Curtin University

HEALTHY BLOOD HEALTHY BODY PROJECT: Enhancing Access to Needle and Syringe Programs for Aboriginal Peoples Who Inject Drugs in Boorloo (Perth)

Final Report: July 2026

CERIPH
HEALTH PROMOTION | HEALTHIER POPULATIONS

HEALTHY BLOOD HEALTHY BODY

GOVERNMENT OF WESTERN AUSTRALIA

healthway

Acknowledgement of Country
The Healthy Blood Healthy Body research team respectfully acknowledge the Whadjuk peoples of the Noongar Nation, who are the Traditional Owners of the land where we live and work, and acknowledge their vital connection to Country. We pay our respects to their ancestors, Elders and senior knowledge holders past and present.

Note on Language
This research was undertaken in Aboriginal communities in Boorloo (Perth), Western Australia and therefore the term 'Aboriginal' has been used throughout this report out of recognition that Aboriginal peoples are the original inhabitants of Western Australia. The research team respectfully recognise Torres Strait Islander peoples also reside in Western Australia.

Funding
This project was funded by Healthway.

Ethical Approvals
Ethical approval for the Healthy Blood Healthy Body project was granted by the Western Australian Aboriginal Health Ethics Committee (HREC1117) and the Curtin University Human Research Ethics Committee (HRE2021-0744).

Suggested Citation
Collaboration for Evidence, Research & Impact in Public Health. (2026). Healthy Blood Healthy Body Project: *Enhancing Access to Needle and Syringe Programs for Aboriginal People Who Inject Drugs in Boorloo (Perth)*. Curtin University, (Boorloo) Perth: Curtin University.

Report prepared by Curtin University:
Associate Professor Roanna Lobo, Associate Professor Gemma Crawford, Associate Professor Jacqui Hendriks, Dr Linda Portsmouth and Dr Belinda D'Costa.

Please direct all correspondence to:
Associate Professor Roanna Lobo, School of Population Health
Collaboration for Evidence, Research and Impact in Public Health
Curtin University, GPO Box U1987, Perth, WA 6845
Email: roanna.lobo@curtin.edu.au
Web: https://www.hb2project.org/

Report layout by Smith and Brown Design: smithandbrown.com.au

The Collaboration for Evidence, Research and Impact in Public Health is a multi-disciplinary centre within the Curtin School of Population Health. Recognising the complexity of health and its determinants, our collaboration generates evidence to support action across educational, organisational, socio-economic, environmental and political domains to improve population health in our region.

PROJECT CONTRIBUTORS

Healthy Blood Healthy Body was a collaboration of many individuals, organisations and businesses. We sincerely thank everyone who contributed to the project between 2021-2025, with special thanks extended to Aboriginal peoples with lived/living experience of injecting drug use. Injecting drug use is often a difficult topic to talk about, and we greatly value the insights and contributions of those with lived experience. We also acknowledge the impacts of injecting drug use on individuals, families and the wider community.

Chief Investigators

- Curtin University: Associate Professor Roanna Lobo (Project Lead), Associate Professor Gemma Crawford, Associate Professor Jacqui Hendriks, Dr Linda Portsmouth, Professor Rosa Alati
- Department of Health Western Australia (DoHWA): Judith Bevan
- East Metropolitan Health Service: Francine Eades
- Derbarl Yerrigan Health Service: Alvin Edney, Dr Richelle Douglas
- University of Melbourne: Professor Sandra Eades

Aboriginal Advisory Group

- Curtin University: Anthony Kickett
- East Metropolitan Health Service: Ursula Swan
- Consultant: Dr Mick Adams, Dr Michelle Webb
- The Kids Institute: Dr Mara West, Isabelle Adams

Project Team

- Curtin University: Dr Belinda D'Costa, Nidhi Rao, Roisin Glasgow-Collins, Katiska Davis, Dr Kahlia McCausland, Adrian Simpson, student volunteers

Co-Design Working Group

- Aboriginal Health Council of Western Australia: Kim Gates
- DoHWA: Professor Donna Mak, Melissa Coci, David Worthington
- Royal Perth Hospital: Dr Jenny McCloskey
- WANADA: Jill Rundle, Karina Clarkson
- HepatitisWA: Rebecca Smith, Donna Garcia, Brent Bell, Matthew Armstrong
- WAAC: Dr Daniel Vujcich, Gavin Brunini, Lisa Dobrin, Rebecca Biglane, Bec Craft
- Derbal Yerrigan Health Service: Dr Luca Saraceno
- Wungening Aboriginal Corporation: Dr Duc Dau, Lindey Andrews, Daniel Morrison, Jessica Leslie, Beryl Garrard, Donna Pickett
- Peer Based Harm Reduction WA: Paul Dessauer, Peta Gava, Trina Nelson, Angela Corry, Kevin Winder, Susan Carruthers, Volunteer Peer Educators (2)

Business Collaborators

The project also engaged the following Aboriginal businesses:

- Mavis Lyndon: project artwork
- Mooya Creative: project logo, digital and print materials
- Kuditj Kitchen: workshop catering
- Brenton McKenna: graphic novelist for the campaign

CONTENTS

LIST OF FIGURES

"*Gives an often-marginalised community a true voice in informed decision making.*"

(Co-Design Working Group member on the project benefits)

KEY TERMS

Co-design: Meaningful engagement of target populations and key stakeholders in the design and delivery of services, research and policy. Includes engagement across the design process ranging in intensity from relatively passive to highly active and involved.

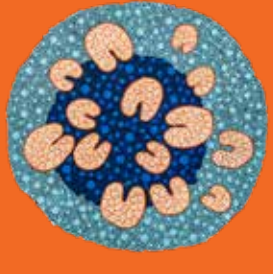
Harm reduction: Policies, programs, and practices that aim to reduce the adverse health, social, and economic consequences associated with the use of drugs for the user, their families and the wider community.

Harm reduction strategies: Identify specific risks associated with drug use and seek to reduce preventable risk factors and encourage safer behaviours.

Health promotion: The process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions.

Mob: A term identifying a group of Aboriginal peoples associated with a particular place or Country. It has important meaning to Aboriginal peoples because it describes who they, where they are from and who they are connected with. Mob can represent a family group, clan group or wider Aboriginal community group.

Needle and syringe programs (NSPs): Aim to reduce the transmission of blood-borne viruses and other harms associated with injecting drug use by educating users about safer injecting practices and providing sterile injecting equipment and disposal facilities for used needles and syringes.



EXECUTIVE SUMMARY

Healthy Blood Healthy Body, implemented between 2021-2025, was a strengths-focused participatory research project, drawing on Aboriginal knowledges, culture and spirit. The project aimed to increase access to needle and syringe programs and reduce drug-related harms for Aboriginal peoples who inject drugs living in Boorloo (Perth), Whadjuk Noongar Boodja, Western Australia.

WHY DID WE DO IT?

Aboriginal peoples who inject drugs are much more likely to experience blood-borne viruses than non-Indigenous Australians.[1] This difference is made worse by a range of overlapping factors including a disconnection from culture, Country and traditions; social exclusion, discrimination, racism and isolation; experiences of trauma; poverty; and limited access to appropriate health services.[2] Aboriginal peoples remain a priority population for targeted public health responses, including needle and syringe programs, to prevent and treat blood-borne viruses.[3]

Needle and syringe programs are a proven public health strategy that help prevent the spread of blood-borne viruses among people who inject drugs and reduce drug-related harms.[4] Needle and syringe programs distribute sterile injecting equipment and offer safe disposal of used injecting equipment. They also provide health and safer injecting resources, links to other health and welfare services, evidence-based information, and education and programs to facilitate access to take-home naloxone.[5]

WORKING TOGETHER

Healthy Blood Healthy Body was designed in partnership with Aboriginal community members. This process, known as a co-design participatory approach, aims to empower participants by actively involving them in decision-making and in project design and development. Active participation and collaboration can facilitate the integration of research into policy and practice.[5] Working in partnership with Aboriginal communities supported knowledge transfer, and increased the relevance and impact of project activities.

Healthy Blood Healthy Body was guided by an Aboriginal Advisory Group, a Chief Investigator Team and a Co-Design Working Group and included people with lived experiences of injecting drug use. Collaborating organisations included: Aboriginal Health Council of WA, Curtin University, Department of Health WA, Derbarl Yerrigan Health Service, HepatitisWA, Peer Based Harm Reduction WA, Royal Perth Hospital, WAAC, Western Australian Network for Alcohol and Other Drug Agencies, and Wungening Aboriginal Corporation. Over four years, we collaborated with **nine** organisations and involved **191** Aboriginal peoples and **61** non-Aboriginal people.

EXECUTIVE SUMMARY

WHAT DID WE DO?

1 Conducted yarns with Aboriginal peoples who inject drugs, including people not currently using needle and syringe programs to understand what makes services culturally safe.

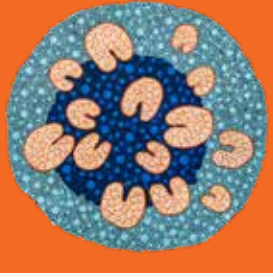
2 Reviewed existing research, programs and evidence on cultural safety, peer-based harm reduction, needle and syringe program service delivery and evaluation, and barriers and enablers to accessing needle and syringe programs. Findings were used to identify what is currently known, where gaps exist, what approaches are most effective and to explore the feasibility of increasing needle and syringe program availability.

