Community-Centered Design: Using Applied Research to Develop a New Identity for the Windham Harm Reduction Coalition

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Community-Centered Design:
Using Applied Research to Develop a New Identity for the Windham Harm Reduction Coalition

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Spring 2013

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OVERVIEW

My thesis project combines the fields of design and communication in developing a new visual identity for the Windham Harm Reduction Coalition (WHRC), a syringe exchange program in northeast Connecticut. I began the project with background research on syringe exchanges and criteria for their success, and applied this research to the identity design.

Syringe exchange programs (SEPs) provide free sterile syringes to injection drug users. They are part of an approach to drug use known as harm reduction, which aims to reduce the negative consequences of use such as HIV transmission. Despite resounding evidence of their effectiveness, SEPs are one of the most stigmatized HIV/AIDS prevention strategies today.

A key component of a successful SEP is support from the general public. Without adequate community support, a program can be closed down. Such was the case in Windham, CT in the late 1990s, when officials unjustly blamed the syringe exchange for the city’s drug problem and the state was forced to shut it down. WHRC reopened in 2009, and since then has been critically disabled due to lack of funding. The group was in need of a way to reintroduce themselves within the community, to reverse the stigma that remains from their past and to solicit financial support. Their new visual identity seeks to combat the public’s negative misconceptions while serving as a friendly and approachable reminder that WHRC is a valuable resource in the community.

Harm reduction services like Windham’s impact lives every day by helping prevent the spread of HIV in their communities. I intend to help people recognize the significance of their work through this new campaign.
I. BACKGROUND

*What are SEPs?*

A syringe exchange program, or SEP, provides free sterile syringes for injection drug users in order to reduce transmission of blood-borne diseases, such as HIV, Hepatitis B, and Hepatitis C (“Syringe Exchange Programs—United States,” 2008, p. 1488). These programs collect used syringes from participants and often provide other important health services including HIV testing, drug treatment and counseling referrals, educational services, and free condoms (Des Jarlais, McKnight, Goldblatt, & Purchase, 2009, p. 1443). Today there are more than 200 SEPs nationwide, though they are not legal in every state (Khan). State laws and federal funding bans have severely limited the number of SEPs and their capabilities over the past two decades (Green et al., 2012, p. e9).

Syringe exchanges fall under one of two main approaches to the problem of drug abuse in the United States (Villarreal & Fogg, 2006, p. 58). The prominent “war on drugs” approach involves criminal prosecution and law enforcement as an attempt to eliminate drug use entirely. The federal government pours tens of billions of dollars every year into this so-called “war,” though the rate of illegal drug use remains constant despite their efforts (“Substance Abuse and Mental Health Administration,” 2005, as cited in Villarreal & Fogg, 2006, p. 58). A second approach, known as harm reduction, began in the 1980s. Unlike the “war on drugs” philosophy, harm reduction accepts that drug abuse is a part of our world and works towards minimizing its harmful effects instead of condemning or marginalizing drug users. This strategy sees users themselves as the “primary agents of reducing the harms of their drug use” and aims to “empower users to share information and support each other in strategies which meet their actual conditions of use” (www.harmreduction.org).
Harm reduction proposes that sterile syringes should be easily accessible for injection drug users, in order to reduce the frequency of sharing contaminated equipment and spreading HIV. SEPs are a vital component of the harm reduction strategy.

**Why are SEPs necessary?**

The number of people living with HIV in the U.S. is at an all-time high (Centers for Disease Control, 2011). Injection drug use has been responsible for more than one-third of AIDS cases nationwide since the epidemic began (Centers for Disease Control, 2002), making it a critical public health concern. The safest and most effective way for injection drug users (IDUs) to prevent the spread of HIV is through the one-time use of sterile syringes (Centers for Disease Control, 2002). IDUs must therefore be educated in safe injection techniques and warned never to reuse or share equipment. A comprehensive prevention strategy also teaches IDUs how to prevent transmission through sex, since their partners are at risk of infection as well.

