



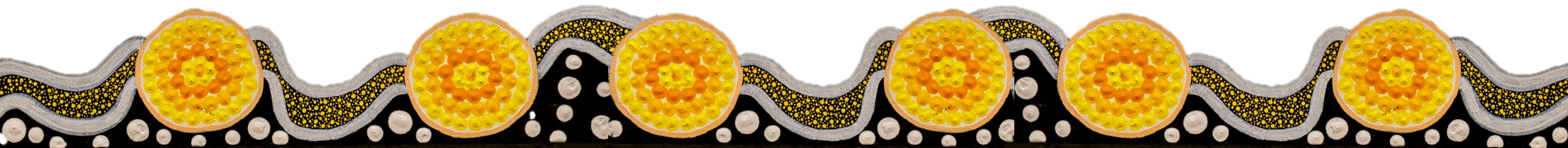
Enhancing access to needle and syringe programs for Aboriginal peoples in Boorloo: the *Healthy Blood Healthy Body* project

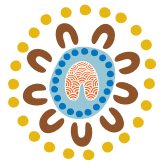
Associate Professor Roanna Lobo & Professor Francine Eades

VH2026: 16th Australasian Viral Hepatitis Conference

12-14 August 2026, Walyalup, Western Australia

This project was approved by the Western Australian Aboriginal Health Ethics Committee and Curtin University





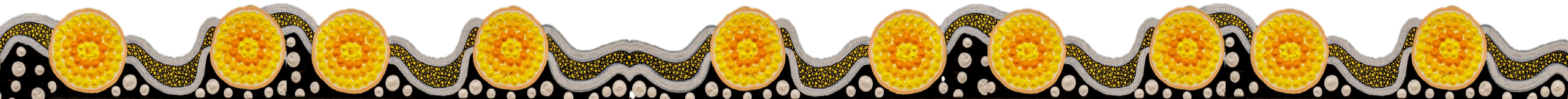
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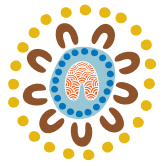


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Disclosure of interest

The Healthy Blood Healthy Body project was supported by a Healthway Research Intervention Grant and additional funds from Curtin University. The research team has no further interests to declare.





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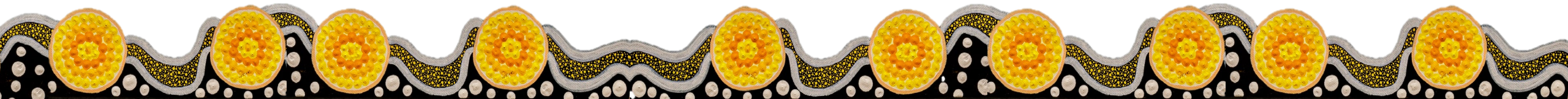


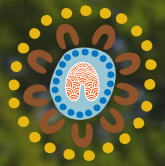
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Acknowledgement of affected communities

The Healthy Blood Healthy Body project involved people with lived experience of injecting drug use, some living with viral hepatitis.

We acknowledge and thank them for their generous participation in this research and acknowledge all those who have experienced stigma and discrimination in health care settings. We thank them for sharing their experiences. We hope the resources created by this research will help to improve access to culturally safe and non-judgmental care.





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**ACKNOWLEDGEMENT
OF COUNTRY**



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Curtin Project Team

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People with lived experience

Names withheld for confidentiality



Government of Western Australia
Department of Health



Aboriginal
Health Council
of Western Australia



Government of Western Australia
East Metropolitan Health Service

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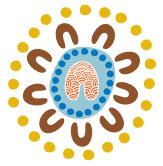
peer based
harm reduction wa



wanada
Western Australian Network of
Alcohol & other Drug Agencies



Wungening
Aboriginal Corporation



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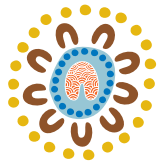
The project

