

2010 NSP Workers Forum

## Fears, Facts and Fallacies

Understanding where our audience is *REALLY* at!

Workshop facilitated by

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*Who ARE our key audiences?*

Prison Officers / Unions

Local Government

Police

Hospitals (Health Care Workers)

Community Health Centres

Politicians

Schools

Religious Organisations

Local residents

Pharmacies & Local Business

# THE TASK

## **PART ONE: Understanding “*their*” lives**

- what are the most important priorities in their lives – what are they trying to achieve?.
- what (and who) are the important influences on their behaviour
- **How do they see NSP?**
  - how does this fit with their priorities?
  - What do they know, understand or believe about NSP?
- **What is their response to NSP?**
  - What underpins this?
  - What are the rational reasons for this reaction?
  - What are the emotional reasons for this reaction?
- **What are the benefit barriers for them? (from their perspective)**
  - Why should I accept what you say?
  - What’s in it for me?
  - How will I be better off? (in a way that I care about)

## **PART TWO: Responding to “*their*” needs:**

- **What arguments will therefore have currency with this group?**
  - What will help with emotional needs?
  - What will give rational support and evidence?
- **What channels can we use to talk to them and address their concerns?**
  - What networks can we tap into?
  - Which people will they listen to – what allies do we have?



<i>Key Audience</i>	<i>What are their priorities?</i>	<i>How do they see NSP?</i>	<i>What is their response to NSP?</i>	<i>What influences this?</i>	<i>What underpins this view?</i>	<i>What messages will have currency?</i>
Prison Officers	Security	Seen as a risk to them	Don't want it	Peers / other officers	Dominated by fear	Be aware of, and present current research
	Policies	Admitting their failure to stopping drug use		Personal Experience	Risk of needle stick injury	Less corruption within prison
	Maintaining control	Enabling / encouraging drug use		Media	Use of needles as weapons	Less need to deal with overdose/ death
	Personal safety of other prisoners			Unions	Lacking knowledge of research	Reduction in black market trade (drugs + paraphernalia)
	Public Image			Policies	Drugs seen as a legal issue not a health issue	More control of supply and demand
	OH&S			Workplace culture	Union messages	Increased personal safety
						Education +++ with messages about keeping prisoners safe from BBI – therefore lower rates in the community post release

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Police	Maintaining Law and Order	Creates more workload	Mixed – dependent on location and level of drug education	Workplace culture	Dominated by fear	Current research of some benefit – but needs to be within the context of their day to day experience
	Being seen to enforce drug laws	Highlights that there is illegal activity happening		Bad experience (or stories of) bad experience with IDU	Drugs seen as a legal issue not a health issue	Education +++ (practical more than theoretical)
	Public Image	May be supportive of the prevention benefits but no of the users.		Attitude toward ‘cleaning up crime’	Use of needles as weapons	Big picture of Harm minimisation = Supply reduction, demand reduction and harm reduction. We each have specific and then shared responsibilities.
	Maintaining Law and Order	NSP users are still criminals		Media	Limited knowledge of research	Personalise as much as possible – people like us / our families
	Being seen to enforce drug laws	Creates more workload		Personal experience of friends / family as drug users	Risk of needle stick injury	
	Public Image	Highlights that there is illegal activity happening		Workplace culture	Drug related crime stats	

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Healthcare Workers	Providing health services	Service for people with 'self inflicted' problems	Mixed	Personal attitudes	Lacking of understanding	Research, especially return on investment & demonstration of health savings
	Admin officers employed for clerical support	Drug users abusing 'legitimate' health resources	Waste of public health money	Stressed work conditions	Drug dependence seen as a lifestyle choice rather than a health issue Fear of clients	Education +++ drug dependence is a chronic relapsing medical condition. NSP creates a safer community - active sharps retrieval program
	Emergency Dept caring for acutely ill / injured	Enabling / encouraging drug use	Not their job	Media		
		NSP workers normalising drug use		Workplace culture	Fear of needle-stick injury	Personalise messages about the spread of HIV / HCV beyond the IDU Community (to our sons & daughters)
		Service for people with 'self inflicted' problems		Personal / family experience	Lacking of understanding	Provision of disposal facilities for of all community generated medical sharps – OH&S benefits
		Drug users abusing 'legitimate' health resources		Personal attitudes	Drug dependence seen as a lifestyle choice rather than a health issue	Health care is a fundamental human right for all people

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Community Health Centres	For the 'whole' community	Doesn't fit with priorities	"not in my backyard"	Fear of clients & fear of change	Ignorance	Provide lots of Support
	Provide mainstream services	Will attract IDU's		Emotional not rational	Media – stereotyping	Develop good rapport and gradually dispel myths
	Vary according to geographical location and diversity of population	View drug use as criminal not health issue – therefore not 'our' job			Myths about BBV transmission	Present them with the evidence of effectiveness and return on investment
	For the 'whole' community	Another thing to do				Reinforce that they are doing something good for everyone in the community
	Provide mainstream services	Will cause increase in discarded injecting equipment				
		Encourages criminal activity				
		Encourages & condones drug use				

