

The emergence of injecting drug use in Aboriginal communities

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Overview

NTAHC is seeing the emergence of injecting drug use in Aboriginal communities in the Northern Territory.

Today we are presenting on our response to two communities. One is a community located in the greater Darwin area. The other is in a township some 850 kilometers from Darwin.

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Community Education

Sharps in Community



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Background

- Community members contacted local health service for advice
- Children found playing with discarded syringes
- NTAHC was approached to provide education and advice

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What happened next?

- A lunch was organised with community
- A practical demonstration of disposal of needles was given
- A mantra of 'Don't Touch and Tell Someone' was created by the older children.
- Community members took staff for a walk to show where needles had been found.

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Making community safe

- 24 hour access to disposal facility
- Addressing fears of community for child safety
- NTAHC support
- Follow up

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Education the key to community safety

- This community education session highlights how easy it was to get a message into community regarding safe disposal, when invited
- Posters were put up in community
- "Don't Touch and Tell Someone"- kids still doing dance
- New 24/7 disposal unit installed and at the most recent visit there were no new discarded syringes found
- Pictorial signs were developed and put up in the community centre.

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Education Resources

HANDLING USED NEEDLES



1. WEAR SURGICAL GLOVES

HANDLING USED NEEDLES



2. DO NOT RECAP THE NEEDLE

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HANDLING USED NEEDLES



3. FIND A RIGID CONTAINER WITH A SECURE LID

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4. BRING THE DISPOSAL CONTAINER TO THE NEEDLE/SYRINGE

HANDLING USED NEEDLES



6. PICK UP THE NEEDLE/SYRINGE FROM THE HANDLE

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7. PLACE THE NEEDLE/SYRINGE IN THE CONTAINER- SHARP END FIRST

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8. SECURELY PLACE THE LID ON THE CONTAINER

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9. WASH HANDS WITH RUNNING WATER AND SOAP

Education Resources

HANDLING USED NEEDLES



10. TAKE THE CONTAINER TO THE NEAREST NSP FOR DISPOSAL

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Education Resources

HANDLING USED NEEDLES BEST PROCEDURE

- WEAR SURGICAL GLOVES
- DO NOT RECAP THE NEEDLE
- FIND A RIGID CONTAINER WITH A SECURE LID
- BRING THE DISPOSAL CONTAINER TO THE NEEDLE/SYRINGE
- DO NOT HOLD THE CONTAINER IN YOUR HANDS
- PICK UP THE NEEDLE/SYRINGE
- PLACE THE NEEDLE/SYRINGE IN THE CONTAINER SHARP END FIRST
- SECURELY PLACE THE LID ON THE CONTAINER
- WASH HANDS WITH RUNNING WATER AND SOAP
- TAKE THE CONTAINER TO THE NEAREST NSP FOR DISPOSAL

QUESTIONS? CALL NTAHC
ON 8944 7777



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Stigma of Injecting

- 'None of us mob use needles'
- 'No Indigenous fellas use needles, so must be whitefellas throwing them into the community'

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- Fiona Clarke & Damon Brogan (NSP)
- Andy Ewing (Design & Social Marketing NTAHC)

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Borrooloola



Borrooloola is at the end of the Carpentaria Highway, approx 850 kms south east of Darwin, 670 kms from Katherine. It is an open town with a relatively high non-Aboriginal population. It has a thriving tourist industry with fishing, camping and site seeing.

Borrooloola NT

Where is Borroloola?

- Borroloola is located on the eastern coast of the Northern Territory on the Gulf of Carpentaria. Situated on the banks of the McArthur River.



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The people of Borroloola

- The community of Borroloola is comprised of 4 main clan groups – Mara, Yanyula, Garawa and Kurdanji. Borroloola is unusual in that it is the home of a number of very different Aboriginal cultures. The people all live around the town and the Sir Edward Pellew Islands and the lower reaches of the McArthur and Wearyan Rivers. The Kudanji and Karawa people are classed as 'mainland people' and are associated with land to the south and east of the present township.

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Borroloola Health Centre



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NTAHC in Borroloola

- AOD Workers in Borroloola concerns about drug use in community.
- Clinical staff in denial
- Discussion with AOD staff on health promotions strategies to promote safe sex and safe injecting

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What happened next?

- NNTAHC staff have been welcomed and invited back by both community members and clinic staff.
- Clinic staff have commenced the process to become a secondary NSP provider

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Conclusion

Stigma, fear and indifference around IDU and BBV can be overcome by means of respectful support from government and specialist agencies that can assist communities in putting together useful local responses to BBVs and other IDU related harms.

Working Together is working for our Communities.

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Thanks & acknowledgements

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- Damon Brogan – NTAHC NSP
- AOD & Clinical Staff Borroloola
- NT Government – Centre for Disease Control

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Thank you for listening