Syringe exchange programs can be a viable method of HIV prevention. Research shows that SEP clients have significantly reduced rates of transmission compared to non-SEP users, and data indicate no increase in drug use or crime in neighborhoods with an operating program. One study reported that drug users with access to a syringe exchange were up to six times less likely to be at risk of contracting HIV compared to users with no access (Nelson, 2002, p. 1570). Researchers followed a cohort of over 250 untreated IDUs for 11 months, monitoring their injection frequency and controlling for risk behavior and other potential confounding variables. Comparison between subjects who participated in a SEP and those who did not showed that HIV risk behavior decreased more than 200% in subjects who used the exchange, and more than 600% for
those without other sources of syringes (p. 1570). Hagan et al. (2000) found that IDUs who used an SEP were substantially more likely to reduce their injection frequency, stop injecting altogether, and to remain in drug treatment, compared to non-SEP users. These findings are at odds with the largely unsupported claims made by SEP opponents, who argue that these programs encourage drug use and lead to higher crime rates in their communities. Studies indicate that the opening of an exchange does not lead to an increase in neighborhood crime: Marks et al. (2000) compared arrest data six months before and after the opening of a needle exchange in Baltimore, MD, and found no significant differences in crime trends. Additionally, the presence of an exchange program does not appear to increase the number of discarded syringes found in its vicinity (Doherty et al., 1997), which is another popular contention among opponents.

If SEPs are effective, why are they controversial?
SEPs in the U.S. have faced legal, political, and social controversy since their introduction in the 1980s. Opponents claim that SEPs are ineffective, and promote drug use by making injection supplies more readily available to drug users. Advocates contend that SEPs can—and do—reduce the transmission of HIV, and do not lead to increased drug use or crime rates (Villarreal & Fogg, 2006, p. 58–59). Regardless of evidence of their effectiveness and backing from the American Medical Association, the CDC, and the National Institutes of Health, syringe exchanges remain one of the most “stigmatized and divisive HIV/AIDS prevention strategies” that exist today (Khan, 2012).

Funding bans have been instituted, lifted, and restored over the past 20 years. The lack of federal resources has severely impacted hundreds of SEPs nationwide. Officials fear that the public will view such funding as a government sanction of illegal drug use (Villarreal & Fogg, 2006, p. 60). Writes John
Kleinig, “the zero tolerance policies that often prevail frequently express themselves resolutely against NSPs [needle and syringe programs]” (2006, p. 816).

SEPs have faced opposition on every level, from backlash in local communities to condemnation from the White House. For instance, in his 2000 presidential campaign, George W. Bush stated:

I do not favor needle exchange programs and other so-called “harm reduction” strategies to combat drug use. I support a comprehensive mix of prevention, education, treatment, law enforcement, and supply interdiction to curb drug use and promote a healthy, drug-free America, not misguided efforts to weaken drug laws....Needle exchange programs signal nothing but abdication, that these dangers are here to stay. Children deserve a clear, unmixed message that there are right choices in life and wrong choices in life, that we are all responsible for our actions, and that using drugs will destroy your life. America needs a President who will aim not just for risk reduction, but for risk elimination that offers people hope and recovery, not a dead-end approach that offers despair and addiction. (George W. Bush, Response of Governor George W. Bush to the AIDS Foundation of Chicago, 2000, as cited in Kleinig, 2006, p. 818).

For the advocate of harm reduction, the inaccuracies in his statement are glaring. SEPs are not an attempt at weakening drug laws, nor do they promote the use of drugs, as research has shown time and again. The claim that SEPs signal that the “dangers [of drug use] are here to stay” is a blatant allusion to a false reality: drug use will always exist. The idea that it can be eliminated is both illogical and irresponsible. SEPs do not obscure the message that “there are right...and wrong choices in life” any more than seatbelts and airbags obscure the message that reckless driving is dangerous and wrong, Kleinig points out (2008, p. 822). Unfortunately, Bush’s beliefs exemplify the zero-toler-
ance attitudes held by many in public office.

Federal and political opposition are not the only forms of resistance to SEPs. Many states restrict access to sterile syringes through the enforcement of drug paraphernalia laws that prevent people from possessing, purchasing, or selling a given number of syringes or other drug-related supplies ("Syringe services program development," 2012, p. 37). Furthermore, local residents’ attitudes and perceptions of drug users can prevent the opening or expansion of syringe exchange services in their towns. "Illicit drug use—particularly injection drug use—carries a heavy stigma," write Tempalski et al. (2007, p. 438). Such opposition in one small Connecticut town was present to the extent where town officials shut down the local exchange in an attempt to combat the rampant drug problem (see Part II).

II. APPLICATION

*Windham Harm Reduction Coalition*

The small town of Willimantic, CT has endured a rough history with drugs. An unchecked and widespread heroin trade had existed for decades, though it was not until the late 1990s that the issue rose to the center of public dispute. Essentially, the town blamed its drug problem on the syringe exchange. Local officials accused the program of not only fueling the drug trade, but also for the dirty needles left in the streets and "the economic decline of the city itself" (Broadhead, Van Hulst, & Heckathorn, 1999). The program was shut down in March of 1997, after almost a year of public controversy that began when a child was pricked by a discarded syringe in her yard (Broadhead, Van Hulst, & Heck-
The exchange had been in operation since 1993 and had serviced more than 300 clients per year.

