experience and their families

Option 8. To improve and increase the meaningful engagement of people with a lived experience of problematic alcohol and other drug use, their families and significant others, the Queensland Mental Health Commission will pilot and evaluate the Stretch2Engage framework in partnership with alcohol and other drug services.

Option 9. To support stigma reduction, Queensland Health explore a range of strategies to enhance the engagement of individuals and families with a lived experience of problematic alcohol and other drug use in policy and service planning.

Option 10. Health care service providers identify the rights and responsibilities they have adopted, and how they are promoted to people accessing their services, their staff, and their organisation as a whole. Should gaps be identified, develop and promote a statement of rights and responsibilities, ensuring that they are inclusive of people experiencing problematic alcohol and other drug use. An active awareness and promotion campaign should accompany the statement of rights and responsibilities to ensure that people who access the service can enact their rights.

Domain 4: Access to services (health care and social services)

Option 11. Health care and social services, across a range of settings, work to ensure that a welcoming environment that respects the dignity and worth of all clients, including people with a lived experience of problematic alcohol and other drug use, is provided. This may include:

- funding bodies identifying and promoting opportunities for services to seek funding for design and infrastructure improvements
- services undertaking, or applying a risk analysis to service environments, including the physical design, to meet the relevant standards of safety and amenity for staff and clients
- input from service users and their families to identify and implement strategies to improve service environments.

Option 12. To enhance integration and improve pathways across the care continuum, the Department of Health, Hospital and Health Services and Primary Health Networks increase joint planning and investment activities, across the full spectrum of alcohol and other drug services including family support.

Option 13. Queensland Health and the Queensland Police Service give further consideration to the development of new, evidence-based, innovative harm reduction strategies in Queensland.

Domain 5: The justice system

Option 14. The Queensland Government introduce processes that require an assessment of potentially discriminatory provisions as part of law reform and legislative review projects, for example by including a requirement in the Queensland Legislation Handbook.

Option 15. Relevant Government agencies introduce or include processes and/or training programs for policy makers and legislators to ensure the potentially stigmatising and discriminatory effects of legislation, and suitable ways to achieve stigma reduction in laws, are considered.

Option 16. The Queensland Mental Health Commission initiate discussions about the risks and benefits of decriminalisation for personal use and/or possession of illicit drugs, similar to other countries.

Option 17. The Queensland Police Service develop and deliver anti-stigma awareness training for frontline police officers in collaboration with alcohol and other drugs subject matter experts.

Domain 6: Economic participation

Option 18. Employers, across all sectors, should ensure that support is available for people in the workplace who are experiencing problematic alcohol and other drug use. This includes:

- having information about options for assistance and support readily available for both employees and managers dealing with alcohol and other drugs in the workplace
- promotion of, and confidential access to, counselling and support services
- provision of flexible workplace policies and practices such as leaves of absence to seek help, reasonable adjustment of duties and return to work programs.

Background

Many Queenslanders, from all walks of life, regularly use alcohol, tobacco and other licit and illicit drugs. The 2016 National Drug Strategy Household Survey[4] indicates the following proportions of Queenslanders aged 14 years and over had used alcohol and other drugs in the previous 12 months:

- 19.5 per cent drank alcohol at life time risky drinking levels
- 15.6 per cent drank alcohol at risky levels on single occasions at least weekly (had more than 4 standard drinks at least once a week)
- 14.8 per cent smoke tobacco daily
- 16.8 per cent used at least one illicit drug
- 11.9 per cent used cannabis
- 1.5 per cent had used meth/amphetamine.

While not everyone who uses alcohol and other drugs experiences harm, when harms do occur they can have a significant impact on the health and wellbeing of the individual, their families and the broader community. The type of harm can also vary from immediate risk of physical injury to long-term disability, and in some cases death. Harms also include social isolation, stigma and discrimination. Problematic alcohol and other drug use, particularly illicit drug dependency, is recognised as one of the most stigmatised health conditions in the world[5].

Stigma related to problematic alcohol and other drug use can negatively affect a person's self-esteem and engender feelings of worthlessness and hopelessness. This in turn can trigger further alcohol or other drug use or giving up on seeking positive life changes. It can impact on a person's recovery by hindering their ability to participate in the community and be engaged in opportunities such as employment, education and training. Critically, it can create barriers to people seeking and receiving help to address their problematic alcohol and other drug use or their social welfare needs.

Stigma and discrimination can also lead to, or compound existing social disadvantage, especially where other forms of discrimination exist. Co-stigmas associated with health conditions such as hepatitis C and HIV/AIDS, mental illness, or homelessness, cultural background, socio-economic status, or sexuality and gender identity are examples where stigmas can become conflated and lead to additional barriers to care, support and social inclusion. For some population groups existing stereotypes can be reinforced, for example with Aboriginal and Torres Strait Islander peoples.

Stigma associated with having, or having previously experienced problematic alcohol and other drug use can impact for a lifetime, in multiple areas of a person's life.

While the effects of stigma and discrimination have been well documented there is limited research into the most effective way of reducing stigma and discrimination. This includes the ways it impacts on the ability of people to be socially connected and to participate in education, training and employment, or how it acts as a barrier to seeking help when needed.

There is considerable variation in the definition of stigma and discrimination found in literature. The definitions of stigma and discrimination employed by the Drug Policy Modelling Program and adopted by the Commission are:

- **Stigma** is the labelling and stereotyping of difference, at both an individual and structural societal level, that leads to status loss (including exclusion, rejection and discrimination).
- **Discrimination** is the lived effects of stigma—the negative material and social outcomes that arise from experiences of stigma.

- **Drug/s** includes alcohol, tobacco, illegal (also known as illicit) drugs, pharmaceuticals and other substances that alter brain function, resulting in changes in perception, mood, consciousness, cognition and behaviour. This is in line with the National Drug Strategy.

Developing options for reform

In 2015, the Queensland Government released the AOD Action Plan which aims to prevent and reduce the adverse impact of alcohol and other drugs on Queenslanders. The AOD Action Plan supports implementation of the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019* (the Strategic Plan) which aims to improve the mental health and wellbeing of Queenslanders. The Strategic Plan takes a collective impact approach for whole-of-government action to achieve its goal.

The AOD Action Plan adopts a harm minimisation approach and contains actions focused on demand reduction, supply reduction and harm reduction. It commits to 54 actions that will be implemented by agencies across the State Government, many in partnership with the non-government sector. The Commission is lead agency for Action 15 which is a commitment to:

Commence research to identify effective ways of reducing stigma and discrimination which has a negative impact on the mental health and wellbeing of people experiencing problematic drug use.

