

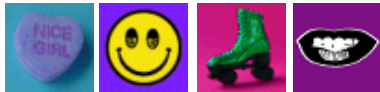
The Young



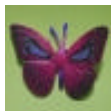
Women



Injecting



Drug Users'



Project Final Report

The Australian Injecting and Illicit Drug Users League
(AIVL)

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Executive Summary

The **Young Women's Injecting Drug User (YWIDU) Project** was an opportunity for AIVL to engage YWIDUs across Australia in a peer driven national project. The aim of this project was to explore, in detail, why YWIDUs have a greater risk of new hepatitis C infections than young male injectors and to raise awareness of the risks associated with hepatitis C transmission.

For AIVL to do this, we asked participants to consider their experiences as young people, as women and as injecting drug users in contemporary urban Australia. Their responses have been incorporated into AIVL's Policy and Education Program recommendations. The major outcome of this scoping exercise is to develop a targeted response to this serious health issue among an increasingly alienated and vulnerable group of injecting drug users; young women.

It was found throughout the project that these young women had previously been exposed to information on hepatitis C. However, their ability to internalise and act upon vital health information was limited by their social status and compounded by their inexperience, low self-esteem, poverty and lack of choice. In addition, many young women reported experiencing a lack of emotional and/or social support, from an early age. This included the degree of support from family (or other carers), to governments and community organisations, who failed to identify or meet their needs.

However, these young women did not present as victims but as highly skilled and resourceful young people, under enormous strain to cope with a range of basic needs and aspirations. As a consequence, they used a variety of strategies to ensure their survival including a variety of both aggressive and submissive behaviours. Throughout this project, YWIDUs reported high rates of victimisation, isolation and stress that increasingly diminished their ability to make informed or educated decisions about their lives. Their judgements were often frustrated by a desire to belong.

Overall, AIVL found that YWIDUs have knowledge of the hepatitis C virus but are not fully aware of the risks associated with hepatitis C transmission and act on information that is incorrect or confused with messages around HIV transmission. YWIDUs will weigh out risks to make decisions based on the information they have available to them at the time. Unfortunately, this decision making process is marred by social and economic realities primarily relating to structural and cultural determinants of health and gender issues.

Beth Harvey
Education Project Office

1 OVERVIEW

The future is not some place we are going to, but one we are creating. The paths to it are not found but made, and the activity of making them changes both the maker and the destination.

(Commission for the Future, 1989)

1.1 ACKNOWLEDGEMENTS

AIVL would like to thank all the talented capable young women who participated throughout this project. Through sharing your time, energy and patience with AIVL many other YWIDUs will ultimately benefit from your knowledge and experience. Your insights will continue to inform this project and the work of AIVL in general. The commitment and passion of all the young women has validated and enhanced the outcomes of this project.

The YWIDU Project was a national project that operated as a partnership between the AIVL Education and Policy Programs and our member Drug User Organisations (DUOs). As a peer based organisation, AIVL was able to facilitate the project through the DUOs however, many of the young women were contacted through a range of community based services including clean needle exchanges. AIVL thanks the state and territory DUOs and the other community groups in this sector who worked to make this project a success. In particular, The Link in Tasmania and CAAODS in Alice Springs who, in the absence of a state based DUO provided the needed support and referrals for the young women and this program.

Many thanks also to the Working Group members; whose participation and contribution to the project had a significant impact on the design and delivery of the final program. Everybody involved in the YWIDU Project added to the positive feedback AIVL received from all the young women. The next phase of this project will involve developing an effective targeted education response through applying what AIVL has learnt from these young women. The information gathered will also further inform the work of the policy program.

1.2 BACKGROUND

The YWIDU Project was funded by the Australian Government Department of Health and Ageing through the Hepatitis C Section as part of the AIVL Education and Policy Program of activities for the 2002/03 financial year. The project was developed in response to outcomes reported by the *National Needle and Syringe Programs (NSPs) Annual Survey* and anecdotal information passed on to AIVL by the local Drug User Organisations (DUO).

These reports clearly demonstrate that young women are at increased risk of hepatitis C transmission, particularly in the first two years commencing injecting drug use. AIVL was concerned by this data and initiated the YWIDU Project to explore factors contributing to young women being at greater risk of hepatitis C than other IDUs.

AIVL hoped to develop this project in ways that other agencies could not or had not been able to; namely in identifying and responding to the needs of YWIDUs due to the peer education focus of the project. As a peer based organisation AIVL relies on its expertise to draw out some of the complexities that exist for young women who choose to inject drugs and to use this information to develop an informed response to emerging issues.

The criteria we aimed for were that the participants be:

- women aged 25 years or younger and;
- had been an injecting drug user for less than two years (initiates)

AIVL is committed to the principle of community participation; the need for the community to be informed and involved in the development process. AIVL is also dedicated to the process of self determination of peers, with peer groups having input and influence in projects that affect their lives.

This community development framework ensures that drug using communities and individuals remain empowered and informed. AIVL recognizes that any attempt to facilitate change in the lives of young women and improve health outcomes, may only be achieved by understanding their unique position in society. It is also necessary to understand how young women rationalise decisions that impact upon the status of their health and well-being and negotiate their place in society.

1.3 OBJECTIVES

The primary goal of the YWIDU project was to raise awareness of hepatitis C and the risks of transmission among young women IDU initiates; in the hope of impacting on the growing rate of infection recorded by this group. The design of the YWIDU project was for AIVL to gain an in-depth understanding of issues impacting upon their lives through:

- Peer involvement at all levels of the project management, development and implementation,
- Discussing the issues that are important to young women, and
- Understanding how these issues impact upon injecting drug using processes

Critical to the success of the project, was AIVL gaining the confidence of these young women and creating a safe environment where open discussion of complex issues around hepatitis C transmission could occur. AIVL achieved this through actively listening to participants, in a non-judgemental manner, and encouraging them to talk about their experiences, their drug use and other important issues impacting upon their lives. The project was an opportunity, possibly for the first time, for many young women to talk openly about their drug use and injecting practices. Through this contact AIVL also validated and increased the effectiveness of the YWIDUs as peer educators.

The Education and Training Program aimed to:

- Assess knowledge of the hepatitis C virus and risks of transmission prior to AIVL's Education & Training Program,
- Increase knowledge of the hepatitis C virus and risks of transmission through AIVL's Education & Training Program,
- Increase capacity of the target community through empowerment strategies (assertiveness training) and peer education,
- Increase awareness of local drug user organisations and AIVL's role, and
- Document sessions to develop a national snapshot of issues and identify areas for resource and policy responses

Prior to delivering this program, AIVL was aware that many issues could arise for the young women during these sessions. In preparation for this, AIVL had access to a range of local services and resources to be able to refer the young women to for additional support and information at each session.

1.4 METHODOLOGY

As a peer based organisation, AIVL ensured 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 inquiry. The working group was effective in conceptualising a range of issues around IDU and debating creative concepts and outcomes. The working group developed the project in a proactive and conciliatory manner.

During the planning stage of the project, issues emerged on the lack of accurate hepatitis C information that the YWIDUs were acting on. This fact changed the implementation of the project from a focus on peer education and data collection to include capacity building through education and training. This was necessary as a significant gap in knowledge on the risks associated with the transmission of hepatitis C and safer injecting practices were identified by young women initiates.

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. Redesigning the project meant only a limited number of young women could participate in a project that involved reciprocal education and training over several days. Although the numbers of participants would be comparatively small, AIVL believed that through this process issues and trends would emerge that could be applied to the wider young women IDU community.

A participatory action research framework was used to respond to new information throughout the project's life-cycle.

1.4.1 Working Group

AIVL staff and YWIDUs participated at all levels of the planning, development and implementation of the project. Initially AIVL attempted to engage two young women (current IDUs from the local Canberra area), as peers and experts, to inform the project. However one of the young women chose to withdraw just prior to our first meeting.

In addition the Working Group required the knowledge and expertise of other professionals. Having already established a valued working relationship with experts in the field we invited Dr. Mary O'Brien (La Trobe University) and Dr. Cathy Banwell (Australian National University) to participate.

Membership of the YWIDU Project Working Group included:

- J.B. (Peer Representative)
- Dr. Cathy Banwell (Australian National University)
- Dr. Mary O'Brien (La Trobe University)
- Ms. Tamara Speed (AIVL President)
- Ms. Nicky Bath (Policy Program Officer - AIVL)
- Ms. Jude Byrne (Education Program Manager - AIVL)
- Ms. Beth Harvey (Education Project Officer - AIVL)
- Ms. Skye Jewell (Education Project Worker - AIVL)

The Working Group held two face-to-face meetings at the national office. The majority of communication for the project was facilitated through Beth Harvey. This included ongoing office discussions between the Education Team and Policy Program staff, internet based discussions and teleconferences. The Working Group's role was essential in the first phase of the project, identifying this issues and the development of the response; AIVL's Education and Training program.

1.4.2 Literature Review

A limited literature review was undertaken by AIVL to provide the Working Group with a summary of available reports and studies relating to YWIDUs and to highlight any information gaps that the project could address. The focus of the literature review was to contextualise the Australian experience of injecting drug use, young people and women and to build upon what has been documented by professionals in the field. However, accessing this information proved to be challenging as AIVL found a deficit of research existed on YWIDUs.

Sources of information used:

- Internet and UPDATE (list server supported by the Alcohol and other Drugs Council of Australia (ADCA))
- Drug User Organisation Magazines
- Targeted letters to relevant national research centres
- Patricia Preston and Felicity Sheaves, *The Safer Injecting CWIZ (SIC) Project Report*, Wentworth Area Health Service
- *Youth Studies* periodical

1.4.3 Interviews

Two sets of interviews were piloted to assess the needs of the target group. Three interview sessions took place at the West Australia Substance Users Association (WASUA) in Perth, WA and six interview sessions at the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA). The young women were accessed through our member organisations and paid a small stipend to cover their travel and participation in a taped interview.

The result of these interviews indicated that the Working Group needed to develop a comprehensive program addressing a range of information needs identified by the young women. This would require a substantial amount of time be devoted to the sharing of knowledge between facilitators and participants around injecting practices and the prevention of new blood borne virus infections. In addition AIVL needed to document the young women's knowledge of hepatitis C and risks of transmission prior to participation in the resulting 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. The questionnaire was designed to inquire into current behaviors and trends among young women with regard to injecting practices and was delivered at the start of the Education & Training Program. The questionnaire's aim was to;

- Identify risk behaviors,
- Acknowledge coping mechanisms used/developed to ensure personal safety (socially and environmentally),
- Identify strategies they found helpful, and
- Understand strategies that had not worked for them and why.

1.4.4 AIVL Education & Training Program

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 (four to eight). To facilitate this AIVL sought the assistance of its members and worked in partnership with the state and territory Drug User Organisations. Where required, other community organisations, who offered information and referrals to counsellors and/or other support services, specifically targeting YWIDUs, were also engaged in the project's implementation.

Beyond the provision of hepatitis C education, AIVL wanted to empower the young women to make more informed decisions about their health and well-being. The project also sought to encourage young women to use their knowledge, skill and expertise as peer educators within their own networks. AIVL consistently reinforced the value of peer education as the key foundation of this project. A major result of participants understanding AIVL's peer education model was their ability to identify and nurture organic peer education already being undertaken within their own networks. As a result, the young women were able to continue to use peer education and support with greater understanding, value and confidence.

