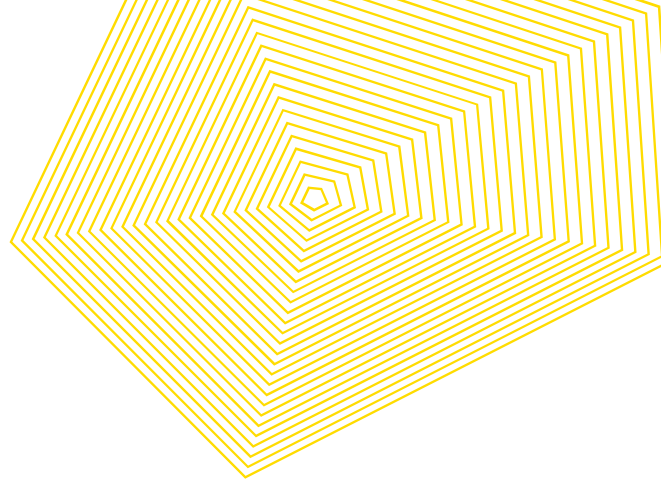




UNSW  
Centre for Social  
Research in Health



# Review of Australian initiatives to reduce stigma experienced by people who use alcohol and other drugs when accessing health services

Prepared for: Centre for Alcohol and Other Drugs (CAOD), NSW Ministry of Health

January 2022

Anna Conway  
Loren Brener  
Carla Treloar



UNSW  
SYDNEY

## **Acknowledgements**

This report was produced for the Centre for Alcohol and Other Drugs (CAOD), NSW Ministry of Health by the Centre for Social Research in Health, UNSW Sydney (2021-22).

The review team thank the project advisory group in NSW Ministry of Health for their expertise in reviewing the proposal and draft report - Marisa Ronsisvalle (Manager Clinical Services), Fadil Pedic (Manager Strategic Research & Evaluation), and Lexi Buckfield (Senior Project Officer, Strategic Research & Evaluation).

The review team thank the key stakeholders who contributed to the consultations and identified initiatives for inclusion (Appendix 1).

## **Research Team**

Anna Conway  
Associate Professor Loren Brener  
Scientia Professor Carla Treloar

## **Centre for Social Research in Health**

UNSW Sydney NSW 2052 Australia  
T +61 2 9385 6776  
F +61 2 9385 6455  
E [csr@unsw.edu.au](mailto:csr@unsw.edu.au)  
W [unsw.edu.au/csrh](http://unsw.edu.au/csrh)

© UNSW Sydney 2022

The Centre for Social Research in Health is based in the Faculty of Arts, Design and Architecture at UNSW Sydney.

Suggested citation:

[Conway A., Brener L., Treloar C] (2022). *[Review of Australian initiatives to reduce stigma experienced by people who use alcohol and other drugs when accessing health services]*. Sydney: UNSW Centre for Social Research in Health.

# Contents

1	Executive summary .....	1
	1.1 Purpose .....	1
	1.2 Methods .....	1
	1.3 Summary results .....	2
	1.4 Conclusion and recommendations .....	3
2	Introduction .....	4
3	Aims .....	5
4	Methods .....	6
	4.1 Data collection .....	6
	4.2 Data analysis .....	6
5	Findings .....	7
	5.1 Framing of stigma .....	7
	5.2 Involvement of stigmatised populations in design and implementation .....	7
	5.3 Drivers of stigma .....	8
	5.4 Approach .....	8
	5.5 Evaluation of initiatives .....	9
	5.6 Effectiveness of initiatives .....	10
	5.7 Opportunities for AOD stigma reduction to be integrated into existing initiatives .....	11
6	Recommendations and future priorities .....	21
	References .....	23

## Tables

Table 1. Summary of included initiatives.....	12
Table 2. Summary of relevant ongoing work where stigma reduction is not an objective ..	19

## Appendices

Appendix 1. Key stakeholder consultations .....	25
Appendix 2 Search strategy.....	26
Appendix 3. Items excluded after full text screening.....	27

# 1 Executive summary

## 1.1 Purpose

Stigma in healthcare settings negatively impacts access to services and health outcomes (1). Stigma experienced by people who consume alcohol and other drugs may be compounded by the perception that such behaviours are within people's control (2,3). Stigmatising attitudes may be related to the narrative of deficit (4), concerns of violent behaviour or, in the case of people who inject drugs, risk of transmission of infectious diseases (2).

The Centre for Social Research in Health, UNSW Sydney, was funded by the Centre for Alcohol and Other Drugs, NSW Ministry of Health, to undertake a review of existing efforts and initiatives to reduce stigma and discrimination experienced by alcohol and other drug consumers while attending health services. The report covers efforts and initiatives developed and launched in the last 15 years and is confined to the Australian context. The report includes:

- A summary of each initiative including specific messaging, methods of intervention and type of client group and target group of the stigma reduction initiative
- Any evidence about the effectiveness or otherwise of the intervention/initiative

## 1.2 Methods

Initiatives were collected in November 2021 via consultations with key stakeholders (primarily staff from NADA, NUAA and NSW Ministry of Health) and a scoping review.

All initiatives which met the following criteria were included:

- addressing stigma was the primary objective
- the initiative addressed stigma within health services
- stigmatised population was people who consume alcohol or other drugs
- initiative was carried out in last 15 years or currently
- initiative was carried out in Australia

Key data from the initiatives was extracted and a framework of analysis was developed to understand:

- overall strategy
- objectives
- client group (stigmatised population)
- target group (recipients of initiative)
- evidence of effectiveness
- involvement of stigmatised population in design

### 1.3 Summary results

The reviewed materials were produced between 2006 and 2021. Stigma was variously framed as a barrier to optimal clinical care, the product of narratives of “deficiency” which surround AOD consumers, and unconscious bias in use of language and policy procedures. Of the 19 included initiatives, 11 involved the stigmatised population in the design or implementation of the initiatives. Types of involvement ranged from consulting a community-led organisation in the design process to having a community member carry out the initiative.

There was recognition of the needs of subpopulations of AOD consumers, with initiatives to address stigma experienced by women, LGBTIQ people and Aboriginal and Torres Strait Islander people. Consultations referenced opening channels of communication between health services (i.e., between AOD, mental health and maternity) as a way to reduce stigma but few specific initiatives were identified. The majority of initiatives (11/19) adopted multiple approaches to reduce stigma. The most frequently used approach was provision of information (16/19), followed by contact with the stigmatised group (6/19), structural change (4/19) and empowerment (2/19). The provision of information was usually combined with another approach such as participatory learning or contact with the stigmatised group.

Initiatives that were co-designed with the stigmatised population are important resources for the development of future initiatives (NADA & NUAA, 2017; ARCSHS et al, 2017; NDRI et al, 2014). Initiatives that were evaluated showed some success in changing recipients’ knowledge or confidence (NADA & NUAA, 2017) and attitude (AIVL et al, 2016), indicating they should be used and kept updated. Evaluation of attitudinal change can be carried out using existing scales to measure stigmatisation of people who inject drugs or live with hepatitis C. Where structural change was evaluated, outcomes were process oriented and measured the establishment of initiatives or the integration of the initiative into wider professional training or tertiary education (Queensland Mental Health Commission, 2018; AIVL et al, 2016). The engagement of the stigmatised population in the design of initiatives was important to ensure their appropriateness and success, but particularly for those initiatives seeking to reduce structural stigma as impact can be highly complex to evaluate. Key stakeholders identified additional initiatives within healthcare more broadly, where AOD stigma reduction objectives could be feasibly integrated.

