



ONTARIO  
HIV & Substance Use  
Training Program

## Stigma and Discrimination

Updated: August 2011

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## Stigma and Discrimination

**Goal:**

- To increase participants' understanding of the impact that stigma and discrimination have on people with HIV.

**Objectives:**

- To invite participants to examine their own values, attitudes and beliefs pertaining to people living with HIV/AIDS and people who use substances.
- To examine the origins and impact of specific judgmental attitudes to differences.
- To consider how participants and their organizations may perpetuate HIV stigma and discrimination.
- To assist participants in learning how to manage personal values, attitudes and beliefs in professional roles.

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## Our Role

Health professionals bear a significant responsibility for efforts to reduce discrimination and promote social cohesion. They must understand that promoting and protecting human rights, are essential for promoting and protecting health... since discrimination (and other human rights issues) were found, not only to be tragic results of the pandemic, but to be root societal causes of vulnerability to HIV.

- J.Mann, BMJ 1996;312:924-925 (13 April)

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## Values, Attitudes and Beliefs

Where do they come from?

- Families (early childhood, upbringing)
- Friends
- Schools
- Religious institutions
- Communities
- Cultural groups
- Government institutions
- Media (television, magazines, radio)
- Colleagues

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## Values

- Navigators of Life
  - They assist us in maintaining a sense of who we are in the world and where we belong
  - Help us determine how we tend to view the world
  - Our belief system
- Developmental Experiences form values
  - Familial; cultural; religious; work; friends; government; media
- Ongoing process
  - As we age and experience, our values can change
  - Values clarification
- What is it about your values that got you doing your work?

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## Attitudes and Beliefs

- Outward expression of our values
  - Behaviour
  - Our attitudes regarding a particular issue will reflect our values toward the same issue
- HIV/AIDS
- Drug/Substance Use

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## Oppression

“Unjust or cruel exercise of authority or power”  
(Webster)

- Mistreatment
- Institutionalization
- Residential Schools
- Socially Condoned
- Of a group
- By another group or people acting on behalf of society as a whole

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## Power/Privilege

Women	Men
Poor	Rich
People of colour	White people
Jews; Muslims; atheists	Christians
LGBTQQI2-S	Straight
People with disabilities	Able bodied people
Self-educated	Formally educated
Workers	Owners/managers
Patient	Doctor
Client	Service Provider

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## Stigma

The following slides are based on a presentation  
from the Pan American Health Organization

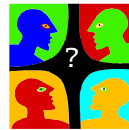
The origin of the word is Greek and refers to the physical mark made by fire or with knives, on individuals considered outsiders or inferiors.



- Today, the physical marks have gone, but stigma remains, based on one or more factors, such as: age, class, colour, ethnicity, religion, gender, sexual orientation...

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## Discrimination



The original meaning of  
“discriminate” was:

*To note differences.*

Currently it means:

To perpetrate an unjust action against individuals who belong to a particular group, in particular, stigmatized groups.

Discrimination occurs both from outside a group, as well as within that group.

For instance, HIV negative IDU's or gay men may discriminate against HIV positive members of their group.

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## Origins and Causes of Stigma and Discrimination

While discrimination can take many forms, it is basically divided into two categories: community or legislative

### Community Discrimination

Actions, or inaction, in less formal contexts, such as the workplace, or social settings such as a marketplace, sports center, or bar.



### Legislative Discrimination

Enshrined in law or policy.



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## Stigma and discrimination can happen in a vicious cycle

Stigma allows, or encourages discriminatory attitudes.  
“HIV+ injection drug users care less about their health than others”

Acts of discrimination draw attention to or increase stigma  
“HIV+ injection drug users aren't serious about treatment”

These attitudes are often reflected in discriminatory behavior that results in acts of discrimination.  
“I don't want that client to influence the attitudes of others in my treatment group”

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## Population Health

- Our understanding of what makes and keeps people healthy continues to evolve and be further refined.
- A population health approach reflects the evidence that factors outside the health care system or sector significantly affect health.
- It considers the entire range of individual and collective factors and conditions - and their interactions - that have been shown to be correlated with health status.
- These are complex and inter-related.
- Commonly referred to as the "Determinants of Health", these factors currently include...