The hepatitis C education, assertiveness training and peer education training took place over a two day period. 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 regional settings.

The aims of the three day program (Appendix A) 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 often 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 together by talking about similar experiences. Issues around being young and feeling powerless in society were explored and this was an opportunity for young women to discuss some personal issues in a safe environment.

Nicky Bath delivered the final two assertiveness training sessions in Canberra and Sydney. She was able to highlight, where the other trainers had not, the fundamental disempowerment issues faced by YWIDU. Consequently, the latter 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 (except Adelaide and Alice Springs).

The YWIDU program was delivered in:

- Melbourne at the Victoria Drug User Organisation (VIVAIDS) with Claire Roberts,
- Hobart at The Link*,
- Adelaide at the South Australian Voice for IV Education (SAVIVE) with Lisa Matthews,
- Alice Springs at the Central Australian Alcohol and Other Drugs Services (CAAODS)** with Jody Paterson from the Territory Users Forum (TUF) representatives and Paula Nadich (AIVL),
- Canberra at the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA), and
- Sydney at the New South Wales Users AIDS Association (NUAA) with Jay Bruce.

*As the fledgling drug user organisation in Tasmania was unable to participate in this project Tamara Speed, AIVL President, facilitated a working partnership with The Link a young people's service provider in Hobart.

**CAAODS is a local service provider who worked in partnership with TUF on this project in Alice Springs, NT. Jody Paterson, is TUF's hepatitis C worker in Alice Springs who remains working peripatetically as TUF has yet to secure premises.

1.4.5 AIVL Questionnaires

Collating pertinent information from the target group is essential in building an appropriate understanding of their risk behaviours and assisted AIVL in developing targeted information and education strategies. The questions AIVL needed to be answered were:

- What information (if any) young women used to avoid transmission of blood borne viruses (HIV/hepatitis C/hepatitis B),
- Where did they access information relating to IDU and BBVs and
- Did they trust these sources of information and why?

The pre-training questionnaire was developed by the Working Group with the intention of being able to use the results during and after delivery of the program, responding to the immediate needs of the group and informing future education resources and policy development. AIVL developed the questionnaire, to assess current injecting practices, levels of knowledge of hepatitis C and risks of transmission; access to information and clean equipment; and the degree of drug education in school. AIVL also wanted to ensure that the young women could respond to the questionnaire in a comfortable and constructive manner.

The results of the **32 completed questionnaires** have been tabulated and are attached for your information (Appendix B). A summary of the main findings were:

- The vast majority of the participants had been injecting for more than two years (81%).
- 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 felt in control of the situation when they first injected (63%).
- 20 participants were concerned about being infected or re-infected with hepatitis C (63%).
- 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%).
- 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/friends finding out about use (44%).
- 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%).
- 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.*

1.4.6 Participants

Venues	Young Women Involved
Perth (Pilot Interviews)	3
Canberra (Pilot Interviews)	6
Melbourne	5
Hobart	6
Adelaide	5
Alice Springs	4
Canberra	5
Sydney	7
Total	41

Major challenges identified throughout the project related to accessing highly marginalised young women who are recent initiates into injecting drug use. Consequently most participants reported injecting more than two years. More work needs to be done in developing strategies that encourage young women who are in the contemplative phase of injecting drug use and recent initiates to access services that encourage safer injecting practices.

The youngest participant in the project reported being 16 years old and two participants, one in Adelaide and one in Sydney, reported being 27 years old.

Alice Springs was the exception. The women involved in Alice Springs were aged between 35 and 54. This was due to project facilitation and communication issues and the difficulty inherent in accessing YWIDUs. Nevertheless engagement with mature women who inject drugs in Alice Springs was helpful, informative and valuable both for AIVL and the women involved.

2 OUTCOMES

2.1 KEY FINDINGS

Key to the findings of the YWIDU Project was that hepatitis C is a low priority, consciously or not, as a health issue among YWIDUs. This situation is a consequence of and relates to the structural determinants (economics, underemployment and childcare) and cultural determinants (feeling disempowered, sexism, ageism and stereo-typing) of health. All of these factors play some role that has resulted in the health inequalities of YWIDUs and the complex multi-layered levels of discrimination that they face.

Other factors emerged relating to the limited ability of some service providers, including those targeting young women, to provide meaningful education in the context of their lives and that relates to their drug use. Youth services for example, are an important meeting place for young people and provide essential services and referrals for critical issues around housing, medical, advocacy and generic drug and alcohol information.

Engagements with YWIDUs in such organisations are precarious and often irrelevant in relation to meeting the real needs of IDUs. This may be the result of generic drug and alcohol workers not having sufficient skills, knowledge and expertise in relation to injecting and illicit drug use and blood borne virus transmission. Also, YWIDUs may hide their drug use in such organisations for fear of losing access to other services or being subject to other forms of discrimination.

For many of the young women, concern was mainly focused on lifestyle and family issues and included:

- Relationships with children; including separations,
- Relationships with partner; including domestic violence,
- Relationships with parents; including experiences with abuse, alongside an intolerance and lack of understanding of their drug use,
- Multi-generational substance use; including licit and illicit, and
- Access to appropriate housing and nutrition.

In addition to socio-economic factors such as:

- Poverty and lower economic status,
- Low educational attainment,
- Low rates of employment,
- Low self esteem and body image,
- Marginalisation and social exclusion,

- Access to equipment and scoring, and
- Access to a range of support services.

The project demonstrated that young people in general, do not have access to relevant information about safer injecting practices before choosing to inject. Young people are typically unaware of safer injecting practices until much later in their injecting career. Some of the young women we spoke to thought hepatitis C infection as an inevitable consequence of their drug use. This was predominantly among young women who had family members who were also injecting drug users and had some knowledge of hepatitis C. Hepatitis C was generally viewed as a latent health issue, not of concern, until much later in life, if at all.

Drug education is not currently available in many schools across Australia. Only three young women reported receiving any hepatitis C education while in school; one from the ACT and two from Tasmania. Half of participants thought schools should be involved in educating young people about safer injecting practices and hepatitis C.

In discussing the provision of drug education in schools with the young women, issues arose such as appropriateness, particularly around age and the school year in which drug education should be provided. Many participants had left school at an early age and would not have received important health messages around drug use had drug education been delivered in year nine or above.

There was some consensus from the young women that year six or seven might be an appropriate time. This was felt to be a time when young people are contemplating or commencing smoking cigarettes and drinking alcohol. Discussion also took place in relation to combining drug education with the sexual health education programs already provided in schools. It was suggested that targeted one-on-one drug education, possibly with a peer would be of great benefit to many young women on a range of issues.

Other places identified to be involved in drug education for young women were Women's and Youth Services (75%), schools (59%) and Juvenile Justice or Corrective Services (59%).

Barriers to educating young women about hepatitis C were also identified through our survey. These included; submissive attitude and low self esteem (72%), personal issues such as being outed as an IDU with family and friends (56%), difficult partners (56%), embarrassment and feeling uncomfortable talking about IDU issues with non-users and/or professionals (56%), lack of personal support (47%), fear of child welfare finding out about their IDU issues

(44%), privacy (44%), not knowing where to access hepatitis C information (38%) and fear of finding out about their hepatitis C status (38%).

Many of the young women were also young mothers. They reported this situation to be both a rewarding and challenging time of their lives. Childcare issues came up consistently in every program. Young mothers who participated in the project were eager for information about their rights; as mothers and as drug users. Their ability to access any service, particularly needle exchanges for clean equipment was consistently impaired by having to care for their children. However there were also other contributing factors such as transportation and physical access should there be stairs (with prams) when entering buildings.

However, the greatest barrier for the young mothers was the fear of negative repercussions should they present at NSPs or other AOD services with their child or while pregnant. The young mothers spoke of discrimination, actions by family and community services and feelings of vulnerability and being judged as bad parents. This is an issue that needs to be addressed by all service providers, policy makers and governments. The situation for young mothers is serious and compounded by agencies that only focus on their drug use.

It is vital that young mothers who also use drugs be encouraged to seek support in a safe and secure environment when needed, without fear of being judged or further discriminated against.

2.2 KNOWLEDGE OF HCV & TRANSMISSION

Participants recognised the term hepatitis C and most of the young women knew that hepatitis C was a blood borne virus and that it was transmitted through blood. Blood-to-blood contact was not clearly defined by any individual or group, except in the act of sharing or re-using syringes. Hepatitis C transmission risk was generally understood to be through this sharing or re-using behaviour. There was no clear understanding of other routes of transmission.

One of the most disturbing findings was the lack of knowledge around cleaning used injecting equipment. Virtually all the participants believed hot water should be used to clean used injecting equipment, which is incorrect. AIVL was also surprised by the reaction of many participants to the fact that bleach did not necessarily destroy the hepatitis C virus. Most participants had a high recall of the HIV messages and believed them to be equally relevant to hepatitis C. Of concern is that most of the participants had no real understanding of hepatitis C.

Information about hepatitis C and transmission risks that could be recalled was generally through rote learning and had not been translated into practice by the young women. This is possibly related to the low importance of hepatitis C in their lives due to other competing factors such as meeting basic needs like housing, nutrition, relationships and child care.

2.3 SAFER INJECTING PRACTICES

Each training program included a “safer injecting session” and this was typically presented in the afternoon session of the second day. The women reported that they found these sessions both interesting and informative particularly in the context of building skills to educate their peers.

Most of the young women had been injecting for some time and they understood the basics for protecting their health. They all appreciated the need to use all clean equipment and to be in a safe environment with someone else. However, in situations where this was not possible they developed different strategies to manage their use. In unfamiliar environments they tended to take some risks with varying results. This is not unusual behaviour. Many injecting/illicit drug users undertake risk assessments when outside of their usual using environments and at times compromises are necessary.

Many participants did not understand all of the steps within the safer injecting process such as your use of your own personal tourniquet only. Once the injecting process was discussed and explored in detail, the young women understood how varying elements of the injecting process could pose a risk for hepatitis C transmission and related health issues, for example, vein care. Safer using techniques, such as the washing of hands before and after every hit, were reinforced throughout the training.

Informative discussions took place about swabbing and the spoon when mixing up and injecting in a group situation. Some of the young women stated they were not sure what the alcohol content in the swab actually did to their drugs while others opted to swab everything more than what is recommended. Injecting with others and in groups was also discussed in relation to understanding the risks involved in ensuring that everyone uses clean equipment and how to remain empowered and able to protect one’s health when with others. Many of the young women offered innovative strategies for protecting their health while injecting.

As previously mentioned cleaning injecting equipment was discussed. We explored this issue from best practice (all new injecting equipment) to worst possible scenario (reusing injecting equipment someone else has used). New information was disclosed to the young women about using clean cool water to rinse out used fits, straight after use, and that bleach did not necessarily destroy the hepatitis C virus.

Vein care was similarly discussed, which veins are best to use, problems with veins, collapsed veins, etc. This also related to the use of pill filters, which were not used due to the expense and their single use capacity.