## 1.4 Conclusion and recommendations

The value-based healthcare approach in NSW requires systems to reorient measurable outcomes around what matters to the patient and the patient's experience. Addressing stigma at the individual and structural level will improve access to care and the patient experience. Future work on stigma reduction interventions should:

- Ensure long-term initiatives are reviewed periodically by AOD consumers
- Integrate AOD stigma reduction objectives into relevant strategies, including mental health, that address populations with a large proportion of AOD consumers
- Identify stigma reduction as an explicit objective in strategies to ensure it is measured and evaluated
- Integrate rigorous evaluation into the design of the initiative
- Utilise standardized stigma measures (5) to facilitate comparisons between intervention approaches and methods
- Leverage technology for interactive learning beyond video testimonials
- Recognize and address stigma experienced by health workers, including internalized and secondary stigma
- Address populations which experience multiple stigmas, especially those who are not reached by existing initiatives such as culturally and linguistically diverse people
- Target multiple ecological levels, such as individual attitudes and practices as well as the health facility policies and environment
- Tackle multiple stigmas at once, while remaining attentive to the needs of individuals with regards to specific health conditions, primary drug of concern or other characteristics

The recommendations should be implemented by building upon successful initiatives and opportunities that have been identified for development. The report identifies three key outcomes where existing initiatives have demonstrated success:

- *Reaching the target group*: Use of website analytic tools to measure interaction with online resources and short embedded surveys to understand reach and collect qualitative feedback (ARCSHS et al, 2017; NDRI et al, 2014). Collaborating with AOD organisations, professional bodies and educational institutions to adapt resources for specific audiences (NADA & NUAA, 2017).
- *Changing attitudes and/or improving knowledge*: Integrating lived experience and narratives which challenge the stereotypes of AOD consumers (NDRI et al, 2014). This can also empower the person with lived experience when they receive support from audiences or initiative organisers (Hepatitis NSW, 2015). Resources coupled with a participatory training element improve knowledge of recipients (NADA & NUAA, 2017).
- *Reducing structural stigma*: Several initiatives address structural stigma, but they present challenges in evaluation as it is complex to attribute change to the initiative. Co-designing these initiatives to ensure they are responsive to the situation on the ground can ensure they are appropriate and sustainable (AHHA & ASHM, 2018; NADA, 2016).

## 2 Introduction

Stigma in healthcare settings negatively impacts access to services and health outcomes (1). Stigma experienced by people who consume alcohol and other drugs may be compounded by the perception that such behaviours are within people's control (2,3). Stigmatising attitudes may be related to the narrative of deficit (4), concerns of violent behaviour or, in the case of people who inject drugs, risk of contagion of infectious diseases (2).

In 2018, 56% of health workers surveyed reported that they would behave negatively towards someone because of their injecting drug use and 70% of respondents reported they had seen health workers behave negatively towards people who inject drugs in the 12 months prior (6). In the same study, people who inject drugs were surveyed and 70% reported negative treatment by health workers (6). Among AOD staff, implicit prejudice is associated with job stress and intention to change jobs (7).

Stigma can become compounded for people who belong to multiple populations that are discriminated against. Other factors associated with stigma among AOD consumers include living with a blood borne virus, age, gender, race, education and income (8,9). Strategies to reduce stigma in healthcare settings should address the multifactorial stigma experienced by people who consume alcohol and other drugs. Particularly pertinent to the Australian context are notions of stigma where use of alcohol and other drugs intersects with gender, sexuality, Aboriginality, and mental health.

The Centre for Alcohol and Other Drugs, NSW Ministry of Health is working to improve the consumer experience of receiving care and health outcomes that matter to patients by reducing the stigma and discrimination experienced when people present with issues associated with alcohol and other drug use in the NSW health system. This project is being undertaken in partnership with the Agency for Clinical Innovation (ACI), the Network for Alcohol and Other Drug Agencies (NADA) and the NSW Users and AIDS Association (NUAA).



### 3 Aims

The Centre for Social Research in Health, UNSW Sydney, was funded by the Centre for Alcohol and Other Drugs, NSW Ministry of Health, to undertake a review of existing efforts and initiatives to reduce stigma and discrimination experienced by alcohol and other drug consumers while attending health services. The report covers efforts and initiatives developed and launched in the last 15 years and is confined to the Australian context. The report includes:

- A summary of the initiative including specific messaging, methods of intervention and type of client group and target group of the stigma reduction initiative.
- Any evidence about the effectiveness or otherwise of the intervention/initiative.

## 4 Methods

### 4.1 Data collection

The collection of initiatives occurred in November 2021. Initiatives were identified using two strategies:

- Consultations with key stakeholders, primarily staff from NADA, NUAA and NSW Ministry of Health (Appendix 1)
- Scoping review online (Appendix 2)

A data collection tool, designed in collaboration with the Centre for Alcohol and Other Drugs, was populated with the extracted information.

Key stakeholders were identified by the project partners and a research assistant carried out telephone consultations. When the stakeholder could identify a relevant initiative, a series of questions were asked corresponding to the data collection tool.

The online scoping review searched Google Scholar, PubMed and websites of organisations working in the sector. Available abstracts of key conferences were searched. Reports, original research, and systematic reviews were hand-searched for relevant citations.

Initiatives meeting the following criteria were included:

- addressing stigma was the primary objective
- the initiative addressed stigma within health services
- target population was people who consume alcohol or other drugs
- initiative was carried out in last 15 years or currently
- initiative was carried out in Australia

Initiatives were excluded if addressing stigma was not the primary aim and if there was insufficient documentation (Appendix 3).

### 4.2 Data analysis

The initiatives were catalogued and reviewed using the agreed data collection tool. A framework of analysis was developed based on the literature (10) to investigate:

- overall strategy
- objectives
- client group (stigmatised population)
- target group (recipients of initiative)
- evidence of effectiveness
- involvement of stigmatised population in design

## 5 Findings

The scoping review and consultations with key stakeholders identified 58 initiatives. Of the initiatives collected, 39 were excluded because they did not have AOD stigma reduction as a primary objective or there was no information on background and/or implementation. A summary of the excluded initiatives is presented in Appendix 3.

The included initiatives are summarised in Table 1 and the key findings are reported below.

### 5.1 Framing of stigma

The initiatives framed stigma as a barrier to optimal clinical care (NCETA, 2006; NADA & NUAA 2017). Initiatives involving contact with stigmatised groups focused on changing the narratives that produce stigmatising attitudes, by contextualising real people's experiences of drug use in their social and political context (NDRI et al, 2014; ARCSHS et al, 2017). Initiatives advocating for person-centred language, presented it as not only "political correctness" but a starting point to reducing stigma and achieving person-centred care (NADA & NUAA, 2017; APSU/SHARC et al, 2019). One initiative targeting AOD staff framed stigma as unconscious bias in use of language and policy procedures (ASHM, 2016).

