

Couches vs Karaoke: Ethnic Vietnamese user views on safe injecting facilities in Melbourne, Australia

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Abstract

In early 2000 the Centre for Harm Reduction, Melbourne, consulted with ethnic Vietnamese injecting drug users (IDUs) on the proposed trial of safe injecting facilities (SIFs) in Melbourne. A series of focus group discussions was held in Footscray and Springvale, two areas known for high levels of street-based illicit drug activity and also areas with large numbers of residents of Southeast Asian origin. The consultation found a high degree of interest among participating ethnic Vietnamese IDUs in the SIF trial, in social issues linked to illicit drug use, and in drug policy more broadly. Informants in the focus groups found significant grounds for agreement on some issues, but disagreed strongly on others. Their concerns were found both to reflect the rather polarised debate in the broader community at the time, and also to reveal issues specific to their social position as a distinct IDU sub-population. The consultation confirmed that when given the chance, ethnic Vietnamese IDUs are willing and eager contributors to policy debate on issues that affect their lives. The consultation process delivered an important reminder of the value, in health promotion and harm reduction, of including views of relevant minority groups and exploring their opinions.

Introduction

Research studies of problematic drug use in Australia's Southeast Asian communities suggest that a predominantly ethnic Vietnamese sub-population of drug users is experiencing greater harm resulting from drug use than their Anglo-Australian counterparts (Maher *et al.*, 1997; 1998; 2000; 2001; Higgs *et al.*, 2001; Reid *et al.*, 2002). Greater levels of harm among ethnic Vietnamese illicit drug users are indicated by their over-representation in the criminal justice system and higher rates of incarceration in prison and juvenile justice facilities than any other single ethnic group (Beyer *et al.*, 2000). There are higher rates of overdose and a younger average age of drug-related deaths among ethnic Vietnamese than non-ethnic-Vietnamese users (Barr, 1998). Sero-prevalence of HCV and HIV has been found to be higher among ethnic Vietnamese injectors than Anglo-Australian IDUs (Kelsall *et al.*, 1998; 2000; Hocking *et al.*, 2002) and when compared to their Caucasian counterparts they tend to initiate into injecting drug use at a younger age (Swift *et al.*, 1999).

Many ethnic Vietnamese illicit drug users experience social and economic marginalisation particularly in relation to

employment, education and family life, with implications for their health and access to support and treatment programs (Reid *et al.*, 2002), and for their social connectedness (Higgs *et al.*, 2001). Among ethnic Vietnamese injecting drug users there is also significant sharing of injecting equipment as well as other injection-related risk behaviours (Maher *et al.*, 2001).

In early 2000 the Victorian Government's Drug Policy Expert Committee (DPEC) was conducting community consultations into a proposed multi-site trial of safe injecting facilities (SIFs) in metropolitan Melbourne (DPEC, 2000). DPEC received advice from drug user groups that Southeast Asian injecting drug users (IDUs) constituted a population sub-group that required its own, separate consultation on the question of SIFs. The Centre for Harm Reduction was asked to complete a consultation with ethnic Vietnamese drug users, the findings of which in part inform this paper.

Rationale and method

By December 2000, the Victorian Government had abandoned its proposed trial of Safe Injecting Facilities (SIFs), announcing instead increased funding for drug treatment services via a strategy named *Saving Lives* (Bracks, 2000). In early 2000, while this consultation was being conducted, however, the safe injecting debate was high on the political agenda of Victoria's State and local governments and a prominent issue in community and media debate.

During this time, the proposed SIFs had not yet taken on any particular shape or form, though there had been some discussion about the variety of models available (Dolan *et al.*, 2000) and some of this was presented by the DPEC in their consultation forums, held widely throughout Melbourne. This was against a background in which the recently elected Labour government was sending positive messages about the SIF trial. The lack of clarity about how these facilities might look and function made for lively and at times imaginative discussion about possibilities for the ethnic Vietnamese drug users who participated in the consultation.