2.4 ASSERTIVENESS TRAINING

These sessions were presented in the afternoon of the first day for two hours and proved to be an important part of the training. They attempted to unpack some of the complexities for young women IDUs in relation to self esteem, empowerment and confidence play an important part in their lives. YWIDU face multifaceted oppression and each element was explored in detail around:

- being young
- being women and
- being injecting drug users

Living with this level of discrimination and marginalisation is a challenge that impacts on YWIDUs in many ways. However, participants were able to gain an understanding of oppression and discrimination by talking about their experiences and feelings of disempowerment. It was vital that participants be able to identify when (and how) this occurs and begin to develop strategies to become more assertive in achieving their goals.

It is important to acknowledge that the participants were more than capable of caring for themselves and that they are "street wise". However, many of the women agreed that their coping strategies, on the street, did not necessarily translate into the home environment (with partners) or in accessing services. Body language, making "I" statements and asking questions in a less aggressive manner was practiced. As a result the young women developed an understanding of how to feel more empowered and confident in challenging situations such as in the pharmacy and using with friends or partners.

The assertiveness training package developed by Nicky Bath is a combination of materials provided by previous trainers and resources developed specifically by AIVL.

3 EVALUATION

All participants of the YWIDU Education & Training Program completed an evaluation at the conclusion of the day two. The results of the evaluation questionnaires will be used to assist and inform the future work of the Education and Policy programs.

4 RECOMMENDATIONS

4.1 AIVL EDUCATION RESPONSE

AIVL's education response is two-fold. An immediate educational response was developed to address the areas where AIVL believed young women's knowledge of HCV needed to be improved. This incorporated information we gathered from the interviews with YWIDUs at the beginning of this project. In addition, a national response will be produced highlighting the issues reported by these young women throughout the program and in the evaluation to include:

- The dissemination of the findings of this report. The finding of this report have increased our understanding of the issues facing young women and will allow AIVL, the State and Territory Drug Users Organisations and other stakeholders to direct resources where the need is greatest.
- Continued emphasis on the peer education model developed by AIVL in consultation with the user groups and users generally. Peer education was central to the development, implementation and success of this program. It is obvious that young women are not accessing the information they need to stay safe. As such, we need to find new ways of attracting both youth and women to positive health education messages through existing peer networks and developing new ones to access them.
- 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.

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.

4.2 AIVL POLICY RESPONSE

AIVL's policy response will include a range of stakeholders to develop appropriate 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 YWIDUs.
- 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.
- 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.

Appendix A: Agenda for YWIDU Sessions

**On both days breakfast and lunch will be provided by AIVL.
Each session is 2 hours will include a 15 minute break.**

DAY 1:

Morning Session (10 – 13 AM):

- Introductions and explanation of YWIDU Project
- Administer questionnaires
- Basic hep C information – what is HCV, how is HCV transmitted and what happens if you become HCV positive?

Lunch (provided)

- 12 - 1

Afternoon Session (1 – 3 PM): Trainer

- Assertiveness Training

DAY 2:

Morning Session (10 – 12 AM):

- Recap and discuss any issues from Day 1
- Hep C education – myths and misunderstandings
 - Strains, health outcomes, treatments, children, household transmission, methadone, etc
- Q & A period

Lunch (provided)

- 12 - 1

Afternoon Session (1 – 3 PM):

- Safer Injecting Session
- Peer Education & Training
- Final Qs/Feedback/Evaluations

DAY 3:

As a peer educator use your skills, education package and assertiveness training to educate your peers to stay safe.

Appendix B: YWIDU Report – Qualitative Data

				VIC	TAS	SA	NT	ACT	NSW	ALL	/ 32
Q1	How old are you?										
	16								1	1	3%
	17							1	1	2	6%
	18				1					1	3%
	19							3		3	9%
	20				2	2			1	5	16%
	21			1	1	1			1	4	13%
	22			2						2	6%
	23			1	1					2	6%
	24				1	1		1	1	4	13%
	25			1					1	2	6%
	over 25					1	4		1	6	19%
			sum	5	6	5	4	5	7	32	
Q2	How long have you been an IDU?										
	under 1 yr			1						1	3%
	1 - 2 yrs			2	1				2	5	16%
	more than 2 yrs			2	5	5	4	5	5	26	81%
			sum	5	6	5	4	5	7	32	
Q3	How old were you when you became interested in injecting?										
	under 15				2	1	1	1	2	7	22%
	15-20			3	4	4		4	4	19	59%
	21-25			2			1		1	4	13%
	> 25						2			2	6%
			sum	5	6	5	4	5	7	32	
Q4	How old were you when you first injected?										
	under 15				1		1	1	1	4	13%
	15 - 20			3	5	4		5	5	22	69%
	21 - 25			2		1	1		1	5	16%
	>25						2			2	6%
			sum	5	6	5	4	6	7	33	
Q5	Who initiated you into injecting?										
	Self			2	3	1	1		2	9	28%
	Partner				3	2	1	1	1	9	28%
	Friend/peer			5	3	2	1	4	4	19	59%
	Parent/family				1	1				2	6%
	Dealer				2					2	6%
	Other						1		2	3	9%
			sum	7	12	6	4	5	9	44	
Q6	Did you feel in control?										
	Yes			2	4	3	3	3	5	20	63%

	No			3	2	2	1	2	2	12	38%
	If yes, why?	sum		5	6	5	4	5	7	32	
Q7 How long was it before you learned to self inject?											
	First time/always			1	1		2		2	6	19%
	Within 1 week			1		1	1		3	6	19%
	Within 1 month				1	2		1	1	5	16%
	Within 3 months			1	2			2	1	6	19%
	Within 6 months or longer			2	1		1	2		6	19%
	I don't self inject				1	2				3	9%
		sum		5	6	5	4	5	7	32	
Q8 How did you learn about hepC? (Appendix C)											
Q9 Have you learned or changed any of injecting practices?											
	Yes			3	4	4	3	3	7	24	75%
	No			1	2		1	2		6	19%
	If yes, what have you changed?										
		sum		4	6	4	4	5	7	30	
Q10 What do you think are the health risks of sharing or re- using fits? (attached)											
Q11 HepC is a blood borne virus. How do you think it is passed from one person to another? (Appendix C)											
Q12 How can you avoid getting HCV? (Apndx C)											
Q13 Are you concerned about being infected (or re-infected) with HCV?											
	Yes			2	5	4	2	3	4	20	63%
	No			2	1	1	2	2	3	11	34%
			1 both							1	3%
	Why? (Apndx C)	sum		5	6	5	4	5	7	32	
Q14 Who do you usually inject with?											
	Self			1	4	1	4	1	7	18	56%
	Partner			4	4	4		3	4	19	59%
	Friend/Peer			2	4	2		2	3	13	41%
	Family				1				2	3	9%
	Dealer				1					1	3%
	Group				2				1	3	9%
	Other				1	1		1		3	9%
		sum		7	17	8	4	7	17	60	
Q15 Who would you share/reuse injecting equipment with?											
	Sexual partner/s			3	2	4	3	5	3	20	63%
	a. fit					1				1	3%
	b. spoon			1		2	1	3	1	8	25%

	c. tourniquet			1	1	1	2		5	16%	
	d. water			1		2		1	1	5	16%
	e. filter			1		2	1	1	1	6	19%
	f. all			2	1	2	2	2	2	11	34%
			sum	5	2	10	5	9	5	36	
Close personal friend/s				1		1	2	1		5	16%
	a. fit										
	b. spoon			1		1				2	6%
	c. tourniquet			1			1	1		3	9%
	d. water			1		1				2	6%
	e. filter			1		1				2	6%
	f. all						1			1	3%
			sum	4		3	2	1		10	
Family member/s				1			1	1	1	4	13%
	a. fit										
	b. spoon			1						1	3%
	c. tourniquet			1			1	1		3	9%
	d. water			1						1	3%
	e. filter			1						1	3%
	f. all								1	1	3%
			sum	4			1	1	1	7	
Peers				1			1	1		3	9%
	a. fit										
	b. spoon			1						1	3%
	c. tourniquet			1			1	1		3	9%
	d. water			1						1	3%
	e. filter			1						1	3%
	f. all										
			sum	4			1	1		6	
Anyone connected to your IDU scene				1			1	1		3	9%
	a. fit										
	b. spoon			1						1	3%
	c. tourniquet			1			1	1		3	9%
	d. water			1						1	3%
	e. filter			1						1	3%
	f. all										
			sum	4			1	1		6	
Anyone with access to drugs				1			1	1		3	9%
	a. fit										
	b. spoon			1						1	3%
	c. tourniquet			1			1	1		3	9%
	d. water			1						1	3%
	e. filter			1						1	3%
	f. all										
			sum	4			1	1		6	
Anyone while in jail/JJ				1			1	1		3	9%
	a. fit										
	b. spoon			1						1	3%
	c. tourniquet			1			1	1		3	9%

	d. water			1						1	3%
	e. filter			1						1	3%
	f. all										
			sum	4			1	1		6	
Q15a If you marked any of the above items, why is that safe for you? (Appendix C)											
Q16 If/when you share or reuse fits who usually goes first?											
	Me			2		2	1	2	2	9	28%
	Them			1	1	1	1	2	1	7	22%
	either			1			1		1	3	
	Why? (Apndx C)										
Q17 Will you sometimes share or reuse with someone even if you have unused injecting equipment close by?											
	Yes				1	1		1		3	9%
	No			4	5	4	4	4	6	27	84%
			sum	4	6	5	4	5	6	30	
	If 'Yes', who and why?										
	(Appendix C)										
Q18 Why would you or your peers still share or reuse fits?											
	Hanging out			2	1	2	3	4	3	15	47%
	No/ltd access to clean equipment			2	2	2	3	3	4	16	50%
	No/ltd access to drugs						1			1	3%
	Jail/JJ						2	1		3	9%
	Have shared with person before				2	2	1		3	8	25%
	Don't have power/choice to say no				1				1	2	6%
	Don't care/not important				1					1	3%
	It's all part of a relationship						1	1		2	6%
	Like/love that person				1	1	1	1	1	5	16%
	Disclosed negative hepC status/trust			2	2	2	1	1	1	9	28%
	Keeping face/difficult to say no				1					1	3%
	Want to please others										
	Respect for others										
	Feel safer to share with others than not				1				1	2	6%
	Fear of not being accepted										
	Thrill										
	Other				1		1	1	3	6	19%
			sum	6	13	9	14	12	17	71	
Q18a Put 1, 2 or 3 beside the most common ones for you.											
Q19 Why do you think young women are more at risk of getting hepC than young men?											
	Difficult to access equipment (age)			2	2	3	2	1		10	31%
	Difficult to access equipment			1	2	1	2	1		7	22%

