



**INCREASING ABORIGINAL PEOPLES' USE OF SERVICES
THAT REDUCE HARMS FROM ILLICIT DRUGS PROJECT
SUMMARY REPORT: MAY 2021**

Kent Street, Bentley WA 6102
Building 400 Level 4
Email: siren@curtin.edu.au
Web: <http://siren.org.au/>

Please direct all correspondence to:

Dr Roanna Lobo
SiREN Project, Collaboration for Evidence, Research and Impact in Public Health
School of Population Health, Curtin University
GPO Box U1987
Perth, WA 6845

Cover artwork by Mavis, 19 yrs Female, who is Wongai, Yamaji and Torres Strait Islander.

Mavis has been painting for 3 years and has found her passion in creating pieces symbolic of connection and non-judgement, encouraging Aboriginal people to work through feelings of shame and seek support to be able to reconnect with others.

This piece is unnamed and encompasses concepts of sharing without shame.

A safe space. A yarning circle.

The colours represent sands and water, a transitional environment inclusive of different lands.

The symbols in the corners represent women and men coming together to share without judgement.

INCREASING ABORIGINAL PEOPLES' USE OF SERVICES THAT REDUCE HARMS FROM ILLICIT DRUGS PROJECT

This research, coordinated by Curtin University, explored the reasons why Aboriginal people who inject drugs (consumers) use or do not use Needle and Syringe Programs (NSPs). Through yarns, topics explored included: awareness of NSPs, understanding of safe injecting practices and risk behaviours related to injecting drugs, and the features that encourage or discourage the use of NSP services. This research demonstrated that there are a range of barriers to accessing NSPs for Aboriginal consumers. A holistic set of strategies is required to address service level, individual-level and community-level barriers to accessing services.

CO-DESIGN METHODOLOGY

This research used a co-design methodology to hear the voices of Aboriginal consumers, community members and others involved in providing services to Aboriginal consumers. An Aboriginal Advisory Group (comprised of four Elders and two young Aboriginal men) and a Co-Design Working Group guided the project.

Member organisations of the Co-Design Working Group are detailed in Table 1.

Table 1: Members of the Co-Design Working Group and relevance to the project

RELEVANCE TO PROJECT	ORGANISATION
Policy	Sexual Health and Blood-borne Virus Program, WA Department of Health
Alcohol and Other Drugs Peak Body	Western Australian Network of Alcohol and other Drug Agencies (WANADA)
Knowledge/culture	Australian Indigenous HealthInfoNet Centre for Aboriginal Studies, Curtin University Curtin School of Occupational Therapy Telethon Kids Institute
NSP Service Providers	Hedland Well Women's Centre HepatitisWA Peer Based Harm Reduction WA WA AIDS Council
Aboriginal Community Controlled Organisations and Peak Body	Aboriginal Health Council of WA Derbarl Yerrigan Health Service Wungening Aboriginal Corporation
Clinical services	Royal Perth Hospital
Research	Curtin University Edith Cowan University Menzies School of Health Research

CONSUMER PARTICIPANTS

RECRUITMENT AND DEMOGRAPHICS OF CONSUMERS

NSP staff from three metropolitan services (HepatitisWA, Peer Based Harm Reduction Western Australia and the WA AIDS Council) recruited and conducted yarning sessions with Aboriginal consumers.

Thirty-two consumers (16 females and 16 males) participated in the research. Eligibility criteria included identifying as an Aboriginal person who injects drugs, being over 18 years of age and living in WA. Participants were asked a series of questions using a semi-structured yarning guide (long and short versions available). Their answers were audio-recorded if they gave consent.

Table 2: Demographics and characteristics of consumers who access NSPs

Consumers who access NSPs	Female (n=16)	Male (n=16)	Totals (n=32)
Ages ¹	24-55 years	28-53 years	N/A
Street present ²	4 (25%)	8 (50%)	12 (38%)
Aware of the health clinic and services ³	8 (50%)	2 (13%)	10 (31%)
Shared syringes in the past 12 months	5 (31%)	9 (56%)	14 (44%)
Shared syringes– used someone else’s and someone used theirs in past 12 months only	2 (12%)	5 (31%)	7 (22%)
Shared syringes– used someone else’s only	1 (6%)	3 (19%)	4 (13%)
Shared syringes – someone used theirs only	2 (13%)	1 (6%)	3 (9%)
Reuses their own syringes	13 (81%)	11 (69%)	24 (75%)
Secondary supplier ⁴	7 (44%)	10 (63%)	17 (53%)
Goes to multiple NSPs ⁵	10 (63%)	7 (44%)	17 (53%)
Travel regionally ⁶	4 (25%)	6 (38%)	10 (31%)

¹ Not all participants gave their age.

