



Transformative Narratives: How Participatory Filmmaking Can Challenge Stigma

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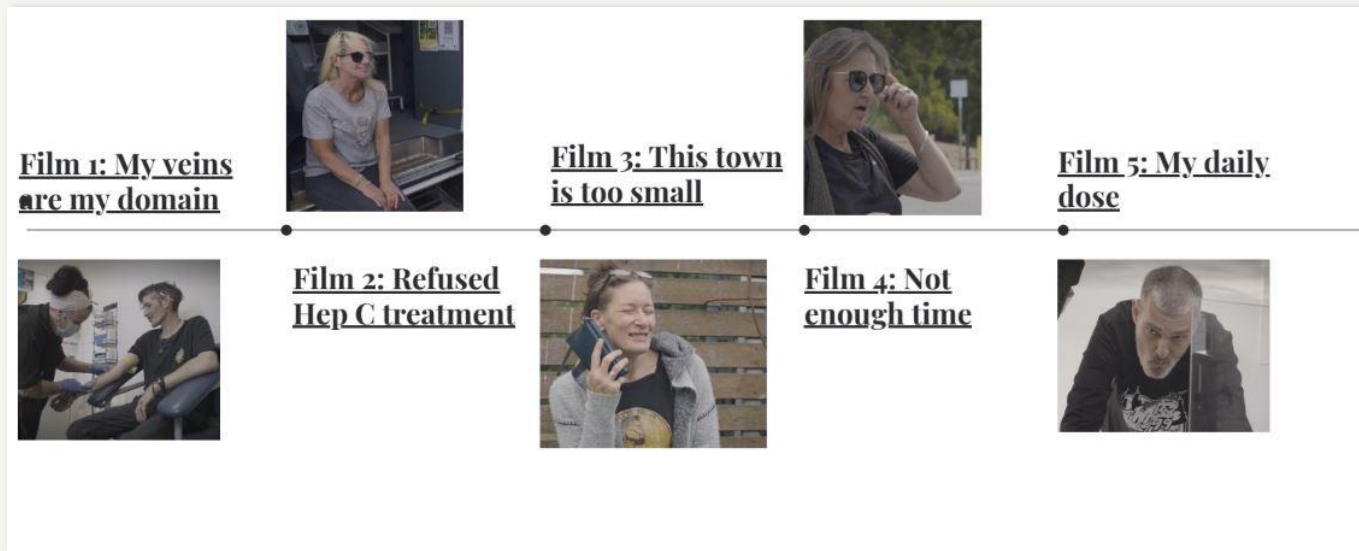
HR25, Bogota, Colombia

Acknowledgement

This project was undertaken on the lands of the Wurundjeri and Bunurong people, and Harm Reduction Victoria is on Wurundjeri land. This land was stolen and has never been ceded.



Background



In 2023, people who use drugs made five films, saying what we wanted to say about stigma, discrimination, hep C, healthcare, and doctors. We enlisted a good friend from the community, Conor Ashleigh to help us bring them to life.