3 Surveyed staff working in organisations supporting Aboriginal peoples who inject drugs to better understand attitudes toward harm reduction and injecting drug use.

4 Developed the *Healthy Blood Healthy Body Educultural Toolkit* to strengthen the cultural capability of needle and syringe programs and staff who deliver these services.

5 Co-designed and delivered the *Keep Your Blood Healthy To Keep Your Body Healthy* community education campaign using comic books, posters, stickers and web content to raise awareness of needle and syringe programs and ways to reduce harms associated with injecting drug use.

6 Developed, implemented and evaluated an Aboriginal peer-led referral and incentives-based pilot program to increase access to needle and syringe programs.



EXECUTIVE SUMMARY

WHAT DID WE FIND?

The project identified barriers that make it harder for Aboriginal peoples who inject drugs to access needle and syringe programs and explored ways to improve engagement with these services.

Cultural safety yarns

- Culturally safe needle and syringe programs need trusted and respectful staff, welcoming spaces and flexible ways for people to access services.
- Support such as food, clothing, larger equipment supplies and private or discreet access can help reduce barriers and feelings of shame.
- Peer-led services are important for building trust, creating safer environments and strengthening cultural understanding and support.

Survey of workforce attitudes

- Staff in organisations that provide services to Aboriginal peoples who inject drugs support harm reduction and discuss injecting drug use with clients.
- Workforce development needs include educational resources and professional development in cultural awareness and harm reduction.

Educultural Toolkit

- Cultural capability is an ongoing process of building knowledge, skills and attitudes over time.
- Developing self-awareness, cultural respect and reflective, inclusive practice helps services be more equitable and culturally safe.
- It is also important to understand how historical experiences continue to shape Aboriginal peoples' trust in health services and their use of harm reduction supports.

Community education campaign

- Aboriginal peoples who inject drugs, staff in organisations that provide services to Aboriginal peoples who inject drugs and community members informed about injecting drug use and harm minimisation saw the need for a community-based campaign to promote harm minimisation and needle and syringe programs. Many of these people then chose to assist in the co-design of the campaign.
- Campaign communication channels must reflect the preferences of the local Aboriginal community.
- Campaign materials must use strengths-based language.
- Graphic design must be tailored to the local Aboriginal community, including language and illustrations of Aboriginal peoples.

Peer referral pilot program

- Peer referral and incentives support Aboriginal peoples who inject drugs to access a needle and syringe program.
- Peer engagement requires careful planning and resourcing with flexibility that recognises competing priorities for peer educators and different needs.

EXECUTIVE SUMMARY

Evidence reviews

- Employing Aboriginal staff, embedding culture into programs and responding to people's broader health and wellbeing needs can improve engagement with needle and syringe programs.
- Building trust and strong relationships with Aboriginal community members can help improve access to services.
- Barriers to accessing needle and syringe programs include shame, stigma, lack of awareness, confidentiality concerns, limited opening hours and relying on other people for injecting equipment.
- Factors that support access include free equipment, supportive staff, care packs and water, culturally safe services, nearby locations, access to public transport and encouragement from family members and peers.
- Criminalisation of drug use and the marginalisation of people who inject drugs contribute to mistrust of needle and syringe programs.
- Offering different needle and syringe program options, including dispensing machines and peer-led distribution, can help reach people who may not otherwise access services, including young people.
- Better connections between needle and syringe programs and other services, such as housing and welfare supports, could help address the complex needs of people who inject drugs.

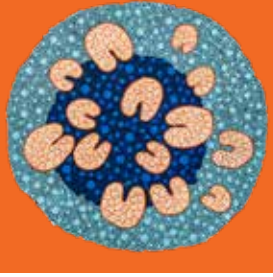
TRANSLATING OUR FINDINGS

Making the findings easy to access and use has been a key focus of the project. We have worked closely with stakeholders across policy, practice and research to ensure the information is practical and relevant.

The Healthy Blood Healthy Body website is the central hub for sharing resources and knowledge. The Educultural Toolkit and community education campaign materials are freely available to download, along with project information, research summaries, presentations and e-news updates. New publications are added as they become available.

The project has also strengthened collaboration between Curtin University and Aboriginal community members living in Boorloo, as well as with not-for-profit and government organisations. This has supported wider and more effective sharing of findings. It has also created additional benefits, including training and employment opportunities for Aboriginal staff, engagement with Aboriginal businesses in Western Australia, research and cultural capability-building for students and stronger cross-sector collaboration.

The next stage will focus on further sharing campaign materials, developing a TikTok series to increase reach and engagement, and publishing journal articles and a summary of priority actions from the research. We are also seeking opportunities to extend the work into regional WA and to support a full evaluation of the community education campaign and Educultural Toolkit to strengthen their impact.



EXECUTIVE SUMMARY

LESSONS LEARNED

Healthy Blood Healthy Body involved a collaborative co-design research process to develop, test and evaluate a range of health promotion strategies to increase access to needle and syringe programs for Aboriginal peoples who inject drugs in Boorloo. Key learnings are outlined below.

Have patience and trust in the co-design process.	Ensure proper resourcing (time and funding) to build trusting relationships with the community and key stakeholders through sustained engagement.	Using a strengths-based approach and establishing a project identity are critical.
The meaningful involvement of people with lived experience is fundamental.	Acknowledge there is stigma associated with illicit activities like injecting drug use and allow adequate time to identify and engage collaborators e.g. artists.	Working with Aboriginal peoples is relational. Arrange for non-Aboriginal workers to be introduced to community by trusted Aboriginal collaborators.
Maintain flexibility with timeframes, understanding that community priorities and capacity drive the co-design process, and environmental changes which affect Aboriginal peoples cannot be anticipated.	Offer cultural competency training/education opportunities for non-Aboriginal staff and provide access to research training opportunities for all staff as needed.	Aboriginal community members must be consulted to ensure research activities occur in a culturally safe location.
Manage expectations of stakeholders and acknowledge the need for alternative solutions if initial preferences cannot be delivered within budget constraints.	Provide funding to non-research organisations to participate in research and offer flexibility in timeframes to support collaborative efforts.	Ensure adequate resourcing for staffing and capacity building of the research team balanced with opportunities for student capacity building.

INTRODUCTION

For more than three decades needle and syringe programs (NSPs) have provided harm reduction services to people who inject drugs to reduce blood-borne virus (BBV) transmission in Australia.[6] However, many services remain grounded in mainstream health models, with limited integration of Aboriginal and Torres Strait Islander cultures and perspectives, which may reduce cultural safety and accessibility and limit service engagement.[7]

Aboriginal peoples who inject drugs experience significant and ongoing health inequities.[1] These are driven by experiences of racism, discrimination and stigma, which contribute to a mistrust of, and limited access to, healthcare and harm reduction services.[7] The consequences of these barriers include increased engagement in risky behaviours, such as sharing injection equipment, which contributes to high transmission rates of BBVs.[7,8]

Aboriginal peoples who inject drugs experience significant and ongoing health inequities.[1] These are driven by experiences of racism, discrimination and stigma, which contribute to a mistrust of, and limited access to, healthcare and harm reduction services.[7] The consequences of these barriers include increased engagement in risky behaviours, such as sharing injection equipment, which contributes to high transmission rates of BBVs.[7,8]

Exploratory research with Aboriginal peoples who inject drugs[9] highlighted valuable insights related to NSP access, including the inherent strengths within Aboriginal communities and the barriers they face in accessing NSPs, such as shame and stigma. Building on these insights, Healthy Blood Healthy Body established an Aboriginal Advisory Group and a Co-Design Working Group to develop five Aboriginal-led strategies which aimed to enhance the accessibility of NSPs in Whadjuk Noongar Boodja, Boorloo (Perth), Western Australia (WA) for Aboriginal peoples who inject drugs.

> *"A friendly environment and they understand what you need, what you came here for … no judgement whatsoever … it all comes down to how you're treated."*
>
> (Participant describing a culturally safe NSP experience)

PROJECT GOVERNANCE

OUR TEAM

Curtin University established a project team to coordinate the Healthy Blood Healthy Body project and work collaboratively with three governance groups: an Aboriginal Advisory Group, a Chief Investigator team and a Co-Design Working Group. The governance groups were established by building on the partnerships developed during the initial exploratory research.

Aboriginal Advisory Group

- Role: provided cultural guidance, knowledge and perspectives to inform project planning and implementation.
- Seven Aboriginal Advisory Group members guided the project.

Chief Investigator Team

- Role: oversight of the project, budget, resource allocation, determined project priorities and addressed challenges.
- Ten Chief Investigators coordinated project activities, including three Aboriginal members and seven non-Aboriginal members.

Project Team

- Role: responsible for the day-to-day running and direction of the project.
- A Project Officer and Research Officer were supported by undergraduate and postgraduate students. The team included Aboriginal and non-Aboriginal staff and those with lived experience of injecting drug use.