This paper presents the views of some ethnic Vietnamese illicit drug users on the subject of SIFs, combining the findings of three in-depth focus group discussions conducted with snowball-selected groups of ethnic Vietnamese users. Two of the groups were in Footscray (Western suburbs of Melbourne) and one in Springvale (in the Southeast). Altogether, there were 23 participants (19 male, 4 female), all aged in their 20s apart from two in their early 30s. All reported personal experience of street-based drug activity and injecting drug use.

Together with consultations with key service providers and a literature review, we also consider survey data from questionnaires, administered by trained peer workers to 200 ethnic Vietnamese heroin users in early 1999 (Kelsall *et al.*, 2000). This survey data was collected principally through peer workers' own social networks and through street-level contact with ethnic Vietnamese heroin users in the Footscray area. The main method of recruitment was by word of mouth and, in addition, flyers were placed at local community-based agencies and the needle and syringe program. Snowballing techniques were used to further obtain responses to the questionnaire. The full survey took 30 to 45 minutes to administer and several questions in the survey specifically asked about whether one would or would not use a SIF. Survey participants elected which language to use; two-thirds of responses to the survey were in English and the remainder in Vietnamese. Survey respondents were paid \$20 as recognition for their time and inconvenience.

Consensus Views

Safety

Kids, they use in the alley, you know, by themselves or something, and they OD and no one knows about it, right? If you got a safe injecting room and someone ODs, at least there's someone there to help you; plus all the fits and that all around the street; they just use and throw it around the street somehow, or down the drain or something. Be safer, you know?

(Springvale participant)

Focus group respondents found overall consensus on the greatest number of topics in discussions around safety, including personal, peer and wider community safety. The ethnic Vietnamese illicit drug users we consulted believed that SIFs could not stop overdoses occurring, but would significantly reduce death rates by allowing injecting drug use to be monitored/supervised. They agreed that by providing clean equipment and promoting safe injecting practices, SIFs may be able to help reduce the rate of blood-borne virus (BBV) transmission. The ethnic Vietnamese users consulted also thought that the risk of arrest for minor drug-related crime (like use and possession of heroin) would diminish if SIFs were operating. They further agreed that SIFs would serve to reduce the dangers of arrest and police harassment, which were particularly acute when injecting in public places. Ethnic Vietnamese users believed that SIFs would not eradicate completely, but would significantly reduce, the amount of carelessly discarded needles and syringes in public places. Similarly, they thought that SIFs would reduce the incidence of 'public nuisance' problems related to illicit drug use.

Security & the law

I don't think people would go if they find out the cops are staking it out.

(Footscray participant)

Respondents were in agreement that, because of the high possibility of the use of stand-over and intimidation tactics by people attending a SIF, security systems and strict regulations would be vital to such a facility's functioning. A security system, according to respondents, would necessarily sanction anyone caught trying to traffic illegal drugs on the premises.

If one person deals in there, then a whole swarm of dealers will go in there, then they'll use it for a different purpose, it won't be a safe injecting room.

(Springvale participant)

The ethnic Vietnamese users we consulted deemed police inappropriate to play the security role inside SIFs because of the likelihood they would use their presence for surveillance and harassment purposes.

Security is just there to make sure the place is safe for everybody, you know. Security is not cops, you know.

(Springvale participant)

There was a consensus among respondents that willingness to utilise SIFs would be contingent on demonstrated changes to police operating procedures and the law relating to use, possession of small amounts of illicit drugs for personal use, and possession of injecting equipment. The IDU community, according to the people we consulted, would need time to observe and place trust in those changes.

Education & treatment

Vietnamese users consulted felt that SIFs should have the capacity to offer treatment and peer education programs and should be staffed primarily by peer workers. Peer workers, according to respondents, were also there because of their ability to empathise with users and thus create a welcoming atmosphere.

...definitely, at safe houses, there needs to be some sort of peer education or peer group, where people can get the right information – not just from a doctor or a nurse – but from someone of their peers, you know, an ex-user. There needs to be some sort of program.

