

FOCUS ON COMMUNITY RELATIONSHIPS

Developing positive relationships with the broader community is an ongoing challenge for the Needle and Syringe Program (NSP) in Australia. Recent health service closures demonstrate that despite the successes and the demonstrated savings achieved by services directed at people who inject drugs, those engaged with harm reduction remain vulnerable to the vagaries of public opinion, electioneering and sensationalised media reporting.



Protest over closure of drug and alcohol services in Cabramatta. Photo courtesy of The Fairfield Advance.

While site closures such as the alcohol and drug counselling service being run by Drug Intervention Services in Cabramatta (DISC), the Ryde RUSH and NSP services in Lismore may give the sector the jitters about the future in delivering harm reduction to the community, they may provide an opportunity for us all to consider what we have to do to prevent hostile environments from emerging. In terms of DISC, it is important to highlight that it is still providing the Cabramatta community with a mobile NSP service.

The lessons of closures may have more to do with how services develop plans to involve and embed themselves in their communities. An important part of any risk management approach would be to consider how a service is regarded by the general community.

According to Tim Stern from Western Sydney Area Health Service, "I think that it is absolutely essential for NSP programs to engage with community perceptions. I

think that needle and syringe services are very much on the back foot. Certainly the needle exchange services that I've been involved in have had to do a lot of work. Drug treatment services have to do a great deal of community work about reassuring the community about the approach of needle exchange in public health. They need to emphasise the public order benefits of their programs. They need to start from a position that police, in terms of public order, complement public health and vice versa."

Often programs need to strike a balance between inviting marginalised and difficult-to-reach populations into a service while operating in a way that invites acceptance by the broader community.

As Stern points out it is by no means an easy task. "It is getting that balance. You really don't want your program to be that hard core strict clinical model where it's a bit over the top and where the clients are made to feel like patients. At the same time it's not letting them run the show."

The implications of a closure of any health service can be immense. According to Lisa Maher from the School of Public Health and Community Medicine at the University of New South Wales, "The effects of policing on drug markets are not always ideal and, in fact, in some situations, they can actually result in collateral damage - and a lot of that damage is manifested in damage to the injecting drug use community."

Maher's warnings mirror those of a US study which found that the impact of NSP closure in Windham, Connecticut in 1997 could be measured by the increased unreliability of syringe sources and by increases in needle sharing. Interestingly the Windham study also spells out how a failure by the NSP service to engage in community perceptions ultimately led to its downfall.

According to the study, "The staff members' main reference group was the clients, and they worked hard to be both accepted and respected by the drug community, rather than by the community at large.

"The program did not make an effort to educate the community about its successes in working with drug injectors, partly because the community was not particularly interested and partly because staff members [saw] themselves as dissidents, at odds with the community and its hostile attitude against drug users... When public criticism of the exchange began and gained in momentum, the exchange became increasingly exposed and isolated."

Importantly as the controversy began, gained in strength, and peaked, and "then blew itself and the needle exchange away" all of the problems blamed on the exchange remained, including a large and active illicit drug scene.

For Australian NSPs developing positive perceptions of a service may seem like an uphill struggle, particularly when resources are already stretched. Yet it is important for services to be out there in all different aspects of the community as a stakeholder.

According to Stern, "I think needle exchanges can tend to think that 'if people are going to leave us alone then we will leave them alone.'" Arguably needle and syringe outlets need to be on the front foot and need to be involved in the community for a number of reasons but mainly

to be able to prevent situations like this from happening and to clear up a lot of misunderstandings that are held by the community.

Stern also believes that needle and syringe programs need to take an approach to their operations that are strategically on the front foot. He reckons that programs should look at themselves within a big picture - especially in the context of public order.

"Public order and public health are very similar. It is presenting in a way that we're not really talking about needles - that what we are talking about is the health of the public. I think that it's important that the community views needle exchanges as not just working with injecting drug users either - and I guess this also has resource implications. We need to be able to offer our services as a health education service - we need to be able to provide a range of services such as workshops for the community around what is happening with HIV and hepatitis C."

Cheryl Delalande, from Darebin Community Health in Melbourne reckons there are some simple steps that all NSPs should take to protect themselves.

"You've got to get your local community to be supportive, and then you have got to get the broader community to be supportive whether it be a municipality or several municipalities. You have to have key stakeholders that support you."

Delalande believes it is incumbent on local needle and syringe programs to develop a relationship not only with their immediate local community, but also with the broader community. And developing a relationship with police is high on Delalande's list.

"You have to involve police, meet with police, and involve yourself in committees where there are police, such as police community consultative committees. So you've also got the cops on side. Ultimately you put yourself in a position where you've got so many people on all levels supporting the programs that it would be very difficult to close you down."

Delalande continues, "There have been a few examples where NSPs have closed down when the horse has already bolted. It is impossible to stop because they haven't had that support and networking going on constantly to get the support needed for the service not to be closed down."

Further reading

Broadhead, R., Yael Van Hulst, M., Heckathorn, D., 'The Impact of a Needle Exchange's Closure' Public Health Reports vol. 114 (1999) pp. 439-47

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