



POSITIVE PROGRAM OUTCOMES

CHAIR: VIC MANNING, TURNING POINT

1. SMART Inside Out Program: Innovating a SMART approach to justice health continuation of care
2. Utilising social media to expand the reach of harm reduction messaging amongst peer networks
2. The U-Turn Program

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Utilising social media to expand the reach of harm reduction messaging amongst peer networks

Liam Neale, Starhealth

Lucien Keene Starhealth

(replacing "A gentle landing"...)

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Utilizing social media to expand the reach of harm reduction messaging amongst peer networks

Liam Neale & Lucien Keene



BRINGING TOGETHER







Sesh Ed

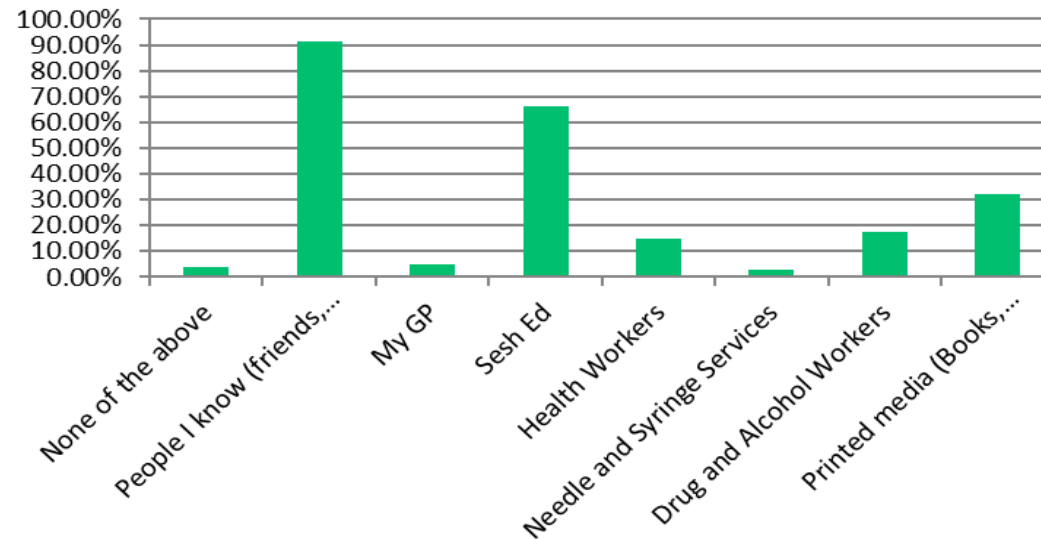
PROJECT

PARTi

Young people, drug use and harm reduction





-  Lack of drug education for young people in Australia
-  Peer networks fill the gap
-  Misinformation is easily spread and legitimized through peer networks– even with the best of intentions!
-  Highlights that this demographic don't often access traditional health services with questions or concerns about their drug use

Where do you get information about drugs?