(Footscray participant)

Drug and alcohol counsellors and nurses should be available in a SIF, however respondents agreed that contact with them should be on a voluntary basis (with the exception of under-age IDUs – see below). Vietnamese users consulted also felt that there would be some chaotic IDUs who would need to be encouraged to attend a SIF, and that this could best be achieved through targeted outreach conducted by peer educators.

Age & eligibility

Every people, if you use a needle, you all the junkie, you know? It's the same, any people for junkie. It's not under-age or over-age, doesn't matter, you know?

(Footscray participant)

Discussion in the focus groups around questions of age and eligibility was intense. Participants spent considerable time debating the pros and cons of allowing under-18 year-olds access to SIFs, and whether doing so would encourage transition to injecting drug use. Consensus emerged in all three groups that in the interests of reducing harm, SIFs should be accessible to people 15 years and older. As a means of trying to prevent long term harmful drug use among young people, participants thought that those 15-18 year olds using SIFs should be required to have contact with counsellors or social workers on site.

Respondents were far quicker to agree that in establishing eligibility criteria, there should be no discrimination *vis-a-vis* drug use history (e.g. long term, short term), choice of drug (e.g. speed, heroin) or current use patterns (e.g. recreational, habitual). Questioned as to whether there were reasons for SIFs to include separate amenities for people of minority ethnic or cultural backgrounds, focus group participants strongly objected:

...Doesn't matter what colour your skin is, this is a multicultural country ... you use drugs, you are welcome there, that's it.

(Springvale participant)

Location & layout

Focus group participants believed that SIFs should be located away from schools, community buildings and shops, but be near areas of high drug activity. Respondents thought that SIFs should be open at 7am and be accessible until midnight. The large majority of respondents thought that a SIF would need to be within a five minute walk of a street drug market place.

Informants were in favour of SIFs being designed with individual injecting booths – “just like a library” as one Footscray participant put it – and that these booths would be observed by SIF staff. This would assist to ensure security for the individual user, allow for monitoring for potential overdose, and provide the discreet space appropriate for performing the injecting ritual. The facilities, according to respondents, should also contain an open area (shared tables) for people who did not require an individual booth, or whose injecting rituals involved being together (e.g. couples).

Contentious Views

Inclusion/exclusion

A similar pattern was reflected in discussion among the respondents about questions of inclusion in the SIF or exclusion from it. While they made broad statements about non-discrimination and inclusiveness, these principles were not reflected in the high level of disagreement apparent when respondents considered the finer detail of the eligibility question. Some respondents argued that first-time injectors should not be permitted access to a SIF because that constituted encouragement of the onset of injecting drug use and its associated long term harms. Others saw transition to injecting drug use as an inevitable part of the heroin using cycle, and hence access to a SIF may be a measure that could prevent health-related harm among first-time injectors.

IDUs who inject benzodiazepines (eg Temazepam) should be excluded, according to those who viewed such a practice as intrinsically dangerous to health, while others thought pill-injectors should have SIF access to reduce the levels of harm they experienced in unsupervised and street-injecting situations.

Perhaps the greatest polarisation of views on the subject of SIF inclusion and exclusion was on the issue of whether people who burn/chase (i.e. smoke or inhale) heroin should be permitted to use a SIF (see below).

Design

The third major topic on which there was significant divergence of views was on the internal design of SIFs. As described above, there was clear preference for SIFs to be designed with individual injecting booths, with provision for staff observation, and some shared areas. However, Footscray and Springvale participants clearly differed on the subject of whether SIFs should be purely for injecting purposes, or should incorporate some kind of “hang out” area for users to rest in after injecting.

Is it going to be a homeless safe place? You know, for homeless people to come there and ...hang out, because they've got nowhere else to be? Or is it a safe injecting house? You know, the line needs to be drawn between a homeless refuge and a safe injecting house.

(Footscray participant)

Footscray users consulted were adamantly opposed to a SIF that was anything other than a strictly functional facility. They believed that allowing a “hang out” space as part of a SIF meant

risking that the facility would become a “drop-in centre”. Footscray respondents thought that this would, in turn, engender the creation of a culture of inclusion and exclusion in a SIF, in which a “regular” group of users would dominate to the exclusion of “irregular” others.