Despite town official’s intentions, closing the syringe exchange worsened—rather than alleviated—Windham’s drug problem. Broadhead, Van Hulst, and Heckathorn (1999) found that IDUs engaged in more dangerous behavior after the program was shut down. Survey respondents reported an increase in reusing and sharing syringes, both of which are high-risk practices for transmitting HIV. These researchers also found that closing the program did not reduce the number of discarded syringes on the streets. In reality, the closure of Windham’s SEP not only deprived drug users of a reliable means of obtaining clean needles, but also a safe way to dispose them (Broadhead, Van Hulst, & Heckathorn, 1999, p. 446).

*The Hartford Courant* published a five-part series called “Heroin Town” about Willimantic’s struggles with an epidemic-scale drug trade. “Despite state, federal and local efforts to stanch the heroin flow over the years, nothing seems to have worked. For more than three decades now, the forces of economics, geography and community dynamics have nurtured Willimantic’s role as a heroin hub,” wrote journalists Gordon & Leukhardt (2002). As evidenced by these articles—published five years after the exchange’s closure—the town’s SEP had not been the cause of the drug problem and nor was its removal a viable solution. “In closing the needle exchange, Windham deprived itself of one of the few scientifically-proven means for reducing the spread of HIV among injection drug users and other drug-related problems within the community,” researchers concluded (Broadhead, Van Hulst, & Heckathorn, 1999, p. 447).

Windham’s syringe exchange reopened in 2009 and serves approximately 150 clients and their families today. The reinstatement of a federal funding ban has caused WHRC to suffer drastically and cut back on services, as have hun-
dreds of SEPs across the country. According to a recent online post from director Chris Heneghan:

The Windham Harm Reduction Coalition (WHRC) recently received disheartening news from the North American Syringe Exchange Network (NASEN), who is the largest funder of our agency’s work. NASEN announced with regret that they will not be funding syringe exchange programs in 2012....With the absence of grant funding from NASEN, the Windham Harm Reduction Coalition is in danger of having to scale back and possibly discontinue critical harm reduction services. (www.indiegogo.com/Windham-Harm-Reduction-Coalition).

Limited budgets are the most common problem reported by SEPs nationwide (Green et al., 2012, p. e9). Regardless of the fact that the majority of opponents’ claims are unsupported, the federal government continues to cut funding.

**The need for community support**

I began working with WHRC as a freelance designer last year. The new identity system I designed promotes the group and their mission in a positive light in order to encourage community support, which is a key component of an effective syringe exchange.

The National Alliance of State and Territorial AIDS Directors (NASTAD) and the Urban Coalition for HIV/AIDS Prevention Services (UCHAPS) provide a set of guidelines for the implementation and maintenance of successful SEPs (2012). These guidelines note that even a legal syringe exchange “may fail if public officials do not support it, the media frames it negatively, or communities resist it” (p. 8). NASTAD and UCHAPS offer several techniques that have proven effective in fostering a supportive community. These include building relationships with
community leaders, law enforcement, religious groups, and nearby businesses; educating the public about drug use and SEPs; and framing messages to emphasize “community benefits, including HIV and HCV infection rates, proper syringe disposal, and cost-effectiveness” (p. 10). Therefore, building community support for and knowledge about an SEP is essential for the program’s success.

A hostile community can have devastating effects on a syringe exchange program. Local resistance often prevents the opening or expansion of a program as a result of the heavy stigma carried by injection drug use. Community support is critical for WHRC because of the exchange’s troubled history with local residents. These misconceptions remain hard to overcome, despite the fact that the program was far from the cause of Windham’s drug problem.

Windham’s exchange had operated underground for several years, which gave it an immoral and shady reputation in the public’s eye from the start. Staff members saw themselves as outsiders, a feeling that continued even after the program opened legally in 1993. In the years that followed, the community retained its accusatory attitude towards drug users and the role (they assumed) the exchange played in feeding Windham’s drug problem. Neither the exchange workers nor the general public seemed to show particular concern for one another. Exchange staff concentrated their efforts on being “accepted and respected” among drug users in the community rather than among the general population. “The program did not make an effort to educate the community about its success in working with drug injectors, partly because the community was not interested and partly because staff members continued to see themselves as dissidents, at odds with the community and its hostile attitude,” note Broadhead, Van Hulst, and Heckathorn (1999, p. 440).

The lack of positive rapport with the public allowed town councilmen to accuse the exchange for everything from discarded syringes around town, to
drug addiction itself, to the city’s poor economy. Community opposition rapidly escalated to the point where the state was forced to withdraw funding and shut down the syringe exchange.