Co-Design Working Group

- Role: provided information and advice based on their expertise, supported the recruitment of participants, implementation of project activities and the translation and dissemination of research findings.
- Formed during the planning phase, the Co-Design Working Group included Chief Investigators, the Aboriginal Advisory Group and 10 key stakeholders from peak bodies, Aboriginal Community Controlled Organisations, not-for-profit organisations, tertiary institutions and government departments.

PROJECT GOVERNANCE

TIMELINE

Healthy Blood Healthy Body was co-designed and implemented over several years, commencing in 2021. The below figure (Figure 1) outlines the timeline of activities, including key milestones, across the project duration.

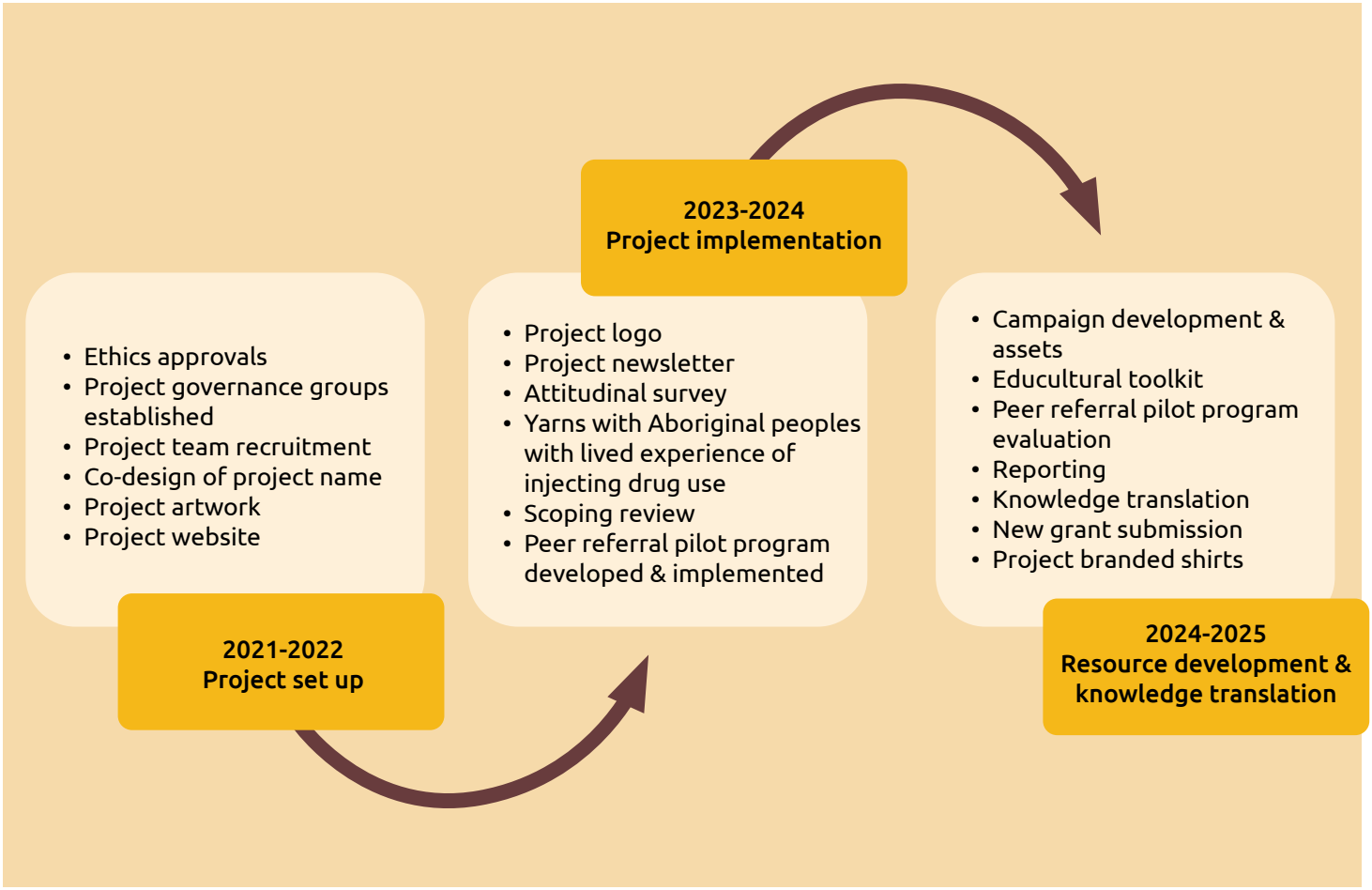
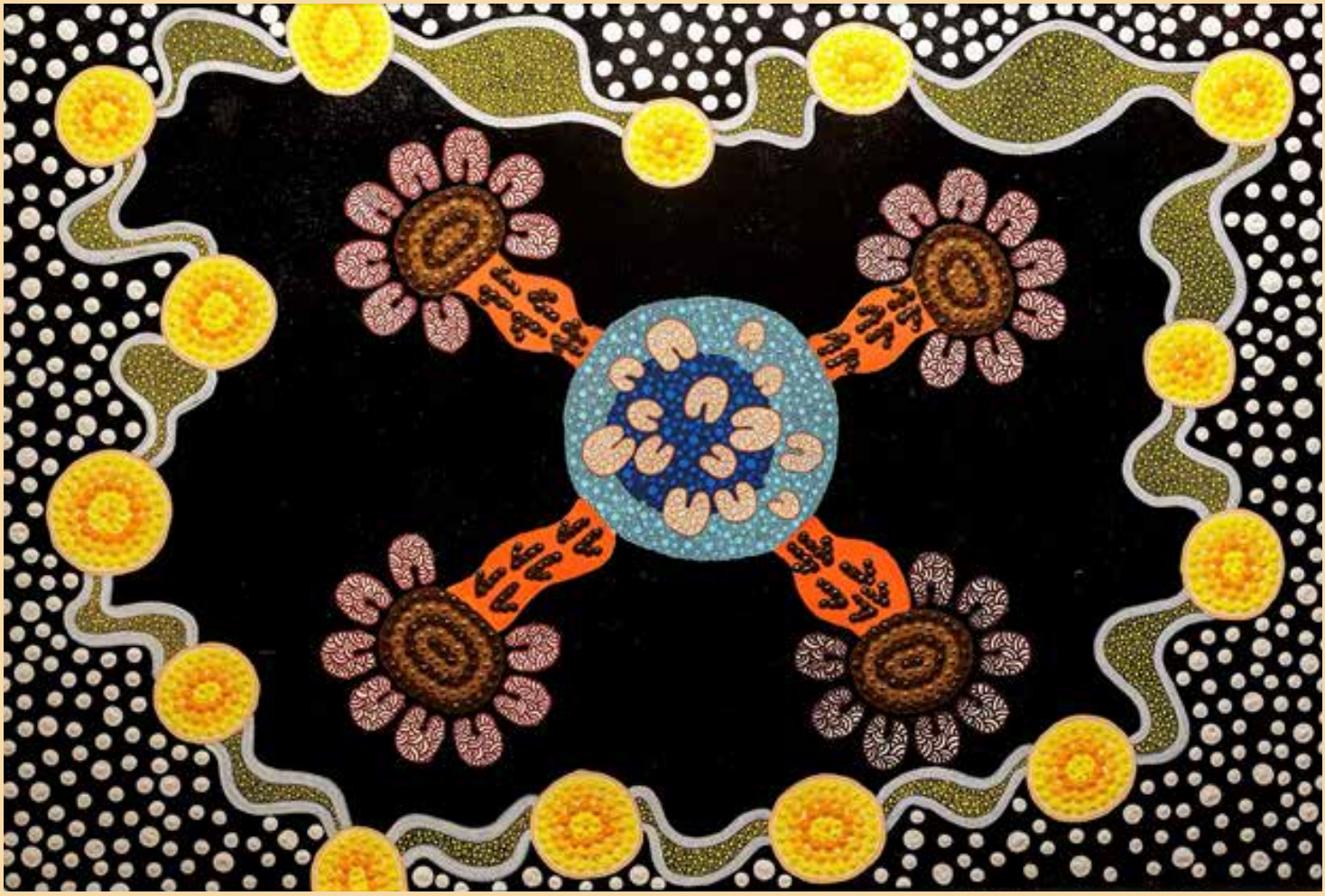


Figure 1: Project timeline

PROJECT GOVERNANCE

ARTWORK

Healthy Blood Healthy Body worked with local WA Noongar artist, Mavis Lyndon, to develop a visual story of our collective work.



This artwork tells a story of Indigenous people that desire help from each group which is in the centre of this painting.

The multiple curved U shapes in the centre of the artwork are desired people that are wanting help. The desired people can be on many levels of life, which explains the dark and light blue colours (water).

This connects with the orange pathway and kangaroo tracks; every desired people can get the help from each of the four groups. Each pathway will give you the different help and connections to different resources on which that desired person needs.

Each brown circle (land) is surrounded by curved U shapes that are Curtin University, the Aboriginal Advisory Group, Chief Investigators, and Health Services that are willing to help these desired people.