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## Determinants of Health and Vulnerability to Substance Use and HIV Infection

- Income and Social Status
- Social Support Networks
- Education
- Employment/Working Conditions
- Social Environments
- Physical Environments
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Biology and Genetic Endowment
- Health Services
- Gender
- Culture

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## Carol

Carol is a 37 year old mother of two children. She has just been released from prison where she served 18 months for trafficking. She tested positive for HIV and Hep C in jail. Carol is still in shock from this and is in great distress. She cries a lot, apologizes a lot and is in the office daily seeking help. Her family has cut her off from any support and her kids are in care.



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## Questions to consider...

- Does she need treatment for substance use?
- What support/resources does she have/need?
- Is she receiving OW or ODSP?
- Does she have medical care and is she on HIV meds?
- What immediate concerns do you have for her?
- What are her housing options?
- Any other medical issues?

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## Determinants of Health and Vulnerability to Substance Use and HIV Infection

### Influences affecting self worth/esteem:

- Grief Loss Bereavement
- Depression
- Social Exclusion
- Stigma
- Discrimination
- Homophobia
- Racism
- Loss of Hope

### Risk Behaviours:

- Alcohol/Drug Use
- Unprotected Sex
- Presence of STI
- Multiple and Anonymous Partnering

Acquisition or Transmission of HIV or STI

Intimacy, pleasure and the brain's response...What is sex for anyway?

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## Women

Women in Ontario most vulnerable to HIV are:

- Aboriginal
- From African and Caribbean countries
- Injection drug users
- In prison
- Street involved
- Women who trade or sell sex

- The stigma and discrimination associated with being part of those groups may doubly, even triply, affect women.
- This stigma is often extended to women who contract HIV from their husbands or partners.



## Gay and Bisexual Men

Factors that influence HIV/AIDS stigma in the specific context of gay and bisexual men include:

- The sexual transmission of HIV amongst gay men.
- Pre-existing negative attitudes and beliefs towards men who have sex with men.
- The association of gay sex with behaviours regarded as "deviant". Gay men are often seen as "deserving" to be HIV positive.
- Because of the pre-existing context of homophobia and the fact that gay men remain one of the main groups affected by the epidemic in many parts of the world, stigmatization and discrimination against gay men is still widespread.



## People from HIV Endemic Countries

Stigmatizing attitudes toward HIV-positive people exist from outside and within African and Caribbean communities, based on a range of interrelated assumptions about who gets HIV and why. In African and Caribbean communities in Toronto, people who are infected with HIV, or thought to be infected, are assumed to:

- Be homosexual (if the person is a man)
- Be sexually promiscuous (especially women)
- Have violated their cultural and/or religious moral code (e.g., through sex outside marriage or sex with people of different cultural/religious backgrounds).



## People from HIV Endemic Countries

- *"Especially for poor people like me, it's not easy. Life is tough plus [HIV] and it makes it very complicated to live day in, day out, you know?"*
- Many African and Caribbean people in Toronto experience low socio-economic status, and so, survival is the top concern. When the majority of energy and time is spent seeking steady income and securing basic necessities (such as food, housing, and family care), health status is a much lower priority, unless it seriously affects the ability to survive.
- *"We live with it every day. It's not just HIV...I'm Black...I'm a woman...I was a single mom...on social assistance. Right there I cover all the grounds for you."*

From ACCHO

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## Aboriginal Peoples

"The extent of the epidemics incursion into Aboriginal society and communities speaks to the social and human rights problems evident in this country. The incarceration, suicide, drug and alcohol use and poverty rates are all very significantly higher among Aboriginal people in Canada than among the non-Aboriginal population." 89

"Aboriginal people with HIV/ AIDS live with many layers of stigma and discrimination".... de Bruyn, 1998: 58



## Aboriginal Peoples

- Life expectancy at birth is lower
- Infectious diseases of all kinds are more common among Aboriginal peoples
- Incidence of life threatening degenerative conditions is rising
- Overall rates of injury, violence and self-destructive behaviour is very high
- Rates of overcrowding, educational failure, unemployment, welfare dependency, and incarceration point to major imbalances in social conditions that shape the well-being of Aboriginal peoples



## People Who Do "Drugs"

- Drug use is a powerful source of stigma and discrimination.
- The stigma attached to drug use is reinforced by the fact that it is an illegal and covert activity, and that there is no legal protection available to people who use drugs.
- There is also a stereotype of drug users as being "junkies" and "bad" when in fact many drug users are employed, bring up families, are financially stable, are good neighbours and good friends.
- Alcohol as a drug?