To progress this commitment the Commission sought to undertake research that would examine:

- how stigma and discrimination presents and manifests, including where it is not experienced
- the settings and sectors in which stigma and discrimination occurs, including but not limited to health services, housing, justice, education and employment, other social support services and in the broader community
- the impacts of stigma and discrimination on mental health and wellbeing and on recovery and the ability to reconnect with the community
- the commonalities and differences across varying types of drug use (for example alcohol versus illicit drug use)
- the commonalities and differences experienced by different groups who experience higher levels, or at greater risk, of problematic alcohol and other drug use, for example Aboriginal and Torres Strait Islander peoples
- the evidence of what works to address stigma and discrimination.

Research

In December 2016, the Commission engaged the Drug Policy Modelling Program, National Drug and Alcohol Research Centre at the University of New South Wales to undertake this research. The research team was led by Professor Alison Ritter, Director, Drug Policy Modelling Program with Dr Kari Lancaster, Research Associate, Drug Policy Modelling Program; and Dr Kate Seear, Australian Research Council Discovery Early Career Researcher Award Fellow and Senior Lecturer, Faculty of Law, Monash University.

In early discussions with the researchers and key stakeholders it was agreed that a separate project, specifically focused on the experiences and needs of Aboriginal and Torres Strait Islander peoples, would be undertaken. The Commission has committed to conduct research to identify the impact of stigma and discrimination related to problematic alcohol and other drug use, and the effect of related negative stereotypes, on the mental health and wellbeing of Aboriginal and Torres Strait Islander communities, families and individuals. This work commenced in July 2017 and is a commitment under Action 6 in *Proud and Strong: Queensland Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Action Plan 2016–18*.

Additionally, early in the research it became apparent that poly-drug use (use of more than one type of drug) was very common. Therefore it was agreed that the researchers would not be able to include an examination of the commonalities and differences across varying types of drug use in their report (for example alcohol versus illicit drug use).

The final research report, *Reducing stigma and discrimination for people experiencing problematic alcohol and other drug use* (the research report) is available on the Commission's website at www.qmhc.qld.gov.au.

The Commission has accepted the research report, however, it does not necessarily reflect the views of the Commission or the Queensland Government.

Research methodology

The Drug Policy Modelling Program researchers' methodology included three inter-related elements:

1. A **literature review** involving analysis of international and Australian research relating to definitions of stigma and discrimination; manifestations and experiences of stigma; how stigma is experienced by people with a lived experience of problematic alcohol and other drug use; stigma and the law; and effective interventions to reduce stigma.
2. **Analysis of Queensland legislation** examining the stigmatising and/or discriminatory potential of legislative provisions that deal with alcohol and other drugs.
3. **In-depth qualitative interviews** with 21 people with a lived experience of problematic alcohol and other drug use, and analytical case studies based on the interviews. Interview participants were recruited through treatment services and needle and syringe programs across Queensland.

Consultation

This report is informed by the views expressed to the Commission by people experiencing problematic alcohol and other drug use, their families and friends, State Government and non-government organisations, and the Queensland Mental Health and Drug Advisory Council.

The Commission consulted the following State Government agencies to seek their views on the issues raised in the report:

- Anti-Discrimination Commission Queensland
- Department of Aboriginal and Torres Strait Islander Partnerships
- Department of Child Safety, Youth and Women
- Department of Communities, Disability Services and Seniors
- Department of Education
- Department of Employment, Small Business and Training
- Department of Health
- Department of Housing and Public Works
- Department of Justice and Attorney-General
- Department of the Premier and Cabinet
- Department of Transport and Main Roads
- Office of the Health Ombudsman
- Public Service Commission
- Queensland Corrective Services
- Queensland Police Service.

The Commission established a Project Advisory Group to provide advice and guide the Drug Policy Modelling Project's research project and development of this report. Membership included:

- Anti-Discrimination Commission Queensland
- Multicultural Development Association
- Queensland Indigenous Substance Misuse Council
- Queensland Injectors Health Network
- Queensland Health representatives from the Preventative Health Unit, the Mental Health Alcohol and Other Drugs Branch and Statewide Clinical Support Services
- Queensland Network of Alcohol and Other Drug Agencies.

Members were consulted at key milestones during the Drug Policy Modelling Program's research and on the draft of this report.

Key findings

Multifaceted and multilevel approaches are required to reduce stigma and discrimination. To bring about meaningful change there is a need to focus on changing the attitudes and behaviours of *individuals*, as well as *structural factors* that contribute to stigma and discrimination. Interventions that target only one element at a time are unlikely to bring about change because they fail to address broader contextual (and social) factors.

Different types of stigma can be experienced differently. It can be:

- felt (real or imagined)
- enacted (real experience for example job loss or social exclusion)
- internalised or self-stigma (negative attitudes or feelings arising from identification with a stigmatised group).

'Within group' stigma is another form of stigma, that is, where stigma is attached to different drug types or methods of use. This can result in stigmatising and discriminatory attitudes between people who use drugs. People who inject drugs are identified as the group most stigmatised. Stigma associated with heroin use is significantly higher that stigma associated with cannabis use.

Experiences of stigma and discrimination

Many people experiencing problematic alcohol and drug use also have other complex social needs. They may also experience issues such as, but not limited to, homelessness, mental health problems, health conditions such as hepatitis C and HIV/AIDS, or involvement with the criminal justice and/or child protection systems. Stigmas are associated with each of these areas and can compound to further marginalise people from their families and communities and entrench social disadvantage.

The Drug Policy Modelling Program researchers interviewed 21 people with a lived experience of problematic alcohol and other drug use. Experiences of stigma and discrimination were a common occurrence in their everyday lives. Multiple, specific examples of being treated badly, looked down upon and feeling judged were described by interview participants. The experiences had profound negative effects and often lead to exclusion and marginalisation. Stigma and discrimination made many people feel degraded, embarrassed, shamed and angry. Feelings of worthlessness and hopelessness were also common. For many, these feelings triggered further use of alcohol or other drugs or contributed to giving up on seeking changes in their lives, especially if it was experienced at the time of seeking help.

Research participants described experiences of stigma and discrimination across a range of settings: including family and social; health care; employment; police/public order; child services/legal/courts; other services; and in society at large.

Stigma and discrimination were found to be most pervasive in five settings:

1. Health care and public health
2. Welfare and support services, including housing
3. Police, public order and criminal law
4. Employment
5. Society at large.

Particularly stigmatising and discriminatory assumptions were reported by some participants who presented for medical care of a physical health condition. Stigmatising views of health care staff created barriers to appropriate pain management or diagnosis of physical ailments.

Participants had come to expect stigma and discrimination in many areas of their lives. However, the ways in which it stymied their careers or prevented them from getting work was reported as particularly distressing. Criminal histories related to past drug use was a difficult barrier to overcome for some: even when it wasn't relevant to the employment they were seeking.