And surrounded by all four lands and desired people are the families that are there for the support and the family member. Family is yellow (sand), which is safe place.

Mavis Lyndon

PROJECT GOVERNANCE

LOGO

Mooya Creative, a local Aboriginal graphic design business, was engaged to create a project logo. The logo includes elements of the project's artwork 'Finding the resources' and the project name. The final design was informed by feedback provided by the Co-Design Working Group and features across published project materials, including email communication with key stakeholders. It is also visible on each page of the Healthy Blood Healthy Body website.

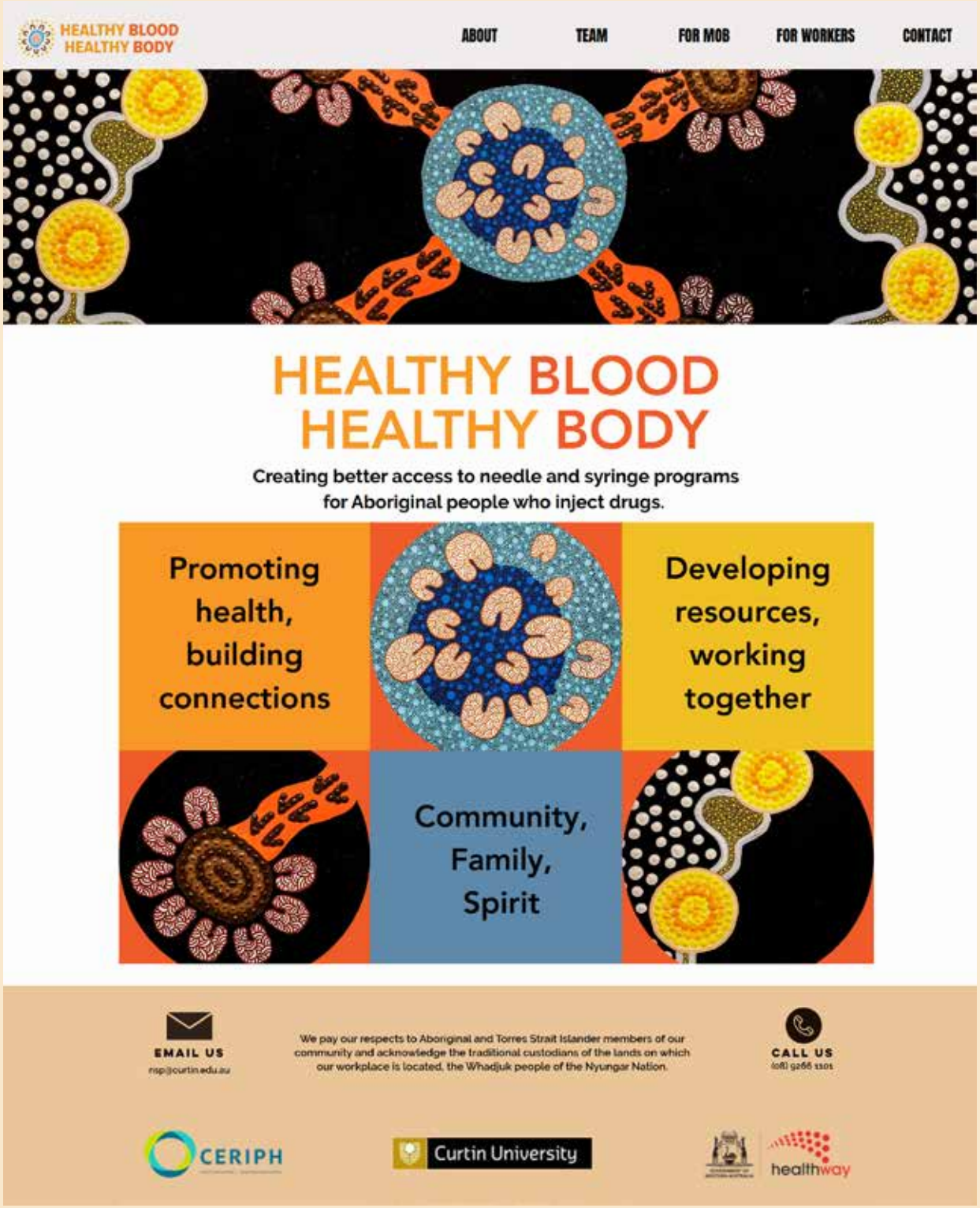
HEALTHY BLOOD
HEALTHY BODY

PROJECT NAME & WEBSITE

Following extensive consultation with the Chief Investigator team, the Co-Design Working Group, and the Aboriginal Advisory Group, the project was officially named *Healthy Blood Healthy Body* in October 2022. The project name is consistent with a strengths-based approach to the research, focusing on positive health outcomes associated with safe injecting and harm reduction and Aboriginal peoples' interest in promoting good health. It also acknowledges sensitivities related to injecting drug use in Aboriginal communities and avoids explicit reference to injecting drug use to support engagement of Aboriginal peoples injecting drugs and other Aboriginal community members.

In this same month, the project website was launched. The website features:

- **Project artwork**
- **Project strategies**
- **Key collaborators**
- **Contact information for the project team**
- **Access to campaign materials, presentations, publications and the *Healthy Blood Healthy Body Educultural Toolkit*.**



Healthy Blood Healthy Body website home page

PROJECT OVERVIEW

AIM

Healthy Blood Healthy Body was a strengths-focused participatory research project drawing on Aboriginal knowledges, culture and spirit to increase access to NSPs in Boorloo for Aboriginal peoples who inject drugs.

The project objectives were to:

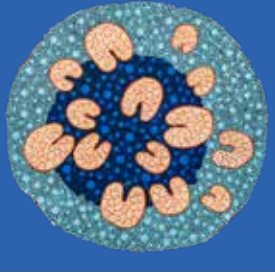
1. Assess harm reduction knowledge/attitudes of staff in organisations supporting Aboriginal peoples who inject drugs.

2. Increase knowledge and awareness of Aboriginal peoples who inject drugs and community members about harm reduction, the role of NSPs in reducing harms from illicit drugs and the location and availability of harm reduction services and supports.

3. Increase cultural knowledge and awareness amongst NSP staff, volunteers and other organisations providing services to Aboriginal peoples who inject drugs about the drivers and experiences of illicit drug use amongst Aboriginal peoples.

4. Increase engagement of Aboriginal peoples who inject drugs with NSP services, including testing and treatment for BBVs, health promotion and education.

5. Increase referrals between NSP services and other organisations providing services to Aboriginal peoples who inject drugs.



PROJECT OVERVIEW

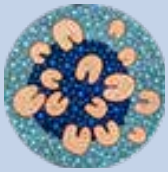
APPROACH

Healthy Blood Healthy Body used a co-design participatory approach, which emphasised the equitable involvement of community members, organisations and researchers.[5] This approach focused on translating evidence into practice to improve and enhance NSP accessibility. Collaborative efforts led to the development of multilevel health promotion strategies aligned with the project objectives.

Five strategies were co-designed and implemented:

1) Cultural safety
2) Community education
3) Peer referral
4) Holistic services
5) Service availability

PROJECT OVERVIEW



STRATEGY ONE: CULTURAL SAFETY

We explored Aboriginal perspectives and current literature to develop evidence-based strategies that enhance cultural safety within NSPs.

Three key activities:

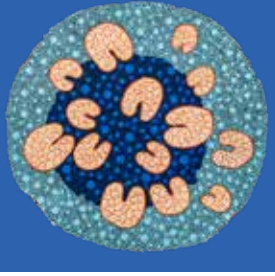
1. **Yarns** with Aboriginal peoples who inject drugs accessing and not accessing NSPs, to understand what makes services culturally safe.
2. **Scoping review** of published literature to identify strategies for increasing cultural safety for Aboriginal peoples in harm reduction settings.
3. **Healthy Blood Healthy Body Educultural Toolkit** developed using findings of yarns and scoping review, and designed to build cultural capabilities of NSP staff and services.

STRATEGY TWO: COMMUNITY EDUCATION

We examined attitudes to harm reduction and injecting drug use and used these insights to co-produce community education materials.

Two key activities:

1. **Attitudinal survey** exploring attitudes to harm reduction and injecting drug use of staff working in organisations supporting Aboriginal peoples who inject drugs.
2. **Community education campaign** to increase awareness of harm reduction services and safe injecting practices amongst Aboriginal peoples who inject drugs, their friends and family and the wider community. The campaign materials included comic strips, posters, stickers and website elements.



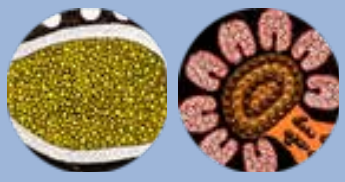
PROJECT OVERVIEW

STRATEGY THREE: PEER REFERRAL

We developed, implemented and evaluated an incentives-based peer referral model, led by Aboriginal peers, to encourage access to NSP services and inform future peer-based harm reduction approaches. Peer Based Harm Reduction WA developed and implemented the pilot program over 12 months.

Three key activities:

1. **Scoping review** to explore peer-based alcohol and other drug program evaluation.
2. **Evaluation framework** for the Peer Referral Pilot Program.
3. **Peer Referral Pilot Program** development, implementation and evaluation.