² Participants were not directly asked if they were street present, and there were potentially other participants who may have identified as being street present.

³ Seven interviewees were not asked about health clinics and services, as the questions involving this topic were not included in the shorter yarning guides.

⁴ Seven interviewees were not asked about secondary supply, as the questions involving this topic were not included in the shorter yarning guides.

⁵ Fourteen interviewees were not asked if they go to multiples NSPs, as the questions involving this topic were not included in the shorter yarning guides.

⁶ Fourteen interviewees were not asked about their regional travel.

CONSUMER PARTICIPANTS

Data were also collected from four Aboriginal consumers who do not currently access NSPs (non-accessors). Some findings were as follows:

Table 3. Characteristics of consumers who do not access NSPs

Consumers who do not access NSPs	Total (n= 4)
Aware of NSPs	3 (75%)
Shared syringes in the past 12 months	14 (44%)
Shared syringes– used someone else’s and someone used theirs in past 12 months only	2 (50%)
Shared syringes– used someone else’s only	0
Shared syringes – someone used theirs only	0
Reuses their own syringes	4 (100%)

OTHER DATA COLLECTED

Eighteen NSP staff or volunteers also participated in one on one yarns with a member of the research team. Eleven participants were from one of three metropolitan NSPs, and seven participants were from one of five regional services located across four regions: Great Southern, Goldfields, Kimberley and Pilbara.

Additionally, seven key informants participated in one on one yarns. Six key informants identified as Aboriginal or Torres Strait Islander. Key informants had a variety of professional roles past or present, including an academic with previous involvement in Aboriginal alcohol and other drug research, a Chief Executive Officer of an NSP, and senior management roles in Aboriginal Community Controlled Organisations or Aboriginal corporations.

STRENGTHS OF RESEARCH

- This project was an Aboriginal-led project, which enhanced the credibility and trustworthiness of the project.
- NSPs are associated with illicit drug use, which is a highly sensitive topic. As such, key informants in the area engaged in the research despite the nature of the topic, due to trusted relationships with Aboriginal researchers on the project team.
- Consumer involvement in co-designing strategies was facilitated through trusted relationships with services. Feedback from these consumers included that it was an empowering experience. Some of these consumers expressed their pride in assisting with the research and interest in further involvement.
- This provides evidence that actively engaging members of a marginalised population in conducting sensitive research is important and achievable.
- A large number of consumers were recruited for yarns due to the services’ good relationship with their clients, and consumer involvement with recruitment.

FINDINGS

FINDINGS FROM THE RESEARCH

Reasons for not accessing NSPs (barriers)

Multiple reasons for not accessing NSPs were expressed by consumers, NSP staff/volunteers, and key informants. These included:

Shame, internalised shame (including about being a user of illicit drugs), culture-related shame, or shame perceived from others)

“They think that they’re then going to talk about them and they don’t want people finding out that they use.” [consumer]

“Yeah, I don’t wanna go, being an Elder, I get the younger ones to go.” [non-accessor consumer]

Stigma (of being a PWID and overlapping with shame)

“A lot of them are shame. They’re ashamed of people knowing their business. They’re ashamed because they’re Aboriginal and Aboriginal people have a lot of shameness in them.” [consumer]

Lack of anonymity

“Getting off the train, walking past here (NSP), other people might see. Other family members like an uncle or aunty might see and then tell mum and dad and then the grapevine creates a massive thing.” [consumer]

Confidentiality concerns

“We do have people saying things like they can’t go to their local hospital to get equipment because their aunty works there. Health workers are supposed to be confidential but that doesn’t mean that people have confidence in that. That’s a significant issue.” [NSP staff]

Obtaining equipment from other consumers

“When you see them, I don’t know why, but they seem to ask people off the street. “Got any fits? Any fits?” But they won’t come and see you guys.” [consumer]

Locations (hard to access without a car, near Police station or Aboriginal Legal Services)

“They need to get a shot, a fit, but they’re in a suburb... No one’s going to loan their car to drive them here because they don’t have a licence.” [consumer]

Not knowing about NSPs

"[non-accessor consumer]: I'm not from here.

[NSP staff]: How do you normally get your needles and syringes?

[non-accessor consumer]: Sometime I see it on the ground, I just can't help it. I just have a shot."

