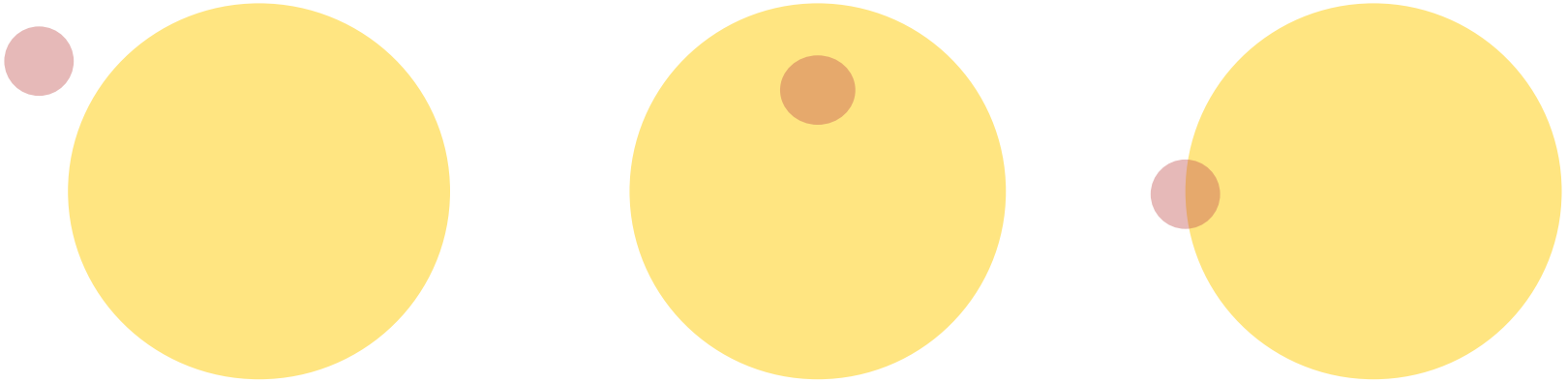
AIVL
Australian Injecting
& Illicit Drug Users League

the being real project

working towards best practice

A framework for people who use drugs sharing knowledge with Indigenous Australians in our community through being real with each other.

being real introductions



introductions: please take 5-10 minutes to introduce yourself

Who are you? What Is Your Role?

How did you come to be where you are today?

being real

being real project outline

Group Functions: - Terms of Reference - Working together

being real project goals, outputs, & deliverables

From AIVL's 2017–18 Funding Agreement:

- Develop a needs-based communication framework that identifies the most effective communication methods.
- Produce cross cultural harm reduction resources based on key principles identified in the needs-based communication framework.
- Establish partnerships with key Aboriginal and Torres Strait Islander stakeholders and develop and implement resources that support harm reduction and hepatitis C testing and treatment in Aboriginal and Torres Strait Islander communities.
- Build capacity among members organisations to effectively engage with Aboriginal and Torres Strait Islander people who inject drugs.

being real expert advisory group

- Dr Ben Armstrong (Australian Indigenous Doctors Association),
- Aimee Capper (The Connection),
- Michael Doyle (University of Sydney),
- Carl Honeysett,
- Christian Vega (AIVL),
- Melanie Walker (AIVL),
- Aunty Cheri Yavu-Kama-Harathunian (Indigenous Wellbeing Centre)

Provide Expertise & Advice

Oversee the development of resource

Support trial implementation

being real phase 1

1. **Listening, Researching & Consulting:**
   Compile relevant information to develop the engagement strategy including available research papers and policy documents but also anecdotal feedback from our community, consulting with experts in this area, and reflecting on the practice wisdom of AIVL members
2. **Process Development & Refinement:**
   With a small working group made up of staff from our membership and an external consultant, an initial process was developed
3. **Trial Implementation:**
   Consultations were organised with Aboriginal and Torres Strait Islander People who use drugs in a range of locations, using a range of recruitment strategies, settings and group formats in collaboration with AIVL member staff
4. **Evaluation, Reflection, and Debriefing:**
   Facilitators assess parts of the process that were effective and modify those that weren't, as well as note any significant new information
5. **Identify and Document Learnings:**
   Record learnings as they happen and incorporate these into a data set for the return to the first step in this process cycle.

