Needlework. The experience of female injecting drug users accessing harm reduction services in the community and prison

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Introduction / Background / Aim: Harm reduction is a public health evidence-based cost effective response to addressing the range of harms associated with injection drug use (IDU). In 2004 harm reduction was legislated as a core pillar of HIV/AIDS prevention in Indonesia. Furthermore, in 2006 a policy of harm reduction services in prison environments was endorsed by a range of stakeholders within the Indonesian government. Evidence from both developed and developing countries concur that female injection drug users (IDUs) experience a range of social, legal and health harms associated with IDU more acutely than their male counterparts. However, little is known about their experience of harm reduction services in both the community and in prisons. Methods: Qualitative research methods were employed with 20 former and current injecting drug using women in the community and prisons to explore how these woman access and experience harm reduction services. Interviews were conducted in various locations and environments over a 12 month continuous time frame. Data generated from both primary (interviews) and secondary sources (print media, social media, public health promotion materials) is being analysed using thematic analysis. Results: Preliminary data analysis suggests that harm reduction targeting female IDUs in the community is proving successful. However, within the prison sector, harm reduction targeting female IDUs fails to meet not only the needs of incarcerated IDUs, but also government and donor targets. Conclusion / Clinical Implications: Effectively responding to both the increase of female drug users and change in patterns of drug use combined with emerging discourses that perceive drug use as a health issue rather than a criminal justice issue, the findings from this research are of value in informing the design and implementation of gendered harm reduction policy and services for all IDUs.