	(location of NSP)										
	Partner controls supplies		4	3	3	3	2	15	47%		
	Don't plan ahead/not a big user		3	2	3	1		9	28%		
	Plan ahead but occasionally run out		4	3	2	3	3	15	47%		
	Fear of police finding fits		2	1	2	1	1	7	22%		
	Fear of children/family finding fits	1	5	1	3	2	2	14	44%		
	Don't have anywhere to stock equipment		2	3	2	1		8	25%		
	Only use with others/depend on their supply		3	1	2	1	2	9	28%		
	Don't care/will re-use someone's used fit		2	1		1	1	5	16%		
	Thrill			1	2	1		4	13%		
	Other		1	1	1	1	3	7	22%		
		sum	3	29	20	25	18	15	110		
Q20 Where do you usually get new equipment from?											
	Partner			3	2		1	2	8	25%	
	Friend			3	2		1	2	8	25%	
	NSP		5	3	3	1	4	5	21	66%	
	Dealer			1	2			1	4	13%	
	Drug User Org.			1	2	1	2	4	10	32%	
	Family							1	1	3%	
	Other		1	2	1	2	1	3	10	32%	
		sum	6	13	12	4	9	18	62		
Q21 Where would you usually go to find out information about hepC? (check all that apply)											
	GP/Health service		4	4	4	2	5	5	24	75%	
	Parents						1	1	2	6%	
	Youth/women's service		3	4	2	1	4	3	17	53%	
	Drug user org.		5	3	1	3	5	6	23	72%	
	School		1	1			1		3	9%	
	Alcohol and drug service		4	2	2	3	5	4	20	63%	
	NSPs		3	2	2		3	3	13	41%	
	Internet		1	2		1		2	6	19%	
	Magazines		1	1	2	1	1	2	8	25%	
	Peers						1	1	2	6%	
	Hep C Council		2	3	2	3	3	4	17	53%	
	Other			1		1		1	3	9%	
		sum	24	23	15	15	29	32	138		
Q22 What do you think would help reduce the rate of HCV among young women? (Check all that apply)											
	Improve access (hours & locations) of NSPs		3	5	4	1	4	5	22	69%	
	Have chemists supply new equipment		3	4	3	3	4	6	23	72%	

Have vending machines supply new equipment	1	4	2	2	4	5	18	56%
Focus groups at youth/drug user organisations	2	5	2	3	1	3	16	50%
Poster	2	2	1	2	2	4	13	41%
Videos	2	1	1	2	1	3	10	31%
Pamphlets	2	2	3	2	3	4	16	50%
Women's/youth magazines/forums	2	1	2	2	3	3	13	41%
Public announcements	1	3	1	2	1	3	11	34%
Newspapers		1	2	1	1	3	8	25%
Radio		1	1	2	1	2	7	22%
Education while in school	1	3	3	3	4	3	17	53%
Other	1					3	4	13%
	20	32	25	25	29	47	178	
Q23 HCV education in school?								
Yes		2			1		3	9%
No	5	4	5	4	4	7	29	91%
Q23a If 'Yes', how relevant is that information to you now?								
Very relevant		2				1	3	9%
Not very relevant		2					2	6%
Not relevant at all				1	1		2	6%
sum		4		1	1	1	7	22%
Q24 What should be included in a drug education session provided in schools on HCV? (attached)								
Q25 What do you think the barriers to young women being educated about hepC? (check all)								
Finding young women IDUs	1	1	2		3	1	8	25%
Difficulties with partners	2	4	4	3	2	3	18	56%
Submissive attitude/low self esteem	2	3	5	3	5	5	23	72%
Not a priority issue for young women	2	1			2	2	7	22%
Uncomfortable/embarrassed to talk about IDU with non-users/professionals.	2	5	2	3	4	2	18	56%
Fear of childcare/social services involvement	2	3	3	2	2	2	14	44%
Issues around family/friends (being "outed")	1	5	2	2	5	3	18	56%
Don't know where to go to get info about hepC	1	3	2	1	2	3	12	38%
Privacy issues	1	5	1	2	3	2	14	44%
Scared/don't want to know	2	4	1	1	2	2	12	38%
No support in dealing with outcome	1	5	2	2	3	2	15	47%
Other				1			1	3%
sum	17	39	24	20	33	27	160	
Q26 Who else should be involved in educating young women about safer injecting practices & HCV?								
Young men		3	3	1	2	1	10	31%

	Schools		1	2	4	3	4	5	19	59%
	Internet			1	3	2	1	3	10	31%
	Magazines		1	1	3	2	2	2	11	34%
	Alcohol and drug services		2	4	5	3	5	5	24	75%
	Peers		2	3	2	3	3	3	16	50%
	Parents		2	4	3	3	3	3	18	56%
	GP's/Health services		2	3	5	2	5	3	20	63%
	Women's/Youth Services		2	5	4	3	5	5	24	75%
	Juvenile Justice/Corrective Services		1	4	3	3	4	4	19	59%
	NSPs		1	3	4	1	5	2	16	50%
	Other		1			1	1	2	5	16%
		sum	15	33	39	27	40	38	192	
Q27 Would you like more information about hepC or safer injecting?										
	Yes		1	4	1	2	2		10	31%
	No		2	2		1	3	7	15	47%
			1 both						1	3%
		sum	4	6	1	3	5	7	26	

Appendix C: YWIDU Project - Qualitative Data

The following qualitative data has been taken from respondent's comments to questions contained in the survey entitled "AIVL's Young Women's Project" and forms the attachment to the quantitative data from the survey of the same name.

The respondent's comments are grouped by state or regional centre. Numbers for each area are shown as (n=x). The number of surveys totalled 32 (n=32).

Question 6: was in two parts, the first part requiring a 'yes' or 'no' response to the question: 'Did you feel in control of the situation the first time you injected?' Irrespective of the choice made, respondents were asked to comment as to "Why?" they answered as they did.

(Q6) Melbourne, Vic (n=5).

- "Because I wasn't pressured into doing it – I did it because I wanted to."
- "Fear of injecting heroin for the first time. I thought there was a very big chance of overdosing (because) my brother did."
- "I didn't really know what "heroin" is, the situation, or what was going to happen."
- "Because it was my own decision to use. I gave the ultimatum – either my friends helped me, or I would do it myself."
- "Because I wasn't comfortable injecting myself at this point, so my friend had to do it for me."

(Q6) Hobart, Tas (n=6).

- "Because I wanted to do it."
- "I'd always felt I'd like to try it but most people didn't want to feel guilty about giving me my first 'taste', but my boyfriend said he would if I really wanted to, he was clean and he taught me how to do it and I got an abscess after my first shot so I learned to do it myself so if I fucked up I'd only have myself to blame."
- "Felt good but was noddy; floaty".
- "Felt more alert and had fun."
- "Was drunk."
- One (1) respondent chose to not comment.

(Q6) Adelaide, SA (n=5).

- "I was afraid of the unknown. I just felt scared."
- "Because I wanted to do it."
- "I felt nervous of the 'unknown'. Although I did trust my friend."
- "Sometimes keep using at a low level."
- "Feel secure and safe – wanted to – although someone else injected me I asked for it – enjoyed it."

(Q6) Alice Springs, NT (n=4).

- "Because I trusted in my partner."
- "After snorting heroin for two years and paying only \$20 a gram I resorted to injecting because of the cost in Australia. I'd watched others injecting for years."

- "Because I liked it immediately."
- "Because I already knew how to give injections through the horse industry."

(Q6) Sydney, NSW (n=7)

- "I was vomiting heaps but I loved the feeling of the hit."
- "Because I asked her to do it for me. I wasn't pressured or anything."
- "I didn't know anything about drugs, I didn't really know why people would take them, or what they were, or how they affected you."
- "One time won't hurt – just one. "
- "I felt I was in control because it was the first time and I thought I was better than users. I wanted to see why people threw their lives down the drain for liquid in a needle."
- "It makes you feel all the badness was gone."
- One (1) respondent chose to not comment.

(Q6) Canberra, ACT (n=5)

- "I wanted to see how good the drug was and what it did that way." (i.e., by I.V route.)
- "I was smoking heroin and the day I had a shot my friend already put it in a syringe before he met me so it was either have that or hang-out."
- "I felt that because it was speed I may have a heart attack even though I was using heroin I was only smoking it at first."
- Two (2) respondents chose to not comment.

Question 8: "How did you learn about hep C?" The following comments were offered by respondents who answered part (a). Part (b) was pre-printed to allow a "didn't" response for those who had no prior knowledge of hepatitis C.

(Q8) Melbourne, Vic (n=5)

- "My friend has it."
- "Brochures, pamphlets and doctor."
- "Through my local doctor."
- "A good friend has hep C so I did some of my own research. Also through different workshops at Needle Exchange and VIVAIDS."
- "From booklets etc. at Needle Exchange."

(Q8) Hobart, Tas (n=6)

- "I learned it from everywhere."
 - "The 'Link'."
 - "Friends – other users."
 - "My partner had hep C and she taught me about safe injecting."
 - "Through places like 'Link' – friends – other users."
- One (1) respondent selected '(b) Didn't' in response to this question.

(Q8) Adelaide, SA (n=5)

- "By friends – posters."
- "Through friends – Health agencies."
- "I got it."
- One (1) respondent selected "(b) Didn't" in response to this question.
- One (1) respondent chose not to answer this question.

(Q8) Alice Springs, NT (n=4)

- "I didn't learn, I just found out I was a carrier."
- "Working as a drug and alcohol detox nurse."
- "Talking to people."
- "A previous partner."

(Q8) Sydney, NSW (n=7)

- "Off my Mum and Dad."
- "Through the injecting room.(MSIC)"
- "A friend who lived in a refuge."
- "My Mum has it and at rehab."
- "My Mum has hep C and my 3 year old sister contracted it through natural birth."
- "Thru VIVAIDS workshop. (a group to educate young users,)"
- "Doctors advertisement."

(Q8) Canberra, ACT (n=5)

- Doctor when he told me I was infected."
- "Just what I have been told and papers I have read."
- "Reading pamphlets and asking questions."
- "One of my friends had it so I read up on it and spoke to my doctor."
- "The methadone clinic and ante natal clinic when I became pregnant and found out I was hep C +."

Question 9: "Looking back to when you first started hitting up, have you learned or changed any of your injecting practices?" This was put as a 'yes-no' question. Those who responded 'Yes' were asked, "If yes, what have you changed and why?"

(Q9) Melbourne, Vic (n=5)

- "Always have a bit ready – clean tools so when I have the drugs can use hem ASAP."
- "People I associate with while I'm using. My injecting practices."
- "I've changed the company I use with and always use my own equipment, make regular visits to 'WRAP'. All to minimise the risks of any infections or any diseases."

Two (2) respondents chose to not make any comment.

(Q9) Hobart, Tas (n=6)

- "Make sure I don't let anyone else do me and make sure I see the fit before it's unwrapped."
- "Flush with water or blood to clean the site of shit and I filter with bacterial and pill filters (if using pills), always swab once – one direction. Use picks once only etc."

- "Try not to fish around as it causes bruises and more scar tissue."
- "Swab arms."

Two (2) respondents chose to not comment.

(Q9) Adelaide, SA (n=5)

- "I swab the spoon first before I use it and I use my own filter now by myself."
- "Just where I inject and I have more of an understanding of 'safe injecting' I think."
- "Clean spoons. Clean fits because I don't ant hep C or anything."
- "Better at it now – always swab and am more careful about blood."

One (1) respondent chose to not comment.

(Q9) Alice Springs, NT (n=4)

- "I don't share anymore because I'm aware now of the risks involved."
- "Non-sharing of any equipment. Safety issues."
- "Hygiene – blood virus."

One (1) respondent chose to not comment.