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## People Who Use Crack Cocaine

People of all income levels use crack and other substances for a variety of personal and systemic reasons. Drugs are often used to help people cope with illness, trauma, stress or pain and to relieve isolation and boredom.

Ongoing myths and misconceptions that characterize crack users as chaotic and dangerous, coupled with the realities of a powerful addiction that can be difficult to control, have contributed to the intense stigmatization and marginalization of people who use crack. As a result, few treatment services or support options are available.



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## People Who Use Crack Cocaine

Homeless adults who use crack face discrimination and poor treatment from service providers.

- 50% of homeless adults who use crack said they had been judged unfairly or treated with disrespect by a health care provider in the past year.
- The most common reasons people felt they were discriminated against were because of their use of alcohol or drugs or because the health care provider thought they were drug-seeking.
- 24% of homeless adults who use crack reported having had at least one negative experience with hospital security, including being told to go away, verbally assaulted, physically removed or beaten up.



The Street Health Report 2007 Research Bulletin #3: Homelessness & Crack Use.  
Street Health, Toronto, October 2008.

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## Ontario Needle Exchange Data

Table 9 Drug Use Patterns: Engagement in Smoking Crack

		N=1044	
		N (%)	
Frequency of smoking crack in the six months prior to interview		N=1036	
	Not every week	375	(36.2)
	Once or twice a week	179	(17.3)
	Three or more times a week	221	(21.3)
	Daily	261	(25.2)
Days smoked crack in month prior to interview		N=930	
	Mean (Standard Deviation)	14.00 (10.69)	
	Range	1 to 31	
Number of times a day smoked crack		N=982	
	Mean (Standard Deviation)	21.90 (49.63)	
	Range	1 to 1000	

- OHRDP Wave 1

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## People Who Use Injection Drugs

- Discrimination against injecting drug users (IDUs) is widespread, especially in the health care area, with some health professionals refusing to provide proper medical care or access to social services.
- IDUs are also likely to be discriminated against by the police, not just because of the illegality of injecting drug use, but also because of their status as "second class citizens"
- Prejudice and discrimination against IDUs makes those not yet infected with HIV and HCV more vulnerable, so facilitating the progression of HIV and HCV infection.
- People who have acquired HIV through injecting drug use face a double stigma. They are marginalized and discriminated against on the basis of their drug use, as well as their HIV status.



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## Ontario Needle Exchange Data

Table 1 Drug Use Patterns: Frequency of Injecting Six Months Prior to Interview

		N=1622	
		N (%)	
Frequency of Injecting Six Months Prior to Interview		N=1606	
	Not every week	395	(24.6)
	Once or twice a week	310	(19.3)
	Three or more times per week	322	(20.0)
	Daily	579	(36.1)
Days injected in month prior to interview		N=1415	
	Mean (standard deviation)	16.39 (11.29)	
	Range	1 to 31	
Number of times a day injected		N=1586	
	Mean (standard deviation)	5.17 (6.76)	
	Range	1 to 70	

- OHRDP Wave 1

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## Incarcerated People

- To a great extent, prisons are home to people who have been socially marginalized, people who suffer from addictions and other mental health issues, people who are poor, people who have low levels of literacy, and people who have suffered physical, emotional and psychological abuse, including the effects of colonization in the case of many Aboriginal prisoners.
- Prior to being imprisoned, some of these people engaged in behaviours that put them at risk for HIV and HCV, and some were infected with HIV, HCV or both.