If you hang out there too long, you automatically consider yourself as a “regular”. If you're a regular, then you've got more rights than a “visitor” ... You can't really have that in a SIF, everybody's got to be equal.

(Footscray participant)

The (irregular) people most likely to be excluded by this process would be those with mental health problems, and members of ethnic minorities. As one Footscray participant put it, ‘if you give the Aussies couches, then we want Karaoke.’

In Springvale, however, the view was different.

The injecting room, just no-one hang around there...so there's no standover or anything, just have a hit and go; and by the time you've got to the lounge, no one knows if you had a shot, how much gear you've got left, whatever, you know, you can just relax. (Springvale participant)

Springvale informants favoured the notion of having a “hang out” space attached to a SIF, as long as this space was separated from the injecting room (to prevent the possibility of standover occurring).

Like the Shack,¹ we try not to fight in there, try not to deal in there, and it works all right, yeah, the place works all right ... everyone gets along with everyone.

(Springvale participant)

Problems of ownership were unlikely to emerge, according to users consulted in Springvale, because in that area, users formed more of a community.²

Other Issues

Overdose

Informants in the focus groups revealed a high level of concern about overdose situations. As a number of participants described overdose situations they had experienced, it was clear that some would have trouble recognising an overdose in progress and would be hard-pressed to know how to respond. Concern was also expressed that illicit drug users are afraid to call emergency services when an overdose occurs because of fears that, if the police attend, they will lay charges against them.

Safety from overdose was also discussed in the context of the street-based drug markets that are highly active in both Footscray and Springvale. The street was characterised by participants in the focus groups as a site of drug use that typically lacks order and control. It is also a space where the use of stand-over and intimidation is common, where it is difficult to always use safely, and where users fear arrest and police harassment on a daily basis. Participants reported that it was the nature of the street drug market, which meant more chaotic and uncontrolled cutting and mixing of drugs for sale, and that this, in turn, increased the risk of “bad hits” and overdoses occurring.

SIFs would act to counter these problems by functioning in a way that does not simply mirror the street. In an immediate way, SIFs monitor injecting and thereby reduce risk. More broadly, they were perceived by participants as a step towards greater state control over the illicit drug market. As a potential beginning for longer-term state intervention into that illicit drug marketplace, SIFs could have an influence on larger social

problems participants associated with that market. In the meantime, the chaotic street market would challenge SIF designers to find security, regulation and policy responses that could keep that street-market at bay.

Transitions & identity

Substantial time in the focus groups was spent discussing transition from burning/chasing heroin to injecting. Participants' key concerns about transition included the dramatically increased dual risks of blood-borne virus transmission and overdose. As mentioned above, some of the ethnic Vietnamese IDUs consulted held that this transition is inevitable, driven by considerations of individual physical tolerance and matters of economy.

The survey data also suggested a consistent view that there is an 'identity divide' between those heroin users who burn/chase the drug and those who inject it. Burning/chasing is typically associated with early heroin use, and respondents further characterised it as a kind of heroin use that is 'less addictive' than injecting.

Becoming an injecting user means entering into a peer group that includes "junkies".³ It also means being identified as a person whose addiction is 'in the blood'. Many of the people who identified themselves as burner/chasers in the questionnaire indicated they would not use a SIF for fear of being mistakenly identified as an injecting user, and that they would not wish to associate (or be seen to be associating) with "junkies". Those IDUs consulted also related that the burning/chasing and injecting peer groups were different and did not usually associate or use with each other (Kelsall *et al.*, 2000).

Treatment

Participants in the focus groups expressed discontent with the government for what they perceived to be its failure to develop adequate treatment programs for themselves and other ethnic Vietnamese drug users. To some it seemed illogical to spend millions of dollars on SIFs when the current level of access to treatment and rehabilitation services was so poor. It was generally held by those consulted that if SIFs were to be established, these facilities also represented a potential pathway to treatment through the window of contact with peer workers and educators. As peer workers would likely understand the issues and needs of Vietnamese illicit drug users, there may be a better chance of mediated pathways to treatment for addiction for them via SIFs.