(Q9) Sydney, NSW (n=7)

- "Using swabs. I never used to use them at all and I never used to wash my hands and arms."
- "Used to be very clean. Over time, I have become slacker."
- "Clean practice."
- "Always using swabs."
- "A set way of injecting practice was refined by learning thru activists groups such as VIVAIDS and safer, cleaner, less physical impact way of experimenting with jabs."
- "I have learnt not to share needles, have own spoon. Use own equipment."
- "Being more paranoid about everything being clean."

(Q9) Canberra, ACT (n=5)

- "Always get swabs and cotton whereas I only used to get needles and spoons."
- "I have changed how clean I am when I used with everything – spoons, tourniquet etc, because I learn heaps more about diseases as time went on and I don't use drugs with everyone, just me and one friend."
- "I didn't know how to inject. I used to butcher myself and now I've learnt how to inject myself properly."

Two (2) respondents chose to not comment.

Question 9 (part2): asked those respondents who had answered 'yes' to Question 9, "If yes, what have you changed and why?, to offer their comments.

(Q9p2) Melbourne, Vic (n=5)

- "Always have a bit ready – clean tools so when I have the drugs I can use them a.s.a.p."
- "People I associate with when I'm using. My injecting practices."
- "I've changed the company I use with and always use my own equipment, make regular visits to 'WRAP'. All to minimise the risks of any infection and disease."

One (1) respondent chose to not comment and one (1) respondent answered "no" to Q.9.

(Q9p2) Hobart, Tas (n=6)

- "Flush with water or blood to clean the site of shit & I filter with a bacterial and pill (if using pills) filters always swab once – in 1 direction use picks ONCE ONLY etc."
- "Swab arms."
- "Don't let anyone else 'do' (inject) me and I make sure I see the 'fit' before it's unwrapped."
- "Try not to fish around as it causes bruises and more scar tissue."

Two (2) respondents answered "no" to Q. 9

(Q9p2) Adelaide, SA (n=5)

- "I swab the spoon before I use it and I use my own filter now by myself."
- "Just where I inject and I have more of an understanding of 'safe injecting' I think."
- "Clean spoons. Clean fits because I don't want hep C or anything."
- "Better at it now – always swab and am more careful about blood."

One (1) respondent chose to not comment.

(Q9p2) Alice Springs, NT (n=4)

- "I don't share anymore because I'm aware now of the risks involved."
- "Non – sharing of any equipment. Safety issues,"
- "Hygiene. Blood virus."

One (1) respondent chose to not comment.

(Q9p2) Sydney, NSW (n=7)

- "Using swabs. I never use to use them at all. And I never used to wash my hands and arms."
- "Used to be very clean, over time, have become slacker."
- "Cleaner practice."
- "Always using swabs."
- "I am more paranoid about everything being clean."
- "A set way of injecting practice was refined by learning how activist groups such as 'VIVAIDS' a safer, cleaner, less physical impact way of experimenting with jobs."
- "I have learnt not to share needles. Have own spoon and other equipment."

(Q9p2) Canberra, ACT (n=5)

- "Always get swabs and cotton whereas I only used to get needles and spoons."
- "I have changed how clean I am when I used with everything spoons, tourniquet etc. because I learn heaps more about diseases as time went on and I don't use drugs with everyone, just me and 1 friend."
- "I didn't know how to inject. I used to butcher myself and now I've learnt to inject properly."

Two (2) respondents chose to not comment.

Question 10 (a) asked, "What do you think are the health risks of sharing fits?"

10 (b) Respondents could acknowledge "Don't know".

(Q10a) Melbourne, Vic (n=5)

- "You can catch diseases or damage yur veins by reusing fits."
- "Contracting blood borne viruses and anything else the other person has."
- "Definitely blood borne viruses. Risk of infecting parts of the body."
- "Risks such as HIV infections etc. general health issues. Getting HIV/Hep C / B; dirty hits; needle becomes blunt – vein damage."

One (1) respondent chose to not answer.

(Q10a) Hobart, Tas (n=6)

- "Can cause me catching diseases."
- "Obvious diseases (hep, AIDS & HIV etc) dirty hits, abscesses, scarring UGLY."
- "hep C, vein infection AIDS, hep B"
- "Diseases."
- "Catching hep B or C."
- "AIDS, hep C, contaminated (old) blood."

(Q10a) Adelaide, SA (n=5)

- "Disease, air borne viruses."
- "Hep C, other blood infections. AIDS."
- "Blood borne virus."
- "All blood borne viruses."
- Although all respondents chose to answer 'yes' to this question, one (1) chose to not comment.

(Q10a) Alice Springs, NT (n=4)

- "I don't share anymore because I'm aware now of the risks involved."
- "Infectious disease awareness."
- "Hygiene. Blood virus."
- "Contracting AIDS or any other virus."

(Q10a) Sydney, NSW (n=7)

- "Hepatitis, HIV, etc."
- "Disease."
- "All the diseases you can get. Nerve damage."
- "AIDS, Hep C, Hep A & b."
- "Contracting blood to blood diseases and other diseases like STD's Hep A,B, etc."
- "Passing from one person to another; infections, diseases or undeanness."
- "Hep C, HIV."

(Q10a) Canberra, ACT (n=5)

- "You have the risk of catching disease."
- "You can get things if the other person has anything plus you can get blood poisoning."
- "Blood mixing. Transmitting Hep C, Hep B, & Hep A.' can get Hep B and I think hep A."
- "Well for one, contracting a virus. Blunt fits can also leave bad veins and damage your veins leaving scar tissue."

- "Sharing fits you can get Hep C, B, HIV, and hep A, I think and when you reuse your fit you can get hep B and I think hep A."

Question 11(a): "Hep C is a blood borne virus, how do you think it's passed from person to person?"

11 (b) Respondents could acknowledge "Don't know."

(Q11a) Melbourne, Vic (n=5)

- "Hep C is passed from person to person through blood."
- "Using dirty equipment sharing and contaminating with blood on hands clothes etc."
- "Through sharing equipment. Unclean practice. Contact with another person or open wounds."
- "Open wounds. Sharing equipment. Any blood to blood contact is a risk."
- "Through blood to blood contact."

(Q11a) Hobart, Tas (n=6)

- "Through blood. Sexually transmitted."
- "One persons (carrier) blood passing into another's bloodstream. Pieces can be microscopic."
- "Razors, saliva, injection equipment."
- "Blood to blood contact."
- "Blood to blood."
- "Blood to blood contact."

(Q11a) Adelaide, SA (n=5)

- "Through blood."
- "Sharing fits, spoons, filters, blood put into a cut."
- "Blood."
- "Needle to needle."
- "Swapping of blood."

(Q11a) Alice Springs, NT (n=4)

- "Sharing needles, blood contact with others open wounds."
- "In my situation sharing only spoons."
- "Blood to blood."
- "Toothbrushes, shavers, cuts, needles, sex when there are open wounds."

(Q11a) Sydney, NSW (n=7)

- "Mixing blood. Sharing needles."
- "Sharing. Re – using equipment."
- "Blood; contamination of injecting equipment."
- "Sex, injecting, tattoos, piercing, unsterile equipment."
- "Sharing needles."
- "Blood to blood contact the tiniest amount of blood being put onto any open cuts etc."
- "Sex, sharing equipment; toothbrushes."

(Q11a) Canberra, ACT (n=5)

- "Sharing injecting equipment or blood to blood contact."
- "Blood to blood contact. Using other peoples fits or if you have a cut and you got another persons blood in it,"
- "Using unsafe equipment, cuts, touching, shaving razors, toothbrushes etc.
- "Either using someone's fit who has hep C or if you have a cut and if someone's blood who has hep C gets into contact with your cut (blood and if you have sex and both of you have cuts on your private parts! Or just using someone's spoon or tourniquet."
- "Sharing needles."

Question 12 "How can you avoid Hep C?"

12 (b) Respondents could acknowledge "Don't know."

(Q12) Melbourne, Vic (no=5)

- "Never share needles, spoon, water, tourniquet, equip. etc."
- "Never share equipment, tourniquet, never hold somebody's arm etc. toothbrush etc."
- "No sharing injecting equipment. Wash away all blood. No contact with open wounds."
- "Not sharing equipment, Bandaging any cuts, or wounds, keeping clean hands,"
- "Use a clean fit each time and don't share any individual equipment."

(Q12) Hobart, Tas (n=6)

- "Don't share needle or any razors and toothbrushes."
- "Be clean and careful. Be aware of blood."
- "Share nothing."
- "Don't share any blood related utensils."
- "Don't share or reuse."
- "Sharing nothing."

(Q12) Adelaide, SA (n=5)

- "Never share injecting equipment."
- "Always clean fits, spoon, filters, put blood into a cut."
- "Don't share needles or any other equipment that could mix blood."
- "Always use clean fits."
- "Don't share fits, toothbrushes, razors etc."

(Q12) Alice Springs, NT (n=4)

- "By letting people know how easily it can be passed."
- "No blood to blood."
- "Don't share needles, razors, toothbrushes, be aware."
- "Don't share anything."

(Q12) Sydney (NSW (n=7)

- "Be clean, always use swabs, wash hands, mix it yourself and don't share."
- Always use clean EVERYTHING."
- "Don't share or reuse any equipment. Protected sex, abstinence."
- "Be safe. Always use clean and new equipment."
- "Using your own equipment – using a condom. Not using other people's personal hygiene products."
- "Do not share with anyone."

(Q12) Canberra, ACT (n=5)

- "Keep clean, never share fits, spoons, swabs, anything to do with using."
- "Use clean fits every time and do it to yourself."
- "Always use clean injecting equipment."
- "Always use clean fits, don't share toiletries."
- "Don't share needles, have safe sex, and don't share needle equipment, spoons, tourniquet, swabs, etc., and just be careful."

Question 13: "Are you concerned about being infected (or re – infected with hep C?"

This was a 'yes – no' question. Those who answered 'yes' were then asked "If yes, why?"

(Q13) Melbourne, Vic (n=5)

Total responses = 5 Total 'yes' responses = 3 Total 'no' responses = 2

Total number of 'yes' respondents who offered further comment = 3

- "Have already an illness to deal with."
- "I don't reuse or share, but it is always something to be concerned about and aware of."
- "Because so many users I know are infected."

(Q13) Hobart, Tas (n=6)

Total responses = 6 Total 'yes' responses = 5 Total 'no' response = 1

- "Because I don't know how I could cope with it."
- "I don't want to get more sick."
- It's highly prevalent."
- "Cause I am really careful about what I use."
- "Because I shared a fit with my 'ex' and I'm a bit worried he has it."
- "As I don't know how I first got it and I don't want to get it again."

(Q13) Adelaide, SA (n=5)

Total responses = 5 Total 'yes' responses = 4 Total 'no' response = 1

- "Don't always use clean needles. I share with partner."
- I have hep C but it's on a weak level. I'm scared to get it again and it will be a stronger level of hep C."
- "Simply don't want it."
- "Because it will be scary."
- "Too careful now."

(Q13) Alice Springs, NT (n=4)

Total responses = 4 Total "yes" responses = 2 Total "no" responses = 2.

- "No longer share anything."
- "Because I don't want my life shorter than what I've made it."
- "Because I will inject when possible."

(Q13) Sydney, NSW (n=7)

Total responses = 7 Total "yes" responses = 4. Total "no" responses = 3

- "Because I don't want to live my life with it."
- "Even though I don't share equipment it is still a worry."
- "So many people have it. Future health concerns."
- "I know the risks which are involved as everyone who has a strain of virus."