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## Incarcerated People

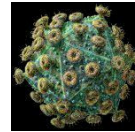
- These behaviours often continue or may be initiated in prison, with potential consequences for HIV and HCV transmission, particularly where access to information and prevention measures are limited or non-existent.
- HIV testing in the prison setting raises the issue of confidentiality in relation to medical information, and specifically HIV status.
- The consequences of unauthorized disclosure in the prison setting can be extreme, including verbal abuse, stigma, discrimination in medical and other decision-making and treatment, threats of and actual physical violence and, in some cases, even death.



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## HIV/AIDS-Related Stigma and Discrimination

Stigma has long been associated with diseases that provoke disfigurement, such as leprosy... and death, such as cholera.



As the cause of both disfigurement and death, HIV/AIDS provides fertile ground for stigma to take root.

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## Stigma of People with HIV/AIDS

Fear of contagion coupled with negative, value-based assumptions about people who are infected leads to high levels of stigma surrounding HIV/AIDS. Factors that contribute to HIV/AIDS-related stigma:

- HIV/AIDS is a life-threatening disease.
- HIV infection is associated with behaviours (such as homosexuality, drug addiction, prostitution or promiscuity) that are already stigmatized in many societies.
- Most people become infected with HIV through sex. Sexually transmitted diseases are always highly stigmatized.
- There is a lot of inaccurate information about how HIV is transmitted.
- HIV infection is often thought to be the result of personal irresponsibility.
- Religious or moral beliefs lead some people to believe that being infected with HIV is the result of moral fault (such as promiscuity or 'deviant sex') that deserves to be punished.

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## Stigma of People with HIV/AIDS

The fact that HIV/AIDS is a relatively new disease also contributes to the stigma attached to it. The fear surrounding the emerging epidemic in the 1980's is still fresh in many people's minds. At that time very little was known about the transmissibility of the virus, which made people scared of those infected due to fear of contagion.

From early in the AIDS epidemic a series of powerful ideas were used that reinforced and legitimized stigmatization...

- HIV/AIDS as punishment (e.g. for immoral behaviour)
- HIV/AIDS as a crime (e.g. in relation to innocent and guilty victims)
- HIV/AIDS as war (e.g. in relation to a virus which must be fought)
- HIV/AIDS as horror (e.g. in which infected people are demonized and feared)
- HIV/AIDS as otherness (in which the disease is an affliction of those set apart)

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## Stats on HIV Stigma

- 32% of people believe incorrectly that HIV can be transmitted through kissing.
- 29% believe incorrectly that HIV can be transmitted through a mosquito bite
- 49% feel uncomfortable using a restaurant drinking glass once used by a person living with HIV/AIDS.
- 26% would be very or somewhat uncomfortable working in an office where someone is known to be infected with HIV/AIDS.
- 26% feel uncomfortable even wearing a sweater once worn by a person living with HIV/AIDS.
- 20% do not believe in supporting the rights of people living with HIV/AIDS.

EKOS research Associates, Inc., HIV/AIDS Attitudinal Tracking Survey 2006: Final Report to Health Canada, March 31, 2006, available online at [http://www.phac-aspc.gc.ca/aids-sida/publication/por/2006/pdf/por06\\_e.pdf](http://www.phac-aspc.gc.ca/aids-sida/publication/por/2006/pdf/por06_e.pdf)

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## HIV Stigma Scale

Barbara Berger 1996

The study asked about some of the social and emotional aspects of having HIV. People rated their experiences, feelings, and opinions as to how people with HIV feel and how they are treated.

1. In many areas of my life, no one knows that I have HIV
2. I feel guilty because I have HIV
3. People's attitudes about HIV make me feel worse about myself
4. Telling someone I have HIV is risky
5. People with HIV lose their jobs when their employers find out
6. I work hard to keep my HIV a secret
7. I feel I am not as good a person as others because I have HIV
8. I never feel ashamed of having HIV
9. People with HIV are treated like outcasts