Conclusion

The ethnic Vietnamese illicit drug users we consulted in relation to the proposed trial of SIFs in Victoria were overwhelmingly in favour of such a trial going ahead. They perceived benefits of the trial to include improved safety for individual users, for users as a group, and for the wider community. The proposed trial was understood by participants in this study as a positive step towards greater state intervention into the illicit drug economy. In an immediate sense (and with the right regulations and security), SIFs could provide a safe haven from the danger and chaos of street-based injecting and more broadly, the street drug market. By means of sensitive staffing policies and peer education activities, SIFs could also create a pathway to treatment for users looking for options, whether this is 'time out' or 'giving up'.

Indeed, discussions with the ethnic Vietnamese participants revealed that SIFs opened up a process that could ultimately realise total state regulation of heroin supply. In essence, the provision of another form of heroin treatment.

The SIF trial's success would rely on the willingness of users to access SIFs, and that, in turn, would be contingent upon users' trust in changes to law and to law enforcement practices. The ethnic Vietnamese users consulted were highly aware of wider community concerns over the perception that SIFs would encourage more drug use, and they themselves keenly debated this issue. Footscray participants in particular were cautious of the potential for marginalisation of minorities in SIFs. Envisaging the potential for their own cultural exclusion from SIFs at the hands of the majority "Aussies", Footscray informants argued for the facilities to be strictly functional. Springvale participants, on the other hand, were in favour of SIFs incorporating a social space, suggesting differences across neighbourhoods.

This alerts us to the importance of considering carefully the *local environment* when developing new models for dealing with the issue of heroin use. No one model will fit all the different street-based drug markets. Local government, traders, service providers and residents must all be prepared to talk with drug users who are the ones for which these services must work. If development of SIFs (or indeed any service) is done without adequately looking at the range of drug user views, it is potentially just a white elephant.

The snapshot generated by this research suggests that ethnic Vietnamese illicit drug users and the broader community share common discourses on the SIF issue. The ethnic Vietnamese illicit drug users we consulted were also found to have significant interest in engaging in dialogue on harm reduction measures and agreed with each other on a substantial number of topics. They also had divergent views, reflecting diversity among ethnic Vietnamese drug users, and differences between them and "mainstream" drug-using groups. This exploration of views found that as well as issues of safety, ethnic Vietnamese illicit drug users were very interested in discussing themes of control, regulation, culture, identity, a sense of belonging, treatment and the future of the illicit drug market.

References

- Barr, A. (1998) *Vietnamese drug-related deaths in Victoria 1992-1997*. Public Health Training Scheme Report, Melbourne: Macfarlane Burnet Centre.
- Beyer, L. *et al.* (2001) Ethnic based differences in drug offending. *Australian and New Zealand Journal of Criminology*, 34 (2), pp. 169-181.
- Bracks, S. (2000) Drugs: it's our problem, let's fight it together. Media Release, Premier's Department Victorian Government, Melbourne: Tuesday 28 November, 2000.
- Dolan, K. *et al.* (2000) Drug Consumption facilities in Europe and the establishment of safe injecting centres in Australia. *Drug & Alcohol Review*, 19, pp. 337-346.
- Drug Policy Expert Committee (2000) *Drugs: Responding to the Issues Engaging the Community, Stage 1 Report*, Melbourne: Victorian Government Publishing Press.
- Ethnic Youth Issues Network, Victorian Council of Churches, RMIT (1998) *Developing Best Practice Drug and Alcohol Treatment Service and Support Models for Young People of Cambodian, Lao and Vietnamese Origin*, Melbourne: Drug Treatment Services, Department of Human Services.
- Higgs, P. *et al.* (2001) Harm Reduction and drug users of Vietnamese Ethnicity. *Drug and Alcohol Review*, 20 (2), pp. 239-245.
- Kelsall, J. *et al.* (1998) *The Vietnamese Injecting Drug Use and Harm Reduction Study*, Melbourne: The Centre for Harm Reduction, Macfarlane Burnet Centre for Medical Research/Western Region AIDS (and Hepatitis) Prevention.
- Kelsall, J. *et al.* (2000) *The Vietnamese Harm Reduction Project: Stage 2*, Melbourne: The Centre for Harm Reduction, Macfarlane Burnet Centre for Medical Research.