### 5.2 Involvement of stigmatised populations in design and implementation

Centring the stigmatised population in any initiatives to reduce stigma is considered best practice (11). Involving people in the design or delivery of the initiatives can improve effectiveness but can also empower the person involved (12). Of the 19 included initiatives, 11 involved the stigmatised population in the design or implementation of the initiatives. Types of involvement ranged from consulting a community-led organisation in the design process to having a community member carry out the initiative.

Consultation with NUAA noted that some of the initiatives that were co-designed had been in place for many years without more recent input from the community. Periodic reviews would ensure the initiatives stayed relevant and appropriate.

#### Stigmatised populations targeted by initiatives

There was acknowledgement of the needs of subpopulations of AOD consumers, with initiatives to address stigma experienced by women, LGBTIQ people and Aboriginal and Torres Strait Islander people. No initiatives to address stigma faced by culturally and linguistically diverse AOD consumers were identified. In consultations, there was broad consensus that specific groups have distinct experiences of stigma. Although women were the stigmatised group most frequently highlighted, there was only one initiative to address

stigma experienced by women in drug treatment (NADA, 2016). Consultations referenced opening channels of communication between health services (i.e., between AOD, mental health and maternity) as a way to reduce stigma but no specific initiatives were identified.

Several initiatives treated people who use drugs as homogeneous in relation to their drug use, with little adaptation for stigma related to different types of drug use. Initiatives addressing overdose and people living with blood borne viruses were the exceptions (Hepatitis NSW, 2015; ARCSHS et al, 2017; AHHA & ASHM, 2018). Initiatives to reduce stigma associated with hepatitis C mainly addressed people living with hepatitis C, but one initiative also aimed to reduce stigma experienced by people at risk of hepatitis C (LiverWell, 2018). Two initiatives addressed stigma faced by healthcare staff living with blood borne viruses (ASHM 2016, AHHA & ASHM, 2018) but none addressed stigma experienced by healthcare staff who use drugs.

### 5.3 Drivers of stigma

Initiatives broadly aimed to reduce stigma via 1) changes in attitudes in relation to AOD consumers or 2) changes to delivery of services. The former was largely targeting health service staff and the latter focusing on health service reorganisation. By identifying and targeting specific drivers of stigma, initiatives could support longer-lasting change. The training for Language Matters (NADA & NUAA, 2017) that accompanies the person-centred language resource, provides information on the impact of using stigmatising language to improve knowledge. C-een and Heard (Hepatitis NSW, 2015) integrates education about hepatitis C, to drive attitudinal change. Changing Attitudes, Changing Lives (Queensland Mental Health Commission, 2018), addresses siloed care which exacerbates stigma and was identified as a driver of stigma in several consultations. Lives of Substance (NDRI et al, 2014) and Overdose Lifesavers (ARCSHS et al, 2017) reference the socio-political determinants of people's behaviours which are often ignored in stigmatising health service interactions.

### 5.4 Approach

The majority of initiatives (11/19) adopted multiple approaches to reduce stigma.

- 16/19 used provision of information
- 6/19 used contact with the stigmatised group
- 4/19 used structural change
- 2/19 used empowerment to improve the mechanisms of the stigmatised group to overcome stigma at the health facility level

*Provision of information:* These initiatives primarily targeted healthcare workers and involved providing information about drug use and blood borne viruses (NCETA, 2006; NDRI et al, 2014), as well as information about the manifestations of stigma and its consequences (NADA & NUAA, 2017). These initiatives often combined multiple approaches, delivering information via stigmatised groups (Hepatitis NSW, 2015) or participative learning (AIVL et al, 2016).

*Contact with the stigmatised group:* The delivery of these initiatives varied and included “positive speakers” (who present on their first-hand experience of living with hepatitis C – Hepatitis NSW, 2015) and trainings which included testimony from AOD consumers (AIVL et al, 2016; AIVL, 2017). Others provide testimonials from people who use drugs in order to challenge stereotypes and “replace a narrative of prejudice” (NDRI et al, 2014; ARCSHS et al, 2017; MNCLHD, 2021). One initiative used conversations between healthcare professionals and people who use drugs to illustrate the “misunderstandings that occur within the clinical relationship”, which might somewhat address the issue flagged in consultations that healthcare professionals may not self-identify as enacting stigmatising behaviours (AIVL, 2017).

*Structural change:* These initiatives focused on making health services a more welcoming environment for consumers of AOD and improving pathways across the care continuum. An initiative in Queensland developed service audits with input from stigmatised population and revised the model of police response to people in mental health crisis (Queensland Mental Health Commission, 2018). A comparable strategy in NSW addressed several levels of the health system but was directed at reducing stigma associated with blood borne viruses, not AOD specifically (AHHA & ASHM, 2018). One initiative to reduce service-level stigma experienced by LGBTIQ people who use drugs includes a checklist which to be used as an audit for clinics to assess their appropriateness for LGBTIQ people (ACON, 2019). In consultation, NADA indicated that the Language Matters project would be integrated into audits of service to assess appropriateness for people who use drugs (NADA & NUAA, 2017). Although key stakeholders emphasised siloed care as a factor which reproduced stigma, there were no initiatives break down siloes which explicitly included a stigma reduction objective.

*Empowerment:* The two initiatives that incorporated empowerment approaches were directed at Aboriginal people (The Lyndon Community, 2008; AH&MRC, 2012). In both cases, the initiatives attempted to address community-level stigma around AOD and hepatitis C by opening conversations about AOD use away from the health setting to improve opportunities for healthcare access.

## **5.5 Evaluation of initiatives**

Several initiatives had no evaluation component or only reported process outcomes. Process outcomes included number of people accessing the initiative and number of organisations adopting the initiative. In the case of eLearning approaches, some evaluated reach via number of visits to the site, source of visits and integration into professional training or university syllabi (NDRI et al, 2014; ARCSHS et al, 2017).

Others measured individuals’ change in knowledge or confidence (NADA & NUAA, 2017) and attitude (AIVL et al, 2016). Attitude was measured using scales specifically for people who inject drugs or live with hepatitis C (13). The one initiative which measured attitudinal change was also the only one which conducted follow-up with participants, assessing attitudinal change at three months post-enrolment (AIVL et al, 2016).

Where structural change was evaluated, outcomes were process oriented and measured the establishment of initiatives or the integration of the initiative into wider professional

training or university syllabi (Queensland Mental Health Commission, 2018; AIVL et al, 2016).

The initiatives which published evaluations show the opportunities for evaluating change at the individual and structural level. Ensuring the objectives are specific and measurable will generate evidence to inform planning.

## 5.6 Effectiveness of initiatives

Less than half of the initiatives reported evidence of effectiveness (8/19) and none of the initiatives reported on any aspects that were ineffective. Although there was no consistent measure of stigma reduction to allow comparison of the initiatives, the successes identified below can inform future efforts. Lack of evaluation of some initiatives impedes translation to other settings. Integrating evaluation into the design of the initiative could also improve evidence on what doesn't work in stigma reduction.