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## HIV Stigma Scale

Barbara Berger 1996

10. Most people believe that a person who has HIV is dirty
11. It is easier to avoid new friendships than worry about telling someone that I have HIV
12. Having HIV makes me feel unclean
13. Since learning I have HIV, I feel set apart and isolated from the rest of the world
14. Most people think that a person with HIV is disgusting
15. Having HIV makes me feel that I'm a bad person
16. Most people with HIV are rejected when others find out
17. I am very careful who I tell that I have HIV
18. Some people who know I have HIV have grown more distant
19. Since learning I have HIV, I worry about people discriminating against me
20. Most people are uncomfortable around someone with HIV
21. I never feel the need to hide the fact that I have HIV
22. I worry that people may judge me when they learn I have HIV
23. Having HIV in my body is disgusting to me

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## HIV Stigma Scale

Barbara Berger 1996

24. I have been hurt by how people reacted to learning I have HIV
25. I worry that people who know I have HIV will tell others
26. I regret having told some people that I have HIV
27. As a rule, telling others that I have HIV has been a mistake
28. Some people avoid touching me once they know I have HIV
29. People I care about stopped calling after learning I have HIV
30. People have told me that getting HIV is what I deserve for how I lived my life
31. Some people close to me are afraid others will reject them if it becomes known that I have HIV

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## HIV Stigma Scale

Barbara Berger 1996

32. People don't want me around their children once they know I have HIV
33. People have physically backed away from me when they learn I have HIV
34. Some people act as though it's my fault I have HIV
35. I have stopped socializing with some people because of their reactions to my having HIV
36. I have lost friends by telling them I have HIV
37. I have told people close to me to keep the fact that I have HIV a secret
38. People who know I have HIV tend to ignore my good points
39. People seem afraid of me once they learn I have HIV
40. When people learn you have HIV, they look for flaws in your character

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## Language

### • Intent in words: reducing stigma

Words that restrict us to one part of our experience	Acknowledging that we are complex individuals
Addict, junkie, crack head	People who use drugs, and, honestly, we all use drugs. Treating someone as worse doesn't help us have honest and realistic conversations about harm reduction or safety
AIDS patient, infection/infectious, spread	People living with HIV; living with a health condition doesn't get easier if we judge it or treat it like a death sentence. Putting blame on people living with HIV doesn't make accessing treatment or treatment easier.
Hooker, prostitute, whore	People working in the sex trade or sex worker. Sex work is a job, a job that faces a lot of judgement, adding to that doesn't make it easier or safer

\* Copied from Youth Co AIDS Society, 2011

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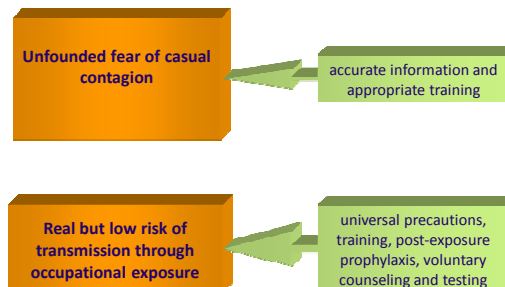
## Stigma and Discrimination in the Health Services Sector

- Refusal to admit patients
- Treatment delayed or withheld
- Other forms of care (food, hygiene) delayed or withheld
- Non-attendance to patients in beds
- Testing without consent
- Breach of confidentiality
- Inappropriate comments or behavior
- Selective use of universal precautions
- Use of excessive precautions



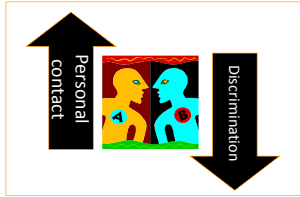
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## Stigma and Discrimination in the Health Services Sector



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## Reducing Stigma and Discrimination in the Health and Social Services Sector



Personal contact, combined with accurate knowledge of the disease, is a significant element in improving workers' attitudes and behavior towards people with HIV/AIDS.

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## Suggested Goals and Activities

- Staff receiving appropriate knowledge and skills
- Conspiracy of silence and secrecy broken
- Supportive and safer workplaces created
- Adequate supplies and protective equipment provided
- Increased access to post-exposure care and treatment
- Appropriate policy and guidelines to govern interaction between health workers and patients (Codes of ethics and other)
- Reinforcement of the implementation of universal precautions



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