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Politicians	Re election	Mostly – low priority	Generally emotional in response to electorate	Community opinion	Lack of knowledge	Budget / cost benefit
	Policies	Small population / illegal behaviour		Confusion between legal health service and illegal activities. (NSP is counter-intuitive)	Media – stereotyping	Hard evidence of effectiveness
	Forwarding agenda	Limited knowledge – similar to that of general community.		Sometimes pragmatic some ability to connect with personal stories eg the Bob Hawke personal story		Doing good = feeling good
	Reflecting community values					Create an image of caring = more votes
	Looking good – or more importantly not looking bad					

NOTE \*Timing within career is very Important

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Schools	Education	Mostly 'bad things' – however <i>some</i> breakthrough.	Fear, ignorance, anxiety	Concern over safety issues from discarded equipment	Misunderstanding - lack of knowledge	Safety issues – provision of safe disposal facilities.
	Safe learning environment	Only know what the media portrays	May promote drug use.	Media		Reassurance from 'the top' – Principal and staff are key to this reinforcing "people like us" messages.
	Social / emotional wellbeing		Belief that needle-stick injuries will kill the kids	Fear of IDU's		A less marginalised society is good for ALL.
						Evidence from other school / community experiences.
						Demonstration to parents that curriculum deals with drug use issues

*NOTE \*Not all schools have the same attitude*

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Local Residents	Safety for self and families	Encouraging illegal drug use	Based on fear and misinformation	Media	Fear	Reinforcing messages about reducing BBV transmission to “the rest” of the community. Focus on HIV (sexual transmission link)
	Reputation or their area	Waste of health resources	Emotional response not rational	Shock jocks	Lack of understanding	Be able to demonstrate the lack of negative impact on communities with NSP.
		Panders to the drug users		Occasionally personal experience		Provide stories / anecdotes of other <i>similar</i> communities WITH NSP.
		Conflicts with traditional “health” messages		General discussion / urban myths		Personalise as much as possible – people like us / our families.

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Charities and Religious groups	Serving underprivileged	<b>Supporters</b> <ul style="list-style-type: none"> <li>• Benevolence</li> <li>• Effective</li> <li>• Willing to be involved</li> <li>• Understand issues</li> </ul>	<b>Supporters</b> <ul style="list-style-type: none"> <li>• Join for advocacy</li> <li>• Rational response</li> <li>• Pride in participation</li> </ul>	<b>Supporters</b> <ul style="list-style-type: none"> <li>• Caring</li> <li>• awareness of evidence</li> </ul>	Misunderstanding - lack of knowledge	Reinforce “greater good”  Human Rights – eg everyone is part of the community
	Maintaining a presence	<b>Detractors</b> <ul style="list-style-type: none"> <li>• Encouraging people to use</li> <li>• Puts children @ risk</li> <li>• IDU’s are not worthy</li> <li>• Patronising “save them”</li> <li>• Judgmental</li> </ul>	<b>Detractors</b> <ul style="list-style-type: none"> <li>• Lobby for position to discredit</li> <li>• Political sway</li> <li>• Emotional response - fear</li> </ul>	<b>Detractors</b> <ul style="list-style-type: none"> <li>• Lack of understanding of client behaviour</li> <li>• Need to “heal”</li> <li>• Community attitude/influence</li> </ul>	Evidence of effectiveness	Need to influence the “power source” – leaders and elders
						<b>Barriers</b> Lack of understanding by benefactors  Competing causes  Compassion fatigue  Lack of strong leadership

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Aboriginal Controlled Community Health Services	Better health for Aboriginal people	As a bad thing	Emotional response	Lack of understanding	Community attitudes	Reinforce that NSP is keeping the community safe and healthy.
	Closing the gap	Not part of our culture	Fear & shame	Drug addiction not seen as a health issue		NSP is an opportunity for other health interventions
	Holistic approach to healthcare	Worry about needle-stick injuries				Present evidence of HIV / Hep C prevention in the community.
	Ownership	Enables people to 'get high'				Need to influence community leaders and elders
	Children – the next generation	Encourages drug use				
	Safety of families and the community					

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Pharmacies (& local business)	Attracting customers	Community concern	Depends on their individual experiences.	Lack of understanding of client behaviour	Perhaps having had a bad experience	Reinforce Community safety “greater good”
	Making money	Money making scheme	Need to control client behaviour	Community attitude/influence	Media stereotyping	Possible “up-selling” of other pharmacy services (clients have other needs too)
	Healthcare provision	Necessary evil	Fear of scaring off other customers			Emphasise the relationship between pharmacy and NSP clients – build rapport
	Pharmacotherapy	Secondary customers	Mostly emotional response			Support is available from Pharmacy Guild and local NSP
		Conflicts with methadone				