STRATEGY FOUR: HOLISTIC SERVICES

STRATEGY FIVE: SERVICE AVAILABILITY

We examined the supports and barriers that prevent Aboriginal peoples who inject drugs from accessing NSPs, as well as options for additional NSP services in Boorloo.

Two key activities:

1. **Data review – to explore and document NSP service barriers and enablers.**
2. **Evidence review – to identify and map NSP services in Australia.**

PROJECT ACTIVITIES AND OUTPUTS

Yarns with Aboriginal Peoples who Inject Drugs

Yarning sessions, co-facilitated by an Aboriginal team member, were conducted with Aboriginal peoples who inject drugs, including those not currently accessing NSP services in Boorloo, to understand what would make NSPs culturally safe. Yarns were voice-recorded, transcribed verbatim and analysed to identify key themes.

Key findings to improve the cultural safety of NSP services:

- **Cultural awareness and immersion of staff** – awareness of Aboriginal history, trauma and ongoing intergenerational impacts.
- **Staff attitudes** – friendly, address people in a culturally respectful manner (e.g. aunty or uncle for older Aboriginal peoples), respect, non-judgmental, staff know what you need, there is no need to ask – reduces shame.
- **Trust in the service** – employment of Aboriginal staff and staff with lived experience, seeing Aboriginal mob using service = community endorsement.
- **Environment** – accessible, discreet location near key services and public transport, with welcoming elements such as artwork.
- **Social support and education** – staff with time to yarn, visual resources, offer of brief interventions and hepatitis C testing.
- **Value-add** – availability of food, water and clothing, bulk supply of equipment, ability to 'disguise' reason for accessing service.
- **More access options** – including longer operating hours, Aboriginal-focused programs, syringe dispensing machines, safe injecting rooms, NSPs in prisons.

> *"It's got our brothers and sisters that work there, so it just feels comfortable."*
>
> (Participant describing a culturally safe NSP experience)

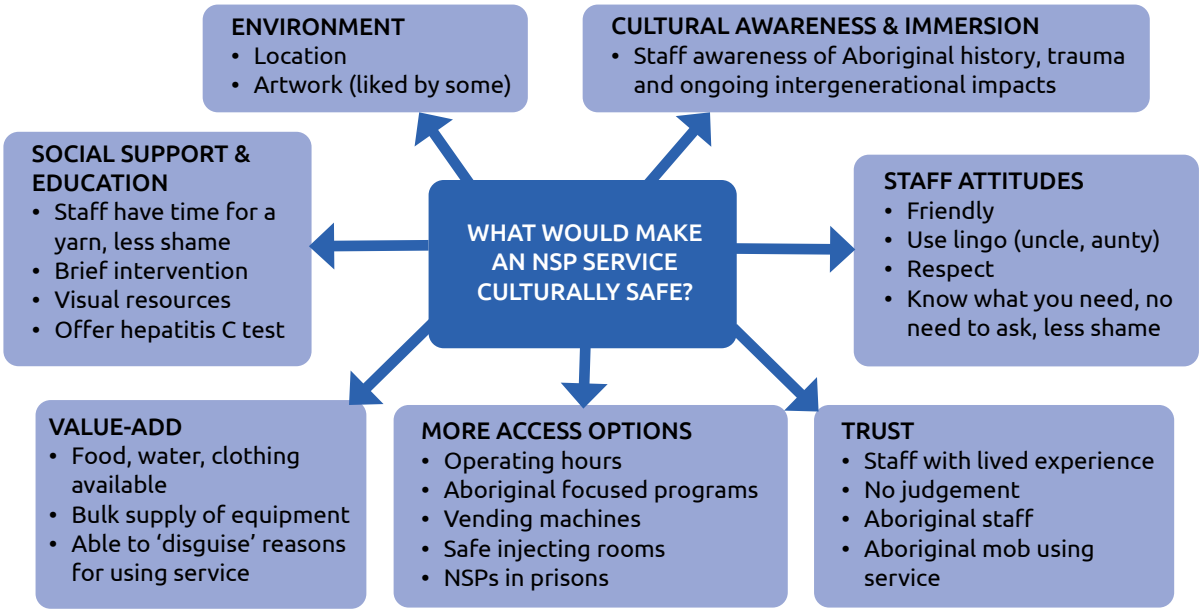
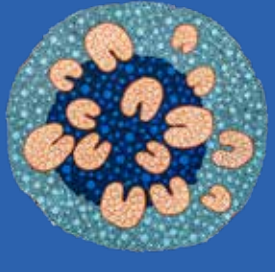


Figure 2: What would make an NSP service culturally safe?



PROJECT OVERVIEW

Scoping Review

A comprehensive review of nine databases was conducted to identify strategies for building cultural safety in harm reduction and drug treatment settings for Aboriginal peoples. After assessing 2,999 articles, the review identified 13 relevant articles.

Three key themes:

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

Effective strategies included employing Aboriginal peoples and those with lived experience, embedding Aboriginal culture within programs, using non-stigmatising community engagement approaches and addressing holistic health needs. These findings align with existing Aboriginal health research and highlight the need for the implementation and evaluation of culturally safe practices to improve engagement of Aboriginal peoples in prevention and healthcare services.

PROJECT OVERVIEW

Attitudinal Survey

A survey was developed based on relevant literature and input from the Co-Design Working Group to assess attitudes to harm reduction for injecting drug use. The online survey was emailed to more than 50 organisations in the alcohol and other drug, mental health, homelessness, Aboriginal health and youth sectors that provide services to Aboriginal peoples who inject drugs in Boorloo. Of the 31 valid responses received, most participants were non-Aboriginal and worked in the alcohol and other drug sector, most commonly as an NSP worker/officer.

Findings revealed:

- **Most participants discussed harm reduction and injecting drug use with their clients.**
- **There was high awareness of, and support for, harm reduction strategies among participants.**
- **Three-quarters of participants disagreed with common misconceptions about NSPs, such as 'NSPs encourage continued drug use'.**

58%

of participants reported they wanted educational resources for themselves

58%

of participants reported they wanted educational resources for clients

77%

of participants reported they wanted professional development opportunities for cultural awareness, harm reduction & injecting drug use

Valuable insights were gained about staff perceptions of harm reduction in the context of injecting drug use, and workforce support needs to enhance engagement with Aboriginal peoples who inject drugs. Findings helped inform the development of the community education and awareness campaign.

Educultural Toolkit

Outcomes from the cultural safety yarns and the scoping review, along with a review of cultural competency training in Australia, were used to inform the development of the *Healthy Blood Healthy Body Educultural Toolkit* (the 'Toolkit'), a cultural capability information package for NSP staff and other organisations providing services to Aboriginal peoples who inject drugs. The Toolkit was originally intended to be a training package, however feedback from stakeholders resulted in a cultural capability resource. This change acknowledged that the target audience (mainly NSP staff) included members at different stages in building their cultural capabilities and more comprehensive cultural capability training already exists. The Toolkit specifically addressed cultural capabilities that are relevant to working in a harm reduction or NSP context.

The Co-Design Working Group and key stakeholders contributed to the design and contents (including language) of the resource. An Aboriginal graphic designer was engaged to develop a visually compelling resource featuring the project's artwork.

The purpose of the Toolkit is to support NSP staff to navigate culturally sensitive interactions when providing harm reduction services to Aboriginal peoples in Boorloo, including during equipment distribution, health education sessions and referral processes.

The Toolkit has three main modules:

- **Understanding of Indigenous Australian history, intergenerational trauma and racism.**
- **Building trust, relationships and partnerships: exploring the ongoing journey to developing cultural capability.**
- **Tools and resources for self-reflection, self-assessment and ongoing learning.**

Each module includes a combination of informational text, video links, activities, reflection questions and suggested readings. Links to pre- and post-evaluation surveys have been included in the Toolkit, and learners are encouraged to complete them to help inform the continuous improvement of the resource.

The Educultural Toolkit can be accessed here.