The program's closure did nothing to lessen Windham’s drug problem. Following the town’s bitter condemnation and prompt termination of the exchange, “all of the problems blamed on the exchange [had] remained, including a large and active illicit drug scene” (Broadhead, Van Hulst, and Heckathorn, 1999, p. 447).

The role of design

Director Chris Heneghan works to raise awareness about WHRC’s role in preventing HIV and respecting the rights of individuals affected by substance use. His latest efforts to reach out for public support have included hosting community forums, partnering with downtown businesses to encourage donations, and holding a vigil to commemorate International Overdose Awareness Day on the town green this past September. Heneghan also manages WHRC’s Facebook page, where he posts upcoming events, news, links, and service updates.

WHRC’s new visual campaign supports Heneghan’s mission by serving as a positive reminder of the good that the organization does for its community. The design aims to overcome the misconceptions of the exchange as a detriment, rather than a benefit, to the town of Windham. The identity is derived from words that reflect WHRC’s values, such as community, care, support, trust, compassion, and equality. The visual system is based on four such words that resonate most closely with the group’s mission. Symbols represent each of these ideas—a hand for support, a heart for care, a male/female sign for equality, an upwards arrow for hope—and are rendered using a simple and universal visual language. The cross holding these symbols represents health care,
charity, the positive sign, and the “and” sign, so that the words can be read as support + care + equality + hope. The mark is clean and bold, which allows it to function in black and white for cost efficiency, which is an obvious concern for WHRC.

I received a grant from Sappi’s Ideas That Matter program this past fall to fund print materials for the project’s implementation. These include business cards, rack cards, banners, totebags, T-shirts, and custom-printed condoms. These materials serve to raise awareness in the community about WHRC’s mission and promote them as a reputable and accessible organization (see Appendix A). Incentives for donors such as T-shirts and bags can also enhance people’s commitment towards WHRC’s cause while spreading their message through interpersonal communication (see Part III).

I also created a simple website for WHRC. The site features their mission, contact information, helpful resources, and a place for people to donate directly via PayPal. The site was designed according to the practices outlined by Mansfield (2012), which include a visually uncluttered layout, clear and consistent navigation, a “Donate Now” button, and links to social media (pp. 9–13).

Harm reduction programs impact lives every day by helping prevent the spread of HIV in their communities. I hope that these efforts will help people realize the significance of WHRC’s work and donate time or resources to the program.
IV. THEORETICAL REFLECTION

Balance theory and commitment

This project has helped me to situate my design decisions within the context of communication science. Every decision a designer makes is rationalized, though the underlying theoretical perspective may go unacknowledged. Post-analyzing WHRC’s new campaign strategy reveals that decisions are driven by an important tenet of attitude and persuasion theory known as psychological consistency. This simple and heuristic principle holds that humans strive to remain consistent in our beliefs, attitudes, and actions. When these are discordant, we tend to experience psychological discomfort (Gass & Seiter, 2007, p. 56). Psychological consistency forms the basis of several theories of attitude change, including Heider’s (1946) Balance Theory. According to balance theory, we are motivated to maintain our values and beliefs in over time, and seek ways to resolve inconsistencies that occur.

The simple example in Figure 1 depicts a configuration of attitudes that would create psychological inconsistency for the source (person A). As the triad illustrates, person A has a favorable attitude towards person B and vice-versa. Person B has a favorable attitude towards smoking cigarettes while A does not. The system is imbalanced for person A because liking B and disliking cigarettes are perceived as incompatible attitudes.

A balanced relationship is one in which the overall affective valence is positive (Heider, 1946). Multiplying the valence of each leg of the triad reveals whether or not the system is balanced: if the product is positive, balance is achieved; if the product is negative, then inconsistency (imbalance) exists. The example shown in Figure 1 would be restored to a state of balance if one of three possible situations occurred (Fig. 1.1–1.3). Any of these are balanced sys-
Psychological inconsistency is created for person A because the attitudes of liking person B and disliking smoking are perceived as incompatible.

Here, balance may be restored if A decides that smoking isn’t so bad after all, which maintains consistency with his favorable attitude towards B.

Balance may be restored if A changed his attitude about B. Balance would also be retained in this manner if B changed her attitude about smoking from positive to negative.

Balance may also restored if A changed his attitude about B from positive to negative, and B changed her attitude about smoking from positive to negative.
tems because there is no perceived incompatibility among any of the system’s parts.

Psychological consistency is a relevant concern of WHRC’s new campaign, which aims to change public attitudes and opinions about the mission of harm reduction. Popularized misconceptions about WHRC’s role in the drug problem have given the program an unfavorable reputation for nearly two decades.