Aboriginal consumer-led health promotion research project to increase access to needle and syringe programs (NSP) for Aboriginal people who inject drugs in Boorloo (Perth), Western Australia

www.hb2project.org



'Finding the resources' original artwork by Mavis Lyndon, 2022



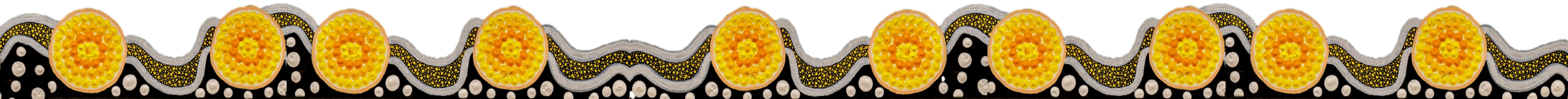
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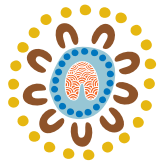


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What worked

- Who we yarned with – started with regulars, then word of mouth
- Trust and existing relationships
- Clinic co-located with NSP helped
- Flexibility – allowed groups to come in and yarn
- Using their language
- No stigma or judgement
- Shirts – talking point
- Artwork – welcoming and positive





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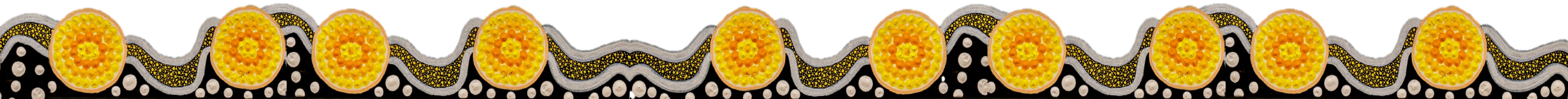
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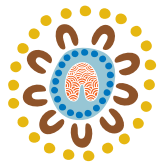
Yarns with Aboriginal PWID

“...you’ve got to go through the information, like just a little story or yarn, you know? Might give you a little bit of dignity.”

“I prefer the NSPs to the chemist because they know what I’m here for. The chemist makes me feel shame and I feel judged.”

“...it’s got our brothers and sisters that work there, so it just feels comfortable. You feel comfortable around all the mob.”





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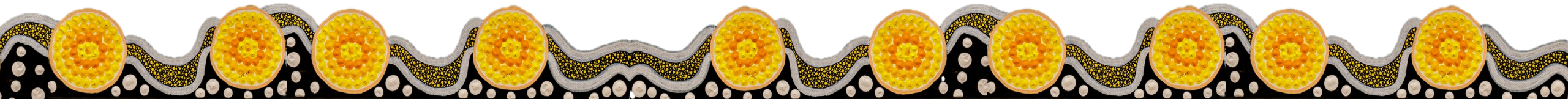
Increasing cultural safety

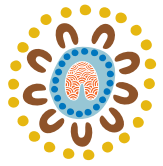
- Holistic approach to health and wellbeing
- Central role of culture
- Pictorial resources and simple health messages
- Aboriginal staff from same gender and language group
- Peer-based models of care and education
- 'Soft entry' approaches
- Positively phrased questions
- Drop-ins acceptable



Three key themes:

1. A welcoming environment.
2. Holistic and strengths-based approaches.
3. Recognising the central role of culture.





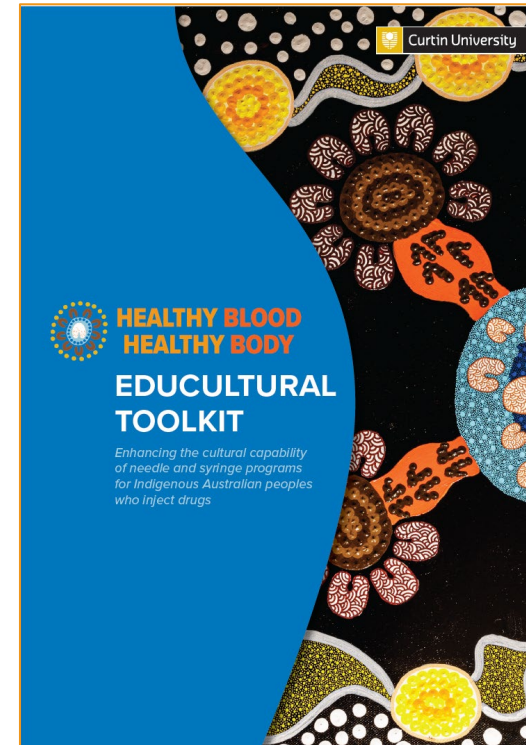
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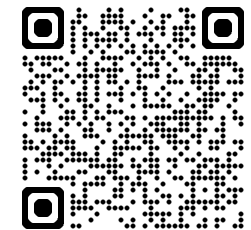
Educultural Toolkit

- **Enhancing cultural capability of NSPs for Indigenous Australian peoples who inject drugs**
- For NSP service providers/staff in Perth; may also apply to other WA contexts
- 3 modules - information, video links, activities, reflection questions and suggested readings
- Digital version (40pp) available via www.hb2project.org + some hard copies



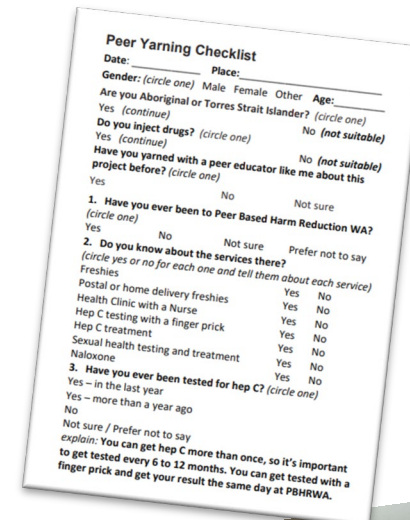
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Peer referral pilot program

- Cash incentive-based model to encourage access to NSP and BBV testing
- Volunteer peer educators trained to yarn with Aboriginal peoples who inject drugs about harm reduction, NSPs, sexual health and BBVs
- Information recorded in paper-based diaries.
- Monthly check-in with Project Coordinator and cash payment
- Referred peers received a cash incentive (\$30) if they accessed clinical services.



Peer Yarning Checklist

Date: _____ Place: _____

Gender: (circle one) Male Female Other Age: _____

Are you Aboriginal or Torres Strait Islander? (circle one)
Yes (continue) No (not suitable)

Do you inject drugs? (circle one)
Yes (continue) No (not suitable)

Have you yarned with a peer educator like me about this project before? (circle one)
Yes No

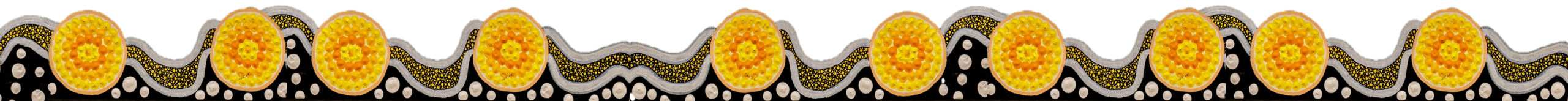
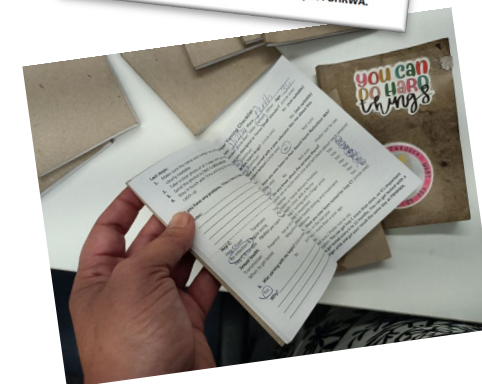
1. Have you ever been to Peer Based Harm Reduction WA? (circle one)
Yes No Not sure