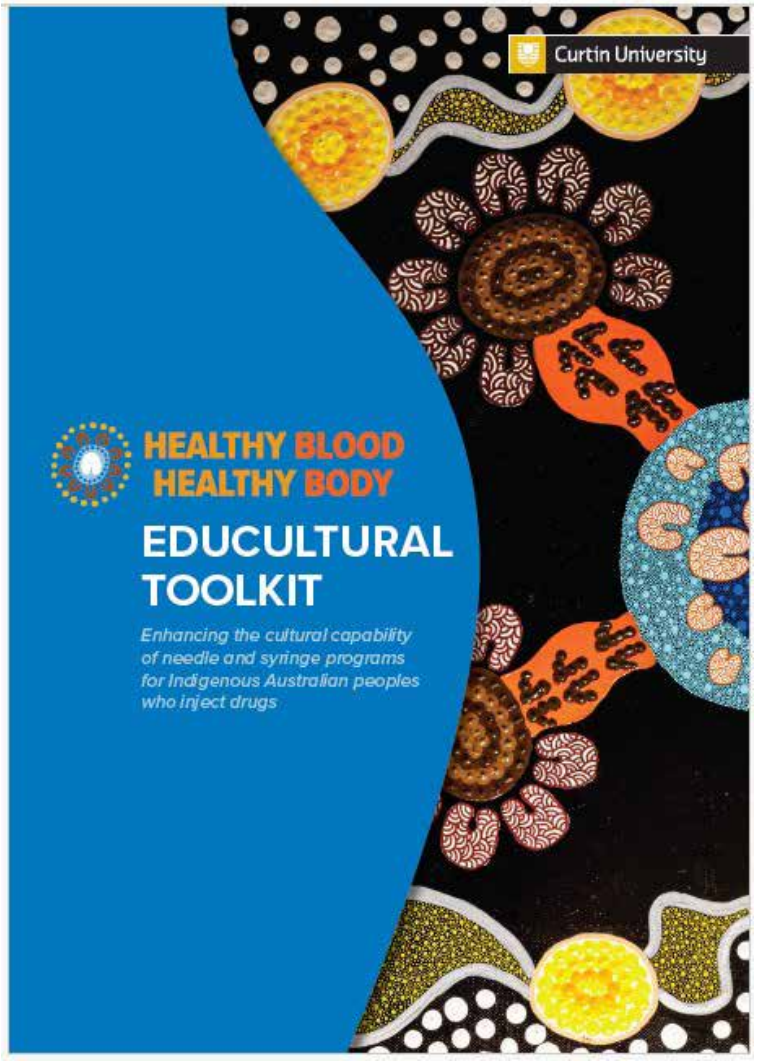


Image of Educultural Toolkit (front cover)

PROJECT OVERVIEW

Community Education and Awareness Campaign

During campaign development yarns, Aboriginal peoples who inject drugs and community members suggested an animation, comic strips, posters and social media. Due to budget constraints, the focus shifted from animations to comic strips as the primary campaign resource. An Aboriginal artist and graphic novelist from Broome, a Yawuru man with a background in health, was engaged to create the campaign characters and comic strips, while an Aboriginal graphic designer contributed to the design of the campaign materials.

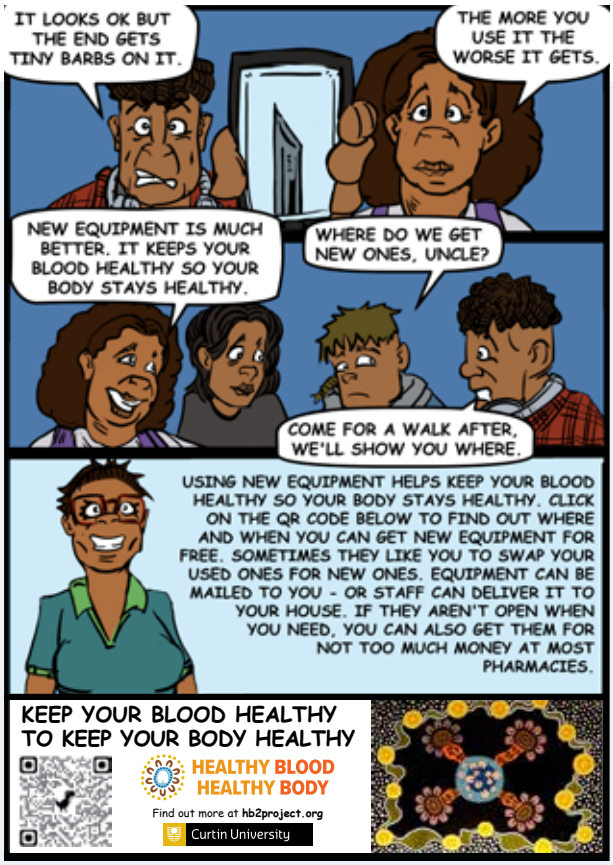
Co-design and development of the campaign was a time-intensive, collaborative endeavour over three years involving input from more than 100 people in the development, pre-testing and refinement of the comic strip scripts. Collaborators included Aboriginal peoples who inject drugs, staff and clients from Aboriginal health and social services, Aboriginal community members, including Elders, and members of the Healthy Blood Healthy Body Aboriginal Advisory Group and Co-Design Working Group. Contributors were mainly Aboriginal peoples, ensuring that the components were culturally appropriate.

A comprehensive campaign featuring the following elements was produced:

- **Two comic strips** – one comic strip aimed at Aboriginal peoples who inject drugs in Boorloo and one comic strip for their family and friends, both combined as a single comic book.
- **Two posters** – one aimed at Aboriginal peoples who inject drugs and one aimed at the broader Aboriginal community in Boorloo. QR codes on posters directed individuals to the project website.
- **Website landing page with two sections** – one for mob and one for services that support peoples who inject drugs.
- **Stickers** – for safe disposal containers supplied by local councils. Local government areas (LGAs) within and surrounding Boorloo were contacted regarding their interest in placing stickers on needle and syringe disposal units in their respective LGA.

Hard copies of the campaign resources were distributed to key stakeholders, along with email correspondence advising them that the materials were available on the project website, to freely download.

POSTERS



Download poster here

Images of campaign posters

Download poster here

PROJECT OVERVIEW

COMIC BOOKS

Download comic here

Images of campaign comic books

Download comic here

STICKER

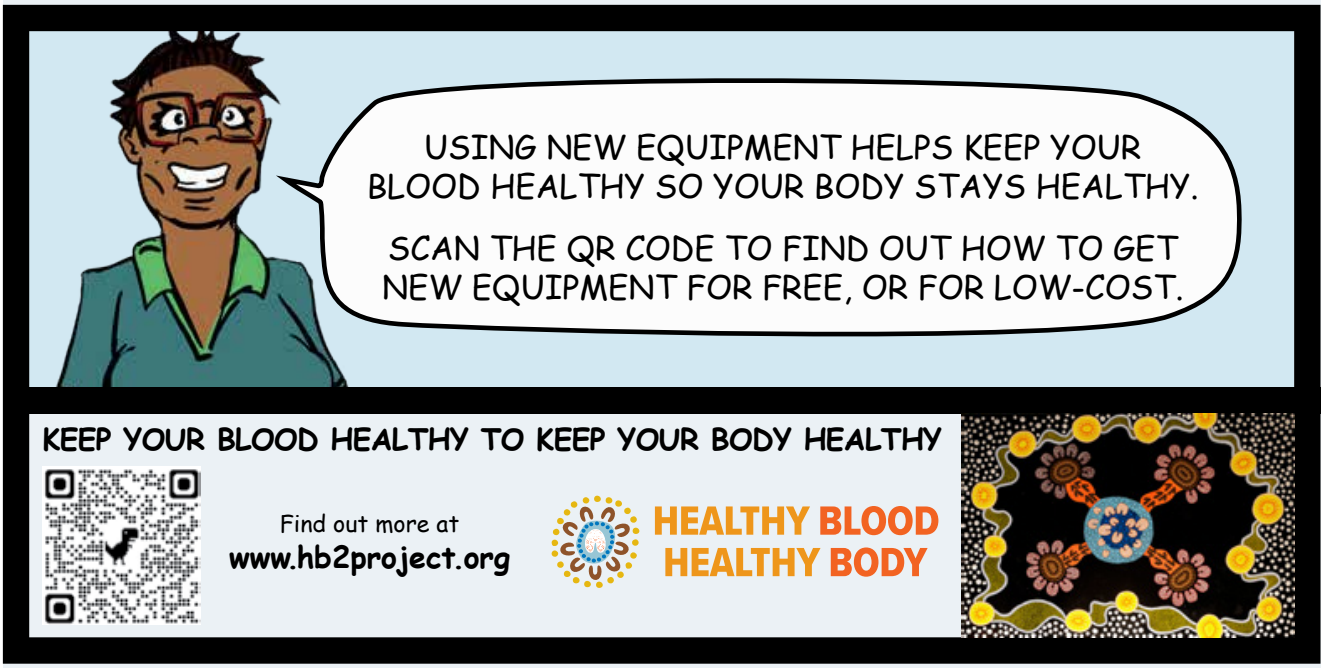


Image of campaign sticker

PROJECT OVERVIEW

Peer Referral Pilot Program

The Peer Referral Pilot Program aimed to improve access to NSPs for Aboriginal peoples who inject drugs in Boorloo. The program was developed and implemented by Peer Based Harm Reduction WA (PBHRWA) over 12 months and used a peer education approach combined with an incentives model. The Curtin project team evaluated the program to assess engagement and outcomes.

An Aboriginal Coordinator recruited and trained Volunteer Peer Educators (VPEs) to conduct yarns with other Aboriginal peoples who inject drugs, encouraging safe injecting practices and NSP service access. A peer yarning checklist was used to record details of yarns.

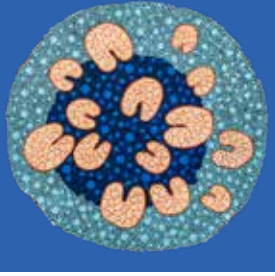
VPEs received a monthly cash payment based on a minimum of eight peer interactions per month and approximately six hours work at the minimum hourly rate. People who inject drugs who accessed clinical services received a cash incentive of AUD$30. Evaluation data included diary records, clinic attendance, incentives payment record and interviews with peer educators and PBHRWA staff.