being real phase 1 vs phase 2

Resource Focus	Community engagement	Community/workforce capacity building
Settings	Known organisations, Engaged Community Members	Untested Relationships, Previously Non-engaged Orgs
Staff Profile	Entirely within AIVL	Collaborations between a range of organisations
Knowledge Areas	Documenting knowledge that was previously Informal, Anecdotal, Sensed, Experiential; Learning new information through listening	Development of new processes; new and more nuanced understandings; Establishing specialist expertise; Critical Reflection

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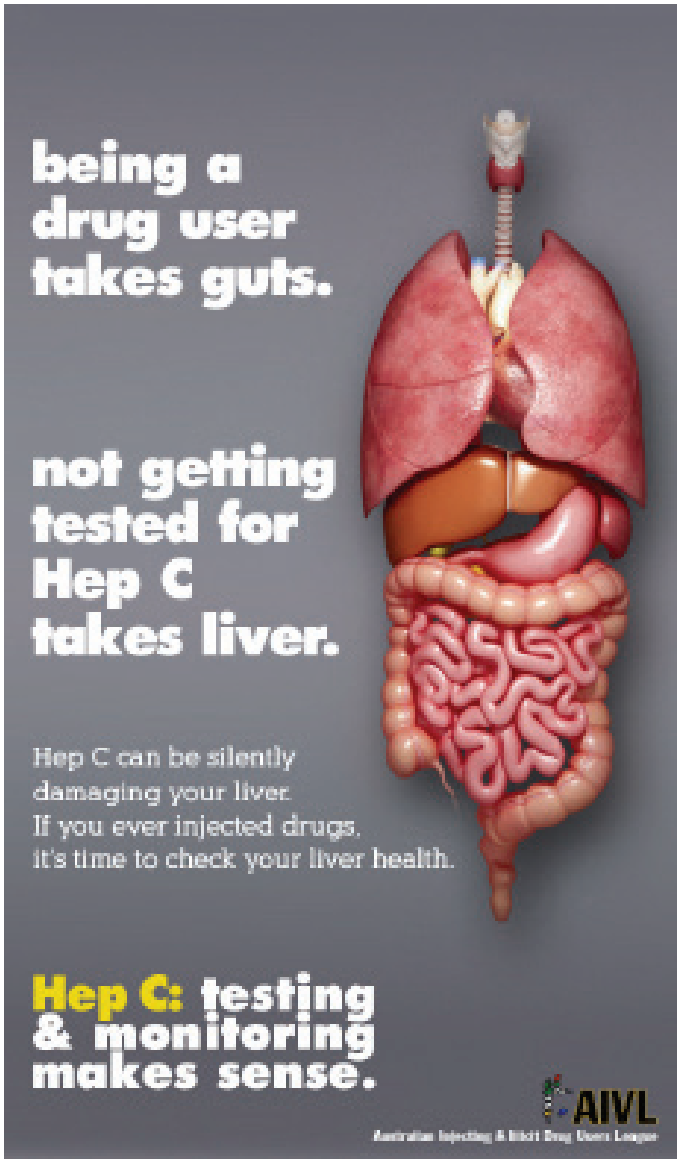
review reflecting on our stuff

who is aivl?