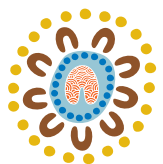
2. Do you know about the services there? (circle yes or no for each one and tell them about each service)

Freshies	Yes	No
Postal or home delivery freshies	Yes	No
Health Clinic with a Nurse	Yes	No
Hep C testing with a finger prick	Yes	No
Hep C treatment	Yes	No
Sexual health testing and treatment	Yes	No
Naloxone	Yes	No

3. Have you ever been tested for hep C? (circle one)
Yes – in the last year Yes No
Yes – more than a year ago No
Not sure / Prefer not to say

explain: You can get hep C more than once, so it's important to get tested every 6 to 12 months. You can get tested with a finger prick and get your result the same day at PBHRWA.





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68

Yarns with
Aboriginal people
who inject drugs

14

Had not been to
the NSP
previously (21%)

36

Yarns with males

60

Found yarning
helpful (88%)

44

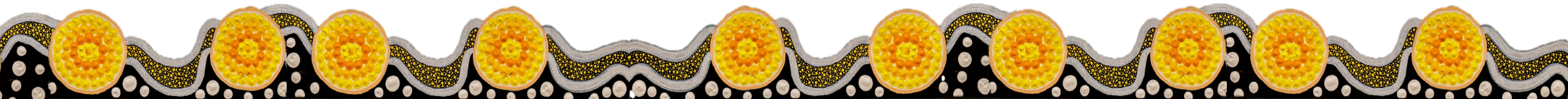
Claimed
incentives (65%)

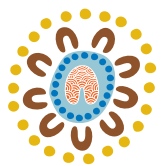
35

Accessed clinical
services (51%)

***“What the referred consumers
have told me is that after having
the yarn with the peer educator
they’re going to be more mindful
of when they are injecting drugs
by using sterile equipment each
time ... using filters... looking
after their health by visiting the
health clinic”***