The potential for unwanted interactions with other consumers

"I've noticed certain Indigenous people, they'll scout to see who's in here first because they might not want to be recognised by another person that's already in here. They will check when they're leaving, who's outside." [NSP staff]

Opening hours

"Well, then you'd have to come up with some money to go to a chemist. Well, that's when you fall back, you start using your own fit again, and there's no other way around it if you haven't got a clean one, well you haven't got it." [consumer]

Not wanting to carry equipment and authority issues

"Because we're on the streets and sometimes police officers, I hear that they are actually charging people [for having equipment on them]." [consumer]

Only consumers mentioned health issues or impatience as a barrier to accessing NSPs.

"A lot of people are just lazy. They just hurry up when they get it (drugs) and then go and have it straight away." [consumer]

Reasons for accessing NSPs (motivators)**Rapport with staff (trust, no judgement, familiarity, support from staff)**

"I like coming in here because you know my face. You know me, not personally know me but you know my face...You're not here to judge." [consumer]

Opportunity to have a yarn and incentives (access to items other than injecting equipment e.g. fruit, cold water, soap, Christmas gifts)

"That was the first thing I noticed about when I come here. There was fruit at the table, and that was the best thing because blackfellas, we got to have our fruit." [consumer]

FINDINGS

Location (close to services for street present people, accessible by train)

"It is convenient. It's close to a train station. When you come into the city to do your business like your appointments, government appointments that we have scheduled, or whatnot, we can always pop back in here close to say Tranby's (drop-in centre) where we can grab a bite to eat or something in the morning and then [after] Tranby's... You can come here and get your clean syringes." [consumer]

Wanting to use sterile equipment (attitude to "freshies", feeling there is a benefit to using sterile equipment)

"I can go in and get freshies because it is healthy for you and makes you feel better in yourself that you're being clean... I'm a user and I like to use it in a clean way and healthy way you know what I mean..." [consumer]

Free equipment

"Well the best thing is that it's free." [consumer]

Referrals by friends or family

"Friends or family, one of the two that I just followed came along the road and then I realised what it was about that you didn't have to pay anything." [consumer]

Quantities (being able to access relatively large quantities of sterile equipment in one transaction)

"For me, the big one changed when I was able to get 20 [needles and syringes] as opposed to just two [needles and syringes]." [consumer]

Sharing and reusing equipment

- Overall, 44% of consumers in the project shared injecting equipment either receptively only, distributively only, or both.
- Consumers commented they usually only shared syringes with someone they knew well, such as an intimate partner, family member, or friend.
- Amongst the project's consumers, reusing their own syringes was extremely common with 75% of consumers saying they reused their own syringes.

Secondary supply

- Not all consumers were asked if they were a secondary supplier. Of those asked, most consumers (68%; n=17) identified as being a secondary supplier, supplying sterile injecting equipment to their family and friends.
- The main motivator to be a secondary supplier appeared to be a desire to help others
- Noting the barriers to accessing NSPs, NSP staff were overwhelmingly in support of secondary supply laws being reviewed to lawfully enable the distribution of injecting equipment more widely than through NSPs.

Language used

- Great diversity in the language used for drugs, NSPs and injecting equipment with more than 19 terms for drugs, 21 terms for NSPs, and 18 terms for needles or syringes.
- Commonly used words for needles included 'freshies', 'darts', 'weapons'.

PRIORITY INTERVENTION AREAS

WHAT'S NEXT?

The Co-Design Working Group discussed possible options for intervention from the findings and agreed on five priority intervention areas.

1 **Increasing cultural security of NSPs**

Cultural awareness training for staff, opportunities for employing Aboriginal staff, standards for cultural security.

2 **Community education and awareness campaign about harm reduction.**

Campaign, radio, social media, app, website

3 **Peer referral program pilot.**

Incentives-based scheme to encourage BBV testing and treatment and build capacity of Aboriginal consumers.

4 **More holistic harm reduction service models.**

Established referral pathways to meet complex needs- health, housing, jobs, welfare, healing. Place-based design.

5 **Exploring the feasibility of increasing NSP service availability.**

Explore additional locations for mobile services e.g. ACCHOs and outreach. Consumer involvement in outreach.

To read more about this project, please access the final report at <https://siren.org.au/aboriginal-peoples-use-of-services-that-reduce-harm-from-illicit-drugs/>.

The *Increasing Aboriginal Peoples' Use Of Services That Reduce Harms from Illicit Drugs* project was funded by Healthway (project 32924). The research team is grateful for the generous involvement of the Aboriginal people who inject drugs community and the wider community that support them, including needle and syringe program staff and volunteers. This project would not have been possible without the leadership of the Aboriginal Advisory Group and the contributions of the Co-Design Working Group and Project Advisors.