A lack of understanding about problematic alcohol and other drug use led to negative stereotypes becoming dominant in interactions with families, friends and communities. Negative assumptions, such as people who use drugs being untrustworthy, violent or erratic, led to experiences of social exclusion, isolation and estrangement. This was reported as particularly hurtful when being excluded from significant social gatherings such as birthdays and weddings. These assumptions often continued after a person had stopped using alcohol or other drugs. Negative stereotypes were often reinforced by the media.

> ***"Constant experiences of exclusion, marginalisation, and discrimination impacted on participants' access to health care (including treatment) and other services, fair treatment in the justice system, employment opportunities, and impeded connection to family, friends and community. Importantly, these experiences shaped participants' sense of self-worth, and how they saw their place in the world."*** [6]

Where stigma and discrimination was not experienced

Few participants could describe situations where they had not experienced stigma or discrimination. However, interactions where stigma was not experienced were characterised by the provision of services in an understanding, inclusive, non-judgemental manner. In families, unconditional support was highly valued as a way of enhancing positive feelings of self-worth.

In health care settings it was characterised by feelings of 'being understood' and being cared for as a 'normal' person not as 'just a drug user' or 'just an alcoholic'. In workplace settings the provision of practical, empathic responses from employers that supported help seeking (such as granting leaves of absence or access to confidential counselling through employee assistance programs) were positively experienced.

Using stigma to create change

It is a common misconception that stigma and discrimination could be used in a positive way to discourage people from using drugs or as a public health 'tool'. However, there is no evidence to support that it is an effective deterrent to alcohol or other drug use. On the contrary, the harmful effects of stigma and discrimination are well documented and can impact different population groups disproportionately. An unintended consequence is the further marginalisation of some people or groups. This in turn can reinforce stigma and further entrench negative self-beliefs and barriers to supports.

The use of stigmatising imagery across a variety of media may further entrench stigmatising attitudes and inadvertently create barriers to people seeking help. Campaigns or resources that aim to stigmatise drug use and create fear to deter drug use, can lead to further separation and stigmatisation of people who use drugs. Extreme and stigmatising images may have the unintended effect of preventing people from seeking help, or distance people from the key message of harm reduction.

Legislative analysis

Queensland law was analysed by the Drug Policy Modelling Program with a view to assessing its stigmatising and/or discriminatory potential, which was defined for the purposes of this study as: *the enabling conditions for the manifestation of stigma and/or discriminatory practices*.

It was found that:

- A total of 222 provisions across 11 different areas of law were identified as relevant in some way to people who experience problematic alcohol and other drug use.
- The domains of substantive criminal law, employment law and professional regulation, public health, and public order contained the most provisions.
- The provisions convey decision-making powers and/or authority to a wide range of decision-makers, bodies and authorities. In some instances, these decision-makers are familiar, highly trained and regulated (for example, police) but in others, powers are conferred upon private citizens and organisations who may be less familiar, trained or versed in the exercise of power (for example: mining operators, employers, sellers of goods).
- 67 per cent of the provisions did not clearly define the targeted practice, activity or behaviour. The absence of clear definitions may allow for highly subjective and variable assessments to be made by decision makers. Approximately one third (30.9 per cent) of the provisions were found to not include clear legal protections.

Options for reform

The Commission identified 18 options for reform designed to reduce experiences of stigma and discrimination by people experiencing problematic alcohol and other drug use in Queensland.

The options for reform are divided into six key domains:

Domain 1: Human rights

Human rights belong to everyone and respect for human rights is fundamental to supporting recovery of people experiencing problems with alcohol and other drug use. Those rights include, but are not limited to: a right to respect and dignity as an individual, prohibition of inhuman or degrading treatment, and equitable access to health care of appropriate quality. A Human Rights Charter is one mechanism through which widespread structural stigma and discrimination can be alleviated.

On 3 December 2015, the Queensland Legislative Assembly directed the Legal Affairs and Community Safety Parliamentary Committee to inquire into whether it is appropriate and desirable to legislate for a Human Rights Act in Queensland. Following extensive public consultation, the committee delivered the Legal Affairs and Community Safety Committee's Report No. 30, *Inquiry into a possible Human Rights Act for Queensland* on 30 June 2016. The committee was unable to agree on whether it would be appropriate and desirable to have a Human Rights Act in Queensland.

On 29 October 2016, the Honourable Annastacia Palaszczuk MP, Premier and Minister for Trade announced the Queensland Government's commitment to introducing a Human Rights Act to protect the rights of all people in Queensland, including the most vulnerable.

The Queensland Government is working to deliver this commitment and will be continuing to consult with stakeholders on the content. It is anticipated the legislation will be modelled on the Victorian *Charter of Human Rights and Responsibilities Act 2006.* Once legislation for a *Human Rights Act* is introduced into the Queensland Parliament, it will be referred to a Parliamentary Committee for consideration and members of the public will be able to provide further comment.

What is needed

There is a need to better protect the human rights of people experiencing problematic alcohol and other drug use. The Commission has advocated for a Human Rights Act that better enables people to enforce their human rights; one that includes economic, social and cultural rights, such as adequate health care, education and housing; and one that applies to organisations funded by Government to deliver services, as well as government agencies.

The introduction and passage of human rights legislation will send a message that Queensland values and protects the rights of all members of the community. This is an important and significant step towards greater human rights protections for all Queenslanders. It may alleviate or reduce potential for stigma or discrimination in the implementation of laws that do not clearly define the targeted practices, activities or behaviours.

> **Option 1: The Queensland Government progress the introduction of a Human Rights Act for Queensland.**

Domain 2: Social inclusion

Social connectedness and strong positive social identities have profound protective effects on individual health and wellbeing[7]. Conversely, loss of social identity and social status through experiences of stigma and discrimination can affect individual sense of belonging, self-esteem, agency and purpose.

Positive experiences of services or engagement with family, friends and the broader community were characterised by a sense of 'inclusion' by individuals consulted as part of the Drug Policy Modelling Program's research. Positive experiences with service providers made people feel 'normal' and that they were treated with dignity and respect.

Actions that change stigmatising and discriminatory attitudes can enhance the social inclusion of people experiencing problematic alcohol and other drug use. They can support people to access the social supports and services they need and can improve the outcomes of a person's experiences and treatment, as well as improve their mental and physical health.

Changing professional behaviours that may stigmatise people can be accomplished by:

- increasing awareness of stigmatising aspects of clinical or organisational practice
- meaningfully involving service users and family members
- taking on a public advocacy role in challenging stigma (and seeing this as part of the profession)
- campaigning at a policy level for adequate clinical resources and research in the field. The existing evidence on effectiveness of these interventions shows that workplace education, without organisational support is ineffective.

Community-based interventions that are designed to reduce stigma among family members and others closest to those affected by stigma and discrimination can help increase knowledge, equalise the relationships and promote closer connections. Programs in the HIV field have been shown to reduce experiences of stigma for people living with HIV by changing the attitudes of those close to them.