Background- HRVic

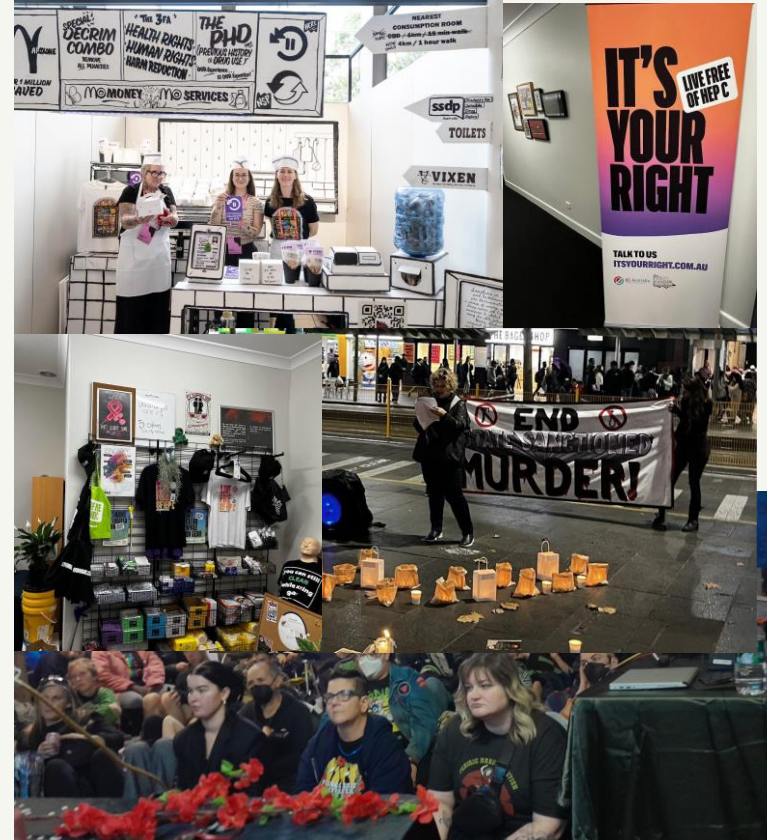
Harm Reduction Victoria (HRVic) is a peer-led, member-based organisation for people who use drugs in Victoria, Australia with 25 amazing team members and around 200 volunteers

HRVic (formerly 'VIVAIDS') emerged from the grassroots HIV/AIDS advocacy movement in the 1980s (incorporated association in 1987).

Delivering peer-based harm reduction programs for over 30 years, in the overall context of Australia's "Harm minimisation" strategy.

Key part of Victoria's Blood-Borne Virus, Harm Reduction / Drug Services and Lived/Living Experience Peer Workforce responses as a service provider, health promotion and peer education organisation, while consulting with sector and government for improvements for our communities.

Our position, history and composition means we occupy a contested and transgressive space.



Conor Ashleigh - Visual Storyteller

Conor utilises participatory film-making that facilitates the stories that we want to tell about ourselves – stories that educate and empower.

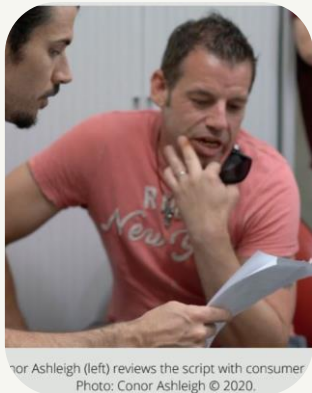
He works with individuals, communities and organisations to produce compelling narratives that explore the human experience and document change.

He has worked on and around harm reduction globally for past decade. He has worked with us on a number of projects and as a result we trust him.

"Drawing on a background in community development and communications, I combine technical skills in photography, filmmaking and storytelling, with a strengths-based approach that empowers individuals, enables problem-solving and employs creative approaches.

My practice is grounded in the principles of participatory communication and a commitment to longitudinal storytelling. This approach places the individual at the heart of every story and transforms the interaction between photographer and subject into a genuinely collaborative relationship."

Conor



Conor Ashleigh (left) reviews the script with consumer
Photo: Conor Ashleigh © 2020.



Conor Ashleigh (right) reviews a film script with consumer
Photo: Conor Ashleigh © 2020.



Still Exists

Often related to
“criminality”

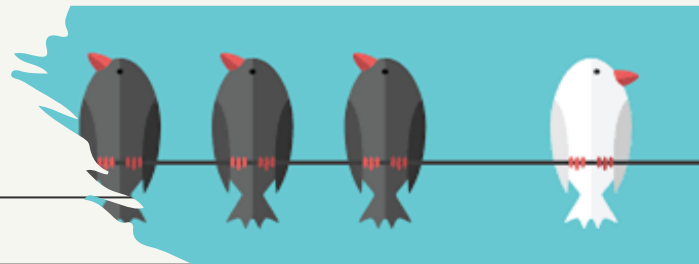
Often related to “disease”

