

TAKING THE WATER TO THE HORSE – THE STREETWIZE PROCESS FOR DEVELOPING DRUG INFORMATION FOR CLUBBERS

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Today I am going to be talking about Streetwise communications. Some of you will be familiar with the process that we use to develop information and also about a specific needs assessment that we did around psychostimulant drugs. I am aware that a lot of what came up in the research we did has already been mentioned, so I will skip over that part and obviously just talk about where there have been similarities.

So, Streetwise Communications, for those who are not familiar with us, has been around for quite a long time in Australia - this year is our 20th anniversary. We are a national not-for-profit organisation, which started in 1984 attached to a community legal service in Redfern, working with young Indigenous people to produce legal information in a format they could understand and relate to.

The organisation we are now is a leading not-for-profit organisation specialising in communicating social, health and legal issues and our main target group is young people and other groups who are seen as hard to reach. On the whole, the main groups that we communicate with are seen as disadvantaged or marginalized in their access to information, which as you will know, can be any kind of group at any one time.

The vision of Streetwise is to enable informed choice so that people can make informed decisions on a whole range of issues and the what underpins Streetwise is a social purpose and a real commitment to social change. We believe that we can achieve that by providing people with information which will empower them to make decisions based on information which is accurate and non-judgemental but, above all, credible, and at the same time put them in contact with services and information they might not normally access to. (Referring to screen) These are just some of the target groups we have worked with at some stage over the last 20 years – predominantly young people but within that, target groups can be young people, unemployed, sex workers and Indigenous, so they fall into several categories.

One of the key distinctions in the information campaigns that Streetwise undertakes, is that we do not do broad-based communication campaigns. We believe in very targeted information campaigns, which can be targeted to, for example, a specific group in Melbourne who are involved in a particular kind of scene. I will now outline the process of how we do that.

(Referring to screen) These are the services that we deliver at the moment, and up until about the last 5 years, Streetwise predominantly produced comics and was previously known as *Streetwise Comics*. We changed our name 4 years ago to Streetwise Communications, with the thinking behind that that the real essence of what Streetwise does is the process of consultation and collaboration with the specific target groups, and we use predominantly qualitative research methods to do that. The end result can be absolutely anything and will be informed by the groups that we are working with. So that can be a range of the mediums here. We produce animation

video; web sites and CD-ROMs; kits for teachers, youth workers and anybody working with that target group. But again, that is informed by the process that we adopt.

The research part is now a stand-alone service. There have been increasing demands for this type of consultation due to the reach that Streetwize has, and the fact that we can access to a lot of young people through our own database, which a lot of people cannot. One of the reasons for this is the brand that Streetwize has built up with those groups over the last 20 years. A lot of the young people that we see have used Streetwize, a lot of people we meet say they grew up with Streetwize, so immediately we have got that credibility and a way in, so we are now doing that as a stand-alone service.

We are doing evaluations of information campaigns, and also we have a very well-established distribution network in Australia, with a database of over 20,000 youth organisations that we distribute to, and that includes schools, health centres, youth services, really wherever we feel that that information needs to get to. And it can be broken down to specific groups as well. We are providing consultancy to services on how to reach specific groups and the final service is a skills development service that we are currently setting up, which is kind of based on a peer education model, but it is about 'skilling up' young people to do the work that our team of researchers and artists do at the moment.

So, the process we have, depending on if it is a national campaign, it can go from 3 – 6 months, but it starts off with a brainstorm where we get all the key stakeholders together. They are usually professionals and they can be anybody who is interested in that issue and they help us scope the research. We then go out and we do the research, and what we tend to find is that the issues that were flagged up in the brainstorm can vary tremendously. As soon as we go out and talk to young people, they often are telling us very different things from the professionals, on the whole.

We do qualitative research, and so they are usually one on one interviews or focus groups that we do, and we have a researcher and artist who goes out and does those focus groups. We make sure that we get a combination of metropolitan, rural and regional areas, so that we get that spread so it is not just specific to people in the city but also we are looking at issues that are affecting people out in rural areas. And if we do a national project, we usually go into around 3 – 4 different states. The concept is then developed by our writers and artists who do their magic on it and then we take a draft back out and we do feedback.

At this stage it can change completely; we are very careful around, for instance, if we are doing one in Sydney, we will have specific things in terms of the slang that is used, the clothes that are used by that particular group, right down to the setting so that people can immediately put themselves in that position. It can change completely. An example is a recent campaign we did on car theft and a Ford was the car that we had shown that the young people were stealing, and straight away they were saying: "Well, we would not touch it. A Holden Commodore is the only car we are going to steal." So immediately we had to change that because it would have no credibility. So we really get into the detail, really making sure that the main messages are understood before the resource has even gone out. We then do the printing and then

we distribute, and on average, for a national run, we maybe do 60,000 – 80,000 in a print run which we would get out nationally through our database.

Then we evaluate and I think it is true to say Streetwize is totally evaluated to death; we have had 25 independent evaluations done, as well as lots that we have done ourselves. And the key findings that come out from the evaluations we have good information about the recall rate. We tend to get a recall rate of 80% of people remembering the main messages up to 4 months after the campaign. Every comic we produce is read by at least 5 people and there are key determinants which, obviously, you look at something that is full of colour, it is bright, it is engaging - they are going to pick that up before going to pick up something laden with text. And these are just some of the other issues that come out (Referring to screen).

The needs assessment that we did was for New South Wales Health and it is part of their psychostimulant strategy. We were contracted to speak to people who were using psychostimulants throughout New South Wales. We did this about 18 – 20 months ago; we did a web survey through the Triple J website, and we also did one-on-one interviews on focus groups. In total, this research involved 162 people between the ages of 13 and 43. A small amount of non-users and past users were included in the focus groups and interviews because it was felt their experience was valuable in terms of thinking retrospectively and providing an often-considered account of drug taking.