Project Coordinator

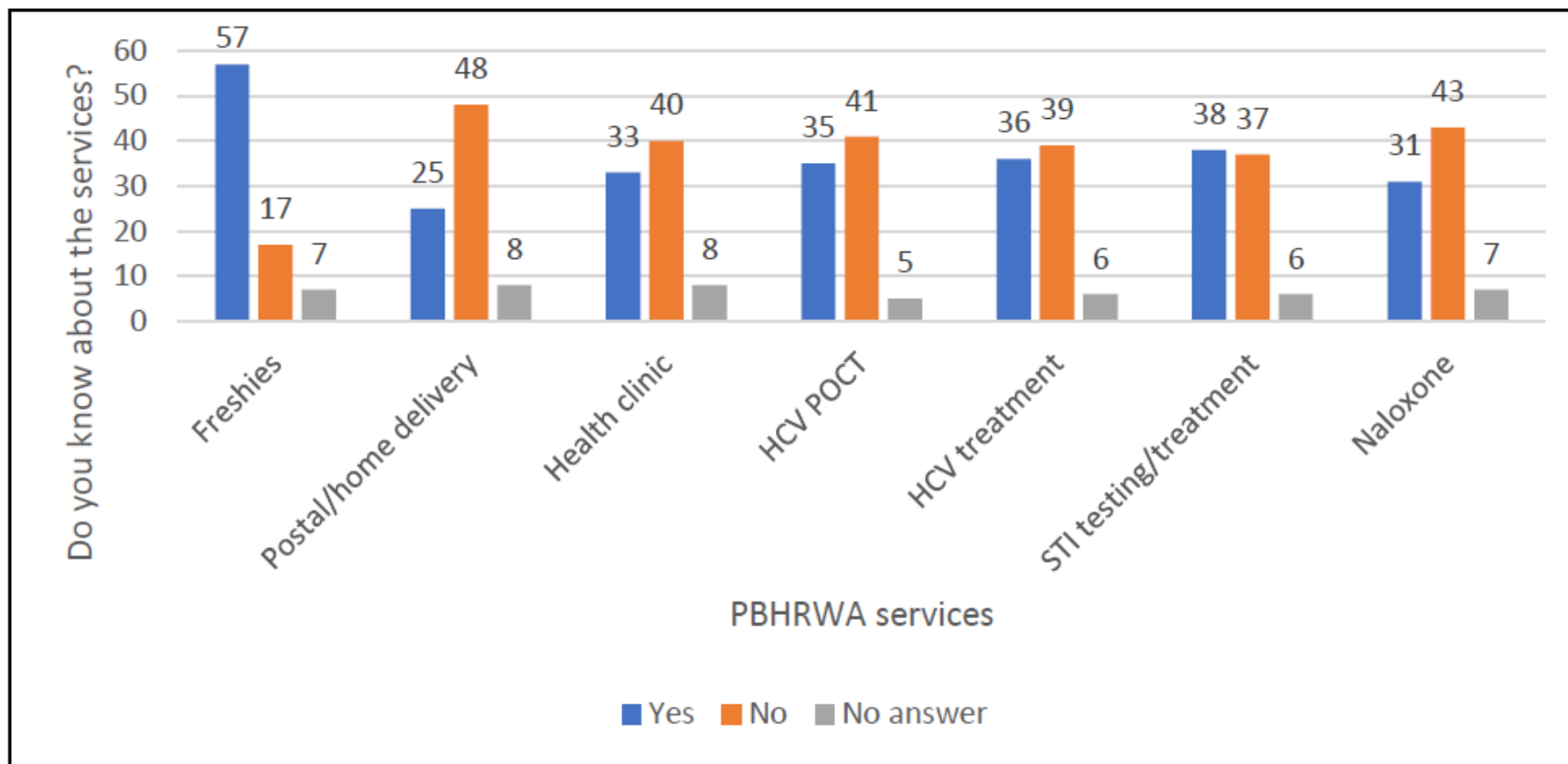




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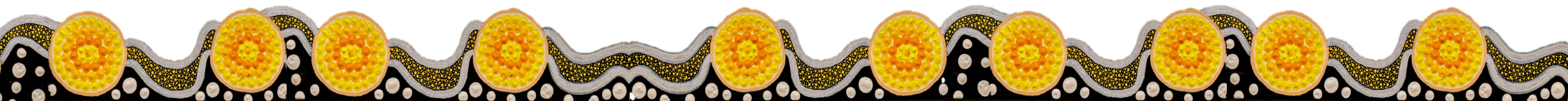
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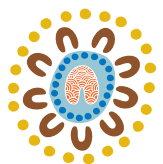


Most people 57
(70%)* knew about
“freshies”

Lower awareness
of other services
available

*Based on total yarns (n=81)





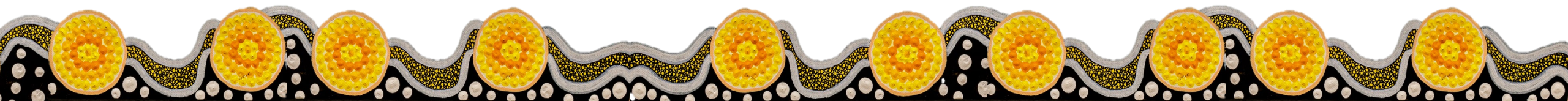
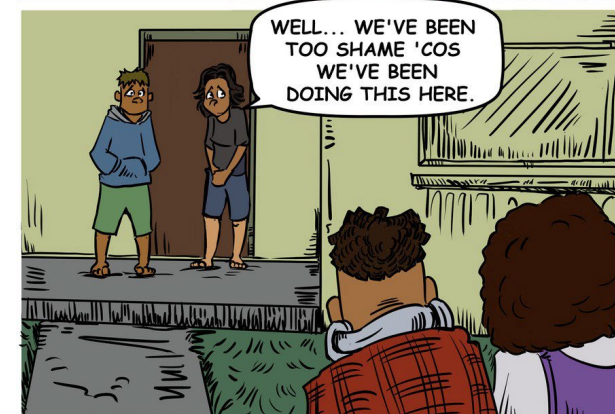
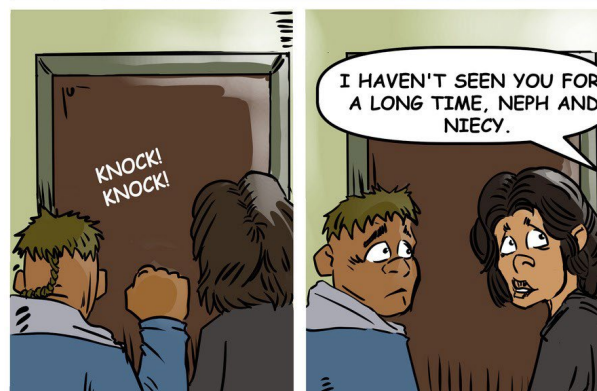
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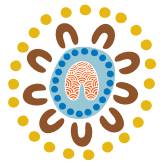