Stigma & Discrimination

Often enacted by health
workers

Leads to poor health
outcomes

Usually about drug or
injection



Discrimination in Health Care Settings

70% of Health Care Workers saw other Health Care Workers discriminate against **People Who Inject Drugs**

44% of Health Care Workers saw other Health Care Workers discriminate against **People with Hep C**

54% of Health Care Workers saw other Health Care Workers discriminate against **Sex Workers**

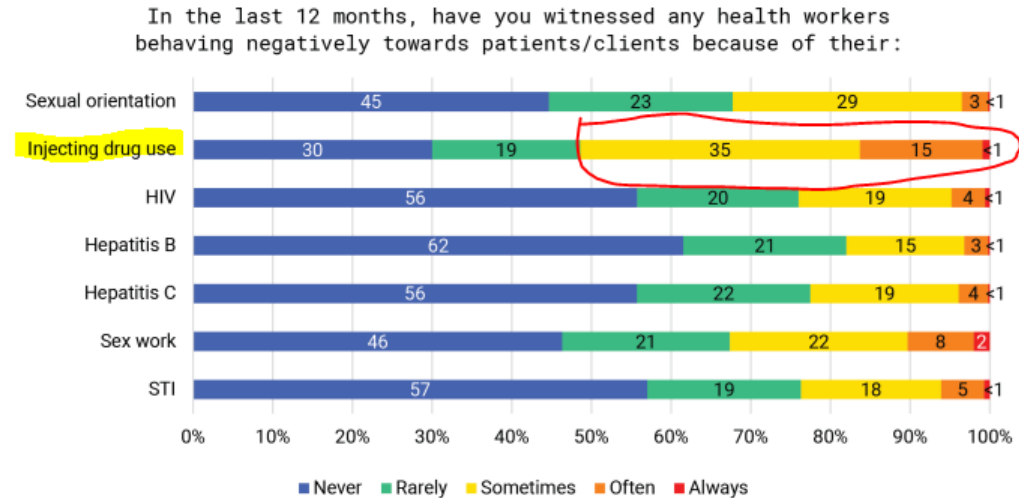


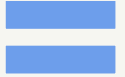
Figure 4. Witnessing stigma from other health workers - Health care workers (n=550)

Our Project

**Harm Reduction Victoria -
*Peer Led***



**Conor -
*Collaborative Empowered
Storytelling***



Community Stories about the impact of stigma on accessing a range of health needs, filmed with a cast & crew made of those whose stories are being used. The product will be used for information, advocacy and training.

Our 5 films

1. My Veins Are My Domain
2. Refused Hep C Treatment
3. This town is too small
4. Not enough time
5. My Daily serve

To watch all 5 videos:

<https://www.hrvic.org.au/stigmaproject>

Disclaimer:

These films do not depict actual health workers,
and all actors are attempting to recreate the stories of
stigma and discrimination experienced by community members.

The film series is centred around stories shared with
Harm Reduction Victoria during interviews conducted for this project.

These films are intended for use in educational and advocacy contexts.

Film 5: My daily serve



Process Overview

Step 1 Interviews

HRVic recruited people via social media, peer networks and services. People called Conor and paid for interview. 16 diverse people aged 31 to 60s

Step 2 Scripting

Themes from interviews captured into five scripts. Scripts sent to interviewees and feedback incorporated. People paid for time. All invited to crew films.

Step 3 Filming

Filming over ten days in Victoria. Eight community members crewed & acted alongside HRVic and colleagues.

Step 4 Editing

Five films edited with reviews from cast & crew followed by a final group workshop for final feedback.

Step 5 Approvals & Dissemination

Behind-the-scenes edited, funder approval and Comms planning for distribution. Learning outcomes and training support developed by HRVic. Feedback sought anonymously from all involved.

Interviews

Key part of the process.

HRVic worked to recruit people who were not already known to us.

Interviews with Conor were often long and involved very difficult memories. Undertaking these ethically was important therefore, with ongoing interaction with HRVic for peer advice.

Everybody was paid an honorarium (\$\$\$) regardless of whether their story was used.