- AIVL is the Australian peak body representing people who use drugs.
- AIVL emerged from our membership of state peer-based organisations of people who use drugs.
- AIVL advocates for the reform of laws, policies and services to be supportive of our community from our own perspective.
- AIVL works towards preventing, reducing, and healing the harms experienced by people in our community.
- AIVL believes that the lived experience of people who use drugs is a form of specialist expertise that is as valuable to understanding drug use as academic or clinical perspectives.

we are drug users



our community history

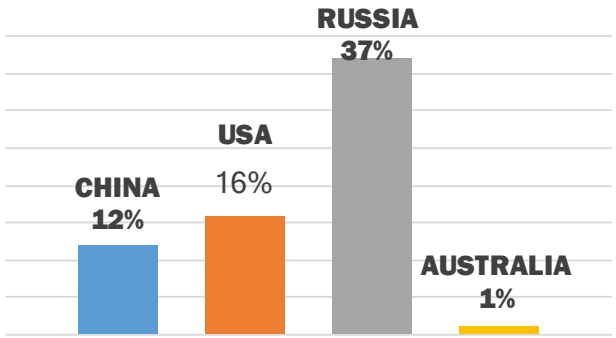
- When HIV first appeared in the 1980s the people most affected were gay men, sex workers, people who inject drugs.
- No one knew what to do for 2 reasons:
  - The virus was new and killing people fast
  - Our Government didn't know how to engage these communities because of criminalisation
- Instead of trying to make it up, the health minister instead gave money to these communities to form their own organisations and services
- Services based on Harm Reduction (eg: Needle Exchanges) began
- Australia lead the world with "the Partnership model", now recognised internationally as best practice

our community achievements

TOTAL NUMBER OF TIMES HIV WAS PASSED BETWEEN A FEMALE SEX WORKER & CLIENT IN AUSTRALIA

0

HIV prevalence among people who use drugs in different countries



Between 2000 and 2009, the Australian Government...

...spent $243 million on Needle and Syringe Programs.

...this prevented an estimated 32,050 HIV and 96,667 hep C infections.

... which saved $1.28 billion in direct healthcare costs.

...if patient costs and productivity gains/losses are included, the community saved $5.85 billion

For every $1 invested in NSPs, $27 was returned to Australian tax payers.

our community values

The War on Drugs has failed - we need peace, acceptance & healing.

The intense laws and policies that criminalise people who use drugs have been more harmful than any of the drugs themselves - destroying lives, families, communities - even entire nations. Not only must these policies be reversed - but repairing the damage and division that was at their root - racism, colonisation, greed.

We can speak on our own behalf and we deserve to be listened to.

We are a part of the broader community and we deserve the same rights, recognition and respect as everyone else. Contrary to the stigma that is used to denigrate us and justify our persecution, our lived experience of using illicit drugs is specialist expertise that is essential to understanding drug use and can be harnessed to genuinely support people in our community.

We are not the problem, but we are part of the solution.

People who use drugs have demonstrated the benefits of being in control of their own organisations, developing their own responses, and being effective in a way no one else can be. Our use of substances is a normal expression of the human right to bodily autonomy - often in response to otherwise unaddressed social problems.

our community practice

peer education + community leadership

Recognising the value of lived experience, peer education harnesses the unique connection community members have with each other for the purposes of implementing effective advocacy and support.

health promotion

Acknowledging the disempowering effect of social stigma and discrimination, at its foundation health promotion focuses on the enablement and empowerment of our community members.

harm reduction

Moving away from previous approaches of abolition of drug use to attain abstinence, harm reduction respects an individual's choices regarding drug use and seeks to lessen the negative impact of it on their lives.

"The Australian health policy response to HIV has been characterised as emerging from the grassroots rather than top-down, with a high degree of partnership between scientists, government and community."

Professor Sharon Lewin 2014

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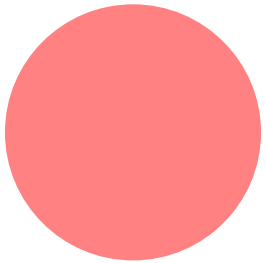


overview listening to what indigenous people have said about health

consultation? models of health cultural safety

listening to indigenous people a critique of consultation

Recent history has lead to a growing criticism of the development of generic "consultation tools". Some reflections that Indigenous people shared with us:

> "Consultation… is the government's way of talking but not actually doing anything."

> "[Consultation] can be seen as White people's way of colonising Aboriginal Knowledge."