### *Reaching the target group*

For two initiatives whose primary output was a website (NDRI et al, 2014; ARCSHS et al, 2017), dissemination was improved by relevant organisations (NGO partners, research institutes, social media) sharing the link. Using Google analytic tools allowed reporting of the number of unique visits to the websites, tracking of the number of organisations which posted links on their own websites and "click-throughs" from social media campaigns. An embedded survey allowed counting of survey respondents from different sectors. The two initiatives reached students in the health sector before entry to the workforce by integrating the resources into university syllabi.

Language Matters (NADA & NUAA, 2017) has also been disseminated and adapted in a variety of ways to improve its impact across various audiences. The resource has appeared in an article for RACGP (14), been integrated into South Australia's AOD guidance (15) as well as adapted for Australian NGOs (HepVIC) and international NGOs (INPUD). The resource has been integrated into NADA's consumer participation audit tool to promote it as a core element of AOD service delivery.

### *Changing attitudes and/or improving knowledge*

Visitors to the Lives of Substance website endorsed it as a means of challenging stereotypes and praised it for presenting drug use as only a 'part of a person's whole life' (NDRI et al, 2014). Speakers reported feeling empowered by participation in the C-een & Heard programme and by the support received from audience members, peers and programme organisers (Hepatitis NSW, 2015). Pre/post surveys show positive attitude shift as a result of completing the Stigma, Discrimination and Injecting Drug Use HETI eLearning Module and again at three months post-completion (AIVL et al, 2016). There has been no further evaluation since the project's inception in 2016, therefore the possibility should be considered that the resources become less effective as they become outdated. Language Matters (NADA & NUAA, 2017) has had limited evaluation but shows some success in improving training recipients' knowledge: 14/24 respondents reported a change in level of knowledge and confidence in at least one area. A third of respondents (9/24) reported no change in level of knowledge/confidence, but 7 of those scored the resource highly as something that is needed/useful.

## *Reducing structural stigma*

Participant evaluations indicated the soft entry approach reduced the stigma associated with conventional non-Aboriginal services and with drug and alcohol services in general (The Lyndon Community, 2008). Queensland's Changing Attitudes, Changing Lives (Queensland Mental Health Commission, 2018) identified multiple areas to enact structural change and, although evaluation was limited to the process of establishing initiatives, it demonstrates that system-level change was achieved. Two initiatives to reduce structural stigma (AHHA & ASHM, 2018; NADA, 2016) did not report any evaluation, yet the production of the initiatives in response to needs on the ground and using a co-design approach indicate that the initiatives are appropriate. Strategies to support sustainability included integrating initiatives into organisational audits (NADA & NUAA, 2017; ACON, 2019).

## **5.7 Opportunities for AOD stigma reduction to be integrated into existing initiatives**

Consultations with key stakeholders in NSW Ministry of Health identified a number of opportunities to integrate AOD stigma reduction objectives into strategies that are not within the AOD sector (Summarised in Table 2). Such strategies address populations which have a high proportion of AOD consumers such as adult survivors of childhood sexual abuse (NSW Ministry of Health, 2019) or address settings that AOD consumers regularly attend such as the emergency department (NSW Ministry of Health, 2021). The not yet published NSW LGBTI Health Strategy (NSW Ministry of Health, 2022) was identified as important to addressing the needs of LGBTI AOD consumers. Consultations reinforced the importance of breaking down siloed care, especially between AOD and mental health sectors, in order to address stigma at the individual and structural level.

Measuring stigma reduction as a secondary outcome in relevant initiatives would ensure the evaluation of impact is more comprehensive. Employing people who use drugs or have a history of drug use to lead or work in health services has been shown to reduce stigma in some contexts (16) and is a core tenet of NUAA and KRC's Open Clinic (NUAA & KRC, 2018). In consultations, mental health was cited as an area where employing staff with lived experience had been successfully implemented. NUAA noted that current funding did not specify stigma reduction as an objective meaning it was not included as a key performance indicator and therefore not measured. Local Health District staff cited AOD funding as a barrier to employing peers, but also logistical issues i.e. needing Chief Executive discretion to employ peers if they have a criminal record and finding someone in a rural area willing to work in a position that might stigmatise them.

Integrating objectives to reduce AOD-related stigma into ongoing AOD initiatives would generate further evidence about what works. Ensuring the objectives are integrated into strategies outside AOD would go some way to improving siloed care and draw attention to the many contact points that AOD consumers have with health services. To ensure evaluation can inform decision-making, the objectives must be clear and measurable.

**Table 1. Summary of included initiatives**

(Reference) Title - Organisation	Overall strategy	Objectives	Client group	Target group	Evidence of effectiveness	Type	Stigmatised group involved in design/implementation
(NCETA, 2006) <a href="#">Health Professionals' Attitudes Towards Licit and Illicit Drug Users: A training resource</a> - National Centre for Education and Training on Addiction Flinders University	Provide resources to educators and trainers who address alcohol- or drug-related issues in their course curriculum or training programs. Employs hypothetical scenarios, training activities and short measures of attitudes.	To encourage health professionals to explore and evaluate their attitudes towards drug users – particularly perceptions about a client's or patient's deservingness of medical care.	People who use drugs	GPs and nurses (primarily)	None	Information	No
(The Lyndon Community, 2008) <a href="#">Soft entry approach to AOD services for rural Aboriginal communities</a> - The Lyndon Community, Orange East	To increase the use of supplied drug and alcohol services in a rural location in central west New South Wales by offering AOD interventions and discussions on AOD at Aboriginal community events, after attendance of events was approved/invited by local community leaders.	To increase the use of supplied drug and alcohol services in a rural location in central west New South Wales by being present at Aboriginal community events, groups and gatherings and talking about harmful substance use with community members whenever possible	Aboriginal people (not necessarily people who use drugs)	Aboriginal people who use	Soft entry approach achieved the aim of making drug and alcohol services easier to reach for Aboriginal people, especially women, in the study location. The participant evaluations indicate the soft entry approach reduced the stigma associated with conventional non-Aboriginal services and with drug and alcohol services in general.	Structural, empowerment	No
(AH&MRC, 2012) <a href="#">Where's the shame, love your liver! Shame surrounds hep C</a> - Aboriginal Health and Medical Research Council of New South Wales	The Aboriginal hip-hop band 'The Last Kinection' were commissioned by AHMRC to run three day workshops in 10 Aboriginal communities across NSW. People at the workshops participated in an education session about hepatitis C followed by song writing, recording, resource development and animation.	To increase awareness of hepatitis C in an environment where shame and stigma are prevalent.	Aboriginal people	Aboriginal people	170 Aboriginal people involved in the workshops will be able to share their knowledge about hep C with their community. Evaluation of NSW strategy - positive feedback from one participant.	Empowerment	