At this point interviewees were asked if they were interested in being part of the filming crew.



Filming

The filming occurred over ten days in February 2023 throughout Melbourne and rural Victoria.

Eight community members participated in the filming alongside HR Vic staff and other volunteer actors, including a pharmacist and nurse practitioner.

Community members were paid a \$50 honorarium for each 2- hour x block of filming time and, in almost every instance, were supported with transport or provided money for public transportation.

Some participants enjoyed the experience and expressed an interest in doing more filming.

For most community members, it was their first experience acting and working in a film production role.

Despite the lack of prior knowledge, unsurprisingly, everyone was incredibly flexible, worked well in a team, was creative and helped to problem solve.

It was evident the participants thoroughly enjoyed this part of the project and emerged with new skills, knowledge and confidence.



Caption: A community members uses a cinema camera while filming inside Ascot Vale pharmacy with pharmacist Dmitra Tsucalas.



Film 1: My veins are my domain



Film 3: This town is too small



Film 5: My daily dose



Film 2: Refused Hep C treatment



Film 4: Not enough time



The Finished Articles

Each film articulated a key issue that came through in the interviews, and while the focus was hepatitis C testing and treatment, a range of issues that impact on community came through:

1. **My veins are my domain** - *venous access for blood tests stop many injectors from accessing hep C testing and treatment and very often this become a serious fear and barrier to access*
2. **Refused Hep C Treatment** - *many GPs do not realise how simple hep C treatment is today, and many do not believe that "those" people access their practice*
3. **This town is too small** - *people in regional areas are often afraid of their drug use being disclosed*
4. **Not enough time** - *hep C is often just one of many priorities for us and understanding this is important*
5. **My daily dose** - *Opioid treatment is too often the scene of judgement and discrimination*

Dissemination Plan

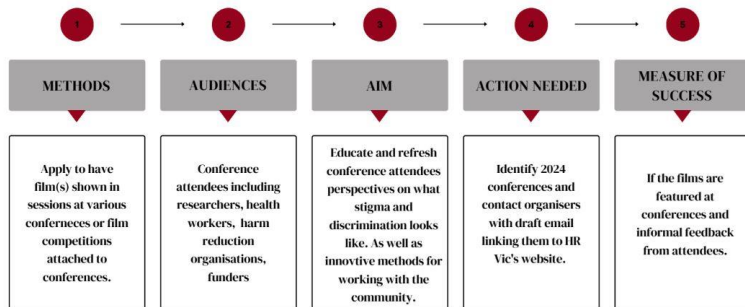
Comms Plan



Communications Plan

For the participatory films
of stigma & discrimination

Action Plan: Conferences



Training Guides

FACILITATORS GUIDE



01 Film: My veins are my domain



Discussion Questions (Prior to film)

- Why might someone who uses drugs be more comfortable talking to someone from a drug user organisation about their hep C status?
- Can you think of any other reasons why peer-based drug-user organisations are well-placed to speak to people about any health issues related to their drug use?

Discussion Questions (After film)

- Many people who inject drugs are apprehensive about having their blood drawn, why might this be? What are some things that a nurse or other clinician can do to make it a better experience?
- Why is it important for services to be flexible when following up with service users?



To learn more visit www.hrvic.org.au



Impact

"I have very little expectations of anything ... this gave me back hope in humanity. Humbling experience knowing how much support and love is out there for people like me."

-Participant 1



"It was hard (work) playing something that has had such an effect on your life and even traumatized by the discrimination but Conor made me feel so welcomed ... and it made it easier to get my message out there"

-Participant 3

Impact

- Presented at multiple conferences and trainings
- Presented at the Australasian Professional Society for Alcohol and Other Drugs
- Requests for trainings from health services



Behind The Scenes



Thank You

Mark, Amanda, Zen, and all the community members who shared their stories and made this possible

Jane, Sam, Brit, Nick and Sione from HRVic

Conor Ashleigh

All the health workers who participated

Victorian Government who supported with funding

To watch all 5 videos:

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