"[I] was making that difference … I know about five people that come in [to the NSP] on the regular now … because I had a yarn with them."

(Volunteer Peer Educator on the Peer Referral Pilot Program impacts)

"*I've had addiction for over 30 years, but I know what it's like. I know what it's [like] to be clean as well … I know if I can do that, and I can be clean about it, and do the right thing, do it the right way, then I'm pretty sure I could lead people in the right direction.*"

(Volunteer Peer Educator on reason for participating in the Peer Referral Pilot Program)



Key findings from 68 yarns

13%
Had not accessed PBHRWA before
(n=9)

75%
Found yarning with a peer educator helpful
(n=51)

53%
Referred peers accessed nurse/clinical services
(n=36)

53%
Claimed incentives
(n=36)

78%
Knew they could access freshies at PBHRWA
(n=53)

Many participants were unaware of key health services at PBHRWA

62%
Unaware of postal/home delivery
(n=42)

51%
Unaware of health clinic
(n=35)

50%
Unaware of hepatitis C point of care testing
(n=34)

50%
Unaware of hepatitis C treatment
(n=34)

53%
Unaware of naloxone services
(n=36)

Figure 3: Key findings from yarns with Aboriginal peoples who inject drugs

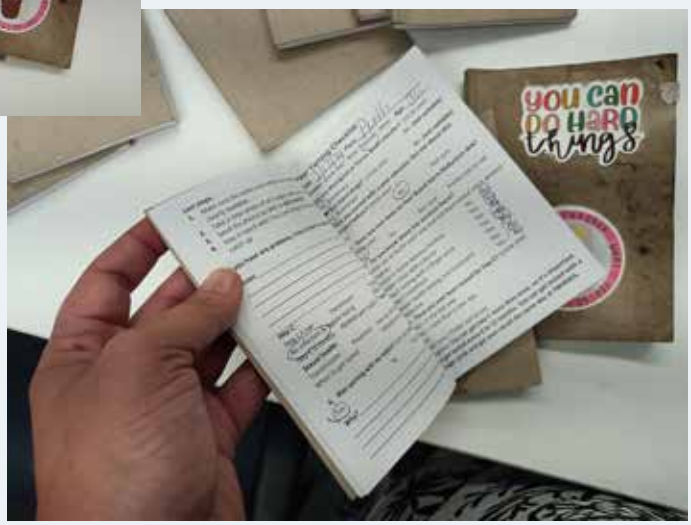
"What the referred consumers have told me is that after having the yarn with [the Peer Educator], they're going to be more mindful of when they are injecting drugs by using sterile equipment each time … using filters … looking after their health by visiting the health clinic."

(Aboriginal Coordinator on the Peer Referral Pilot Program impacts)

PROJECT OVERVIEW

Evaluation Insights

- Cash incentives encouraged initial engagement of people who inject drugs but were not essential for ongoing service use.
- Peer educators gained confidence and agency understanding their lived experience was valued, providing ongoing community benefits even after the pilot program ended.
- Building relationships with agencies and recruiting staff and volunteers trained in harm reduction, who can engage with people who inject drugs in a respectful and non-judgmental way, was critical.
- Identified need to raise community awareness of NSPs and harm reduction services.



Images of diary and peer yarning checklist

Increasing NSP Service Availability and Service Integration

We examined all peer-reviewed articles on NSPs in Australia, with no date restrictions. The review described different types of NSPs and identified 44 articles published between 1999-2025 covering primary, secondary, and mobile NSPs, supervised injecting facilities, needle and syringe dispensing machines, pharmacies and peer distribution. We also explored the feasibility of expanding NSP services in Boorloo using 39 archival sources from the WA Department of Health's Sexual Health and Blood-borne Virus Program.

Findings from these reviews and supplementary searches were compiled into a research summary paper - *Needle and Syringe Programs in Australia*.

RESEARCH SUMMARY:
Needle and Syringe Programs in Australia

December 2025

Curtin University

HEALTHY BLOOD HEALTHY BODY

This document summarises evidence on needle and syringe programs in Australia (1999 to 2025).

What are Needle and Syringe Programs?

Needle and syringe programs (NSPs) were formally implemented across Australian states and territories in 1987–1988 as part of the national response to the HIV epidemic.[1] Policy support for NSPs continues to be operationalised through Australia's national HIV and blood-borne virus (BBV) strategies[2] and commitment to World Health Organization targets to eliminate new HIV transmissions and eliminate hepatitis C as a public health threat by 2030.[3]

People who inject drugs (PWID) face an elevated risk of acquiring BBVs, including HIV, hepatitis B and C, as well as sexually transmitted infections (STIs).[4] NSPs aim to prevent the transmission of BBVs amongst PWID and reduce the individual, social, and public harms associated with injecting drug use.[5,6] NSPs provide a suite of strategies, including sterile injecting equipment, safe disposal of used injecting equipment, health and safer injecting resources, links to other health and welfare services, evidence-based information, education, and programs to facilitate access to take-home naloxone.[6]

There are four types of NSPs in Australia: primary, secondary, syringe dispensing machines, and pharmacy.[5]

NSPs in Australia

IN 2024, THERE WERE MORE THAN 4,000 NSPs IN AUSTRALIA:

112 primary NSPs[6]

918 secondary NSPs[6]

3,220 pharmacy NSPs[6]

458 syringe dispensing machines (SDMs)[6]

These services distributed 54.6 million needles and syringes during 2023/24, 90% were distributed through primary and secondary NSPs and SDMs. [6]

nsp@curtin.edu.au | www.hb2project.org

Research summary

PROJECT OVERVIEW

Summary of Findings

1. NSPs have been a core component of **Australia's response to HIV and BBVs** since the 1980s and remain **central to** national strategies **targeting HIV and hepatitis C elimination by 2030.**

2. 4,000+ NSPs operated across Australia as of 2024, including primary NSPs, secondary NSPs, pharmacy NSPs and syringe dispensing machines.

3. During 2023–24, **NSP services distributed** approximately **54.6 million needles and syringes**, with the majority supplied through primary and secondary NSPs and needle and syringe dispensing machines.

4. Aboriginal and Torres Strait Islander peoples experience **disproportionately higher hepatitis C notification rates**, highlighting the need for culturally appropriate NSP design and delivery.

5. There are **no NSPs in Australian prisons**, despite high injecting drug use and risk of BBVs (hepatitis C, HIV).

6. There is **limited research on** reporting the **needs** of people **from culturally and linguistically diverse backgrounds** and **younger populations** who inject drugs who are less likely to access NSPs.

7. Peer distribution occurs, and may improve access to sterile injecting equipment, but is criminalised in most jurisdictions and under-researched.

LESSONS LEARNED

Healthy Blood Healthy Body involved a collaborative co-design research process to develop, test and evaluate a range of health promotion strategies to increase access to NSPs for Aboriginal peoples who inject drugs in Boorloo.

The project documented several learnngs, outlined below.

Have patience and trust in the co-design process.

Ensure proper resourcing (time and funding) to build trusting relationships with the community and key stakeholders through sustained engagement.

Using a strengths-based approach and establishing a project identity are critical.

The meaningful involvement of people with lived experience is fundamental.

Acknowledge there is stigma associated with illicit activities like injecting drug use and allow adequate time to identify and engage collaborators e.g. artists.

Working with Aboriginal peoples is relational. Arrange for non-Aboriginal workers to be introduced to community by trusted Aboriginal collaborators.

Maintain flexibility with timeframes, understanding that community priorities and capacity drive the co-design process, and environmental changes which affect Aboriginal peoples cannot be anticipated.

Offer cultural competency training/education opportunities for non-Aboriginal staff and provide access to research training opportunities for all staff as needed.

Aboriginal community members must be consulted to ensure research activities occur in a culturally safe location.

Manage expectations of stakeholders and acknowledge the need for alternative solutions if initial preferences cannot be delivered within budget constraints.

Provide funding to non-research organisations to participate in research and offer flexibility in timeframes to support collaborative efforts.

Ensure adequate resourcing for staffing and capacity building of the research team balanced with opportunities for student capacity building.

KNOWLEDGE TRANSLATION & PROJECT IMPACT

The project team acknowledges Aboriginal peoples' rich history of knowledge translation, including oral histories, experiential knowledge and cross-cultural sharing. Strong Aboriginal leadership, along with involvement of Aboriginal peoples who inject drugs, ensured recognition and respect for Aboriginal ways of knowing to avoid perpetuating existing inequities.

Healthy Blood Healthy Body knowledge translation strategies have been, and continue to be, developed in partnership with Aboriginal peoples. Consistent with best practice around data sovereignty, ownership of knowledge created by the Healthy Blood Healthy Body project will remain with Aboriginal peoples.

Healthy Blood Healthy Body knowledge translation strategies have been, and continue to be, developed in partnership with Aboriginal peoples. Consistent with best practice around data sovereignty, ownership of knowledge created by the Healthy Blood Healthy Body project will remain with Aboriginal peoples.