Social media as a tool to inform and empower

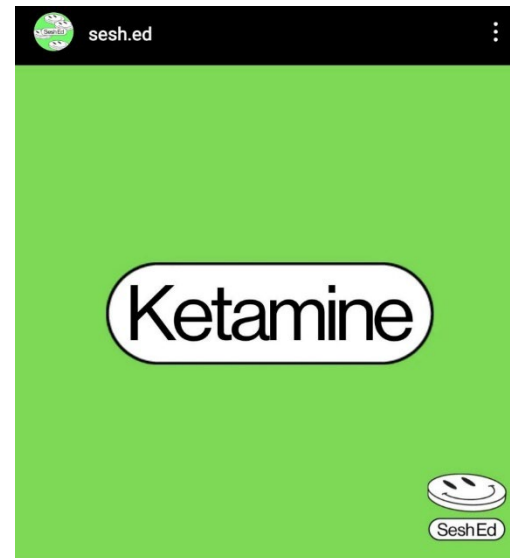
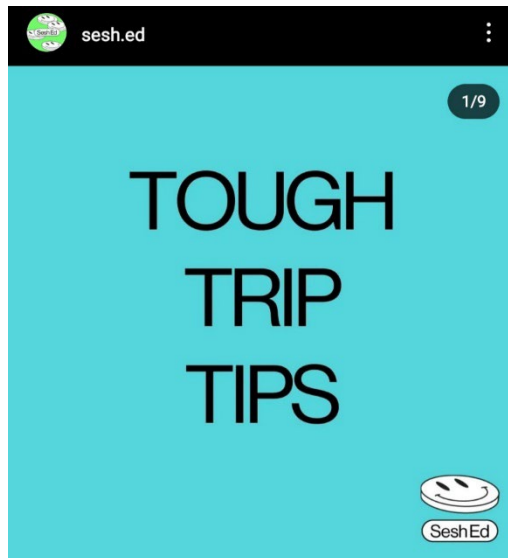
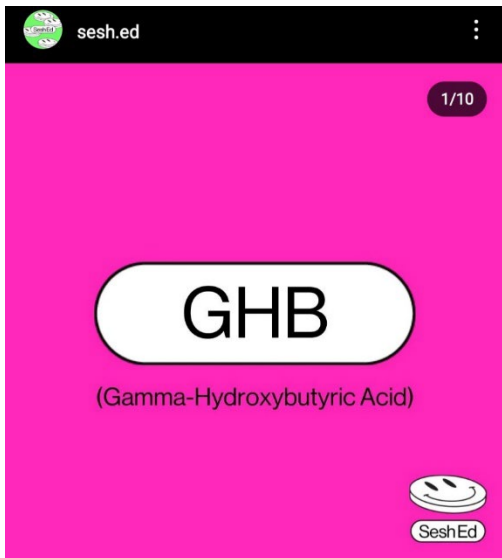
-  Spread accurate and important harm reduction information via peer networks (sharing & tagging)
-  Aim to make substance and harm reduction information accessible
-  Inform people of the value of their personal experiences in reducing drug-related harm
-  Acknowledge the inherent risk of drug use (especially in a prohibitionist market), whilst empowering people to actively reduce the risks using harm-reduction strategies










SeshEd

How do we achieve this?

-  Run by peers, for peers
-  Community feedback and engagement guides our content
-  Encouraging discourse
-  Allocated resources within a health organization helps add legitimacy by ensuring time is dedicated to proper research and accurate information on topics and responses
-  Challenging stigma and lateral violence within our communities to reduce harm



An example of a post

-  Post ideas come from peers
-  Try to make all posts follow the same pattern
-  An outline of what the drug is and how it is taken
-  What are the short term and long term risks of the drugs
-  What are the effects of the drugs
-  Poly drug use
-  Harm Reduction tips

What is ketamine

Ketamine is a dissociative drug (like nitrous oxide, PCP or DXM) of the arylcyclohexylamine class. It is commonly used for human and veterinary anaesthesia, pain relief and more recently for the treatment of chronic pain, depression and suicidal ideation.

Ketamine effects are likely caused by its action as a NMDA antagonist. Ketamine binds to NMDA receptors which slows down messages between parts of the brain. When enough NMDA receptors are blocked by ketamine, conscious parts of the brain become disconnected causing dissociative effects and hallucinations



How is it taken?

Ketamine can be snorted, swallowed, injected intramuscularly/intravenously, taken sublingually (under the tongue) or boofed. How you consume ketamine can drastically change the intensity and length of a dose as bioavailability varies by route of administration (ROA), that is, how you take it.

If snorted, the effects come on in 5 - 15 minutes and last 45 - 60 minutes. Using ketamine orally delays the come-up, increases the length of its effects and requires a higher dose to feel the same effects. This is due to low bioavailability (how much of the drug your body absorbs). IV/IM use of ketamine has a very fast onset of effects and requires a smaller dose compared to other ROAs.







