

# HERE FOR HEALTH

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SUBMISSION ON:

*Inquiry into crystal methamphetamine (ice)*

December 2016



## About ACON

ACON is New South Wales' leading health promotion organisation specialising in HIV prevention, HIV support and lesbian, gay, bisexual, transgender and intersex (LGBTI) health. Established in 1985 as the AIDS Council of NSW, our mission is to enhance the health and wellbeing of our communities by ending HIV transmission among gay and homosexually active men, and promoting the lifelong health of LGBTI people and people with HIV.

We are pleased for the opportunity to provide feedback to the Parliamentary Joint Committee on Law Enforcement on the *Inquiry into Crystal Methamphetamine (Ice)*. Addressing problematic methamphetamine use in our communities is a key priority for our organisation.

We take the approach that problematic methamphetamine use is a health issue that needs an approach based on harm minimisation, with demand and harm reduction programming being given equal priority to that of supply reduction measures.

## Our previous submissions

We have previously provided a submission to the Committee as part of this Inquiry (9 June 2015, Submission 42, attached) in addition to a more extensive submission to the National Ice Taskforce. Our previous submission spoke to Terms of Reference E (the nature, prevalence and culture of methamphetamine use in Australia) and F (Strategies to reduce the high demand for methamphetamines in Australia).

We have since reviewed the National Ice Taskforce's Final Report and the Government's response in light of the 2015 National Ice Action Strategy and offer the following comments and recommendations to be taken alongside our previous feedback.

Both the National Ice Taskforce Final Report and the National Ice Action Strategy support enhancing the community response, providing targeted prevention messages and improving treatment services to meet user's needs and guide frontline workers. We recommend both increased government investment in these areas as well as working with community-based organisation to ensure appropriate messaging.

In addition, we note the risks of criminalisation and law enforcement in further stigmatising and marginalising people who use drugs and impeding on access to health care and support, and recommend that drug use be treated as a health issue.

## Contact

For all matters related to this submission, please contact James Gray, Associate Director, Policy, Strategy and Research

## **LGB people and people living with HIV remain priority populations**

There are significantly higher rates of illicit drug use among LGB people compared to heterosexual people. The National Drug Strategy 2010-2015 refers to LGBT people as a 'disadvantaged or marginalised group' that experiences difficulty accessing drug treatment and achieving successful outcomes from this treatment 'unless it is appropriate for their particular needs' (Ministerial Council on Drug Strategy, 2011, 7).

In addition, the National Ice Action Strategy recognises that the 'use of ice is unevenly distributed across Australia' and that 'those who identify as homosexual or bisexual all report using ice at greater rates than the general population' (8).

This is evidenced by comparisons in the 2013 National Drug Strategy Household Survey, which shows illicit drug use in the previous year among LGB people to be much higher than the rest of the population. The largest differences in use among homosexual/bisexual people were in the use of meth/amphetamines; this was 4.5 times more likely than heterosexual people (Australian Institute of Health and Welfare, 2014). An international literature review comparing GLBT and non-GLBT populations illustrated that rates of any illicit drug use are substantially higher (Ritter, Matthew-Simmons, and Carragher, 2012, Table 13).

Research further demonstrates that people living with HIV remain a priority population for a national response to crystal methamphetamine. The 2015 Gay Community Periodic Survey found that HIV-positive men remain more likely to report any drug use (77.1%) compared with HIV-negative men (62.3%). In particular, HIV-positive men are disproportionately more likely to report injecting drug use (20.2%) compared with HIV-negative men (3.3%<sup>5</sup>). The survey included specific information on use of crystal methamphetamine: 31.2% of HIV-positive men reported use compared with 10.2% of HIV-negative men (Hull et al., 2015, 6).

This data evidences the need for targeted and tailored health promotion strategies for both LGB people and people living with HIV.

### **Recommendation:**

- *LGBTI people and people living with HIV are recognised as a population in need of specific, targeted and tailored health promotion campaigns about crystal methamphetamine.*

## **Investment in health care and support is critical**

As stated in our previous submission, we welcome the comments of the Chair of the National Ice Taskforce Ken Lay that strong law enforcement is not the answer. Instead, the Final Report of Taskforce states that 'Our immediate priority must be to support those Australians who are most affected by ice use' (2015, iv).

The National Drug Strategy states the importance of treatment, diversion programs and early interventions to 'reduce the health, social and economic consequences' of drug use and to 'build safe and healthy communities' (Ministerial Council on Drug Strategy, 2011, ii, 1). This includes an integrated approach between both alcohol and other drug and mental health services 'to improve links and coordination between the two sectors' (Ministerial Council on Drug Strategy, 2011, 5).

