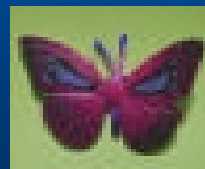
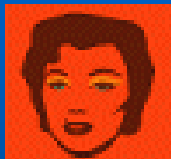


“Engaging Young Women in Peer Education: A Personal Perspective”

Young Women Injecting Drug Users Project
The Australian Injecting & Illicit Drug Users
League (AIVL)

By Skye Jewell



AIVL's YWIDU Project:

- **This project was developed to respond to the recent research evidence indicating that there is a higher risk of hepatitis C transmission among young women injecting drug users (IDU's) who have been injecting for 2 years or less.**

Presentation Overview:

- How AIVL engaged, recruited and trained the young women to be peer educators
- How peer education was a vital tool for this target group
- AIVL's education and policy recommendations from the final report.

FOR MORE INFO...

You can download a copy of AIVL's Young Women Injecting Drug Users Project: Final Report, at: www.aivl.org.au

Background Information:

- **Criteria we aimed at for inclusion in the project, participants needed to:**
 - be aged 25 years or younger
 - have been an injecting drug user for 2 years or less.

Methodology

- **AIVL ensured there was peer representation during each stage of the project**
- **A working group was established**
- **A participatory action research framework was used**
- **The focus was changed from data collection, to include capacity building through education and training.**

The questionnaire explored:

- **Identifying their risk behaviours**
- **Acknowledging any coping mechanisms they used/developed to ensure their safety (socially and environmentally)**
- **What strategies they found helpful**
- **What had not worked for them.**

The Education and Training

Program aimed to:

- **Collect base information on knowledge of hepatitis C through the administration of the questionnaire**
- **Educate participants about hepatitis C and risks of transmission**
- **Educate participants about safer injecting practices**
- **Develop capacity through community development and empowerment strategies**
- **Train participants to be peer educators and inform other users about risks and safer injecting techniques**

Questionnaire Results:

- Most participants became interested in injecting between the ages of 15 years and 20 years (59%); 22% became interested in injecting under the age of 15.
- First injection took place between the ages of 15 years and 20 years (69%), 21 years to 25 years (16%) and the under 15 years (13%).
- Most participants were initiated by a friend/peer (59%) and 63% felt in control of the situation when they first injected.
- 20 participants, or 63% were concerned about being infected or re-infected with hepatitis C.

Questionnaire Results Continued:

- **Over half of the participants would still consider sharing or re-using injecting equipment with a sexual partner (63%) and with a close personal friend (16%). However overwhelmingly most participants would not consider sharing if new equipment is close by (84%).**
- **Participants usually inject with a partner (59%), by themselves (56%), or with a friend/peer (41%).**
- **Most participants access new equipment through a Needle and Syringe Program (NSP) (66%), drug user organisation (32%) or other (32%).**

Questionnaire Results Continued:

- Participants identified these reasons for peers still sharing or re-using kits; no/limited access to clean equipment (50%), hanging out (47%) and disclosed negative hepatitis C status (28%).
- Participants identified these reasons for young women being at increased risk of hepatitis C as; partner controls supplies (47%), plan ahead but occasionally run out of supplies (47%) and fear of children/family/friends finding out about use (44%).

Questionnaire Results Continued:

- **Participants identified these strategies to reduce hepatitis C transmission among young women initiates as; having chemists supply new equipments [free] (72%), improving access (hours & locations) of needle exchanges (69%) and having vending machines dispense new equipment [free] (56%).**
- **Participants accessed information about hepatitis C through: General Practitioners (GPs)/Health services (75%), drug user organisations (72%) and Alcohol and other Drug Services (AOD) (63%).**

Questionnaire Results Continued:

- **24 participants (75%) have changed their injecting behaviours since their initiation and are reported as:**
 - *Always have a bit ready – clean tools so when I have the drugs [I] can use them ASAP.*
 - *Make sure I don't let anyone else do me and make sure I see the fit before it's unwrapped.*
 - *I swab the spoon first before I use it and I use my own filter now by myself.*
 - *I don't share anymore because I'm aware of the risks involved.*
 - *Using swabs. I never used to use them at all and I never used to wash my hands and arms.*

AIVL's Education

Recommendations:

To begin, AIVL will respond;

- Through the dissemination of the findings of the final report. This is now available on the AIVL website*.
- Through the continued emphasis on the peer education model developed by AIVL in consultation with the user groups and users generally.

*Note: You can download a copy of AIVL's Young Women Injecting Drug Users Project: Final Report, at: www.aivl.org.au

Education Recommendations

Continued:

- **Through the development of targeted educational resources developed with YWIDUs, for YWIDUs. We will continue to use the direction of the project's participants to inform development of any resource intended for them.**
- **Work with sex worker organisations to provide more appropriate services for those young women who are working outside of established premises.**
- **Increase support for a public education campaign on the risks of HCV and transmission to educate both users and non-users about HCV.**

AIVL's Policy Response:

- **Develop strategic alliances to influence the content and quality of drug education in schools (including the use of peer education strategies).**
- **Continue to lobby for increased access to clean injecting equipment for YWIDU's.**
- **Identify the policy and service needs of homeless youth and youth at risk.**
- **Identify the policy and service needs of young mothers who inject drugs.**

AIVL's Policy Response

Continued:

- **Lobby for peer educators at a variety of youth and women's service providers (including legal services).**
- **Increase understanding and separation of the issues of domestic violence and drug use in the family and the community.**
- **Increase support for a public education campaign on the risks of HCV and transmission to educate both users and non-users about HCV.**

Project Update:

- **As a part of the 2003-2005 program of activities for the education program at AIVL, we are implementing the recommendations we saw as the priority areas.**
- **AIVL is developing a 'sample bag' of personal care items and toiletries, with Hepatitis C education messages**

In Conclusion:

- We need to deal with YWIDU's holistically and deal with their immediate needs first.
- We need to push the message of “being blood aware” and that it's not just the blood you can see that can carry BBV's.
- We need to clarify Hepatitis C health messages as separate to HIV health messages.
- We need to be aware of using jargon or terms that aren't commonly used outside of this sector.

Acknowledgements:

- **The strong and capable young women who took part in this project.**
- **The YWIDU Project working group.**
- **The member organisations and the other community organisations.**