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Campaign

*Keep your
blood healthy
to keep your
body healthy*





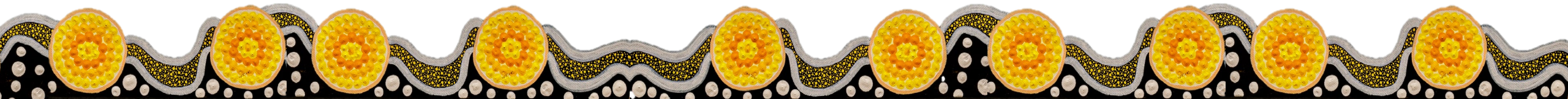
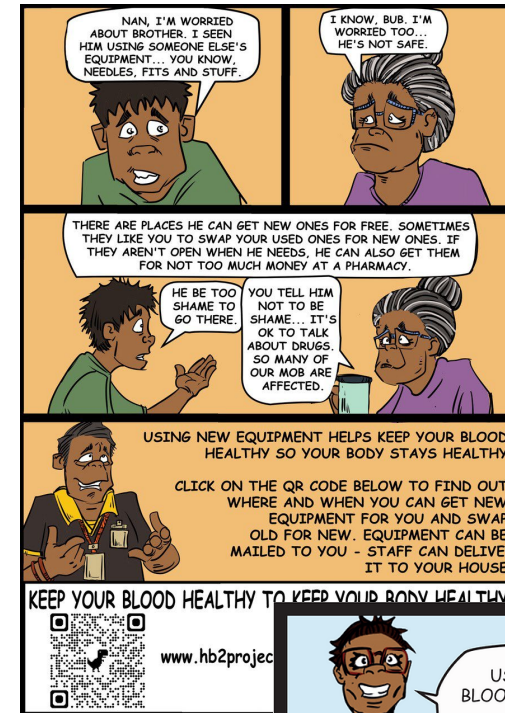
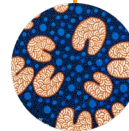
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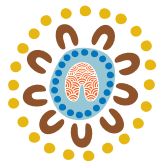


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Campaign elements

- **2 comic strips**
 - 1 for Mob, 1 for Aboriginal community
 - Digital and hard copies
- **2 posters** – 1 for Mob, 1 for Aboriginal community
- **Website pages** – For Mob, For Services
- **Stickers** for safe disposal containers

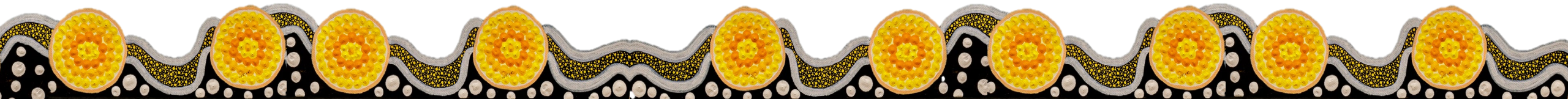
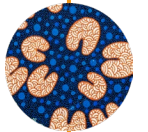


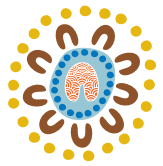


How do we enhance service design?