A Priority Area for Action in Australia's Seventh National HIV Strategy 2014-17 is to ensure an 'enabling legal environment' whereby people who inject drugs (a priority population) can access HIV prevention, treatment care and support. The Strategy states that:

[C]riminalisation impacts on priority populations through perpetuating isolation and marginalisation and limiting their ability to seek information, support and health care. (Department of Health, 2014, 7.5)

In NSW, 45.8% of adults released from prison in 2011-12 returned to prison within two years, and 50% had returned to corrective services (Productivity Commission, 2015. Table C.4). Imprisonment does not assist people with substance use issues who require support to reduce or manage their use.

A disproportionate focus on criminalisation significantly hinders a health approach and undermines the effectiveness of Australia's National Strategies.

*Recommendations:*

- *Use of crystal methamphetamine should primarily be responded to as a health issue.*
- *Diversions schemes for people at all stages of contact with the criminal justice system.*

### **An effective response must reduce stigma and discrimination**

Stigma and discrimination against people who use drugs, particularly people who inject drugs, is already identified as a key issue in the Fourth National Hepatitis C Strategy 2014-2017. The Strategy states that 'poor attitudes towards people with a history of injecting drug use creates barriers to accessing critical health and social services' (2014, 7.5) An objective of the Strategy is to 'eliminate the negative impact of stigma, discrimination, legal and human rights issues on people's health' (2014, 4.2).

The Australasian Society of HIV Medicine write that stigma and discrimination 'has a major impact on the willingness to access general healthcare' (ASHM, 2012). A report from the National Drug and Alcohol Research Centre (NDARC) states that:

Preventing discrimination and stigma is an essential aspect of any comprehensive approach to reducing AOD (Alcohol and Other Drugs) and MH (Mental Health) problems amongst GLBT. (Ritter, Matthew-Simmons, and Carragher, 2012)

*Recommendation:*

- *Reduce stigma and discrimination against people who use drugs through anti-discrimination protections.*

### **A harm reduction approach includes provision of safe injecting equipment**

Harm reduction is listed as one of three central pillars of Australia's National Drug Strategy 2010-2015, and has been adopted by the Australian Government since 1985. Harm reduction is supported by the United Nations General Assembly, UNAIDS Joint United Nations Programme on HIV/AIDS, United Nations Office on Drugs and Crime, World Health Organisation, International Narcotics Control Board and the United Nations High Commissioner for Human Rights. Notably, the International Harm Reduction Association states that harm reduction is concerned with the 'prevention of harm, rather than on the prevention of drug use itself' (2009).

The National Ice Action Strategy identifies 'unsafe sex' and 'sharing of needles by injecting users' as 'risky behaviours' (2015, 11) and supports reducing harms resulting from use of crystal methamphetamine by ensuring communities have better access to accurate information, support and tools (2015, 7).

A harm minimisation approach includes needle and syringe programs to prevent the transmission of HIV and hepatitis C, provision of needle disposal facilities, medically

supervised injecting centres, programs to divert offenders from the criminal justice environment into treatment and recovery programs, and spaces that provide water, information, peer support and emergency services at events (Ministerial Council on Drug Strategy, 2011, 16).

The need for safe injecting equipment is particularly clear in custodial settings with increasing rates of hepatitis C, particularly among Aboriginal and Torres Strait Islander people (The National Hepatitis C Strategy notes that 43% of Aboriginal and Torres Strait Islander people in custody are living with hepatitis C). There are currently no NSPs operating in any Australian prisons, despite growing evidence they are 'safe, beneficial and cost-effective' (Duvnjak, Wiggins and Crawford, 2016).

*Recommendation:*

- *Freely available and accessible safe injecting equipment available in custodial settings.*
- *Increased government investment in and resourcing of community-based harm reduction initiatives.*

### **Improving treatment involves tailored and targeted training for frontline workers**

The Final Report of the National Ice Taskforce acknowledges that 'Australia's current treatment and support system is not particularly well designed to respond to ice use' and that 'Ice users need treatment and support services that cater to their needs' (2015, iv). The National Ice Action Strategy supports treatment services being better tailored to meet the needs of the populations they serve (2015, 7).

At present, most mainstream health services do not meet the needs of crystal methamphetamine users or LGBTI people. Even the National Ice Taskforce states that 'frontline workers need guidance on how to engage with ice users, and those in crisis' (2015, iv). This lack of training is compounded by general stigma and discrimination faced by drug users and LGBTI people when seeking health provision. Services to support people using crystal methamphetamine must be targeted to, relevant to, and developed alongside priority populations.