Those who answered 'no' to Question 13 offered the following comments:

- "Because I have the information now to keep safe."
- "I am as careful and responsible as I can be."
- "I know I have it and I am very cautious and clean whilst using."

(Q13) Canberra, ACT (n=5)

Total responses =5 Total 'yes' responses =3 Total 'no' responses =2

- "Because a few of my friends already have it."
- "Because even though it's not deadly it makes you quite sick when older."
- "Because I'm pregnant."

Those who answered "no" to Question 13 offered the following comments:

- "Because I am always very careful and clean now."
- "Because I'm always clean and I make sure when I'm around infected people I'm really careful and use my own equipment and not theirs."

Question (14) "Who do you usually inject with?" Respondents could select one or more of the following:

'Self', 'Partner', 'Friend/peer', 'Family', 'Dealer', 'Group', 'Other'

(Q14) Melbourne, Vic (n=5)

'Self' - 1 'Partner' - 4 'Friend/peer' - 1

(Q14) Hobart, Tas (n=6)

'Self' - 4, 'Partner' - 4, 'Friend/peer' - 4, 'Family' -, 'Dealer' -1, 'Group' - 3, 'Other' -1

(Q14) Adelaide, SA (n=5)

'Self' - 1, 'Partner' - 4, 'Friend/peer' - 2, 'Other' - 1

(Q14) Alice Springs, NT (n=4)

'Self' - 4

(Q14) Sydney, NSW (n=7)

'Self' – 7, 'Partner' – 4, 'Friend/peer' - 3, 'Family' – 1, 'Group' – 1

(Q14) Canberra, ACT (n=5)

'Self' -1, 'Partner' – 3, 'Friend/peer' - 2, 'Other' – 1

Question (15): "Who would you consider sharing injecting equipment with?"

Respondents could select one or more of the following:

'Sexual partner/s', 'Close personal friend/s', 'Family member/s', 'Peers', 'Anyone connected to your IDU scene', 'Anyone with access to drugs', 'Anyone while in jail'.

Respondents were asked to show which piece (or pieces) of injecting equipment they would share, and could select from the following: (a) fit, (b) spoon, (c) tourniquet, (d) water, (e) filter, (f) all.

Question (15a): Respondents who selected any part of question 15 were asked to comment; 'Why is that safe for you?'

(Q15) Melbourne, Vic (n=5)

Would share with - 'Sexual partner' – 3

Items that would be shared - (b) 'spoon' – 1, (d) 'water' – 1, (e) 'filter' – 1, (f) 'all' – 2

(Q15a) 'Why is that safe for you?'

- 'We practice the same techniques when using.'
- 'My partner and I have been together for 4 years. We get tested together, use together; even have a child together. When with friends we share our equipment, but never share it with others.'
- 'If extremely necessary. Fit with partner – only because if we have ever done it, I go first. Everything/everyone else – only if the equipment was clean and no dirty fits came into contact with a communal spoon.'

Two (2) respondents chose to not comment.

(Q15) Hobart, Tas (n=6)

Would share with - 'Sexual partner' – 1

Items that would be shared - (f) 'All' – 1

Five (5) respondents indicated that they would not consider sharing or re-using equipment.

(Q15a) 'Why is that safe for you?'

- 'Well it's not safe but it was only around the time we both had our first tries.'

(Q15) Adelaide, SA (n=5)

Would share with - 'Sexual partner' – 4, 'Close personal Friend/s' - 1

Items that would be shared - (a) fit – 1, (b) spoon – 4, (c) tourniquet – 1, (d) water – 2, (e) filter – 2, 'All' – 2

(Q15a) 'Why is that safe for you?'

- "I swab the spoons with my friend. With my partner, he lets me use the fit first and spoon is swabbed clean."
- "I have only done this when I felt I could trust him and his word that he hadn't 'shared' with others, or have any blood borne viruses."

Three (3) respondents chose to not comment.

(Q15) Alice Springs, NT (n=4)

Would share with - 'Sexual partner/s' -3, 'Close personal friend/s' - 1, 'Family member/s', - 1, 'Peer/s' - 1, 'Anyone connected to your IDU scene' - 1, 'Anyone with access to drugs' - 1, 'Anyone while in jail' - 1,

Items that would be shared - 'Spoon' - 1, 'Tourniquet' - 8, 'All' - 2

(Q15a) 'Why is that safe for you?'

- "Because I believe my partner to be ok because we already have unsafe sex."
- "It's not necessarily safe - but when one is in need of a taste, i.e. hit, nothing matters except feeling well."
- "I don't think you can be infected by a tourniquet unless it is covered in blood on any open wound you have."
- One (1) respondent chose to not comment.

(Q15) Sydney, NSW (n=7)

Would share with - 'Sexual partner/s' - 3, 'Family member/s' - 1,

Items that would be shared - 'Fit' - 2, 'Spoon' - 23 'Tourniquet' - 2, 'Water' - 2, 'Filter' - 2, 'All' - 3

(15a) 'Why is that safe for you?'

- "100% sure my bloke doesn't have anything. I have been tested with him."
- "I wouldn't share anything with anybody."
- "Because it is my mother and I have done it before. I would not if I had choice and time."
- "It isn't but if you feel safe to have sex (know each others history.)"
- "I don't think that is safe but I believe that with my partner as I believe we will be one forever."

Two (2) respondents chose to not comment.

(Q15) Canberra, ACT (n=5)

Would share with - 'Sexual Partner/s' - 5, 'Close personal friend/s' - 1, 'Family member/s' - 2, 'Peer/s' - 1, 'Anyone connected with your IDU scene' - 1, "Anyone with access to drugs" - 1, 'Anyone while in jail' - 1

Items that would be shared - 'Fit' - 1, 'Spoon' - 34 'Tourniquet' - 9, 'Water' - 2, 'Filter' - 2, 'All' - 2

(15a) 'Why is that safe for you?'

- "Well, it's not safe, but I share everything with my partner."
- "Tourniquet because it does not have to go near blood"
- "I only would share mixing up spoon only if I knew."

- "It's really not but if you know your partner is clean and have seen his blood results I think it would be all right" to use the same spoon, water, filter, if it was a clean fit they mulled up with but not it was a dirty fit 'cause I think you could still get some disease."
- "My partner is clean and we are both tested on a regular basis."

Question 16: asked "If/when you share or re – use fits with someone, who usually goes first? Why?"

(Q16) Melbourne, Vic (n=5)

- "Me, because if they are stupid enough to share fits, they would more likely have something (disease) already."
- "Doesn't really matter. Whoever gets in first goes first"
- "Me. I'm definitely clean - less risk."

(Q16) Hobart, Tas (n=6)

- "My partner because he doesn't like the needle to be blunt"
- "Don't."
- "Don't."

Three (3) respondents chose to not comment.

(Q16) Adelaide, SA (n=5)

- "Me, because my boyfriend lets me."
- "In the past, myself. It just always happened that way."
- "It used to (years ago) be my ex– boyfriend who'd go first."

Two (2) respondents chose to not comment.

(Q16) Alice Springs (n=4)

- "No. I like to go first all the time."
- "If I have to share its because I haven't got my own equipment so naturally I go second."
- "I don't anymore but when I did – me if it was mine or theirs if it was theirs."

One (1) respondent chose to not comment.

(Q16) Sydney, NSW (n=7)

- "I don't share and if I did I would go first."
- "Him, because I want him to go first."
- "Me, because I prefer it that way. It's safer for myself. They then get disposed of."
- "Either person, but it's not common."
- "I go first as I don't want to use a blunt fit."

One (1) respondent chose to not comment.

(Q16) Canberra, ACT (n=5)

- "My partner because I know he has nothing and I don't want to infect him with hep C."

- "I usually go first because most people I know already have something and that way I can stay out of risk."
- "I've shared with partner but went first."
- "I never have but if I did I would go first, never second. Some people think if you use bleach it will sterile it but I think it doesn't so I would never do it."
- "My partner because he's clean and I've got hep C."

Question 17: "Will you sometimes share or re – use with someone even if you have clean or unused injecting equipment close by? If yes, who and why?"

(Q17) Melbourne, Vic (n=5)

"No" - 4

There were no "yes" responses.

One (1) respondent chose to not answer.

(Q17) Hobart, Tas (n=6)

No" - 4

"Yes" - 2

The respondents who answered "Yes" were asked "who and why?"

- "My boyfriend because there were no more fits."
- "I have, but not always."

(Q17) Adelaide, SA (no=5)

"No" – 4

"Yes" – 1

The respondent who answered "Yes" was asked "Who and why?"

- "My partner. – We don't have any clean fits."

(Q17) Alice Springs, NT (no=4)

"No" – 4

There were no "Yes" responses.

(Q17) Sydney, NSW (no=7)

"No" – 6

One (1) respondent chose to not answer.

There were no "Yes" responses.

(Q17) Canberra, ACT (no=5)

"No" – 4

"Yes" – 1

The respondent answered "Yes" was asked "Who and why?"

- "Because I am clean and if we don't have any cleans we use my dirties"

Question 18: "Why would you or your peers still share or re – use fits?" Respondents were asked to select up to three most common reasons from the following: 'Hanging out', "No/ltd access to clean equipment", "No/ltd access to drugs", "Jail/JJ", "Have shared with the same person before", "Don't have power/choice to say no", "Don't care, not important", "It's all part of a relationship", "Like/love that person", "Disclosed negative hep C status/trust", "Keeping face/difficult to say no", "Want to please others", "Respect for others", "Feel safer to share with other/s than not to.", "Fear of not being accepted", "Thrill", "Other".

(Q18) Melbourne, Vic (n=5)

- "Other" – 2 "I wouldn't share or re – use fits."
- "Hanging out" – 2
- "No/ltd access to clean equipment" – 2
- "Disclosed negative hep C status/trust" – 2

One (1) respondent chose to not answer.

(Q18) Hobart, Tas (n=6)

- "Have shared with same person before" – 2
- "Don't have power/choice to say no" – 1
- "Don't care/not important" – 1
- "Disclosed negative hep C status" – 2
- "Keeping face/difficult to say no" – 1
- "Feel safer to share with other/s than not to" – 1
- "No/ltd access to clean equipment" - 2
- "Hanging out" - 1

One (1) respondent chose to not answer.

(Q18) Adelaide, SA (n=5)

- "No/ltd access to clean equipment" – 2
- "Have shared with the same person before" – 2
- "Hanging out" – 2
- "Like/love that person" – 1
- "Disclosed negative hep C status/trust" – 2

One (1) respondent chose to not answer.

(Q18) Alice Springs, NT (n=4)

- "Hanging out" – 3
- "No clean/ltd access to clean equipment" – 2
- "Jail/JJ" – 2
- "Have shared with same person before" – 1
- "It's all part of a relationship" – 1
- "Like/love that person" – 1
- "No/ltd access to drugs" – 2
- "Disclosed negative hep C status/trust" – 1

(Q18) Sydney, NSW (n=7)

- "Hanging out" – 3
- "No/ltd access to clean equipment" –4
- "Have shared with same person before" – 3
- "Don't have power/choice to say no" – 1
- "Disclosed negative hep C status/trust" – 1
- "Feel safer to share with other/s than not to" – 1
- "Other" – 1
- "Like/love that person" – 1

Two (2) respondents chose to not comment.