What is needed

Anti-stigma awareness training

Anti-stigma awareness training across all relevant workforces has been identified as key to increasing knowledge and reducing stigmatising attitudes. To be most effective training needs to be supported by organisational change and leadership.

The Australian Injecting and Illicit Drug Users League (AIVL) developed the 'Putting Together the Puzzle' national anti-stigma training package for use within health care contexts. The training module and supporting resources have been rolled out by state and territory drug user organisations. In Queensland, training has been delivered to a wide variety of government and non-government agencies, including the Pharmacy Guild by the Queensland Injectors Health Network and the Queensland Injectors Voice for Advocacy and Action. Some government agencies, including the Queensland Police Service and the Department of Child Safety, Youth and Women (child safety staff) undertake alcohol and other drug-related training developed within their departments.

A training package that combines the provision of information with skill-building will increase workforce capability to work with people experiencing problematic alcohol and other drug use and their families: it will also increase capability of those who are developing policies or legislation. There is an identified need for a structured training package that can be developed and delivered in partnership with people with a lived experience; be delivered via a variety of modalities; and can be tailored to unique audiences, settings and drug types. A detailed needs assessment is required to identify the unique needs of each service sector workforce and what type of training package is required. The development of a

Queensland Government endorsed workforce training package could be incorporated into existing agency training programs and professional development strategies.

Option 2: The Queensland Mental Health Commission identify and promote effective anti-stigma training activities and resources, including examination of the 'Putting the Puzzle Together' anti-stigma program that has been delivered in Queensland.

Option 3: All social service sector workforces, including health, housing, child safety and justice, build staff capacity to recognise and reduce stigma and discrimination by providing ongoing training and professional development opportunities. Anti-stigma training should be:

- delivered in partnership with people with a lived experience of problematic alcohol or other drug use
- targeted to the relevant audience/s.

Information and marketing resources

The development and promotion of information materials can help to reduce stigma associated with alcohol and drug use and accessing treatment services. Factual and credible messages targeted to people experiencing problematic alcohol and other drug use, their family and friends and the broader community can help to increase awareness that can foster greater inclusion and reduce stigmatising attitudes.

Stigma can also be experienced by the family members of people experiencing problematic alcohol and other drug use and result in negative effects on their health and wellbeing. People have reported that some family members hold stigmatising attitudes that have led to estrangement and status loss within the family structure.

Increasing access to and expanding the range of alcohol and other drug service options for family support programs and services is a priority in Queensland Health's *Connecting care to recovery 2016–2021: A Plan for Queensland's State funded mental health, alcohol and other drug services (Connecting Care to Recovery)* [8].

Family Drug Support Australia is a non-government organisation providing support to family members impacted by alcohol and other drugs. The Queensland Government has recently provided new funding to Family Drug Support to expand their support services for Queensland families, including those in the child protection system to overcome issues associated with crystal methamphetamine use. Workforce education and training in family-inclusive practice for alcohol and other drug treatment services is being implemented in 12 locations across Queensland by Dovetail, an initiative funded by Queensland Health.

However, there continues to be a need to explore how to better support family members with information resources that help negate negative stereotypes and increase their knowledge and understanding of support that is available to them.

Option 4: To contribute to decreasing stigma and discrimination associated with help-seeking, Queensland Health explore implementation of strategies to ensure credible, factual and positive information about alcohol and other drugs, and how to access support and treatment is readily accessible to the general public. Information should be tailored for:

- **population groups at higher risk of problematic alcohol and other drug use**
- **families and friends of people experiencing problematic alcohol and other drug use**
- **the general population to counteract stigmatising attitudes and normalise help seeking from available services.**

Media

For individuals, stigma reduction interventions can be universal (whole-of-population approach) or targeted and delivered in specific settings. The media, including social media, can play an important role in conveying messages that increase knowledge and understanding about alcohol and other drugs, dependency and recovery: thus reducing levels of fear, blame and stigmatisation.

Universal prevention messages are an important prevention and early intervention strategy to reduce harms from alcohol and other drug use. However, research [9] indicates that fear-based campaigns and shock-based imagery can reinforce stigmatising attitudes in the general population. The potential for campaigns to contribute to stigma and discrimination, and consequently exacerbate the negative effects on people who use drugs, requires careful consideration in the design of a campaign.

Reducing stigma associated with media reporting, including social media, was identified as a key issue. Educating the media on responsible reporting of information was identified as a strategy to reduce stigma and discrimination. Mass media campaigns should use images and messaging that promote hope and portray people who use drugs as everyday human beings. Frightening and stigmatising imagery is ineffective and presents a significant risk that the target audience do not relate to, or see these images as relevant to their personal experience.

Wherever possible, individuals and family members who have a lived experience of problematic alcohol and other drug use, and subject matter experts should be consulted in the development of media campaigns.

> **Option 5: The Department of the Premier and Cabinet ensure that Queensland Government mass media campaigns are based on evidence and reinforce positive messages that people can and do recover from problematic alcohol and other drug use.**
>
> **Option 6: The Department of the Premier and Cabinet and Queensland Health, in partnership with key stakeholders, explore options for the development of an evidence-based mass media campaign to reduce stigma and discrimination experienced by people who use alcohol and other drugs.**
>
> **Option 7: The Queensland Mental Health Commission, in partnership with key stakeholders, will investigate the development of an evidence-based media resource designed to improve media coverage of issues related to alcohol and other drug use.**

Domain 3: Engaging people with a lived experience and their families

Stigma and discrimination are specific barriers to engagement with people who use alcohol and other drugs. The illegal nature of some drugs acts as an additional barrier to engagement and participation.

The involvement of people with experience of problematic alcohol and other drug use, as well as their families and supporters is an important consideration for organisations. The levels or types of involvement may vary, from seeking feedback, to full participation in the organisation's decision-making and governance processes. Meaningful, quality engagement at strategic and operational levels can help challenge discriminatory or ill-informed opinions and reduce stigma. Meaningful engagement may include the adoption of the principle of 'co-design' involving people with a lived experience in developing, implementing and evaluating policies, programs and services. The participation of people with a lived experience should be part of the core business for services that regularly engage with people experiencing problematic alcohol and other drug use.

A number of policies and procedures, including the *National Safety and Quality Health Service Standards*[10], require public health services to engage with people who use their services. There have been limited resources available to guide services on how to engage effectively.

In 2016, Queensland Health published *Project Gauge alcohol and other drugs client engagement and participation toolkit*[ii]. The toolkit provides specific online training modules targeted to Queensland public health alcohol and other drugs services. It aims to support services to create partnerships with their clients and improve the safety and quality of care.