(Reference) Title - Organisation	Overall strategy	Objectives	Client group	Target group	Evidence of effectiveness	Type	Stigmatised group involved in design/implementation
(NDRI et al, 2014) <a href="#">Lives of substance</a> - National Drug Research Institute (Curtin University), Healthtalk Australia, Monash University, Centre for Social Research in Health (UNSW Sydney).	A website which presents personal experiences of drug use and 'addiction' in people's own words as part of a larger project of complicating public discourses of addiction, countering stigmatising misconceptions and acting as an intervention in the social production of addiction.	To (1) present a more nuanced and sophisticated public discussion of addiction and (2) make an original contribution to the social and cultural production of addiction concepts	People who use drugs	People with experience of drug use, family members, health workers and policymakers.	Published evaluation (17). In the 10-week evaluation period, 3970 unique users visited the website. Comments provided via the online survey endorsed the website as a means of challenging stereotypes and as presenting drug use as only a 'part of a person's whole life'. Twenty-four organisations had linked to the website and 987 social media referrals were recorded. Integration of the resource into tertiary level courses. High proportion of responses from people with a professional interest in the sector	Information, contact with stigmatised groups	Yes
(Hepatitis NSW, 2015) <a href="#">C-eeen and Heard / Hepatitis NSW Speaker Service</a> - Hepatitis NSW	Educational presentations by people living with viral hepatitis to increase understanding of the illness among health and community workers.	Reducing discriminatory attitudes towards people with hepatitis B or hepatitis C and people who inject drugs, to improve the quality of healthcare provided to people living with viral hepatitis.	Clients at risk of or affected by hep B or C	Healthcare and community workers.	Related publication (12). No evaluation of effectiveness of initiative but one study investigated rejection of stigma, through involvement in education and advocacy. Speakers reported feeling empowered by participation in the C&H programme and by the support received from audience members, peers and programme organisers.	Information, contact with stigmatised groups	Yes
(ASHM, 2016) <a href="#">Removing barriers</a> - ASHM	Developing a range of interventions to be rolled out across the health system, including an eLearning module	To address systemic barriers and stigma and discrimination to increase access to the health system by people at risk of or with hepatitis B, hepatitis C or HIV.	People affected by HIV, hepatitis B or hepatitis C	Healthcare practitioners and nurses	Limited evaluation of the eLearning could be found.	Information, participatory learning	Yes

<b>(Reference) Title - Organisation</b>	<b>Overall strategy</b>	<b>Objectives</b>	<b>Client group</b>	<b>Target group</b>	<b>Evidence of effectiveness</b>	<b>Type</b>	<b>Stigmatised group involved in design/implementation</b>
(NADA, 2016) <a href="#">Working with women engaged in AOD treatment</a> - The Network of Alcohol and other Drugs Agencies	A resource that provides structural solutions (building sustainable community partnerships, professional development and worker self-care) to supporting improved work practices with women	To support the provision of best practice interventions for women accessing AOD treatment and to effect organisational change around becoming gender responsive, family inclusive and trauma informed.	Women engaged in AOD treatment	AOD treatment providers	No evaluation found.	Information, structural	Yes
(AIVL et al, 2016) <a href="#">Stigma, Discrimination and Injecting Drug Use HETI eLearning Module</a> - Australian Injecting & Illicit Drug Users League, NSW Users and AIDS Association (NUAA), HETI and the NSW Ministry of Health	The interactive 40-minute eLearning module offers insights and opportunities for self-reflection around attitudes and behaviours toward PWID, with the aim of improving client health outcomes and experiences within health care settings.	To improve the health outcomes for people who inject drugs by: • Reducing stigma and discrimination directed at PWID in health care settings • Improving access to quality therapeutic care for PWID • Strengthening relationships between PWID and health care providers	People who inject drugs	NSW Ministry of Health staff	Published evaluation (18). Pre/post surveys show positive attitude shift as a result of completing the HETI module. This shift was not evident at the 3-month follow-up but it could also be a product of the small sample size. Findings from the evaluation are very positive, indicating that this module impacts on attitudes and on how participants may treat PWID.	Information, contact with stigmatised groups, participatory learning	Yes
(AIVL, 2017) <a href="#">Normal Day stigma and discrimination training module</a> - Australian Injecting & Illicit Drug Users League	Online training module available through ASHM learning system. Includes six part podcast series includes interviews with GPs, pharmacists, researchers, emergency room physicians and GP receptionists	To enhance communication and understanding between people who use drugs and healthcare professionals	People who use drugs	ASHM members	None	Information, contact with stigmatised groups	Yes

(Reference) Title - Organisation	Overall strategy	Objectives	Client group	Target group	Evidence of effectiveness	Type	Stigmatised group involved in design/implementation
(NADA & NUAA, 2017) <a href="#">Language matters</a> - The Network of Alcohol and other Drugs Agencies and NSW Users and AIDS Association	Provide a package of materials to address stigmatising language in AOD settings: a resource that can be used as a reference for person-centred language in AOD settings and accompanying slide deck	To improve treatment access and reduce stigma in AOD treatment settings through a language guide produced in partnership with the community	People who use AOD services	NADA members (primarily)	From stakeholder testing - Fourteen respondents reported a change in level of knowledge and confidence in at least one area - Nine respondents reported no change in level of knowledge/confidence No process outcome evaluation.	Information	Yes
(ARCSHS et al, 2017) <a href="#">Overdose lifesavers</a> - Australian Research Centre in Sex, Health and Society (La Trobe University), National Drug Research Institute (Curtin University), Centre for Alcohol Policy Research (La Trobe University), the Burnet Institute and King's College London	A website which presents the detailed stories of overdose and take-home naloxone administration from people affected by overdose or who consume opioid drugs as video re-enactments, original audio recordings and written extracts.	To create a resource to enhance public and professional understandings of take-home naloxone and to counter stigmatising misconceptions about overdose.	People affected by opioid overdose and thinking about using take-home naloxone	People directly affected by overdose or opioid consumption, and relevant family members, healthcare professionals and policymakers.	Published evaluation (19). 42% of evaluation respondents were interested in website because they work in the sector. In the 10-week evaluation period, Overdoselifesavers.org had 1769 unique visitors. Responses to the survey praised the website as a means of challenging stereotypes and supporting take-home naloxone uptake. Twenty-two organisations had linked to the website and 324 social media referrals were recorded. Integration into tertiary level courses.	Information, contact with stigmatised groups	Yes

(Reference) Title - Organisation	Overall strategy	Objectives	Client group	Target group	Evidence of effectiveness	Type	Stigmatised group involved in design/implementation
(AHHA & ASHM, 2018) <a href="#">Shared planning towards common goals, Addressing systemic barriers and stigma and discrimination to increase access to the health system by people at risk of or with HIV, hepatitis B and hepatitis C</a> – Australian Healthcare & Hospitals Association and ASHM	Makes recommendations based on the outcomes of workshop attended by health services, health service implementation partners, research and communication partners, and community collaborators.	Recommendations: Affordable and equitable treatment pathways. Complete data to facilitate health outcomes. Health care workers with BBV supported in workforce. Resilience in patients. Patients able to lodge complaints.	People at risk of or living with hepatitis B, hepatitis C or HIV.	Healthcare workers, system, patients.	Unclear if recommendations were implemented.	Structural	Yes
(LiverWell, 2018) <a href="#">Language Matters for hep C</a> - LiverWell	A guide with preferred language (adapted from Language Matters)	Reducing stigma by using preferred language	People living with viral hepatitis (or at risk of)	Health professionals, researchers, advocates, the media, or anyone else involved in viral hepatitis.	None	Information	Yes

