



AUSTRALIAN INJECTING AND ILLICTI DRUG USERS LEAGUE

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Presenter: Skye Jewell, Education Project Officer

Topic: Young People.

Title: Engaging Young Women in Peer Education: A Personal
Perspective.

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Audio-Visual Requirements:



PC with PowerPoint and LCD/Video Data Projector

Presentation:

Start slide show #1, with title page, introduce myself:

Good afternoon, my name is Skye Jewell; I work as an Education Project Officer at AIVL, the Australian Injecting & Illicit Drug Users League. For those of you who may not be familiar with AIVL, AIVL is the national peak organisation for the State and Territory Drug User Organisations and represents issues of national significance for injecting and illicit drug users.

Now, before I get started, I'd just like to acknowledge the traditional owners of this land.

Cue slide #2, "AIVL's YWIDU Project"

As part of the education and policy programme of activities for the year 2002 - 2003, AIVL undertook a project to identify the issues and to develop responses to the recent research evidence showing that there is a higher risk of hepatitis C transmission among young women injecting drug users who have been injecting for 2 years or less. This was an innovative peer controlled project that included a series of education, training and information gathering workshops with young women across the country.

Cue slide #3, ‘Presentation Overview’

As a member of this peer group, I am pleased to be able to present this paper, looking at the ways we engaged and involved young women and the processes we used to recruit and train the young women as peer educators. Today I will also talk about the importance of peer education and peer support groups, particularly within this target group. To wrap up I will give a brief outline of the Education and Policy recommendations from the final project report and how AIVL intends to move forward on these recommendations.

Cue slide #4, ‘Background Information’

To give you some background information, the criteria we aimed at for inclusion in this project were that participants needed to:

- **be aged 25 years or younger**
- **have been an injecting drug user for 2 years or less.**

There was scope to develop the project in ways that other agencies could not or had not been able to, in identifying and responding to the needs of young women IDU's because of the “peer” management of the project. AIVL wanted to use its experience as a peer based organisation and expertise as peer

educators, to draw out some of the complexities that exist for young women and to respond appropriately.

The primary goal of the young women I DU's project is to raise awareness of hepatitis C and the risks of transmission among young women I DU initiates; in the hope of reducing the growing rate of infection in this group.

Cue: slide #5 “Methodology”

As a peer based organisation, AIVL ensured there was peer representation during each stage of the planning and delivery of the project. The first stage was to set up a small Working Group to guide the process of investigation.

Issues surfaced during the initial planning stages of the project that changed the implementation of the project from a focus on data collection to include capacity building through education and training. This was necessary as it became apparent that a significant gap in knowledge existed on the risks associated with the transmission of hepatitis C.

The Working Group felt it would be unethical to merely gather information when the potential existed to make a significant contribution to the young women's understanding of hepatitis C and knowledge of safer injecting practices. Redesigning the project meant that only a limited number of young women could participate in a project that involved a comprehensive education and training program undertaken over several days. Although the numbers would be comparatively small, AIVL believed issues and trends would emerge that could be applied to the wider young women I DU community.

A participatory action research framework was used to be able to respond to new information that emerged throughout the project's lifecycle.

The interviews AIVL conducted indicated that the Working Group needed to develop a comprehensive education and training program addressing a range of needs identified by the young women. This required a substantial amount of time, be devoted to the sharing knowledge and information, between project facilitators and participants around injecting practices and staying safe. In addition AIVL needed to document the young women's knowledge of hepatitis C and risks of transmission prior to participation in the program.

Members of the Working Group developed a set of open-ended and multiple-choice questions, informed by the results of the pilot interviews, to administer to the target audience nationally. This questionnaire was designed to inquire into current behaviours and trends among young women with regard to injecting practices and was delivered at the start of the Education & Training Program.

Cue: slide #6 “The Questionnaire Explored”

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, and
- What had not worked for them

In response to the pilot interviews, the project aimed to provide intensive education and training to as many young women as could be accommodated at each venue, which was between 4 and 8 participants.

For this to happen AIVL sought assistance and partnerships with our member organisations, the state and territory drug user organisations. Where required, other community organisations, which could offer referrals to counsellors and other support services specifically targeting young women IDU's, were also engaged in the project.

Beyond the provision of hepatitis C education, AIVL wanted to empower the young women to make better-informed decisions. The project also sought to facilitate the young women using their knowledge, skill and expertise as peer educators within their own networks. To do this AIVL needed to reinforce the value of peer education, particularly with it being the foundation of this project. As a result of participants understanding AIVL's peer education model, they were able to identify organic peer education and support, already being undertaken, within their own networks with greater understanding, value and confidence.

The hepatitis C education, assertiveness and peer education training took place over two days. The third day provided a forum for the young women to consolidate their learning and to practice their skills as peer educators. As a national project AIVL sought to include young women from diverse backgrounds across the country in both urban and remote settings.