> "Consultants are like seagulls, they fly in, take what they want, shit all over everything, fly off and we never see them again."

The Being Real Project sought an alternative process that was more aligned to what Australian Indigenous Communities have indicated would be a more respectful and sensitive method of interaction while remaining within the capacity of our workers.

For this reason, rather than focus on Community Consultation, the Being Real project instead chose to develop processes of Cultural Exchange.

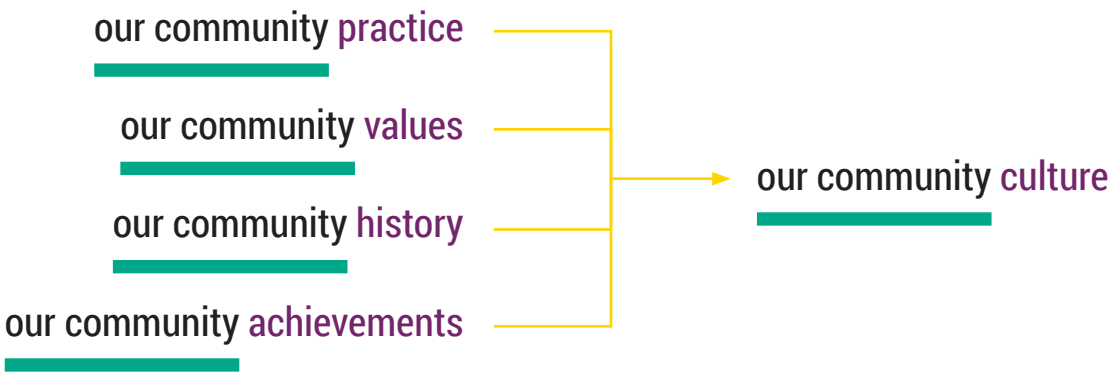
listening to indigenous people a critique of consultation

In order to interact effectively with people from another culture

one must first understand one's own culture.[1]

[1] SNAICC 2012 Consultation Overview on Cultural Competence in Early Childhood Education and Care Services

Among health professionals, the peers who work in the BBV/STI sector **have a unique advantage to develop cultural awareness.**



Awareness of **our culture** enables peers to take part in **Cultural Exchange**

cultural safety definition

Cultural Safety refers to the accumulation and application of knowledge of Aboriginal and Torres Strait Islander **values, principles and norms.**