(Reference) Title - Organisation	Overall strategy	Objectives	Client group	Target group	Evidence of effectiveness	Type	Stigmatised group involved in design/implementation
(Queensland Mental Health Commission, 2018) <a href="#">Changing attitudes, changing lives: Options to reduce stigma and discrimination for people experiencing problematic alcohol and other drug use</a> - Queensland Mental Health Commission	Develop options for reform designed to reduce experiences of stigma and discrimination by people experiencing problematic alcohol and other drug use in Queensland	Three proposed options relevant to healthcare: 1) Health care and social services work to ensure that a welcoming environment that respects the dignity and worth of all clients. 2) To enhance integration and improve pathways across the care continuum the Department of Health, Hospital and Health Services and Primary Health Networks. 3) Queensland Health and the Queensland Police Service to give further consideration to the development of new, evidence-based, innovative harm reduction strategies in Queensland.	People who experience problematic use of alcohol and other drugs	Frontline services	Options were implemented (2020): 1) Development of a 'Youth Alcohol and Other Drug Service Audit' with input from young people to gauge how youth-appropriate services are. 2) Development of the Queensland Alcohol and other Drugs Treatment and Harm Reduction Outcomes Framework (THROF). 3) Implementation of co-responder models (police with a mental health nurse) jointly attending calls for assistance for people with mental health issues and/or problematic substance use.	Structural	Yes
(ACON, 2019) <a href="#">AOD LGBTIQ inclusive guidelines for treatment providers</a> - ACON	An "inclusive practice checklist" for AOD providers	To increase the understanding of AOD workers about the needs of LGBTIQ people and communities, their needs and how to provide an inclusive service response.	LGBTIQ people who use alcohol or other drugs	AOD treatment providers	No evaluation found.	Information	Yes
(APSU/SHARC, 2019) <a href="#">Power of Words. Having conversations about alcohol and other drugs: a practical guide</a> - Alcohol and Drug Foundation, Association of Participating Service Users/Self Help Addiction Resource Centre, Harm Reduction Victoria and Pennington Institute	Package includes digital resource book, application guide, practical guide.	Improving language – through the development of guidelines for language in the alcohol and other drug context; adapting existing guidelines where appropriate, and adding content based on the expertise of the project working group and community consultations.	People impacted by AOD	- People working in government departments - People working in the alcohol and other drug sector - People working in the community, youth and human services sectors - Health professionals, including medical doctors, nurses and pharmacists		Information	Yes

(Reference) Title - Organisation	Overall strategy	Objectives	Client group	Target group	Evidence of effectiveness	Type	Stigmatised group involved in design/implementation
(Metro North Mental Health, Alcohol and Drug Service, 2020) <a href="#">Myths and preconceptions - Insight</a> - Metro North Mental Health, Alcohol and Drug Service, Brisbane	Video which features people with a lived experience sharing their views and experiences as to why myths of AOD use should be challenged, alongside commentary from AOD educators from staff.	To address some of the stigma and discrimination that people who use substances commonly experience.	People who use substances	New practitioners to AOD as well as workers in other service sectors		Information, contact with stigmatised groups	No information
(MNCLHD, 2021) The Daily Dose podcast – HARP Mid-North Coast LHD	Creation of a 6-part podcast, gathered from the stories of people who inject drugs, to provide an informative and educational resource.	Reducing stigma	People who inject drugs	Staff in health networks and the general public	In development, no evaluation built in	Information, contact with stigmatised groups	No information
(QNADA, unknown year) <a href="#">LGBTIQ+ Sistergirl &amp; Brotherboy Cultural Awareness for the AOD Sector</a> - Queensland Network of Alcohol and Other Drug Agencies	eLearning modules with integrated quiz to test knowledge.	To introduce staff to ways to support clients from the LGBTIQ+ community.	LGBTIQ+ people	AOD treatment providers (professionals, volunteers and peer workers)	No evaluation found	Information, participatory learning	No information

**Table 2. Summary of relevant ongoing work where stigma reduction is not an objective**

(Reference) Title - organisation	Overall strategy	Objectives	Client group	Target group	Evidence of effectiveness
(NUAA & KRC, 2018) Open Clinic – NUAA and Kirketon Road Centre	Peer-supported nurse-led primary health care embedded within a needle syringe program. Focuses on prevention, testing, treatment and care for hepatitis C, B, and HIV	To provide peer-supported access to primary health care to clients who may have difficulty accessing mainstream healthcare services.	Clients of the needle syringe program	Health system	No evaluation
(FASD HUB, 2019) <a href="#">FASD language guide</a> - FASD HUB Australia	Resource to guide language used in communication with people with Foetal Alcohol Spectrum Disorder, their family and in communications about people with Foetal Alcohol Spectrum Disorder	Specify “enablers” rather than objectives including: To enhance respectful engagement with those with Foetal Alcohol Spectrum Disorder and their families to reduce the negativity and stigma often associated with Foetal Alcohol Spectrum Disorder.	People with Foetal Alcohol Spectrum Disorder and their families	Professionals who communicate about Foetal Alcohol Spectrum Disorder	No evaluation
(NSW Ministry of Health, 2019) The Pilot Project: specialist integrated service for adult survivors of child sexual abuse with complex needs - NSW Ministry of Health	Develop, pilot, and participate in research and evaluation of, a new integrated service model for adult survivors of child sexual abuse based on the Royal Commission objectives.	Objectives are based on Royal Commission recommendations and include the following. To support funding agreements which require and enable services to: a. be trauma-informed and have an understanding of institutional child sexual abuse b. be collaborative, available, accessible, acceptable and high quality c. use collaborative community development approaches  To fund Aboriginal and Torres Strait Islander healing approaches as an ongoing, integral part of advocacy and support. These approaches should be evaluated in accordance with culturally appropriate methodologies, to contribute to evidence of best practice.	Adult survivors of child sexual abuse	NSW Ministry of Health staff, health systems	Evaluation ongoing

<b>(Reference) Title - organisation</b>	<b>Overall strategy</b>	<b>Objectives</b>	<b>Client group</b>	<b>Target group</b>	<b>Evidence of effectiveness</b>
(NSW Ministry of Health, 2021) <a href="#">Elevating the human experience, Emergency Department Patient Experience initiative</a> – NSW Ministry of Health	Staffing emergency departments with patient experience officers, improving waiting rooms and improving related IT.	To create an environment that makes patients, carers and their families feel welcomed, safe, cared-for and empowered when they enter the Emergency Department	People who use emergency departments	Staff and health system	Evaluation found improvements in the patient experience survey. Patient experience officers had a positive impact on the work of other staff and is viewed as an important part of the emergency department team
(NSW Ministry of Health, 2022) NSW LGBTI Health Strategy	Not published at time of writing.				