What is needed

In 2017, the Commission published the *Stretch2Engage Service Engagement Framework for Mental Health and Alcohol and Other Drug Services*[11]. The Stretch2Engage framework was developed on behalf of the Commission by the Queensland Alliance for Mental Health, in partnership with the Queensland Network of Alcohol and other Drug Agencies and Enlightened Consultants. It sets out draft best practice principles to guide agencies about meaningful engagement with people with a lived experience, their families and friends. Stretch2Engage is founded on values which acknowledge engagement of people with lived experience, their families and friends, as a human right fundamental to citizenship. It also sees engagement as being important in its own right while acknowledging the benefits to services who engage effectively.

> **Option 8: To improve and increase the meaningful engagement of people with a lived experience of problematic alcohol and other drug use, their families and friends, the Queensland Mental Health Commission will pilot and evaluate the Stretch2Engage framework in partnership with alcohol and other drug services.**

Peer workforce

The development of a peer workforce has been identified as an effective strategy to help to reduce stigma and discrimination. Peer workers can assist those seeking help to navigate service systems, provide a 'lived experience' perspective that can engender trust and engagement and help reduce self-stigma by providing positive role modelling and non-judgemental supportive professional relationships. Pockets of good practice exist in Queensland, for example, the Queensland Injectors Health Network's peer-led service and the Queensland Injectors Voice for Advocacy and Action, a peer-based drug user organisation that employs people with a lived experience. However, there is need to adopt a systemic approach across the whole service system.

There is a clear need to increase and strengthen the peer workforce by including a focus on organisational cultures and policies that acknowledge the role of peers in supporting recovery and provide access to training for their specific needs.

Further analysis and scoping of the concept of peer involvement in the context of the alcohol and other drug sector is needed. There is a necessity for adequate safeguards and protections of the rights of people who choose to use illegal drugs and who wish to contribute to breaking down stereotypes and stigma. Identification as a peer may unintentionally place people at risk of further stigmatisation and/or discrimination which may impact on their workplace or private lives.

Queensland Health is progressing work to establish and enhance mechanisms for the engagement and participation of people with a lived experience of problematic alcohol and other drug use in policy and service planning, including any actions designed to reduce stigma and discrimination. The *Mental Health Alcohol and Other Drug Workforce Development Framework 2016–2021*[12] released in October 2017 provides an opportunity to further consider development of the alcohol and other drug peer workforce. Peer workforce development activities should encompass the views of current peer workers, people with a lived experience of problematic alcohol and other drug use and their families.

> **Option 9: To support stigma reduction, Queensland Health explore a range of strategies to enhance the engagement of individuals and families with a lived experience of problematic alcohol and other drug use in policy and service planning.**

[ii] The Project Gauge alcohol and other drugs client engagement and participation toolkit is available online at http://insightqld.org/project-gauge/

Rights and responsibilities

Clear and accessible information about an individual's rights and responsibilities when receiving a service would support them to exercise those rights. Provision of a clear guide about rights and responsibilities in relation to that service would reinforce for people, especially those who hold self-stigmatising attitudes, that they are entitled to seek and receive appropriate care and treatment.

Consumer rights are protected in the Queensland Health system and are set out in the Australian Charter of Healthcare Rights. The Charter was developed by the Australian Commission on Safety and Quality in Healthcare and describes the rights of patients and other people using the Australian health system. It articulates, among other rights, that all participants in the healthcare system are entitled to be treated with respect and not be discriminated against in any way. The individual accessing the healthcare system, the healthcare provider and the health service organisation all have a role to play in ensuring that care is provided in a respectful, non-discriminatory manner.

Robust safeguards that enable people to make complaints about stigmatising or discriminatory practice need to be in place. Importantly, individuals need to be aware of their rights and, where needed, be supported to understand and enact their rights.

Stigma (real or imagined) and self-stigma contribute to people with a lived experience not making formal complaints. Peer workers can have an important role in informing others about their rights and responsibilities, including helping individuals to exercise those rights by, for example, assisting them to navigate formal complaint mechanisms. An example of good practice is the Queensland Pharmacotherapy Advocacy and Mediation Service (QPAMS) which is a peer based service supporting Queenslanders who are on opioid treatment to address any issues or complaints they have with the opioid treatment system.

The development of the *Statement of Rights* for patients of Queensland mental health services, their families, carers and other support persons outlines information about rights under the *Mental Health Act 2016*[iii]. The Statement sets out rights and responsibilities and how people can access support through Independent Patient Rights Advisors.

> **Option 10: Health care service providers identify the rights and responsibilities they have adopted, and how they are promoted to people accessing their services, their staff, and their organisation as a whole. Should gaps be identified, develop and promote a statement of rights and responsibilities, ensuring that they are inclusive of people experiencing problematic alcohol and other drug use. An active awareness and promotion campaign should accompany the statement of rights and responsibilities to ensure that people who access the service can enact their rights.**

Domain 4: Access to services (health care and social services)

As addressed in the human rights section, all people who experience problematic alcohol and other drug use have a right to respect and dignity as an individual, and a right to services that support their recovery.

Frontline service providers (such as emergency services, child protection, housing service centres, correctional services and domestic and family violence services) are often the first point of contact for people experiencing problematic alcohol and other drug use. The quality of the interactions between the staff and an individual is critical to supporting them in their recovery and for enabling access to a range of services across the continuum of care.

[iii] The Mental Health Act 2016 is available online at https://www.legislation.qld.gov.au/view/html/asmade/act-2016-005

This includes the:

- quality of the service provision (including an absence of stigma and discrimination)
- quality of the service environment
- quality of referral processes
- ability of a person using a service to be able to report their experience (positive or negative) back to the agency to support ongoing service improvement.

The provision of anti-stigma awareness training, as outlined in option for reform number two, is intended to support greater access to health care and social services by addressing stigma and discrimination with a wide range of frontline service providers. Training is intended to change individual attitudes and behaviours as well as to positively influence organisational culture. Training should not be considered a solution in isolation from broader organisational change.

Alcohol and other drug services

Alcohol and other drugs services delivered by Queensland's public health service system are guided by the *Alcohol and Other Drug (AOD) Services Model of Service (Companion Document)*[13] published by Queensland Health in 2016. The Model of Care is informed by the *Queensland Alcohol and Other Drugs Treatment Service Delivery Framework*[1] (the Treatment Service Delivery Framework) which was developed in 2015 by a partnership of statewide alcohol and other drugs government and non-government agencies, and the *Queensland Health Clinical Services Capability Framework v3.2*[14][iv] (2016).

The model of service provides a detailed description of the alcohol and other drug services to be delivered. It includes a commitment that the Hospital and Health Services alcohol and other drug service functions will work towards decreasing stigma and discrimination within the local community, as well as reducing barriers to social inclusion. Additionally, it states that the Hospital and Health Services alcohol and other drug services will be able to, among other things:

- provide information, advice and support to families and significant others
- establish a detailed understanding of local resources for the support of people directly and indirectly affected by substance use
- appropriately involve individuals and their families and/or significant others in all phases of care, and support them in their navigation of the alcohol and other drug system
- convey hope, optimism and education in the management of substance use issues and harm reduction to clients, their significant others and the wider community
- promote and advocate for improved access to general health and the primary health network for people experiencing problems related to substance use.