Cue: slide #7 “The Education & Training program aimed to”

The aims of the three-day education and training program were to:

- Collect base information on knowledge of hepatitis C through the administration of a questionnaire developed by AIVL,
- Educate participants about hepatitis C and risks of transmission,
- Educate participants about safer injecting practices,

- Develop capacity through community development and empowerment strategies (i.e. assertiveness training), and
- Train participants to be peer educators and inform other users about risks and safer injecting techniques

The assertiveness training component of the program was initially delivered by external professional community organisations. However, AIVL found that these organisations tended to typify the problems young women had in accessing information. The assertiveness trainers had difficulty connecting with the young women on issues around their drug use. However, the training was still a positive and useful inclusion of the program (for most) and was able to bring the group closer together by talking about similar experiences. Issues about being a young woman and feeling powerless in society were explored and this was an opportunity for young women to discuss personal issues in a safe environment.

The assertiveness training session was provided by Nicky Bath at the last two venues in Canberra and Sydney. Nicky was able to highlight, where the other assertiveness training sessions had not, the fundamental disempowerment issues faced by young women I DU. Consequently, the later assertiveness training sessions addressed these issues directly, in the context of acknowledging that young women are already disempowered in society and their drug use only amplified the issues. The outcomes of these sessions were overwhelmingly positive.

Beth Harvey (AIVL Education Project Officer) coordinated and delivered the education and training sessions in partnership with the local drug user organisation staff and other service providers.

Jude Byrne (AIVL Education Manager) provided the peer education components and the safer injecting sessions at all venues except Adelaide and Alice Springs.

Cue: slide #8 “Questionnaire Results”

The qualitative and quantitative results of the **32 completed questionnaires** have been analysed. A summary of the main findings is:

- 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.

Cue: slide #9 “Questionnaire Results Continued”

- 20 participants, or 63% were concerned about being infected or re-infected with hepatitis C.
- 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%).

Cue: slide #10 “Questionnaire Results Continued”

- Participants identified these reasons for peers still sharing or re-using fits; 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 or friends finding out about their drug use (44%).

Cue: slide #11 “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%).

Cue: slide #12 “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.*

From this initial stage of the project AIVL has come up with some recommendations. These recommendations have shaped the AIVL education programs future plans for the next stage of the young women's project. This next stage will incorporate the information we gathered from the participants of this project and other sources but will rely most significantly on the responses of the young women.

Cue: slide #13 "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.

Cue: slide #14 "Education Recommendations Cont."

- Through the development of targeted educational resources developed with young women IDU's, for young women IDU's. 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.

In addition, we will look at ways of encouraging and supporting young women to be as safe as possible when injecting and continue to devise ways to ensure knowledge of HCV is well entrenched in their community.

As you may be aware, AIVL has both an education program and a policy program. Therefore in addition to the education response, AIVL is implementing the recommendations for a policy response also.

Cue: slide #15 “AIVL’s Policy Response”

AIVL’s policy response will include a variety of stakeholders and strategies, such as:

- 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 young women I DU’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.

Cue: slide #16 “Policy Response cont.”

- 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.
- And as with the education program, they’re looking to: Increase support for a public education campaign on the risks of HCV and transmission to educate both users and non-users about HCV.

Cue: slide #17 “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.

Specifically we are looking at developing a targeted education resource in the form of a ‘sample bag’ with Hepatitis C information, and a range of toiletries, personal care items and hopefully make-up and other freebies we’re able to obtain.

Cue: slide #18 “In Conclusion”

In conclusion, AIVL found that hepatitis C didn’t rate very high on many young women IDU’s list of priorities. Often their priorities centred on adequate housing, childcare, supporting their drug habits or dealing with their drug use – through treatment etc. One of the major barriers for young women IDU’s with children wanting to access NSP’s or other health related services, was the fear of negative repercussions should they present with their child or while pregnant.

As a general thing, we need to educate people about safer injecting, Hep C, HIV and other blood borne viruses within a practical framework. So, dealing with the person as a whole. Be aware that the drug use is just one aspect of the issues their dealing with, and can be a symptom of other issues. Work with the person to deal with the pressing issues, like housing etc, and then look at bigger picture issues like hepatitis C.

Also, in general AIVL found that young women IDU’s are aware of the existence of hepatitis C but are not familiar with the risks associated with hepatitis C transmission and are acting on information that is either incorrect or confused with HIV messages.

I think something that educators need to push, is the message of BEING BLOOD AWARE. We need to make sure that people know it's not just the blood you can see that can carry blood borne viruses. I know from personal experience that you can get too focussed on the specific items that we're told not to share, eg: toothbrushes, razors, syringes etc. And forget to simply be aware of anything that can come in contact with blood.

We need to be aware not assume anyone's level of understanding of these issues. This applies to the language we use when explaining the risks or other information about hepatitis C. We found that some young women thought that 'blood borne' was something to do with a virus that you could be born with. So, be aware of the words you use, being careful not to use jargon or terms that the average person who has had no contact with this sector would not understand.

Cue: slide #19 "Acknowledgements"

I'd like to take this opportunity to thank the organisers of this conference for allowing me to present this important information. I'd also like to thank the strong and capable young women who took part in this project. It was the commitment and passion of the young women themselves that enhanced and validated the outcomes of the project. I'd like to thank the working group members, whose participation and contribution to the project had a significant impact on the design and delivery of the final education and training program. AIVL thanks the state and territory drug user organisations and the other community organisations in this sector who worked with us to make this project a success.