Experiences of shame and stigma were common

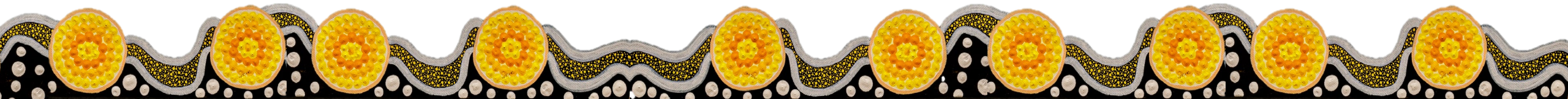
- Building trust through relationships – taking time to have a yarn, not just handing out equipment
- Offering support, advice, education
- Awareness of culture - using culturally familiar language “Aunty”, “Uncle”
- Employing mob and peers with lived experience
- Ways to reduce shame – all staff showing respect, being friendly and welcoming, no judgement, bulk supply of free injecting equipment
- Safety from other consumers
- Discreet location, ‘exit’ strategies (other reasons why they could be at the service)

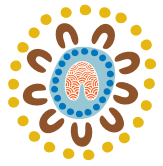




Key learnings for services

- **Acknowledge context** - past experiences of stigma or judgment drive future behaviour and lack of trust in services
- **Build trust through relationships** – taking time to have a yarn, not just handing out equipment - asking consumers what they need
- Assess cultural safety of **services to make them as safe as possible** for Aboriginal peoples, partner with ACCHOs to increase cultural safety
- **All services have a role to play** to help support Aboriginal peoples who inject drugs access to NSPs and provide holistic services

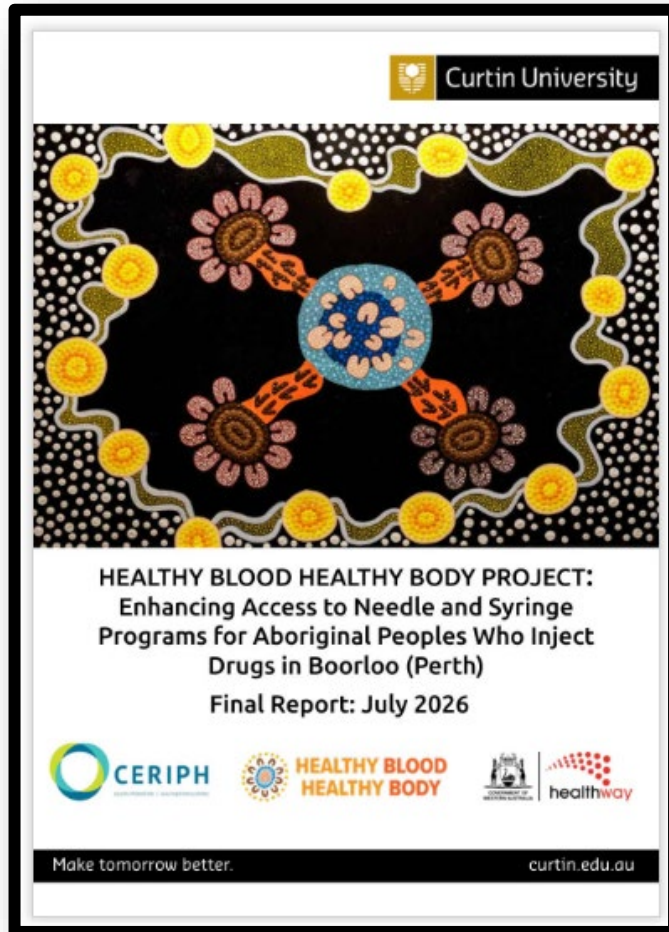




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*Scan here for
the Community
Report*

*Thank you for
listening.*

Contact

nsp@curtin.edu.au for
more information.

Visit website

hb2project.org.au