The project followed guidelines for ethical conduct in research with Aboriginal and Torres Strait Islander peoples and communities which define six core values — **spirit and integrity**, **cultural continuity**, **equity**, **reciprocity**, **respect**, and **responsibility**.[10] The knowledge translation strategies utilised by Healthy Blood Healthy Body also align with established knowledge translation frameworks, which emphasise **synthesis**, **co-production**, **exchange**, **application** and **dissemination** of knowledge to support evidence-informed decision-making.

SYNTHESIS

Healthy Blood Healthy Body conducted a range of research activities and synthesised multiple sources of knowledge to enhance culturally safe policy, practice and service delivery within NSPs for Aboriginal peoples. Activities used decolonising methodologies including yarning, and demonstrated respect for Aboriginal ways of knowing and responsibility for equitable health outcomes:

- Scoping review to identify strategies that increase the cultural safety of harm reduction services, including NSPs.
- Attitudinal survey of service providers supporting Aboriginal peoples who inject drugs.
- Yarns with Aboriginal peoples who inject drugs and service providers.
- Yarns with Aboriginal peoples who inject drugs and key stakeholders to inform a community education and awareness campaign about harm reduction and a culturally appropriate dissemination strategy.
- Research summary of NSPs in Australia (1999-2025).
- Peer referral program pilot evaluation.

> *"Helps identify that at-risk groups can be included in such projects and that the services can be the 'difficulty' around access rather than the at-risk group itself."*
>
> (Co-Design Working Group member on the project benefits)

KNOWLEDGE TRANSLATION & PROJECT IMPACT

CO-PRODUCTION

Three community-facing activities were Aboriginal-led and demonstrated equity and respect for Aboriginal ways of knowing, being and doing including selection of culturally safe locations for research activities, considerations of language and terminology, and flexible timeframes respecting community capacity. Co-produced project outputs included:

- Educultural Toolkit cultural capability resource
- *Keep Your Blood Healthy To Keep Your Body Healthy* campaign and assets
- Peer referral pilot program plan including program materials and evaluation processes.

EXCHANGE

Healthy Blood Healthy Body used a range of strategies to share knowledge. Reciprocity was demonstrated through supporting Aboriginal businesses and supporting capacity building for Aboriginal peoples who inject drugs. The project also strengthened pre-existing relationships and provided opportunities to develop new relationships, extend professional networks and support capacity building for the project team and key collaborators through mutual learning.

Ongoing awareness of Healthy Blood Healthy Body is promoted through polo shirts featuring the project artwork, name and logo. Project collaborators received a shirt, fostering a sense of unity while also projecting a professional image and promoting brand recognition.

Members of the CI and project teams (above) and staff from HepatitisWA (right)

KNOWLEDGE TRANSLATION & PROJECT IMPACT

APPLICATION

Healthy Blood Healthy Body has had a range of impacts. The cultural capability resource has influenced practice and policy changes at the state level, with plans for the WA NSP training and guidelines to include linkages to the Educultural Toolkit. Evaluation findings of the peer referral program pilot have supported new funding to continue the program in the Boorloo and Southwest region of WA. Capacity building for students, Aboriginal peoples who inject drugs and key stakeholders has enhanced the sector's ability to deliver culturally safe and effective services.

DISSEMINATION

A range of co-designed communication strategies will aid knowledge translation among community members, policy makers, researchers, health professionals and other staff working in the harm reduction sector.

Dissemination of project findings is through multiple formats, tailored for both academic and community audiences. These include:

- **Dedicated public project website. For the 12 months to June 30, 2025 (the project end date), the site was viewed 1150 times, with 273 unique visitors.**
- **2 Newsletters.**
- **Research summary of NSPs in Australia (1999-2025).**
- **Educultural Toolkit.**
- ***Keep Your Blood Healthy To Keep Your Body Healthy* community campaign and assets.**
- **Tackling stigma champion online article.**
- **Peer-reviewed journal articles.**

Project findings were also shared through presentations, conferences and meetings. Between 2022 and 2025, 13 presentations and speaking engagements were delivered, some involving participation of Aboriginal peoples who inject drugs, across 9 state conferences, 2 national conferences and 2 international conferences.

Healthy Blood Healthy Body received recognition within the sector for improving access to NSPs for Aboriginal peoples who inject drugs:

- **Top Ranked Oral Abstracts Plenary Session, 2026 Australasian Viral Hepatitis Conference**
- **Top 3 Abstracts, 2025 Australasian HIV&AIDS Conference**
- **Finalist in the Category: Improving Alcohol and Other Drug Outcomes for Aboriginal Peoples, 2025 Western Australian Alcohol and Other Drug Excellence Awards.**

AGENDA FOR ACTION

Healthy Blood Healthy Body has yielded important insights and recommendations to support future actions to address public health issues related to increasing access to NSPs for Aboriginal peoples who inject drugs in Boorloo. To address gaps in WA's current response, the following policy, research and practice priority actions are proposed. Recommendations result from findings from each stage of the research and have been co-designed with project partners. While we have identified several priority actions, we recognise that further work is required. However, acting on these priorities will support improved health outcomes for Aboriginal peoples who inject drugs, a currently underserved population.

Address structural barriers

- Investigate legislative and policing practices which influence NSP access and harm reduction outcomes.
- Ensure long-term funding to support the sustainability and scale-up of NSP initiatives, including specific access strategies for Aboriginal peoples.
- Pilot prison-based NSPs and regulate access within correctional settings to facilitate safer injecting practices and health outcomes.
- Monitor and compare different NSP service models to identify barriers and effective approaches.

Expand the Healthy Blood Healthy Body project

- Evaluate current project strategies, including the *Keep Your Blood Healthy To Keep Your Body Healthy* campaign and the Educultural Toolkit.
- Expand the project to regional areas across WA.
- Extend project activities, including the development of additional resources such as an animation based on the comic strips.

Build workforce capacity and service collaboration

- Increase training opportunities and culturally relevant resources for NSP staff.
- Provide training for pharmacy staff delivering NSP services to reduce stigma and enhance service accessibility and delivery.
- Improve collaboration and communication between NSP staff, healthcare providers and related services to strengthen referral pathways and interventions.

Strengthen culturally safe and peer-led approaches

- Research and evaluate peer distribution and peer-led harm reduction approaches in the Australian context.
- Foster peer-led approaches within NSPs to build trust, foster safety and improve engagement among Aboriginal peoples who inject drugs.
- Improve engagement with Aboriginal communities by collaborating with Elders and community members in the design and delivery of NSP services.

Reduce stigma and improve community awareness

- Implement public education campaigns to reduce stigma associated with injecting drug use and harm reduction services.
- Provide targeted education for underserved populations, including Aboriginal peoples who inject drugs and younger people.

REFERENCES

1. Naruka E, King J, Thomas JR, Monaghan R, McGregor S. *Bloodborne viral and sexually transmissible infections in Aboriginal and Torres Strait Islander peoples: Annual surveillance report 2025*. Sydney, Australia: The Kirby Institute UNSW; 2025.
2. Davis K, Lock E, Thum L, Crawford G, Lobo R, Aung Thein O, et al. Review of epidemiology, prevention and management of blood-borne viruses experienced by Aboriginal and Torres Strait Islander peoples. *Journal of the Australian Indigenous HealthInfoNet*. 2024;5(3).
3. Australian Centre for Disease Control. *Fifth national Aboriginal and Torres Strait Islander blood borne viruses and sexually transmissible infections strategy 2018–2022*. Australian Government; 2018-2022.
4. National Centre in HIV Epidemiology and Clinical Research. *Return on investment 2: Evaluating the cost-effectiveness of needle and syringe programs in Australia*. The University of New South Wales, Sydney; 2009.
5. Benz C, Scott-Jeffs W, McKercher KA, Welsh M, Norman R, Hendrie D, et al. Community-based participatory-research through co-design: supporting collaboration from all sides of disability. *Research Involvement and Engagement*. 2024;10(1):47.
6. Walker S, Curtis M, Kirwan A, Thatcher R, Dietze P. "No-one just does drugs during business hours!": evaluation of a 24/7 primary needle and syringe program in St Kilda, Australia. *Harm Reduction Journal*. 2024;21(1):51.
7. Pegler E, Garvey G, Fitzgerald L, Kvassay A, Alexander N, Davey G, et al. The unique experience of intersectional stigma and racism for Aboriginal and Torres Strait Islander people who inject drugs, and its effect on healthcare and harm reduction service access. *International Journal of Environmental Research and Public Health*. 2025;22(7):1120.
8. Broady TR, Valerio H, Alavi M, Wheeler A, Silk D, Martinello M, et al. Factors associated with experiencing stigma, discrimination, and negative health care treatment among people who inject drugs. *International Journal of Drug Policy*. 2024;128:104468.
9. Lobo R, Coci M. *Increasing Aboriginal peoples' use of services that reduce harms from illicit drugs*. Perth: Collaboration for Evidence Research and Impact in Public Health, School of Population Health, Curtin University; 2021.
10. National Health and Medical Research Council. *Ethical conduct in research with Aboriginal and Torres Strait Islander peoples and communities: Guidelines for researchers and stakeholders*. Canberra: Commonwealth of Australia; 2018.

NOTES