The majority of participants were aged between 16-24 (n=75) and 25-40+ (n=65). Streetwize also spoke to drug, health and community workers. Research was conducted across Sydney including the Western, Southern and Eastern Suburbs, and Northern Beaches. Streetwize also travelled to the NSW Central Coast, the Northern Rivers District and the Illawarra region to conduct interviews and focus groups.

(Referring to screen) (Here is a range of drug education materials, and just to say this is not something that Streetwize did but that was from a former life involved in Crew 2000, so I have used a few of theirs and other people's just to show a range of different communication tools.)

The main drugs that were being used were: alcohol, cannabis, ecstasy, amphetamines and cocaine – in that order. The main issue with the combinations was that the majority of people that we spoke to were polydrug users and were using drugs in this variety of different combinations. Some people that we spoke to talked about the negative effects of using in that way but when we asked what they did about it, they said that they basically adjusted their use and kind of experimented that way. So for instance, the next time they would not use speed if it was with ecstasy and alcohol. Friends came out as the main source where people got their information from but they also mentioned the other main areas – websites, the media, dealers, and people talked about learning from their own experience as well.

The key thing that came out was that people wanted information that was honest, up-front, balanced and realistic, and they felt that the main place that would come from was other people who had used. So they were very much the indications which had been kind of backed up by lots of people around having some kind of peer education intervention from other people who were users and who were seen as credible.

We then asked them what information they needed and this was split into various areas. Short-term effects – it tended to be the younger age group who really wanted to know “what is going to happen to me now, what are the physiological effects, how am I going to feel tomorrow, what is the come down?” That was very different from the older age group that we spoke to. That was really the 13 – 24 age group who were concerned mainly with short-term effects. Long-term effects – that was things like, people wanted to know about serotonin depletion, any psychological effects, they wanted to know about research that had been done to see what effects it would have linking in to the latest research. Drug purity, new information on trends and legal information - and that was very much around at the time there were quite a lot of sniffer dogs going around, people were not quite sure what their rights were legally and really did not know where to get that information.

So we asked about how they should get that information and it was the internet that came out for the older users, they wanted something that was anonymous, they saw a lot of the drug information websites that were currently out there as being very pro-government and they saw them as very negative; they wanted information which was balanced and non-judgemental. Toilet doors came out as one medium that people noticed (mainly in the metropolitan areas) they felt that was a very good way to get across information with key things like a URL for a website or a help line. Posters and postcards were things that you could get a number across at a glance. Brochures and fliers were more popular with older people who would take the time to read them. Streetwise came up mainly with the younger age group who felt you could show real life situations there.

The help line came up with a lot of people and whilst there are help lines out there, they actually did not know about them and they were saying very much they wanted a help line that they could go to. The kind of scenarios they gave were if they were planning a big night out they could speak to them first about possible interactions with prescription medicine and that they could actually get some idea beforehand. NUAA Help Line was mentioned and when we checked with NUAA they said they did get those kinds of calls at the weekend. But very few people could give us a help line number when we asked them what kind of number they would call. So they were really pushing for something that was confidential, non-judgemental and was going to give them some kind of accurate advice, that was free and 24 hours.

Radio and TV came through really with younger people and in rural areas. We found radio was really popular with young people out in the kind of more rural, remote areas. Distribution was a big issue because, as you all know, lots of people produce information but it ends up lying around in places and you cannot guarantee that it will get out to places, so the kind of places they were talking about was getting them into shops, cafés, pubs, bars; basically, they were saying: Get them to places where we go and where we are going to pick them up, which may have nothing to do with drugs, but we might be out shopping and there will be some leaflets lying around we can pick up.

So we gave several recommendations to New South Wales Health on what the issues were and how we recommended that they should reach these age groups. We split them into age group as opposed to geographical area because there was not a huge difference, apart from some of those rural issues I have mentioned. But where there

was a big difference was in the age groups, that the 16 – 24 age group had different issues and very different ways of reaching them. For instance, the peer education model would probably be more effective with that age group. So we have recommended a whole range of things, including a mixed media campaign which, if there was a free help line on party drugs, it would be something that could be reinforced through toilet advertising, through fliers, through a whole range of different mixed media. The older age group again had different kind of advice but what was coming through was basically having something that could be an early intervention where, if there were new changes or new trends happening, they could be communicated quite quickly through things like the toilet door advertising where you can change messages and have flyer campaigns.

I think that these are the main areas I have rattled through it because a lot of it is been repeated but I think the key thing that came from the research was the need for a targeted approach which, as we know, with a lot of government-funded campaigns, is not where they tend to be putting their money, but certainly in terms of being effective, a lot of the things that we recommended could be run in conjunction, along the same theme but being very specifically targeted to those needs. It could also be evaluated in that way as well.

One last thing I will mention is that Streetwise works on many issues and that we work in collaboration with other groups. We are a not-for-profit organisation and we get our issues when organisations like yourself come to us and tell us there is a real need for some information in this area and we work with them to try and get funding for it - then we work and develop a campaign with them. This is an issue that has been with us for a while, we have been trying to get funding to do it because we have had lots of organisations coming to us telling us it is an issue. We do not know what is going to happen with these recommendations. The psychostimulant strategy is still being looked at, as far as I know, but if anybody wants to work with us or has any ideas, please contact me. I have got some resources there, which are very specifically targeted around dual diagnosis, for young people who are using and who have mental health issues.

So, thanks for your time and for staying till the end. Thank you.