The Treatment Service Delivery Framework explicitly notes that effective alcohol and other drug treatment services are safe, welcoming and non-stigmatising. The sector's practice values include non-discrimination, respect and dignity, compassion, non-judgement, empowerment, client-centred practice, strengths-based practice, holistic care, inclusivity, accessibility, flexibility and responsiveness. Challenging current stigma around the alcohol and other drug client population is identified as a future direction for the alcohol and other drug sector in Queensland.

[iv] The Queensland Health Clinical Services Capability Framework v3.2 (2016) outlines minimum requirement for the provision of health services in Queensland public and licensed private health facilities. This includes ambulatory, emergency and inpatient alcohol and other drug services. For more information see: https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf/about

Additionally, the Treatment Service Delivery Framework outlines shared objectives, including:

- Build the client's capacity to better understand and manage their own health and wellbeing
- Improved physical and mental health
- Improved resilience, confidence, self-esteem and sense of self-worth.

What is needed

Service environments

Many agencies put effort into making their services appealing and welcoming spaces that reflect how their clients are valued. The Commission encourages agencies to actively consider how they can improve the physical environment of treatment service settings to reduce the stigma often associated with these spaces. Provision of physical settings of a standard at least equivalent to other specialist health care settings can help reduce self-stigma and discriminatory community attitudes.

> **Option 11: Health care and social services, across a range of settings, work to ensure that a welcoming environment that respects the dignity and worth of all clients, including people with a lived experience of problematic alcohol and other drug use is provided. This may include:**
>
> - **funding bodies identifying and promoting opportunities for services to seek funding for design and infrastructure improvements**
> - **services undertaking, or applying a risk analysis to ensure service environments, including the physical design, to meet the relevant standards of safety and amenity for staff and clients**
> - **input from service users and their families to identify and implement strategies to improve service environments.**

Understanding barriers to services

To drive service quality improvement and identify barriers and solutions to issues such as stigma and discrimination, there is a need to regularly capture information from the people who use the services.

Effective and accessible complaint processes are very important to identify individual and systemic issues. A systematic audit of complaint mechanisms in health care settings is impractical, especially for non-government agencies that may lack the resources to undertake an audit. A focus on client satisfaction measures and meaningful feedback mechanisms may be more likely to identify client complaints and help shape formal complaint mechanisms.

The Queensland Alcohol and Other Drug Sector Network, in partnership with alcohol and other drug treatment services, is developing a treatment and harm reduction outcomes framework (the Outcomes Framework) to support: continuous improvement of interventions delivered; organisational improvements that make alcohol and other drug services more accessible; and system-level investment decisions to reduce alcohol and other drug related harm. The Outcomes Framework is due to be released in 2018 and will provide guidance to alcohol and other drug treatment services in Queensland. It will complement the Treatment Service Delivery Framework.

Access to more and different alcohol and other drug treatment services

Primary health care providers such as general practitioners may be the first point of contact for people experiencing problematic alcohol and other drug use, or their families. They may provide ongoing care in partnership with specialist alcohol and other drug service providers, particularly for people living in rural and remote areas. For some, an increase in drug treatment through primary care settings can reduce stigma associated with specialist alcohol and other drug treatment services. Greater integration between

primary care, specialist care and social services, with continuity of care across service types, may help to address stigmatising views held by some workers.

The Queensland Department of Health, Hospital and Health Services and the Primary Health Networks all have significant roles to play in planning, funding and delivering alcohol and other drug services in Queensland. Queensland Health's *Connecting Care to Recovery* seeks to invest in building the capacity of the alcohol and other drug service system to better meet the existing demand and expand access to integrated, flexible treatment options across the care continuum. Hospital and Health Services design and deliver specialist alcohol and other treatment services in the Queensland public health system. Each Hospital and Health Service works collaboratively with a range of local partners, including primary health care. The Primary Health Networks have a significant role in coordinating primary health and non-government services at a regional level, including the commissioning of further drug and alcohol treatment services to meet local need. Better coordination and integration of these parts of the system will support greater investment in, improved accessibility to, and greater visibility of, alcohol and other drug treatment services.

> **Option 12: To enhance integration and improve pathways across the care continuum the Department of Health, Hospital and Health Services and Primary Health Networks increase joint planning and investment activities, across the full spectrum of alcohol and other drugs services including family support.**

The provision of innovative harm reduction strategies, particularly in relation to illicit drugs, is a strategy to reduce stigma and discrimination. There have been calls internationally, nationally and within Queensland to consider new and innovative harm reduction strategies to prevent overdoses and save lives. Examples include drug testing at events or early warning systems. These types of harm reduction activities enable practical and non-judgemental engagement, and opportunities for brief interventions or referrals to treatment.

Evidence suggests that safe injecting facilities do support reduced harms[16, 17] however, this type of intervention is best introduced where there is evidence of high levels of street based injecting drug use or high levels of overdose deaths. The Medically Supervised Injecting Centre was established in 2001 in Sydney, New South Wales, and the Victorian government will trial a medically supervised injecting room in Richmond in 2018.

The introduction of these types of measures is not current Queensland government policy.

There is a need for further in-depth discussions on the most effective, innovative and least stigmatising strategies to reduce harms associated with illicit drug use in Queensland.

> **Option 13: Queensland Health and the Queensland Police Service give further consideration to the development of new, evidence-based, innovative harm reduction strategies in Queensland.**

Domain 5: The justice system

Policy and legislation

Structural factors that influence stigma and discrimination include legislation, and organisational policies and practices.

The law articulates societal values and norms. The Drug Policy Modelling Program's report notes that policy and law have an important role in both protecting people from stigma (for example anti-discrimination legislation) and in producing stigma (by "branding certain practices as deviant or illegal").

The legislative analysis component of the Drug Policy Modelling Program's research highlighted that laws have the potential to be stigmatising and/or discriminatory, especially where practices, activities and behaviours are not clearly defined. Where clear definition is lacking there is usually a requirement for a judgement to be made by a decision-maker or authorised person. The training and skills of those empowered to make decisions can vary greatly, from those who are highly trained and regulated, to those who have received little training or guidance.

When developing policy and legislation it is important that the target of the legislation, the activity and the behaviours are very clearly defined. This may reduce the potential for inconsistent interpretation and application of the law. This clarity will aid in the operationalising of policies and legislation and mitigate risks associated with individual interpretation in their implementation.

There is a need to assess existing legislative provisions in view of their potential to be stigmatising and discriminatory as part of legislative reviews. The drafting of new policy and legislation should include mechanisms to avoid stigmatising effects.