## 6 Recommendations and future priorities

Utilising existing initiatives will improve the effectiveness and efficiency of care for consumers of AOD, as well as ensure services are appropriate for the people who use them. Targeting multiple stigmas at the individual and structural levels will improve patient satisfaction and raise expectations of care. The value-based healthcare approach in NSW requires systems to reorient measurable outcomes around what matters to the patient and the patient's experience. Patient engagement is key to delivering this care, evident in the initiatives that were co-designed with the stigmatised population. The findings from this report reinforce key recommendations already identified in the literature (10). Future investment in research and health facility stigma reduction interventions should:

- Ensure long-term initiatives are reviewed periodically by AOD consumers
- Integrate AOD stigma reduction objectives into relevant strategies, including mental health, that address populations with a large proportion of AOD consumers
- Identify stigma reduction as an explicit objective in strategies to ensure it is measured and evaluated
- Integrate rigorous evaluation into the design of the initiative
- Utilise standardized stigma measures (5) to facilitate comparisons between intervention approaches and methods
- Leverage technology for interactive learning beyond video testimonials
- Recognize and address stigma experienced by health workers, including internalized and secondary stigma
- Address populations which experience multiple stigmas, especially those who are not reached by existing initiatives such as culturally and linguistically diverse people
- Target multiple ecological levels, such as individual attitudes and practices as well as the health facility policies and environment
- Tackle multiple stigmas at once, while remaining attentive to the needs of individuals with regards to specific health conditions, primary drug of concern or other characteristics

Recommendations should be implemented by building upon the initiatives that have demonstrated success or opportunities for development. The report identifies three key outcomes where existing initiatives have demonstrated success:

- *Reaching the target group*: Use of website analytic tools to measure interaction with online resources and short embedded surveys understand reach and collect qualitative feedback (NDRI et al, 2014; ARCSHS et al, 2017). Collaborating with AOD organisations, professional bodies and educational institutions to adapt resources for specific audiences (NADA & NUAA, 2017).
- *Changing attitudes and/or improving knowledge*: Integrating lived experience and narratives which challenge the stereotypes of AOD consumers (NDRI et al, 2014). This can also empower the person with lived experience when they receive support from audiences or initiative organisers (Hepatitis NSW, 2015). Resources coupled with a participatory training element improve knowledge of recipients (NADA & NUAA, 2017).
- *Reducing structural stigma*: Several initiatives address structural stigma but they present challenges in evaluation and attributing change to the initiative. Co-

designing these initiatives to ensure they are responsive to the situation on the ground can ensure they are appropriate and sustainable (AHHA & ASHM, 2018; NADA, 2016).

## References

1. Nyblade L, Stockton MA, Giger K, Bond V, Ekstrand ML, Lean RM, et al. Stigma in health facilities: Why it matters and how we can change it. *BMC Medicine*. 2019 Feb 15;17(1).
2. Tindal C, Cook K, Foster N. Theorising stigma and the experiences of injecting drug users in Australia. Vol. 16, *Australian Journal of Primary Health*. 2010. p. 119–25.
3. Brener L, Hippel W von, Kippax S, Preacher KJ. The role of physician and nurse attitudes in the health care of injecting drug users. *Substance Use and Misuse*. 2010 May;45(7–8):1007–18.
4. Treloar C, Holt M. Deficit models and divergent philosophies: Service providers' perspectives on barriers and incentives to drug treatment. *Drugs: Education, Prevention and Policy*. 2006;13(4):367–82.
5. Brener L, von Hippel W. Measuring attitudes toward injecting drug users and people with hepatitis C. *Substance Use and Misuse*. 2008;43(3–4):295–302.
6. Broady T, Brener L, Hopwood M, Cama E., Treloar C. Stigma Indicators Monitoring Project: Summary Report. Phase Two. Sydney; 2020.
7. von Hippel W, Brener L, von Hippel C. Implicit Prejudice Toward Injecting Drug Users Predicts Intentions to Change Jobs Among Drug and Alcohol Nurses. Teachman & Woody; 2003.
8. Broady TR, Brener L, Cama E, Hopwood M, Treloar C. Stigmatising attitudes towards people who inject drugs, and people living with blood borne viruses or sexually transmissible infections in a representative sample of the Australian population. *PLoS ONE*. 2020 Apr 1;15(4).
9. Lim T, Zelaya C, Latkin C, Quan VM, Frangakis C, Ha TV, et al. Individual-level socioeconomic status and community-level inequality as determinants of stigma towards persons living with HIV who inject drugs in Thai Nguyen, Vietnam. *Journal of the International AIDS Society*. 2013;16(3 Suppl 2).
10. Nyblade L, Stockton MA, Giger K, Bond V, Ekstrand ML, Lean RM, et al. Stigma in health facilities: Why it matters and how we can change it. *BMC Medicine*. 2019;17(1):1–15.
11. Jurgens R. “Nothing About Us Without Us” - Greater meaningful involvement of people who use illegal drugs: A public health, ethical, and human rights imperative. 2008.
12. Cama EJ, Wilson H, Mackenzie A, Brener L. Hepatitis C Stigma and Empowerment Through Positive Speaking in Sydney, Australia. *Journal of Community and Applied Social Psychology*. 2015 Sep 1;25(5):418–31.
13. Brener L, Von Hippel W. Measuring attitudes toward injecting drug users and people with hepatitis C. *Substance Use and Misuse*. 2008;43(3–4):295–302.

14. Wilson H. How stigmatising language affects people in Australia who use tobacco , alcohol and other drugs. *Australian Journal of General Practice*. 2020;49(3):155–8.
15. South Australian Network of Drug and Alcohol Services and Drug and Alcohol Services South. *South Australian Network of Drug and Alcohol Services and Drug and Alcohol Services South Australia*. Adelaide; 2018.
16. Chang J, Shelly S, Busz M, Stoicescu C, Iryawan AR, Madybaeva D, et al. Peer driven or driven peers? A rapid review of peer involvement of people who use drugs in HIV and harm reduction services in low- and middle-income countries. *Harm Reduction Journal*. 2021;18(1):1–13.
17. Treloar C, Pienaar K, Dilkes-Frayne E, Fraser S. Lives of Substance: a mixed-method evaluation of a public information website on addiction experiences. *Drugs: Education, Prevention and Policy* [Internet]. 2019;26(2):140–7. Available from: <https://doi.org/10.1080/09687637.2017.1397602>
18. Brener L, Cama E, Hull P, Treloar C. Evaluation of an online injecting drug use stigma intervention targeted at health providers in New South Wales, Australia. *Health Psychology Open*. 2017;4(1).
19. Farrugia A, Treloar C, Fraser S. Overdoselivesavers.org: a mixed-method evaluation of a public information website on experiences of overdose and using take-home naloxone to save lives. *Drugs: Education, Prevention and Policy* [Internet]. 2021;0(0):1–11. Available from: <https://doi.org/10.1080/09687637.2020.1858758>