(Q18) Canberra, ACT (n=5)

- "It's all part of the relationship" – 1
- "Like/love that person" – 1
- "No/ltd access to clean equipment" – 3
- "Hanging out" – 4
- "Jail/JJ" – 1
- "Disclosed negative hep C status/trust." – 1

Question 19: "Why do you think young women are more at risk of getting hep C than young men?" Respondents were asked to select up to three responses from the following: "Difficult to access equipment (age)", "Difficult to access equipment (location of NSP)", "Partner controls supplies", "Don't plan ahead – not a big user", "Plan ahead but occasionally run out", "Fear of police finding fits", "Fear of children/family/friends finding fits", "Don't have anywhere to stock equipment", "Don't use with others/ depend on their supply", "Don't care/will re – use someone's used fit", "Other"

(Q19) Melbourne, Vic (n=5)

- "Difficult to access clean equipment (location of NSP (– 1
- "Fear of children /family/friends finding fits" – 1

Four (4) respondents chose to not comment.

(Q19) Hobart, Tas (n=6)

- "Partner controls supplies" – 4
- "Don't plan ahead/not big user" – 3
- "Plan ahead but occasionally run out" –4
- "Fear of children/family/friends finding fits" – 5
- "Don't have anywhere to stock equipment" – 2
- "Only use with others/depend on their supply" – 3
- "Don't care/will re – use someone else's fit" – 2
- "Difficult to access equipment (age)" – 2
- "Fear of police finding fits" – 2
- "Difficult to access equipment (location of NSP)" – 1

(Q19) Adelaide, SA (n=5)

- "Don't plan ahead/not big user" – 2
- "Plan ahead but occasionally run out" – 3
- "Don't have anywhere to stock equipment" – 3
- "Partner controls supplies" – 3
- "Difficult to access equipment (age)" – 2
- "Fear of children/family/friends finding fits" – 1
- "Only use with others/depend on their supply" – 1
- "Difficult to access equipment (location of NSP)" – 1
- "Fear of police finding fits" – 1
- "Don't care/will re – use someone's used fit" – 1
- "Thrill" – 1
- "Other" – 1
- (Comments volunteered) "Trust guys (partners) who don't really care about them."
- "Guys will give them viruses out of spite, jealousy or revenge."

(Q19) Alice Springs, NT (n=4)

- "Difficult to access (age)" – 2
- "Difficult to access equipment (location of NSP)" - 2
- "Partner controls supplies" – 3
- "Don't plan ahead/not big user" – 3
- "Fear of police finding fits" - 2
- "Fear of children/family /friends finding fits" – 3
- "Don't have anywhere to stock equipment" – 2
- "Only use with other/depend on them for supply" – 2
- "Don't care/will re – use someone's used fit" – 2
- "Thrill" - 2

(Q19) Sydney, NSW (n=7)

- "Other" – 2
- "Partner controls supplies" = 1 (Comments volunteered) "I am not really sure why women are more at risk, maybe we are more trusting.")
- "Difficult to access equipment (age)" – 1
- "Plan ahead but occasionally run out" – 1
- "Fear of children/family/friends finding fits" – 1

Two (2) respondents chose to not comment.

(Q19) Canberra, ACT (n=5)

- "Difficult to access equipment" (age) = 2
- "Difficult to access equipment" (location of NSP) - 1
- "Partner controls supplies" – 2
- "Fear of children/family/ friends finding fits"– 1
- "Thrill" – 1
- "Plan ahead but occasionally run out" - 2
- "Other" – 1
- "Don't plan ahead/ not a big user" – 1
- "Fear of police finding fits" – 1

- "Don't have anywhere to stock equipment" – 1
- "Only use with others/depend on their supply" – 1
- "Don't care/will re – use someone's used fit" – 1

Question 20: "Where do you usually get new injecting equipment from?" Respondents were asked to nominate one or more from the following; "Partner", "Friend", "NSP", "Dealer", "Drug User Org.", "Family", "Other".

(Q20) Melbourne, Vic (n=5)

- "Other" – 1 (Foot patrol NSP)
- "NSP" – 4

(Q20) Hobart, Tas (n=6)

- "Partner" – 3
- "Friend" – 3
- "NSP" – 3
- "Dealer" - 1
- "Drug user organisation" – 3

(Q20) Adelaide, SA (n=5)

- "NSP" – 3
- "Dealer" – 2
- "Drug User" Org – 3
- "Partner" – 2
- "Friend" – 2

(Q20) Alice Springs, NT (n=4)

- "NSP" – 1
- "Other" – 2 (Aids Council, Chemist)
- "Drug User Org" - 1

(Q20) Sydney, NSW (n=7)

- "Drug User Org" – 2
- "Partner" – 1
- "NSP" - 1

(Q20) Canberra, ACT (n=5)

- "Partner" – 1
- "NSP" – 3
- "Drug User Org" - 2
- "Friend" – 1
- "Other" – 1 (Health Centre)

Question 21: "Where would you go to find out information about hep C?" (Check all that apply). Respondents could choose from the following: "GP/Health Service", "Parents", "Youth/women's service", "Drug User Org", "School", "Alcohol and Drug service", "NSP's", "Internet", "Magazines", "Peers", "Hep C Council", "Other"

(Q21) Melbourne, Vic (n=5)

- "NSP" – 5

(Q21) Hobart, Tas (n=6)

- "Partner" – 3
- "Friend" – 3
- "NSP" – 3
- "Drug User Org" - 3
- "Dealer" - 1

(Q21) Adelaide, SA (n=5)

- "NSP" – 3
- "Dealer" – 2
- "Drug User Org" – 3
- "Partner" – 3
- "Friend" - 2

(Q21) Alice Springs, NT (n=4)

- "GP/Health Service" – 2
- "Youth /Women's Service" – 1
- "Alcohol and Drug Service" – 3
- "Drug User Org" – 3
- "Internet" – 1
- "Magazines" - 1
- "NSP" - 1
- "Hep C Council" - 2
- "Other" – 2 ('Chemist') ('Friends who already have hep b & hep C')

(Q21) Sydney, NSW (n=7)

- "Hep C Council" – 6
- "GP/Health Service – 8
- "Parents" – 1
- "Youth/Women's Service – 5
- "Drug User Org" – 9
- "Alcohol and Drug Service" – 6
- "NSPs" – 6
- "Magazines" –
- "Peers" - 1
- "Internet" – 1
- "Other" – 1 'NUAA, Langton (clinic)'

(Q21) Canberra, ACT (n=5)

- "GP/Health Service" – 5
- "Parents" – 1
- "Alcohol and Drug Service" – 5
- "Drug User Org" – 5
- "NSPs" - 2
- "Hep C Council" – 4
- "Youth/Women's Service" - 4
- "NSPs" - 1
- "School" - 1
- "Magazine" – 1
- "Peers" - 1

(Question 22): "Which of the following do you think would help reduce the rate at which young women become infected with hepatitis C? (Check all that apply".)
Respondents could choose from the following: "Improve access (hours/locations) of NSPs", "Have chemist supply new equipment", "Have vending machines supply new equipment", "Focus groups at youth/drug user organisations", "Posters", "Videos", "Pamphlets", "Women's/youth magazine/forums", "Public announcements", "Newspaper", "Radio", "Education while in school", "Other".

(Q22) Melbourne, Vic (n=5)

- "Improve access (hours & locations) of NSPs" – 3
- "Have chemists supply new equipment" – 3
- "Have vending machine supply new equipment" – 1
- "Focus groups at youth/drug user organisations" – 2
- "Posters" – 2
- "Videos" – 2
- "Pamphlets" – 2
- "Women's/youth magazines/forums" – 2
- "Public announcements" - 1
- "Education while I school" - 1
- "Other" - 1 (Not stated)

Two (2) respondents chose to not answer.

(Q22) Hobart, Tas (n=6)

- "Improve access to NSPs" - 5
- "Have chemists supply new equipment" – 4
- "Have vending machines supply new equipment" – 4
- "Focus groups at youth/drug user organisations – 5
- "Posters" – 2
- "Videos" – 1
- "Pamphlets" – 2
- "Women's/youth magazines/forums" – 1
- "Public announcements" – 2
- "Newspaper" – 1

- "Radio" – 1
- "Education while in school" – 2

(Q22) Adelaide, SA (n=5)

- "Improve access to NSPs" – 4
- "Have chemists supply equipment" – 3
- "Have vending machines supply equipment" – 2
- "Focus groups at youth/drug user org" – 2
- "Videos" – 1
- "Posters" – 1
- "Pamphlets" – 3
- "Women's/ youth magazines/forums" – 2
- "Newspapers" - 2
- "Public announcements" – 2
- "Education while in school" - 3
- "Radio" – 1

One (1) respondent chose to not answer.

(Q22) Alice Springs, NT (n=4)

- "Have chemists supply equipment" – 2
- "Have vending machines supply equipment" - 1
- "Focus groups at youth/drug user org" – 1
- "Public announcements" – 1
- "Radio" – 1
- "Education while in school" - 1

Two (2) respondents chose to not answer.

(Q22) Sydney, NSW (n=7)

- "Improve access to NSPs" – 5
- "Have chemists supply equipment" – 5
- "Have vending machines supply equipment" - 4
- "Focus groups at youth/drug user org" – 3
- "Videos" – 3
- "Posters" – 4
- "Pamphlets" – 4
- "Women's/ youth magazines/forums" – 3
- "Newspapers" – 2
- "Public announcements" – 1
- "Education while in school" - 3
- "Radio" – 2
- "Other" – 2 ('Parents') ("Get them before its too late')

One (1) respondent chose to not comment.

(Q22) Canberra, ACT (n=5)

- "Improve access to NSPs" - 4
- "Have chemists supply equipment" – 4
- "Have vending machines supply equipment" - 4

- "Focus groups at youth/drug user org" – 1
- "Videos" – 1
- "Posters" – 3
- "Pamphlets" – 3
- "Women's/ youth magazines/forums" – 3
- "Newspapers" - 1
- "Public announcements" – 1
- "Education while in school" - 4
- "Radio" – 1

Question 23: "Did you receive any hep C education in school?" Respondents were asked to choose between "Yes" or "No". Those respondents who chose "Yes" were asked, "If yes, how relevant is that information to you know?", and to rate how relevant by choosing between; "very relevant", "not very relevant", "not relevant at all"

(Q23) Melbourne, Vic (n=5)

- 'Yes' = 0
- 'No' = 5

Four (4) respondents chose to not rate their selection. One (1) respondent rated their selection as somewhere between 'Very relevant' and 'Not very relevant'

(Q23) Hobart, Tas (n=6)

- 'Yes' = 2
- 'No' = 4

'Very relevant' – 2, 'Not relevant' – 1, 'Not very relevant' – 2
One (1) respondent chose to not rate their selection.

(Q23) Adelaide, SA (n= 5)

- 'Yes' = 0
- 'No' = 5

(Q23) Alice Springs, NT (n=4)

- 'Yes' = 0
- 'No' = 4

(Q23) Sydney, NSW (N=7)

- 'Yes' = 0
- 'No' = 6

Comment offered: *"I wish I was more educated about hep C"*

(Q23) Canberra, ACT (n=5)

- 'Yes' = 1
- 'No' = 4

'Not very relevant at all' = 1

Question 24: "What are the three (3) most important points you think should be included in a Drug Education Session provided in schools around hep C?"