In Queensland, the Office of the Queensland Parliamentary Counsel has a statutory function to advise on the fundamental legislative principles, including the rights and liberties of individuals, in the context of legislative proposals. The Queensland Legislation Handbook outlines the legislative processes and explains what is needed in drafting instructions for Acts of Parliament and subordinate legislation. It is designed primarily for use by policy or instructing officers to help them work effectively with the Office of the Queensland Parliamentary Counsel.

> **Option 14: The Queensland Government introduce processes that require an assessment of potentially discriminatory provisions as part of law reform and legislative review projects, for example by including a requirement in the Queensland Legislation Handbook.**
>
> **Option 15: Relevant Government agencies introduce or include processes and/or training programs for policy makers and legislators to ensure the potentially stigmatising and discriminatory effects of legislation, and suitable ways to achieve stigma reduction in laws, are considered.**

Legal reform

Drug law reform is a contentious issue in Australia. Drug law reform advocates identify that the criminalisation of drugs, especially in small quantities for personal use, has been unsuccessful in reducing harms, and that involvement in the criminal justice system is a social harm in its own right[18] .

The Drug Policy Modelling Program reports that much of the stigma and discrimination documented through their research is associated with the fact that the personal consumption of drugs is a criminal offence. Many people report that a past criminal record for drug use/possession reduces their chances of reintegration into society, for example by limiting opportunities for work.

Decriminalisation of personal use/possession provides the opportunity for a health—rather than criminal justice—response and facilitates greater treatment seeking and opportunities for recovery. It is noted that the stigma of a criminal record can continue through life, long after treatment has been sought and drug use has stopped. Reconnection to work and family is often a motivator in treatment, and is key to enhancing social inclusion, however motivation can be impeded by the legacy of a criminal history.

The Queensland Government currently does not intend to change the existing laws contained in the *Drugs Misuse Act 1986* in relation to the personal use and possession of dangerous drugs. The Government does however, where appropriate, seek to divert minor drug offenders from the criminal justice system through several court and non-court based diversion programs, such as the Queensland Police Service's cautioning program for minor cannabis offenders. In keeping with a harm minimisation approach, the commitment to increase diversion of minor drug offenders away from the criminal justice

system and into health-based services is positive. Strong partnerships between the health and justice systems have been key in reducing harms associated with alcohol and other drug use in Queensland.

These strong partnerships are also reflected in the re-establishment of the Queensland Drug and Alcohol Court which commenced operation on 29 January 2018. Based in Brisbane, the Court provides an intensive and targeted response to adults with severe alcohol and other drug use directly associated with their offending. The Court works with a network of referral and support services in Brisbane with a view to improving community safety. The Court provides a therapeutic environment where people can be diverted from the criminal justice system to treatment for their alcohol or drug dependency, and be supported in their recovery.

Additional to the establishment of the Queensland Drug and Alcohol Court, the Courts Innovation Program within the Department of Justice and Attorney-General, is undertaking several projects relevant to reducing stigma and discrimination. They include commitments to:

- Continue to divert minor or moderate illicit drug offenders from the criminal justice system to assessment, education and treatment programs through the Police Diversion Program and the Illicit Drugs Court Diversion Program.
- Provide assessment and education sessions to people over 18 on bail offences committed in a public place while being adversely affected by an intoxicating substance through the statewide Drug and Alcohol Assessment Referral Program.
- Reinstate the Murri Court and the Special Circumstances Court Diversion Program (commenced in 2016).
- Continue to support the Queensland Magistrates Early Referral into Treatment (QMERIT) Program in Maroochydore and Redcliffe.

Public health

Laws relating to public health were identified as potentially stigmatising for people experiencing problematic alcohol and other drug use, especially those who also have acquired notifiable conditions such has hepatitis C or other blood borne viruses.

The potential for stigma and discrimination increases where an individual is identified as being an injecting drug user within the 'notifiable conditions' sections of public health law. However, provisions related to public health are necessary in the interest of broader public health. In the administration of public health legislation, Queensland Health employees are bound by information confidentiality provisions under the *Public Health Act 2005*[v] and the *National Code of Conduct for Health Care Workers*. Option for reform number two relates to anti-stigma awareness training would serve to reduce the risk of stigmatising behaviour by health professionals. The promotion of complaint mechanisms would support individuals to make complaints where stigma or discrimination occurs or where the *Public Health Act 2005* or the Code of Conduct is breached.

Similarly, there is a need to address the *transmission of serious diseases with intent* in the Queensland *Criminal Code 1899*[vi] to provide protection to people from grievous bodily harm. The potential stigmatising effect of provisions in the Criminal Code (for example section 317(b)) is limited to potential offenders who intentionally transmit their illness to others. The provisions are necessary as they describe offences that can carry significant risks for the general public. The *Public Health Act 2005* manages people living with blood borne viruses under the *Guideline for the Management of People Living with HIV who Place Others at Risk of HIV*. Anti-stigma training can help address the potential for stigma and discrimination against any person who is within the criminal justice system.

[v] The *Public Health Act 2005* is available at https://www.legislation.qld.gov.au/view/html/inforce/current/act-2005-048

[vi] The *Criminal Code 1899* is available at https://www.legislation.qld.gov.au/view/html/inforce/current/act-1899-009

Police interactions

Frontline police have thousands of interactions with community members each year and many of these interactions are with people who experience problematic alcohol and other drug use, both as victims of crime and offenders: and many are in distress. Positive interactions with police can make a big difference to connecting people to assistance and support, and diversion from the criminal justice system. People who use drugs have reported both positive and negative (stigmatising and discriminatory) interactions with police arising from a wide-range of interactions.

The Queensland Police Service utilises the Police Referrals System to refer people to health and social support services including those that offer drug and alcohol treatment, community support, disability services, domestic violence, family and youth services, health and wellbeing, homelessness, legal, seniors and victim support. Locally-led partnerships between the Queensland Police Service and social service providers are in place throughout the state. The relationships may vary in each location.

Queensland Police must comply with a range of accountability and transparency measures which include the use of body worn cameras and a requirement to abide by all relevant legislation, awards, certified agreements, subsidiary agreements, directives, whole-of-government policies and standards.

The Queensland Police Service Client Service Charter[19] outlines that police will:

- treat people fairly
- deliver services professionally, ethically and with integrity
- recognise and respect individual rights and needs
- refer to an appropriate agency if they cannot deal with a matter themselves.

Complaints about harassment or discrimination can be made by the public at a local police station, or for serious matters related to police misconduct, oversight is provided by the Police Ethical Standards Command and the Crime and Corruption Commission Queensland.

Queensland Police Service have advised that they do not target or conduct surveillance on needle and syringe facilities or health care services, unless a public safety risk is identified: for example, where people have arrived or attempted to leave needle exchange facilities in-charge of a motor vehicle whilst intoxicated. Police are instructed not to detain or search people utilising needle exchange facilities and there is widespread awareness of the role of needle exchange facilities as part of broader harm reduction strategies. The Queensland Police Service Operational Procedures Manual addresses the targeting of individuals using needle exchange facility services. Where it is identified that police are potentially in breach of policy, officers are provided guidance and education in relation to the policy and the intent of the harm reduction strategy. The Queensland Police Service prioritises serious and organised crime, including drug trafficking and supply offences.