## Appendix 1. Key stakeholder consultations

<b>Date</b>	<b>Name</b>	<b>Organisation</b>
29 October	Suzie Hudson	NADA
29 October	Sianne Hodge	NADA
12 November	Tish Bruce	Health and Social Policy (aged care, community care priority population, LGBTI health strategy), NSW Ministry of Health
12 November	Sarah Morton	Disability portfolio, NSW Ministry of Health
12 November	Elizabeth Best	Maternity child and family health, NSW Ministry of Health
12 November	Elisabeth Murphy	Child and family/ first 2000 days, NSW Ministry of Health
15 November	Beaver Hudson	Mental health (Nursing and midwifery), NSW Ministry of Health
16 November	Corina Backhouse	Adult survivors of CSA strategy, NSW Ministry of Health
19 November	Anne Marie Hadley	Elevating the human experience, NSW Ministry of Health
22 November	Vince Ponzio	Mental health (Intellectual Disability), NSW Ministry of Health
1 December	Charles Henderson	NUAA
1 December	Lucy Pepolim	NUAA
6 December	Deryk Slater	WNSWLHD - Drug & Alcohol
6 December	Kristine Smith	WNSWLHD - Drug & Alcohol
8 December	Melissa McInnes	FW LHD - Mental Health and Drug & Alcohol Service

## Appendix 2 Search strategy

Database	Restriction	Search strategy
Google	First five pages	Stigma* AND (drugs OR alcohol OR hepatitis OR bbv OR opioid* OR heroin OR ice OR methamphetamine OR methadone OR buprenorphine) AND (“AOD” OR “alcohol and other drugs” OR health OR medic* OR doctor OR nurse OR treatment OR hospital OR clinic OR service) AND (Australia OR “NSW” OR “New South Wales”)
Google – peer-led organisations	First five pages	Stigma* site: nuaa.org.au aivl.org.au hrvic.org.au harmreductionwa.org quihn.org cahma.org.au ntahc.org.au sharc.org.au
Google – drug health organisations	First five pages	Stigma* site: adf.org.au damec.org.au nada.org.au qnada.org.au vaada.org.au wanada.org.au sandas.org.au
Google – hepatitis organisations	First five pages	Stigma* site: hep.org.au hepatitisaustralia.com hepatitissa.asn.au hepvic.org.au hepatitiswa.com.au
Google – other relevant organisations	First five pages	salvationarmy.org.au uniting.org <a href="http://livesofsubstance.org/">livesofsubstance.org/</a> <a href="http://rethinkaddiction.org.au/about">rethinkaddiction.org.au/about</a> <a href="http://positivechoices.org.au/">positivechoices.org.au/</a> <a href="http://cracksintheice.org.au/">cracksintheice.org.au/</a> <a href="http://acon.org.au/">acon.org.au/</a> Recovery Colleges e.g. <a href="https://www.seslhd.health.nsw.gov.au/recovery--wellbeing-college">https://www.seslhd.health.nsw.gov.au/recovery--wellbeing-college</a> (but may have more focus on self-stigma)
APSA, Viral Hepatitis conference/ ASHM	Abstracts from last 15 years	Stigma

## Appendix 1. Items excluded after full text screening

Title - Organisation	Reason for exclusion
<a href="#">(201Pivot Point: A resource to support LGBTQ people affected by drug or alcohol use - ACON</a>	Stigma reduction in healthcare not primary objective
<a href="#">Message guide drug stigma - Common Cause</a>	Not specific to healthcare
<a href="#">Cracks in the Ice - Australian Government Department of Health, website link opens in a new window, and was developed by the Matilda Centre for Research in Mental Health and Substance Use at the University of Sydney</a>	Evaluations do not address stigma
<a href="#">Strategy for the Alcohol and Other Drug Peer Workforce in Victoria - SHARC</a>	Stigma reduction not an objective
<a href="#">Stigmawatch - Sane</a>	Not specific to healthcare
<a href="#">National Stigma and Discrimination Reduction Strategy - Mental Health Commission</a>	AOD consumers not target population
Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability - Mental Health Commission	AOD stigma not an objective
Really positive - NUAA & AIVL	Not available online online
Putting together the puzzle - QUIHN	Developed into the HETI module
<a href="#">Best practice media reporting of crystal methamphetamine - Everymind</a>	Not specific to healthcare
<a href="#">HepTalk - Hepatitis SA</a>	Further information not available
<a href="#">Apply pressure here - HRVIC</a>	Further information not available

Title - Organisation	Reason for exclusion
<a href="#">C the person not the disease - Hepatitis WA</a>	No information on background and implementation
<a href="#">Stigma and Discrimination in relation to the use of illicit drugs - Edith Cowan University</a>	No information on background and implementation
<a href="#">Stigma and discrimination position paper - ATDC</a>	No information on implementation
<a href="#">Stigma, Discrimination and Hepatitis B - La Trobe</a>	No information on implementation
<a href="#">CALD communities, Stigma and Discrimination - DAMEC</a>	No information on implementation
<a href="#">(2020) Don't judge and listen - Queensland Mental Health Commission</a>	No information on implementation
<a href="#">(2021) Increasing Aboriginal people's use of services that reduce harms from illicit drugs project final report - Curtin University</a>	No information on implementation
<a href="#">Systemic barriers, stigma and discrimination preventing people living with viral hepatitis or HIV accessing care - ASHM</a>	No information on implementation
<a href="#">Reducing AOD stigma - WANADA</a>	No information on implementation
<a href="#">Lived experiences of stigma and discrimination among people accessing SWSLHD Drug Health Services - La Trobe University</a>	No information on implementation
<a href="#">(2019) HEPReady - Hepatitis Victoria/LiverWELL</a>	Not clear how it aimed to address stigma
<a href="#">Rethink Addiction - Rethink</a>	Stigma reduction in health services not main objective
<a href="#">Marketing for Change - WANADA</a>	Not clear if the plan was actually carried out
<a href="#">APSU podcast - Association of Participating Service Users</a>	No information on background



<b>Title - Organisation</b>	<b>Reason for exclusion</b>
<a href="#">We found out who our friends were - DASSA</a>	No information on background
<a href="#">Mindframe guidelines - Mindframe</a>	No information on background
<a href="#">Infectious personalities - Hepatitis QLD</a>	No information on background
<a href="#">Positive Speakers - Hepatitis SA</a>	No information on background
Afternoons with Max Marshall - AIVL	Not healthcare setting specific
<a href="#">(2019) Safe Space - HRWA</a>	Only poster available
<a href="#">(2015) Evaluation of the AOD peak bodies' roles in building capacity in the non-government AOD sector</a>	Stigma reduction not primary objective
<a href="#">Supporting refugee and asylum seeker peoples experiencing alcohol and other drugs (AOD) issues - QNADA</a>	Stigma reduction not primary objective
<a href="#">Family violence - VAADA</a>	Stigma reduction not objective
<a href="#">CALD AOD - VAADA</a>	Stigma reduction not objective
<a href="#">Living Well in Focus 2020 – 2024 - Mental Health Commission</a>	Stigma reduction not objective
<a href="#">(2018) A practical guide for clinicians, frontline workers, family of people with problematic substance use, and consumers - Turning Point</a>	No information on implementation
<a href="#">Strategic Framework for Suicide Prevention in NSW 2018–2023 - NSW Ministry of Health</a>	Not specific to AOD