Figure 2.1 illustrates the triad that would have existed among the general public, WHRC, and an individual (non-drug-using) resident during the time when the exchange was highly criticized and later shut down. Resident A would most likely have held a favorable opinion towards his/her community and public officials, who in turn held a negative attitude towards WHRC. Following balance...

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1 This system is hypothetical, though the town’s overall attitude towards the exchange can be reasonably inferred from media sources at the time.
theory, resident A would likely be motivated to maintain consistency with public opinion and therefore share a negative view of the exchange. Even if the resident believed that syringe exchange programs are a valuable health resource, he/she may have modified or denied this attitude in order to reduce the dissonance of being at odds with the majority of other townspeople. If resident A was in favor of the program, he/she would experience psychological discord because the public and the exchange were seemingly incompatible.

Figure 2.2 depicts the same system of relationships today, following the reopening of the exchange and its reintroduction into the community. WHRC’s new campaign aims to change the general attitude towards the program, as well as change “resident A’s” personal views. WHRC aims to achieve both attitude reversals via their new identity design and outreach efforts put forth by Heneghan.

In order to encourage public support—and therefore a favorable attitude—WHRC’s new identity emphasizes their values in a positive and friendly visual manner (see Part II). Materials such as business cards and rack cards promote their mission of HIV prevention and free access to health services. These cards will be distributed throughout Windham as a way to increase awareness within the community. Heneghan has also partnered with local banks, bakeries, and the Willimantic Food Co-op for various fundraisers, which further builds community relationships and encourages support.

WHRC’s campaign includes T-shirts and totebags as gifts for donors who give a certain amount of money ($20–$30). These incentives are aimed at motivating resident A to show support, whether or not he/she happens to agree with public opinion. Items such as shirts or other giveaways that declare support for a campaign can enhance the audience’s commitment to the issue. “Not only does this get the target audience more involved...but wearing a T-shirt or
displaying a magnet or bumper sticker provides a public display of association and at the same time commitment,” note Bator & Cialdini (2000, p. 537). These audience members can then serve as interpersonal communicators for the campaign, and are “definitely likely to internalize their support for the issue.”

Studies have shown that when individuals feel committed to a certain behavior or issue, they will often undergo long-lasting attitude and behavior change (Bator & Cialdini, 2000, p. 536). In this way, incentives such as a shirt or a bag should enhance a resident’s commitment towards WHRC’s cause, and at the same time circulate their message along an interpersonal route.

In summary, WHRC aims to appeal to the public in order to reverse negative attitudes about their work. The ideal state of balance in a relationship between the general public, WHRC, and an individual resident is one where all three parts of the system maintain a favorable attitude towards one another. WHRC aims to achieve this balance by promoting themselves in an approachable and positive way around town through outreach events and distributed materials, and also by offering incentives for donors in order to increase commitment, which often leads to lasting attitude change.
APPENDIX A: MATERIALS

This project was implemented with funding from Sappi’s Ideas That Matter, a national program that awards grants to designers working with non-profit organizations. The following are a few of the materials that WHRC received as a part of the grant.

Rack cards
Distributed to businesses and public centers around town.
4 x 8 inches

WHRC
Windham Harm Reduction Coalition, Inc.
1110 Main Street, Willimantic, CT | 860 617 8265
windhamharmreductioncoalition@gmail.com
www.windhamhrc.org

MISSION
We work to empower and make a difference in the lives of drug users, commercial sex workers, and their partners and families through offering user-friendly harm reduction services, education, and training.

SERVICES
+ Syringe exchange
+ HIV and HCV testing
+ Overdose prevention / Safe-use training
+ LGBTQ suicide prevention workshops
+ Drug treatment and housing referrals

WHRC is one of over 200 harm reduction programs in the U.S. working to reduce the spread of HIV and Hepatitis C, and prevent drug overdose. WHRC values and prioritizes the rights of communities, families, and individuals affected by substance use.

+ support
care
equality
hope

VISIT
Our office is located at 1110 Main Street, across from Memorial Park.

HOURS
Tuesday–Friday | 3:00–5:30 PM
Walk-ins welcome during hours of operation.
Business cards
3.5 x 3.5 inches

“Know Your Rights” cards
For exchange clients to carry in the event they are stopped by police for carrying syringes.
3.5 x 3.5 inches
**T-shirts**
For program volunteers as well as donors who give $30 or more.
Totebags
For donors who give $20 or more, and also for sale in the Willimantic Food Co-op (below).

Vinyl banners
For use at parades and WHRC’s booth at summer Street Fests in Willimantic.
3 x 6 feet
REFERENCES


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