*Recommendation:*

- *Sensitivity and inclusivity training to guide frontline workers to meet the specific needs of LGBTI people in accessing support regarding their use of crystal methamphetamine.*

### **A community response: Successful initiatives in this area**

The response to crystal methamphetamine must be grounded in and led by communities. The Final Report of the National Ice Taskforce lists 'supporting communities to better respond to people affected by ice' as a 'first priority' (2015, iv) and states that 'communities are key to sending strong messages' (2015, iv). The higher prevalence in GLB populations requires special public health attention and unique approaches for investigation, prevention and treatment (Meyer, 2001).

ACON has implemented a range of alcohol and other drug programs that have been effective and successful in engaging with people in our communities who use crystal methamphetamine. The programs have addressed a number of substance types, risk taking behaviours, settings and sub-population groups within LGBTI communities, including amongst people living with HIV (PLHIV). For example:

- ACON runs a Needle & Syringe Program (NSP) in Sydney, Lismore and Newcastle with free sterile injecting equipment and health promotion services to people who inject drugs, in addition to access to advice, support, relevant health information and referrals. This helps reduce the transmission of blood borne viruses such as HIV and Hep C and other related injecting related risks.
- We provide free confidential short term counselling (up to 12 sessions) for LGBTI people and PLHIV seeking support in relation to their use of alcohol and other drugs. Our counsellors work from a harm reduction approach to assist clients reach their goals to manage use, reduce or quit.
- The S-Check service for people who use stimulants is run by St Vincent's Hospital in Sydney, with ACON partnering to facilitate our communities' access to the. This service is for people who use stimulants such as cocaine, methamphetamine or ecstasy who want to speak confidentially to a healthcare professional about how this affects their health or wellbeing.
- In addition, the ACON Rovers are teams of specially trained volunteers who provide health promotion services at LGBTI events. Each ACON Rover is trained, supervised and equipped to help patrons who require medical assistance to easily access onsite services and to provide harm reduction services to patrons (e.g. provide water, encourage people to take breaks and cool down, provide accurate alcohol and drug information).

ACON's social marketing and campaigns also focus on safe injecting practices and address the use of crystal methamphetamine specifically. These initiatives are highly successful peer-led and community-based strategies that require provide targeted prevention messages to high risk populations, consistent with the National Ice Action Strategy (2015, 7).

With appropriate resourcing, these successful strategies could be expanded and replicated across Australia for both LGBTI populations and other priority populations.

*Recommendation:*

- *Increased government investment towards enhancing the community response, providing targeted prevention messages.*

## REFERENCES

- Australian Institute of Health and Welfare 2014. National Drug Strategy Household Survey detailed report 2013. Drug statistics series no. 28. Cat. no. PHE 183. Canberra: AIHW.
- Australasian Society for HIV Medicine. 'Stigma and discrimination around HIV and HCV in Healthcare Settings: Research Report'. 2012.  
<http://www.ashm.org.au/resources/Pages/1976963391.aspx>
- Duvnjak, A. Wiggins, N. Crawford, Sione. 'Why are we waiting? The urgent need for NSPs in Australian prisons' *HIV Australia*. Vol. 14 No. 1. March 2016.
- Hull, P., Mao, L., Kolstee, J., Duck, T., Prestage, G., Zablotska, I., de Wit, J., & Holt, M. (2015). *Gay Community Periodic Survey: Sydney 2015*. Sydney: Centre for Social Research in Health, UNSW Australia. International Harm Reduction Association (IHRA). 2009.
- Meyer, I.H. 2001. 'Why Lesbian, Gay, Bisexual, and Transgender Public Health?', *American Journal of Public Health*, Vol. 91, No. 6, pp. 856-859
- Ministerial Council on Drug Strategy. *National Drug Strategy 2010–2015*. Commonwealth of Australia. 2011.
- Ritter, A., Matthew-Simmons, F., & Carragher, N. (2012). Monograph No. 23: Prevalence of and interventions for mental health and alcohol and other drug problems amongst the gay, lesbian, bisexual and transgender community: A review of the literature. DPMP Monograph Series. Sydney: National Drug and Alcohol Research Centre.
- Steering Committee for the Review of Government Service Provision, Report on Government Services 2015.
- Weatherburn, Don. Corben, Simon. Ramsey, Stephanie. Fitzgerald, Jacqueline. 'Why is the NSW prison population still growing? Another look at prison trends between 2011 and 2015.' *Crime and Justice Statistics: Bureau Brief*. Issue Paper no.113. January 2016. NSW Bureau of Crime Statistics and Research.
- World Health Organisation. *Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations*. Geneva, 2014.