Strength-based approaches to developing culturally safe, inclusive and holistic blood-borne virus harm reduction services for Aboriginal and Torres Strait Islander people

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BACKGROUND

Aboriginal and Torres Strait Islander people who inject drugs (PWID) have high rates of blood borne viruses (BBVs), including hepatitis C. Pervasive health inequities in BBV exposure and poor health outcomes experienced by Aboriginal and Torres Strait Islander people are exacerbated by deficit-focused healthcare approaches. There is an urgent the need to develop harm reduction services and strengthen healthcare service models that address multifaceted and holistic needs, whilst supporting existing community strengths.

This study involved partnering with service providers and consumers to identify community-led and strength-based strategies dedicated to enhancing the cultural responsiveness, quality, and accessibility of harm reduction services for this group.

SOCIOECOLOGICAL MODEL

This study adapted a socio-ecological theoretical framework (Figure 1) to understand and demonstrate the harm reduction health interventions and approaches that can occur across multiple interconnected systems e.g. interpersonal, community and policy. Culture informed all levels of the socio-ecological model. Participants highlighted that the current mainstream healthcare system and harm reduction approaches are built upon Westernised medical models, and don't function with respect of diverse Aboriginal and Torres Strait Islander needs and values of self-determination and cultural sovereignty, therefore culture must inform approaches at all levels. This has potential to inform program design and address drug use related harms.

Figure 1 Adapted socio-ecological framework

CONCLUSION

Strength-based approaches from all levels of the community are essential for creating culturally safe and inclusive harm reduction services that are effective in reducing exposure to BBV and improving health outcomes for Aboriginal and Torres Strait Islander PWID.

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METHODS & RECRUITMENT

The research was conducted in partnership with:

- University-based researchers,
- Aboriginal and Torres Strait Islander health organisations,
- Community-based harm reduction and alcohol and other drugs services.

Participants included:

- Aboriginal and Torres Strait Islander participants ≥18 years of age who had injected drugs within the past 12 months, recruited at needle and syringe programs located at QuIHN (Meanjin/Brisbane and Gurambilbarra/Townsville) and Youth Link (Gimuy/Cairns).

Fieldwork included:

- Interview yarns (N=14) with Aboriginal and Torres Strait Islander PWID
- Interview yarns (N=13) were also conducted with a range of local service providers in each study location
- **Point of care testing (POCT)** was offered at each needle and syringe program research site, as part of a model of care and included testing hepatitis C, hepatitis B, HIV and syphilis.

RESULTS – INTERVIEW YARNS

Participants spoke on current enablers of service access, including welcoming and friendly staff and rapport-building (e.g. social yarns, offering clients food and "a cup of tea", sitting outside services to chat), employing Aboriginal and Torres Strait Islander staff, providing BBV testing and warm referrals, offering activities that facilitate connection to Country and community, and creating service delivery leadership and governance roles for peers (people with lived-living experience).

Both research groups also spoke about the need to harness the strengths and existing resources of communities when developing and planning services, to break cycles of shame resulting from ongoing colonisation and the devaluing of Aboriginal and Torres Strait Islander people.

Participant Quotes

"We operate a no wrong doors policy here, so anyone can walk in and ask us anything and we can have support move them into other places. We walk alongside of them till we do…" (Cairns stakeholder)

*"There's also the potential for a little bit of I guess regulatory change as well, which could open up culturally safe models of operation for NSPs…for example, peers being able to distribute without having to be at an NSP site could be a potential model" (*Brisbane stakeholder)

"I think a strength-based approach is important…..You've got to find ways of describing communities that don't shame them and embarrass them even in the planning stage" (Cairns Stakeholder)