- Louie, R. et al. (1998) Vietnamese-speaking injecting drug users in Melbourne: the need for harm reduction programs, *Australian & New Zealand Journal of Public Health*, 22 (4), pp. 481-484.
- Maher, L. et al. (1998) *Running the risks: Heroin, health and harm in South West Sydney*. Sydney: National Drug and Alcohol Research Centre, University of New South Wales.
- Maher, L. et al. (1997) *Anh Hai: Young Asian Background People's Perceptions and Experiences of Policing*, Sydney: Faculty of Law Research Monograph Series, University of NSW.
- Maher, L. & Le T., Nguyen T. (1999) Wall of Silence: Stories of Cabramatta Street Youth. In White R. ed., *Australian Youth Subcultures: On the Margins and in the Mainstream*, Hobart: Australian Clearinghouse for Youth Studies.
- Maher, L. et al. (2001) Risk Behaviours of Young Indo-Chinese Injecting Drug Users in Sydney and Melbourne, *Australian & New Zealand Journal of Public Health*, 25 (1), pp. 50-54.
- Maher, L. et al. (2000) *Sharing knowledge to protect our community: Research, risk reduction and peer education with young Indo-Chinese IDU*, Sydney: Centre for International and Multicultural Health, University of New South Wales.
- North Richmond Community Health Centre, Kerr, S. and Crofts, N. (2000) *A research report on offenders from a Cambodian, Laotian and Vietnamese background in community correctional services*, Melbourne: CORE - The Public Correctional Enterprise.
- Reid, G. et al. (2002) Vulnerability among Vietnamese drug users in Australia: challenges for change, *International Journal of Drug Policy*, 13 (2), pp. 127-136.
- Swift, W. et al. (1999) Transitions between routes of heroin administration: A study of Caucasian and Indo-Chinese heroin users in South Western Sydney, *Addiction*, 94, pp. 71-82.

Footnotes

- 1 *The Shack* is a youth drop-in centre at the rear of Springvale Community Health Centre.
- 2 According to a former NSP Coordinator at Springvale Community Health Centre, problems of standover, trafficking and ownership were much more in evidence at The Shack than is suggested by one of the informants in this study. In peer research it is not uncommon to find contradictory information presented as fact.
- 3 Ethnic Vietnamese heroin users very commonly use this term to describe Anglo-Australian IDUs.

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References

- Arnstein, S. (1971) in Wass, A. (1997) *Promoting Health: The Primary Health Care Approach*, Marrickville: Harcourt Brace & Company Australia.
- Bendigo Community Health Services (2004) *Strategic Directions 2004-2007*, Bendigo: Bendigo Community Health Services.
- Draper, M. (1997) *Involving Consumers in Improving Hospital Care: Lessons from Australian Hospitals*, Canberra: Australian Government Printing Service.
- Hogg, Christine (1999) *Patients, Power & Politics: From Patients to Citizens*, London: Sage Publications, p.171. In Wohlers, Margaret (2002) Developing Evaluation Indicators for Consumer and Community Participation, *Health Issues*, Issue 72, September 2002, p. 27.
- Labonte, R. (1997) *Power, Participation and Partnerships*, Carlton: VicHealth Foundation.
- Loxley, W. et al. (2004) *The Prevention of Substance Use, Risk and Harm in Australia: A Review of the Evidence*, Canberra: Department of Health and Ageing.
- Norheim, L. (1999) *Community Development for Health: A Resource Guide for Health Workers*. Available at: <http://www.lancs.ac.uk/users/phdu/download/manual.doc>

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