

DRUGS IN REGIONAL & RURAL AUSTRALIA

Drug-use patterns, types of drugs used, the associated harms and access to services vary considerably between metropolitan and regional areas. Anonymity, choice, information and support are much reduced for injecting drug users the further they live from major cities.

Caroline Day and colleagues from the National Drug and Alcohol Research Centre (NDARC) compared patterns of drug use, harms, and service access and utilisation among rural and metropolitan injecting drug users from seven different NSW Area Health Services in 2005. They interviewed 164 people living in rural areas and 96 people from metropolitan areas and found that those living in rural areas were less likely to report daily heroin use than those living in metropolitan areas (2 per cent for rural and 10 per cent for metropolitan). They also found that people living in rural areas were more likely to have injected morphine in the six months prior to the survey (50 per cent for rural and 21 per cent for metropolitan).

Anecdotally, rural and regionally based injectors can be more opportunistic in their drug use - using the drugs that are available at the time. Often, this involves accessing pharmaceutical drugs.

According to Kerri Shying, a Needle and Syringe Program (NSP) Support Worker with the NSW Users and AIDS Association based in the Hunter region, 'plenty of amphetamines, speed (gas), base (pure) and crystal, and heroin, of course [are used in the region].'

'We also have a lot of opiate users who use pills like MSContin. We call them "pharmers",' she says.

Differences have also been noted in the location of drug consumption for metropolitan and rural and regional injectors. Those in metropolitan areas were more likely to report last injecting at home than rural participants (75 per cent rural, 57 per cent metropolitan), whereas rural injectors in the NDARC study were more likely to report last injecting at a friend's home (28 per cent rural, 13 per cent metropolitan). Other locations included cars (6 per cent rural, 2 per cent metropolitan) and public places (6 per cent rural, 3 per cent metropolitan).

Caroline and colleagues also found that those who live in non-metropolitan areas are less likely to access NSPs. Issues of confidentiality and discrimination, physical distance and ability to travel to services, lack of awareness of services available, and simply the lack of services available in some areas are among the various issues that impact on NSP use. While sterile injecting equipment may be available from NSPs located in hospitals, community health centres and from pharmacies, fear of public disclosure can mean that potential clients do not use them.

Public disclosure and ducking the 'junkie' label Kerri is well aware of the stigma and discrimination that often come with injecting drug use in small (and even not so small) towns. 'Being identified in your community as a drug

user, you might as well have a bell tied round your neck! Because of the interwoven nature of rural/regional life, it's pretty hard for the news not to spread like a rash through the health care workers,' Kerri said.

Confidentiality and discretion are essential in these communities to ensure services are accessible. As Kerri explained, services such as NSPs based in non-health settings, can 'give you a dual reason for going in and you can duck the "junkie" label.'

'Women with kids are especially afraid of the ramifications of admitting to drug use,' she notes. Women who are using drugs may be fearful of being stigmatised and labelled as 'unfit' mothers. There is also the risk of losing custody of their children.

Being 'outed' as an injecting drug user is not just limited to disclosures by service providers. Local newspapers can be a common source of disclosure. Because police charges are reported in the local media, and often become news articles, small communities can easily identify the people named. This type of public 'shaming' can impact on employment, relationships and the health and wellbeing of the people involved.

The impact of stigma

Non-users can be suspicious or dismissive of known users. This can cause alienation, and force users to restrict their social relationships to drug using networks. Because of this, it is said that 'dabbling' is not possible in the country. For young people, this exclusion from the 'mainstream' can show up as a marked change in appearance or attitude, which, of course, can compound the discrimination.

Attitudes to drug use and drug users have an impact on people's access to services and the standard of health care provided. According to Kerri, sometimes the NSPs themselves can be the target of negative stories in the press. 'It's easy for community distaste for NSPs to end up as the banner headline of the local paper,' she says.

This public awareness reduces the likelihood that people will utilise services, again impacting seriously on health and wellbeing. 'I think the impact is especially severe on young people, who are keen to avoid being labelled and may not access a service for that reason,' Kerri says.

In rural and regional areas it has been reported that some doctors refuse to take on patients who are known to have hepatitis C and/or use injecting drugs. It is thought this may be due to a lack of knowledge on the part of the doctor, but it may also be a result of social pressure from others. Whatever the reason, perceived or real discrimination by doctors, means patients

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will be unlikely to disclose their drug use or hepatitis status, which may lead to inadequate or inappropriate treatment.

In addition, because there are fewer services in regional and rural areas, people either may not realise that they are entitled to better care and support, or have no other options. Yet people living in smaller communities are likely to have fewer friends and family to provide reassurance and support and may therefore rely more heavily on health-related services.

Stigma, discrimination and confidentiality in rural and regional communities are serious issues. Many workers are attempting to address the challenge so as to improve the health of Australians living in regional and rural communities.

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