(Q24) Melbourne, Vic (n=5)

- "Cleanliness", "No sharing equipment"
- "Never share equipment, needle, water, spoon"
- "Avoiding infection", "Hope you get infected"
- "Contraction", "Infection"

One (1) respondent chose to not comment.

(Q24) Hobart, Tas (n=5)

- "The amount now that are using"
- "The amount of disease around"
- "The Family ruined through drugs"
- "Treat all blood as infected"
- "Don't be scared to not trust someone if doubtful"
- "New gear always"
- "Share"
- "Don't panic" - 2
- "The damage it cause"
- "The big effects it can have"
- "Drugs, sex:"
- "Damage hep C causes"
- "Other things it causes (sharing)"

(Q24) Adelaide, SA (n=5)

- "Always make sure to use clean fits"
- "Posters"
- "Have girls group meeting"
- "What it actually is"
- "How it is contracted"
- "How you can prevent catching it"
- "Don't share"
- "Clean everything"
- "Don't use with people you don't know"
- "You can get it in Ways other than injecting"
- "Anyone can get it"
- "It only takes a minute trace of blood – rinsing doesn't wash it all out"

(Q24) Alice Springs, NT (n=4)

- "The truth about it all"
- "The respect to make people understand"
- "Show consequences of liver damage"
- "Stress the point that it's not cool"
- "Trust"
- "Include hep C education with sex education"
- "Condom vending machines in both boys and girls bathrooms"

- "Videos and posters displayed around schools"

(Q24) Sydney, NSW (n=7)

- "Be clean"
- "Don't share"
- "Use swabs"
- "Assertiveness/confidence"
- "knowledge/information"
- "Support/counselling"
- "Anyone can get it"
- "Can be spread by blood"
- "You can't see with the naked eye"
- "How easily it's transmitted"
- "Never trust anyone"
- "Never share equipment"
- "Always wear gloves if you are helping someone else inject"
- "Fix up a bleeding cut"
- "Not to use dirty needles"
- "People make others aware of blood borne diseases"

(Q24) Canberra, ACT (n=5)

- "How easy it is to be influenced"
- "Never share equipment"
- "What the effects of drugs are on you"
- "Reusing"
- "Different ways of getting it"
- "How to stay clean when using"
- "About safe injecting"
- "How you get it"
- "How to prevent getting it"
- "Just educate them about it"
- "Needles"
- "Contracting Hep C"
- "Sharing"

Question 25: "What do you think the barriers to young women being educated about hepC?(check all that apply), and could select one or more of the following: "Finding young women IDU's", "Difficulties with partners", "Submissive attitude/low self esteem", "Not a priority issue for young women", "Uncomfortable/embarrassed to talk about IDU issues (with non - users/professionals)", "Fear of childcare/socials services involvement", "Issues around family/friends (being "outed")", "Don't know where to go to get information about needs", "Privacy issues", "Scared/don't want to know", "No support in dealing with outcome", "Other".

(Q25) Melbourne, Vic (n=5)

- "Finding young women IDUs" - 1
- " Difficulties with partners" - 2
- "Submissive attitude/low self esteem" - 2
- "Not a priority issue for young women" - 2
- "Uncomfortable/embarrassed to talk about IDU issues (with non - users/professionals)" - 2
- "Fear of childcare/social services involvement" - 2
- "Don't know where to go to get information about needs" - 1
- "Issues around family/friends (being "outed")" – 1
- "Privacy issues" – 1
- "Scared/don't want to know" - 2
- "No support in dealing with outcome" - 1

One (1) respondent chose to not comment.

(Q25) Hobart, Tas (n=6)

- "Finding young women IDUs" - 1
- " Difficulties with partners" -4
- "Submissive attitude/low self esteem" - 3
- "Not a priority issue for young women" - 2
- "Uncomfortable/embarrassed to talk about IDU issues (with non - users/professionals)" - 5
- "Fear of childcare/socials services involvement" - 3
- "Issues around family/friends (being "outed")" –5
- "Don't know where to go to get information about needs" – 3
- "Privacy issues" – 5
- "Scared/don't want to know" - 4
- "No support in dealing with outcome" - 4
- "Other" – "Young IDU women scared to identify themselves".

(Q25) Adelaide, SA (n=5)

- "Finding young women IDUs" - 2
- "Difficulties with partners" -4
- "Submissive attitude/low self esteem" - 4
- "Not a priority issue for young women" - 1
- "Uncomfortable/embarrassed to talk about IDU issues (with non - users/professionals)" - 2
- "Fear of childcare/socials services involvement" - 3
- "Issues around family/friends (being "outed")" – 2
- "Don't know where to go to get information about needs" – 2
- "Privacy issues" – 1
- "Scared/don't want to know" - 1
- "No support in dealing with outcome" - 2

(Q25) Alice Springs, NT (n=4)

- " Difficulties with partners" - 3
- "Submissive attitude/low self esteem" - 3

- "Not a priority issue for young women" -
- "Uncomfortable/embarrassed to talk about IDU issues (with non - users/professionals)" - 3
- "Fear of childcare/socials services involvement" - 2
- "Issues around family/friends (being "outed")" -2
- "Don't know where to go to get information about needs" - 1
- "Privacy issues" - 2
- "Scared/don't want to know" - 1
- "No support in dealing with outcome" - 2
- "Other" - 1 "don't want people to look down on you."

One (1) respondent chose to not comment.

(Q25) Sydney, NSW (n=7)

- "Finding young women IDUs" - 1
- " Difficulties with partners" - 2
- "Submissive attitude/low self esteem" - 4
- "Not a priority issue for young women" - 1
- "Uncomfortable/embarrassed to talk about IDU issues (with non - users/professionals)" - 2
- "Fear of childcare/socials services involvement" - 1
- "Issues around family/friends (being "outed")" -3
- "Don't know where to go to get information about needs" -2
- "Privacy issues" - 1
- "Scared/don't want to know" - 1
- "No support in dealing with outcome" - 1

(Q25) Canberra, ACT (n=5)

- "Finding young women IDUs" - 3
- " Difficulties with partners" - 12
- "Submissive attitude/low self esteem" - 5
- "Not a priority issue for young women" - 2
- "Uncomfortable/embarrassed to talk about IDU issues (with non - users/professionals)" - 4
- "Fear of childcare/socials services involvement" - 2
- "Issues around family/friends (being "outed")" - 5
- "Don't know where to go to get information about needs" -2
- "Privacy issues" - 3
- "Scared/don't want to know" - 2
- "No support in dealing with outcome" - 3

Question 26: "Do you think anyone else should be involved in educating young women about safer injecting practices and hep C?, and could select one or more from the following: "Young men", "Schools", "Internet", "Magazines", "Alcohol and Drug Services", "Peers", "Parents", "GP's/Health services", "Women's/youth services" "Juvenile justice/correctional services", "NSPs", "Other".

(Q26) Melbourne, Vic (n=5)

- "Schools" - 1
- "Magazines" - 1
- Alcohol and Drug Services" - 2
- "Peers" - 2
- "Parents" - 2
- "GP's/Health services" - 2
- "Women's/youth services" - 2
- "Juvenile justice/correctional services" - 1
- "NSPs" - 1
- "Other" - 1 'Wherever people can be educated there should be information and education.'

One (1) respondent chose to not comment.

(Q26) Hobart, Tas (n=6)

- "Young men" - 3
- "Schools" - 2
- "Internet" - 1
- "Magazines" - 1
- Alcohol and Drug Services" - 4
- "Peers" - 3
- "Parents" - 3
- "GP's/Health services" - 5
- "Women's/youth services" - 5
- "Juvenile justice/correctional services" - 4
- "NSPs" - 3
- "Other" 'I have no help from my Mum 'coz she doesn't want to know/learn. Wont give support &/or encouragement.'

(Q26) Adelaide, SA (n=5)

- "Young men" - 2
- "Schools" - 3
- "Internet" -
- "Magazines" - 2
- Alcohol and Drug Services" - 4
- "Peers" - 1
- "Parents" - 2
- "GP's/Health services" - 4
- "Women's/youth services" - 3
- "Juvenile justice/correctional services" - 2
- "NSPs" - 2

One (1) respondent chose to not comment.

(Q26) Alice Springs, NT (n=4)

- "Young men" - 1
- "Schools" - 3
- "Internet" - 2

- "Magazines" - 2
- "Alcohol and Drug Services" - 3
- "Peers" - 3
- "Parents" - 3
- "GP's/Health services" - 2
- "Women's/youth services" - 2
- "Juvenile justice/correctional services" - 3
- "NSPs" - 1
- "Other" 'Former & present users very important. Who wants to listen to someone who hasn't used?'

One (1) respondent chose to not comment.

(Q26) Sydney, NSW (n=7)

- "Young men" - 1
- "Schools" - 4
- "Internet" - 2
- "Magazines" - 1
- "Alcohol and Drug Services" - 4
- "Peers" - 3
- "Parents" - 3
- "GP's/Health services" - 3
- "Women's/youth services" - 5
- "Juvenile justice/correctional services" - 3
- "NSPs" - 2
- "Other" 'People who they respect'.

One (1) respondent chose to not comment.

(Q26) Canberra, ACT (n=5)

- "Young men" - 2
- "Schools" - 4
- "Internet" - 1
- "Magazines" - 2
- "Alcohol and Drug Services" - 5
- "Peers" - 3
- "Parents" - 3
- "GP's/Health services" - 4
- "Women's/youth services" - 5
- "Juvenile justice/correctional services" - 4
- "NSPs" - 5
- "Other" 'Other young women.'

Question 27: Respondents could answer "Yes" or "No" to the following: "Would you like more information on hep C or safer injecting? If 'yes', what would that be?"

(Q27) Melbourne, Vic (n=5)

- 'Yes' = 1
- 'No' = 2

If 'yes', what would that be?

- 'What it actually does to you.'

One (1) respondent chose to not comment.

(Q27) Hobart, Tas (n=6)

- 'Yes' = 4
- 'No' = 2

If 'Yes', what would that be?

- 'The signs of treatment. The signs of having hep C.'
- 'Exactly how testing procedures' (are carried out?)
'Support after testing.'
- 'Everything.'
- 'Safe injecting, other repercussions.'

(Q27) Adelaide, SA (n=5)

- 'Yes' = 1
- 'No' = 2

If 'Yes', what would that be?

- 'Because I have hep C, how not to get it again worse.'

Two (2) respondents chose to not comment

(Q27) Alice Springs, NT (n=4)

- 'Yes' = 2
- 'No' = 1

If yes, what would that be?

- 'To know the effects of hep C and what it can do to unborn children.'
- 'Former & present user's help/guidance/advice & help out in the community– not just behind closed doors.'

One (1) respondent chose to not comment.

(Q27) Sydney, NSW (n=7)

- 'Yes' = 0
- 'No' = 7

(Q27) Canberra, ACT (n=5)

- 'Yes' = 2
- 'No' = 3

If yes, what would that be?

- 'All the risk and that.'
- 'More pamphlets.'