Ketamine and other drugs

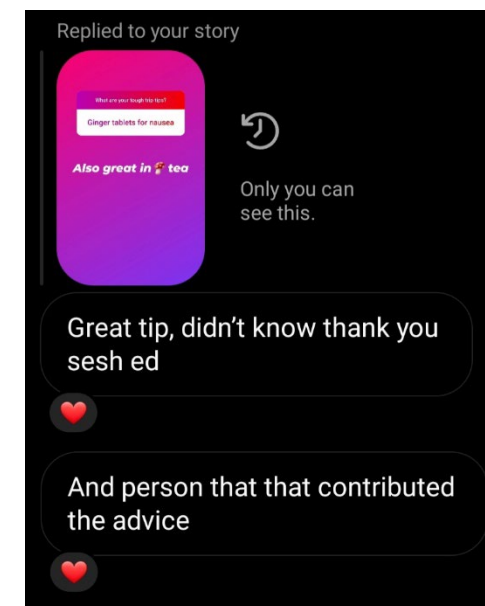
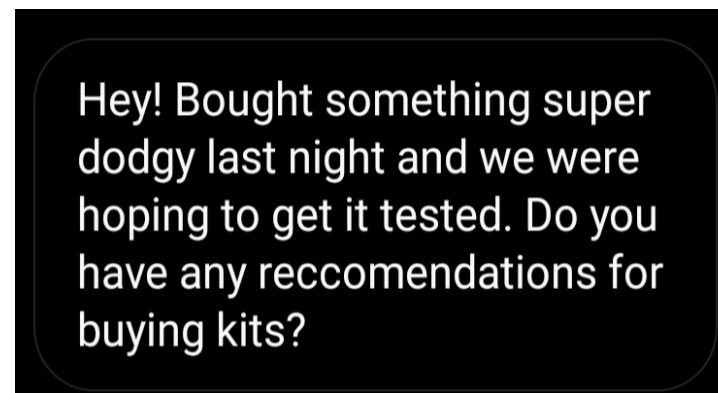
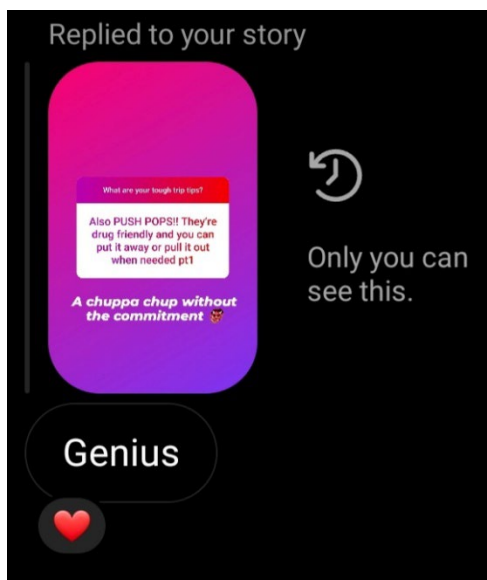
Stimulants - ketamine has no significant physical interaction with stimulant drugs like cocaine or (meth)amphetamines. However, both stimulants and dissociatives are known to increase the risk of experiencing psychosis with heavy use.

Psychedelics - this combination increases the effects of both drugs, which can be unpredictable. Using high doses of ketamine on psychedelics can easily become overwhelming, so start low and go slow







What is the impact?

-  Important information reaches its target audience
-  Peers feel empowered to share their experiences to benefit others and help reduce harm
-  We have created an online space where peers feel safe to ask questions about drug use, which they don't do in traditional health services
-  New peer networks are being accessed all the time as people share information for the benefit of their friends and community






Connecting to different communities

-  Sesh.Ed guides the direction of the PARTi Project
-  Connected us to peers who run parties and are more susceptible to harm reduction messaging
-  Advised and supported sex on premise parties where drugs are taken on how to reduce harms related to "chemsex"
-  Engaging with these events allows us to meet people where they are at in a place where risky drug use and sex is combined



In summary.....

-  Young people don't often access traditional health services for information about their drug use. Sesh.ed highlights the value of social media as a platform for reaching this demographic with valuable harm reduction information
-  Sesh.ed utilizes peer networks to inform and empower young people to actively participate in reducing the risk of drug related harm for themselves and their community (sharing information with friends and the wider community)
-  Sesh.ed demonstrates the importance of peer work in building trust with their community, resulting in an online 'safe-space' where peers feel comfortable asking important questions about drugs and their own drug use, which they may not feel comfortable asking in other healthcare settings





Thank you!

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