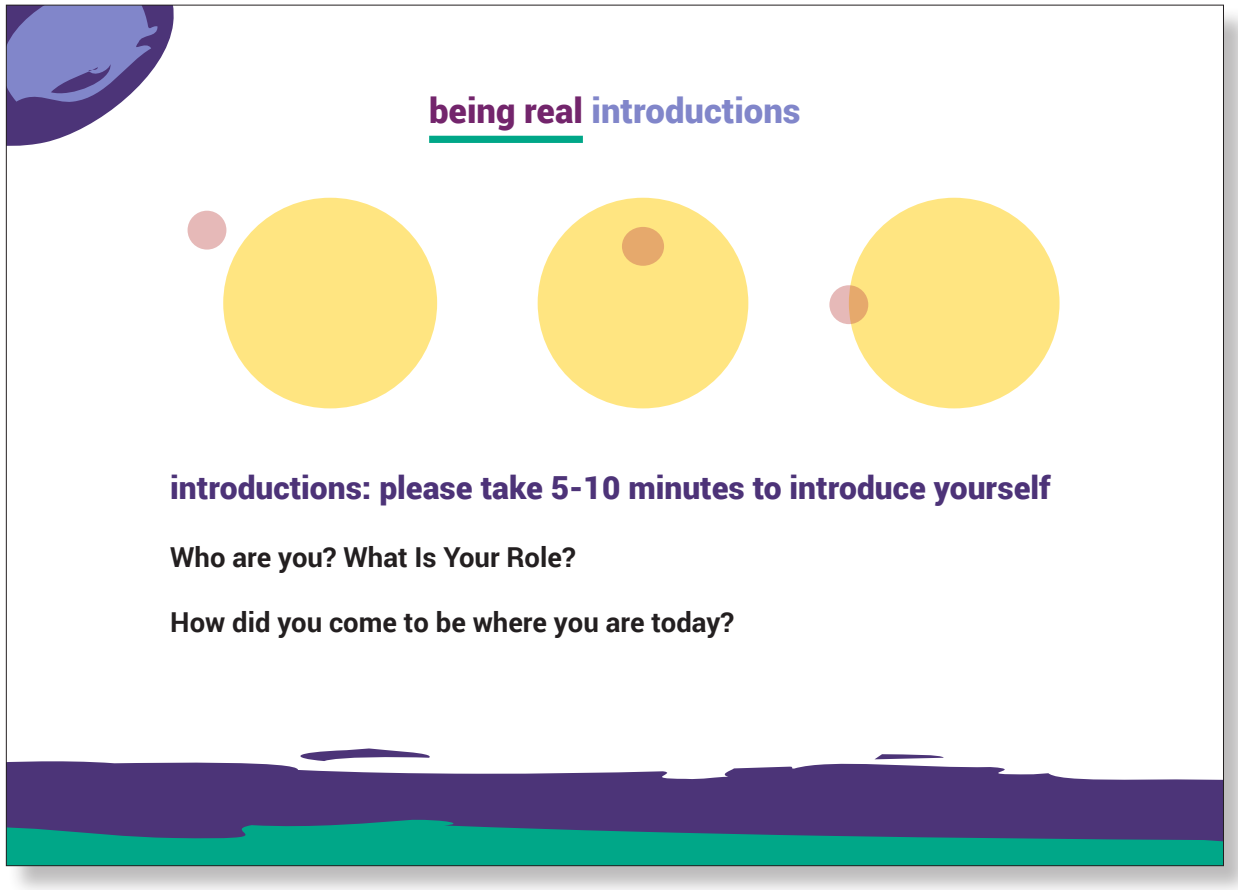
It is about **overcoming the cultural power imbalances** of places, people and policies to contribute to improvements in Aboriginal and Torres Strait Islander health and increasing numbers within, and support for, **the Aboriginal and Torres Strait Islander medical workforce.**[1]

[1] Australian Indigenous Doctors' Association, 2013, Position Paper Cultural Safety for Aboriginal and Torres Strait Islander Doctors, Medical Students and Patients, AIDA, Canberra.

cultural safety practice

Remember this activity from the beginning of the day?

This is the same way facilitators introduced themselves to Indigenous People Who Use Drugs



health through five different eyes

Some eyes are old,	Medical Model of Health	This is the “old” Western world way of seeing health that doctors and researchers have used for the past two centuries to cure diseases, heal injury, develop medicines and health technology.
Some eyes are new,	Social Model of Health	Recognising social determinants (housing, employment, access to services, etc.) impact on people’s health, this newer understanding highlights the role of governments, services, and communities in relation to health of all community members.
	Aboriginal Model of Health	We recognise and respect the self -determination of Aboriginal people, and this includes acknowledging and understanding their expressed definition of health. This refers to the social, emotional and cultural well-being of the whole community; if one person is sick, the whole community to hurts.
Some eyes belong to us,	People Who Use Drugs	People who use drugs have developed their own nuanced sense of health, which is not as formalised as other frameworks but can be inferred from the operation of our organisations and services, our cultural practices, values and beliefs.
Some eyes belong to you.	Aboriginal People Who Use Drugs	This has not yet been written. The Being Real Project is our way to start to build this understanding.

defining health and ill-health different perspectives

Medical Model of Health

Good Health is...
Doctors finding and fixing problems

... achieved through...
Clinicians learning and practicing skills to fix illness, injury and impairment in the patients body