What is needed

The Commission has heard widespread agreement that there needs to be a continued focus on criminal justice diversion programs that appropriately divert people to the health care system.

Further, the Commission would like to open a dialogue in Queensland about the benefits, disadvantages and implications of the decriminalisation of the personal use or possession of illicit drugs. The conversation would consider current models in operation, such as in Portugal, and the elements that may be relevant to Queensland's context.

To support appropriate referrals and inter-agency work there is a need for continued development of locally-led interagency partnerships between non-clinical and clinical supports, including the Queensland Police Service, to reduce alcohol and other drug-related harms and to support a person's recovery goals.

The Commission supports the continued utilisation of the Police Referrals System to strengthen the broader system of support for police and people with a lived experience. The building of relationships between police and people with a lived experience of problematic alcohol and other drug use can be supported by anti-stigma awareness training and enhanced relationships with local peer led organisations.

Option 16: The Queensland Mental Health Commission initiate discussions about the risks and benefits of decriminalisation for personal use and/or possession of illicit drugs, similar to other countries.

Option 17: The Queensland Police Service develop and deliver anti-stigma awareness training for frontline police officers in collaboration with alcohol and other drug subject matter experts.

Domain 6: Economic participation

Economic security is a key protective factor from harms associated with problematic alcohol and other drug use. Being able to find and maintain a job is an integral part of recovery for many people. However, stigma and discrimination can have a significant impact on people experiencing problems with alcohol and other drug use finding employment or gaining a promotion, particularly if they disclose their history of problematic drug use. For some, their criminal history associated with previous drug use is a barrier. For others, fear of employment problems and legal penalties were reported as a barrier to disclosing problems with alcohol or other drug use to employers.

Self-stigma shapes the way a person sees themselves and their sense of value and worth, and can impact negatively on an individual's behaviour: for example, by not actively engaging in seeking employment. Alcohol and drug related barriers to securing employment can discourage people from making positive life changes and reinforce self-stigmatising views.

Improved collaboration and coordination between the private sector, government and non-government agencies to enhance pathways to employment for people who are exiting treatment services would enable greater participation in the workforce. For people who are accessing treatment through publicly funded alcohol and other drug services, active treatment and discharge planning should include aftercare and post treatment support, which includes services to support engagement in education, training and employment.

The Queensland Government's *Skilling Queenslanders for Work*[vii] initiative supports disadvantaged Queenslanders to get back into the workforce through targeted skills and training programs. The initiative focuses on individual skill development and addresses barriers to getting and maintaining employment.

Many people experiencing problematic alcohol and other drug use are employed and participate meaningfully in the workforce, across a wide range of sectors. Some professions and sectors have clear regulations related to workplace health and safety which encompass alcohol and drug related issues. These regulations are clearly needed and are important measures to protect the safety and wellbeing of individuals and communities. For example, the *Mining and Quarrying Safety and Health Regulation 2001*[viii] contains a provision that prohibits a person carrying out operations at a mine, or to enter an operating part of a mine, if the person is under the influence of alcohol, or is impaired by a drug, to the extent the alcohol or drug impairs, or could impair, the person's ability to safely carry out their duties at the mine. Employers have a duty to: provide a safe and supportive workplace that does not create a risk

[vii] Information about Skilling Queenslanders for Work is available online at https://training.qld.gov.au/community-orgs/funded/sqw

[viii] The *Mining and Quarrying Safety and Health Regulation* is available online at https://www.legislation.qld.gov.au/view/pdf/inforce/2016-07-01/sl-2001-0017

of harm to employees; manage the work performance of their employees; and ensure they are fit for duty. There is a need to balance workplace health and safety obligations, employee privacy and supportive workplace practices.

What is needed

Where an employee is identified as experiencing problematic alcohol or other drug use or self-discloses, workplaces can be an avenue for support and help. Employers can play a positive role by implementing workplace laws, policies and professional regulations in a non-stigmatising, non-discriminatory way.

This includes using factual language in conversations and personnel files, and maintaining the privacy and confidentiality of the employee's difficulties. The delivery of anti-stigma awareness training to employer groups and human resource practitioners would build capability to identify and appropriately support employees experiencing problematic alcohol and other drug use.

Where pre-employment screening is conducted, employers should consider whether the past offence/s are relevant to the employment being offered. Stigmatising attitudes toward criminal histories for personal use or possession of drugs can act as a barrier to employment and economic participation in society.

To support employees to retain their employment throughout their recovery journey, employers can actively promote access to information and support, and provide flexible workplace practices such as leaves of absence to seek help, reasonable adjustment of duties and return to work programs. Information materials for employee assistance programs should clearly identify that they can assist with alcohol and drug related issues, should employees wish to access them confidentially: a range of support options should be promoted to employees.

Option 18: Employers, across all sectors, should ensure that support is available for people in the workplace who are experiencing problematic alcohol and other drug use. This includes:

- **having information about options for assistance and support readily available for both employees and managers dealing with alcohol and other drugs in the workplace**
- **promotion of, and confidential access to, counselling and support services**
- **provision of flexible workplace policies and practices such as leaves of absence to seek help, reasonable adjustment of duties and return to work programs.**

Conclusion

The Drug Policy Modelling Program have provided the Commission with a report that gives an evidence-based analysis of experience of stigma and discrimination for people experiencing problematic alcohol and other drug use in Queensland. The report shows that stigma and discrimination does not support individuals to positively change their behaviours and reduce the harms experienced by themselves, their families, friends and the community. In fact, stigma and discrimination is a harm in its own right.

Through the 2017 state-wide consultations to renew the Strategic Plan, the Commission has heard from hundreds of Queenslanders. Stigma and discrimination has been consistently raised as an issue. In keeping with the renewal of the Strategic Plan, the Commission will work with other agencies: to reduce stigma and discrimination by shaping a service system that puts people first; balance investment in services that reduce harms and promote recovery as well as treatment; focus on better coordination, collaboration and integration; tailor responses for vulnerable groups and communities; and adopt a whole of population approach.

The Commission will continue work to fulfil its role to drive on-going reform towards a more integrated, evidence-based, recovery-oriented mental health and alcohol and other drug service system. This will only be achieved by continuing to bring together lived experience and professional expertise by partnering with the community, government, and industry across a range of areas including health, employment, education, housing and justice.

Consistent with its role, the Commission will publish an update report outlining progress made towards implementing the options for reform, 12 months after the publication of this report.

Collective action to reduce the harms from stigma and discrimination related to problematic alcohol and other drug use will enable vulnerable Queenslanders to be socially included, valued members of our communities.

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