... the purpose of which is...
Longevity, living as long as possible

Social Model of Health

Good Health is...
A state of physical, mental and social well-being

... achieved through...
Governments and Services ensuring social determinants positively influence the health of all community members

... the purpose of which is...
A necessary resource towards good quality of life for all people

Aboriginal Model of Health

Good Health is...
a matter of self-determining all aspects of a person's life

... achieved through...
People's control over their physical environment, dignity, community self-esteem, and justice. It is more than the allocation of resources and services

... the purpose of which is...
Individuals reaching their potential and contributing to community wellbeing

defining health and ill-health different perspectives

Aboriginal People show us the importance of defining health for ourselves. While our community has demonstrated best practice for ourselves we have yet to formalise an over-arching model of health.

People Who Use Drugs

(inferred from concepts of health that come from the practice of peer education, harm reduction and health promotion)

Good Health is...
The result of respecting our human rights (including our bodily autonomy), treating us fairly, and recognising we are equal to everyone else.

... and is achieved through...
Every person feeling enabled and empowered enough to access appropriately available information, resources, services, and support to have control over our health and bodies and reduce any harms we may experience.

... for the purposes of...
Finding peace and happiness in an imperfect world.

Aboriginal People Who Use Drugs

The Being Real project is our opportunity to ensure we develop a model of health that is inclusive of Aboriginal and Torres Strait Islander People Who Use Drugs.

Through the work of the Aboriginal Health Sector, Indigenous communities have taught us the importance of self determination.

What People Who Use Drugs can share is our practice - which focuses on inclusion of those who are most marginalised.

We can work together to truly ensure that no one is left behind.

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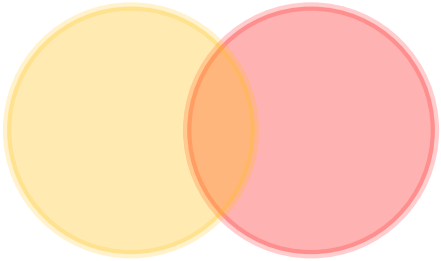

being real project learnings from phase 1

common ground collaboration combining our knowledge
what we can give

being real learnings from phase 1

Aboriginal Health and the Peer-based response to BBV/STIs have many parallels and much common ground		
Aboriginal & Torres Strait Islander People	**COMMUNITY**	People Who Use Drugs in Australia
Aboriginal & Torres Strait Islander People	**NATIONAL PEAK BODY**	AIVL
Aboriginal Community Controlled Health Organisations	**ELIGIBLE MEMBERS**	Peer-Based Organisations of People Who Use Drugs
The purpose of NACCHO is the physical, emotional, cultural, spiritual and social wellbeing of Aboriginal peoples through community control, comprehensive primary health care and innovation in health services	**ORGANISATIONAL OBJECTIVES**	AIVL's purpose is to advance the health and human rights of people who use illicit drugs with a focus of reducing the transmission and impact of blood borne viruses through the effective implementation of peer-educated, harm reduction, health promotion, and national policy and advocacy strategies.

SHARED CHALLENGES & CONCERNS

- criminalisation, disproportionate law enforcement and policing, lack of legal protection and the justice system
- significant social stigma, discrimination, and prejudice from the broader Australian public.
- the absence of safe, accessible, respectful and sensitive engagement with quality and relevant health services that support self-determination

being real learnings from phase 1

Genuine collaboration and co-ownership means handing over power and responsibility, and examining our own discomfort in doing so.

Participants could choose:

- where we would meet them
- who else was part of groups
- if they could engage 1-on-1
- what questions they wanted to answer
- for how long they could engage
- to ask questions to facilitators about their lived experience

This lead to a level of participation, rapport, trust, and respect that was considered successful.

Discussion:

Are you able to do this in your day to day engagement? What are the enablers and barriers to this?

Do your answers have an effect on your engagement with Indigenous people who use drugs?

learnings from phase 1 what we can offer

In addition to learning from Indigenous People, our community also has knowledge, practice and experience that has the potential to help respond to current challenges in Aboriginal Health.

eg: Privacy and Confidentiality at Health Services

"Because they're not treated as confidential- even though there's rules- they still talk. I did a blood test once- doctor came in with the receptionist- telling me like I was going to die- I have Hep C. The receptionist had my file. Suddenly there was rumors that I had HIV. But I was lucky, my family knew people there- there was a big meeting to set things straight and that worker was fired. But it shouldn't happen. It's why I always gone to white people [for drug services]." Lila, 38

"We got an Aunty who works at an AMS- she'll put up with being sick, or having conditions get worse, find some other way through it because she's afraid of the judgment from her family and her community." Ryder, 36

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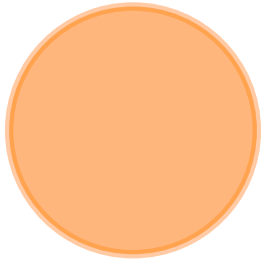
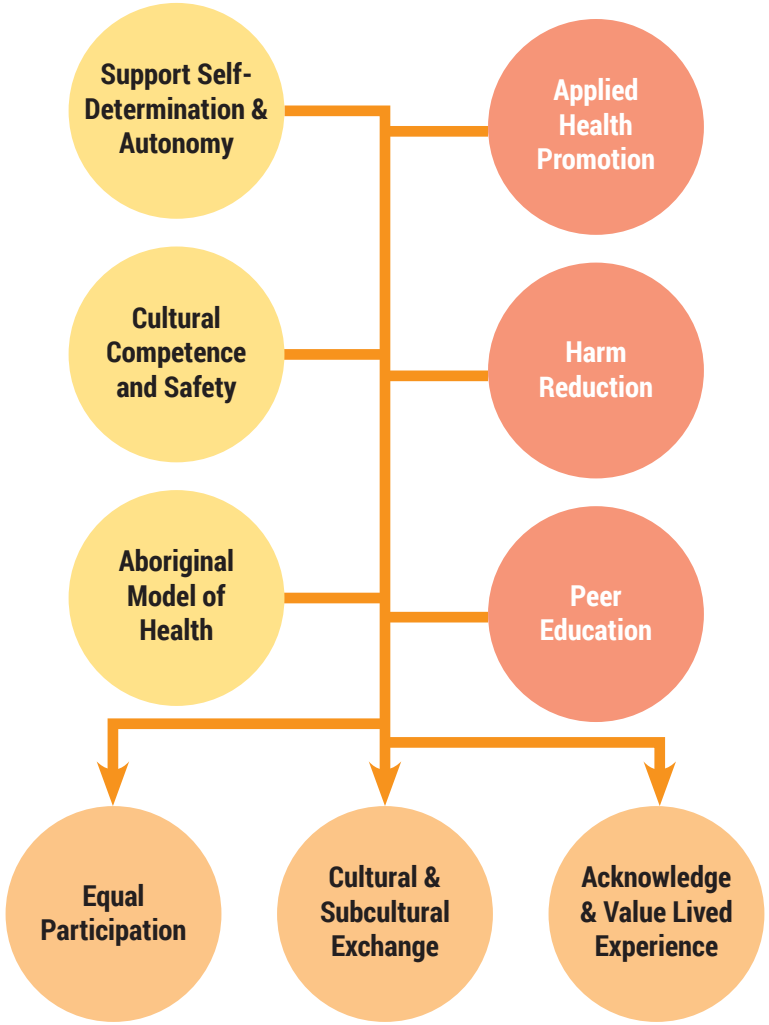


being real project the engagement process

new & best practice key features session plan

the engagement process new & best practice



the engagement process key features

Communication.

* Verbal * Not Written * Face-to-Face * Sharing, not Asking
* Active Listening *

Flexibility.

* Responsive to Participants * Facilitator Options
* Groups or Individuals *

Safety.

* Conscious of Need * Respectful
* Mindful of Risk & Power Imbalances *

the engagement process session plan

Please refer to handout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www.aivl.org.au