



**Australian Federation of  
AIDS Organisations  
(AFAO)**

***Response to  
National Drug Strategy  
Consultation Paper***

**March 2010**

## **About AFAO**

The Australian Federation of AIDS Organisations (AFAO) is the peak body for Australia's community sector response to the HIV/AIDS epidemic. AFAO is charged with representing the views of our members: the AIDS Councils in each state and territory, the National Association of People Living with HIV/AIDS, the Australian Illicit and Injecting Drug Users' League, the Anwernekenhe Aboriginal and Torres Strait Islander HIV/AIDS Alliance (ANA); and Scarlet Alliance, Australian Sex Workers Association. AFAO advocates for its member organisations, promotes medical and social research into HIV/AIDS and its effects, develops and formulates policy on HIV/AIDS issues, and provides HIV policy advice to Commonwealth, State and Territory Governments.

## **AFAO's perspective on this Inquiry**

We commend the Ministerial Advisory Council on Drugs (the Council) for developing this timely discussion paper, particularly for its focus on identifying and responding to new trends emerging in drug use and its impacts.

We note that the Council is interested in examining issues that might impact on prevalence of licit and illicit drug use in particular populations. Our member organisation, the Australian Injecting and Illicit Drug Users' League (AIVL) is the national peak organisation representing state and territory drug user organisations regarding issues affecting people who use or have used illicit drugs, and friends and family of people who have used illicit drugs. AIVL has made a separate submission in response to the Consultation Paper, which we recommend to the Council.

AFAO's submission focuses on the impacts of alcohol and drug use on populations at-risk of or affected by HIV. Given that the HIV epidemic in Australia is primarily among gay men, it is important to acknowledge the complex relationship between drug use and the disproportionately high rates of depression, suicide and self-harm among gay men.<sup>12</sup>

This submission also particularly focuses on the emerging HIV epidemic among ATSI injecting drug users, and the need to target affected ATSI populations in HIV prevention, treatment and harm-reduction strategies.

## ***Cross-sectoral approaches***

***How can structures and processes under the National Drug Strategy more effectively engage with sectors outside health, law enforcement and education?***

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<sup>1</sup> The prevalence of depression and suicide among gay, lesbian, transgender and intersex populations is discussed in several submissions to the Senate Standing Committee on Community Affairs' ongoing Inquiry into Suicide in Australia. Available at [http://www.aph.gov.au/Senate/Committee/clac\\_ctte/suicide/submissions/sub201.pdf](http://www.aph.gov.au/Senate/Committee/clac_ctte/suicide/submissions/sub201.pdf)

***Which sectors will be particularly important for the National Drug Strategy to engage with?***

***Could the IGCD and MCDS more effectively access external expert advice and if so, how?***

### **Cross-sectoral partnership**

Nurturing the effective partnership between people living with HIV, affected communities, health care professionals, researchers and government has been fundamental to the development of effective HIV prevention programs, as has recognition of the need to build in the meaningful participation of people living with HIV and affected communities. Australia's HIV response continues to be recognised globally as a sophisticated, systematic and successful partnership approach.

There is widespread acknowledgement that it is due to the effectiveness of Australia's partnership response that the prevalence of HIV remains lower in Australia than in most other comparable high income countries. Australian gay communities, sex workers, and people who inject drugs - including from within Aboriginal and Torres Strait Islander communities - have responded to emerging issues in the epidemic and have provided useful input to the development of the five national HIV Strategies implemented to date. Development of the Sixth National HIV Strategy has similarly involved the input of all partners in developing strategies to respond to significant emerging issues, including:

- increased rates of diagnosis among gay and other men who have sex with men;
- emerging epidemics in Aboriginal and Torres Strait Islander populations among injecting drug users; and
- increased prevalence among people who are from, or travel to, high HIV prevalence countries.

We note that Australia's partnership approach in developing strategies to address alcohol and drug-related harm has also attracted international recognition. As with the HIV response, programs developed under the National Drug Strategy have responded to emerging domestic issues regarding at-risk populations and treatment challenges.

Harm reduction principles have been fundamental to the HIV and viral hepatitis responses, and should also be at the core of the Drug Strategy. AFAO believes that there is a pressing need to respond to international developments in addressing harms related to illicit drug use via the decriminalisation of drug use, the regulation of drug controls other than criminal sanctions to reduce drug-related harms. It is clear that the criminalisation of drug use supports a self-sustaining black economy and growing demand for illicit substances. Among other problems, this hampers the efficacy of drug treatment programs – especially for people in the most at-risk populations. The continued criminalisation rather than regulation of drug use, also means that those most at risk of acquiring or transmitting HIV can be deterred from participating in prevention, treatment and harm reduction programs targeting injecting drug users, people living with HIV and those in at-risk populations.

### **Counter-productive criminal laws**

We note that the Consultation Paper contextualises its questions on '*Cross-sectoral approaches*' with the statement that:

“In recognising that whole of government responses are an effective mechanism for addressing complex and longstanding policy issues, the development of a coordinated and consistent approach with respect to legislative control and the regulation of illicit drugs and their precursors is an important consideration.”<sup>3</sup>

While Australian media interest guarantees widespread public awareness of successful drug hauls by customs authorities, and of conviction of illicit drug importers and suppliers, there has been little debate in Australia outside academic circles regarding the negative impacts of imposing criminal sanctions on illicit drug users, and of regulatory alternatives to applying criminal sanctions to users as well as suppliers. Internationally, there has been considerably wider discussion, with some acknowledgement that the ‘war on drugs’ approach has not only failed but also that the approach has been costly – financially (in terms of policing, custodial and judicial costs), and in human costs.

Acknowledgement of the consequences of criminalising drug use has led to a growing focus internationally on the desirability of shifting the approach to harm reduction for illicit drug users from a criminal framework to a regulatory framework. The Committee would be aware of the work of Norm Stamper, a leading campaigner for the decriminalisation of illicit drugs and a former Chief of Police in Seattle (U.S), whose visit to Australia for a national speaking tour late last year generated discussion of drug law reform options for Australia.

Scrutiny of the impacts of Portugal’s partial decriminalisation of illicit drugs has also informed the international decriminalisation debate. Although use of drugs such as heroin remains illegal in Portugal, possession is not a criminal offence. According to a recent study analysing the economic and social effects of Portugal’s decision to decriminalise drug use in 2001, the effective decriminalisation of illicit drug use appears not to have resulted in increased rates of illicit drug use.<sup>4</sup>

The UK-based Transform Drug Policy Foundation recently published a substantial monograph on drug law reform, ‘*After the War on Drugs: Blueprint for Regulation*’. The monograph is dedicated to the late Mo Mowlam, a former UK Labour Government Minister who, in an opinion piece for The Guardian, said that:

“from my experience of being responsible for drugs policy ... I came to the conclusion that legalisation and regulation of all drugs was the only way to reduce the harmful effects of this unstoppable activity.”<sup>5</sup>

AFAO believes that accepting the ‘unstoppability’ of drug use for some populations and sub-populations is crucial to the development of effective HIV prevention and harm reduction strategies targeting those populations – particularly the intersecting Australian populations at risk of acquiring HIV and problematic illicit drug use. Rhetoric that the ‘drug war’ is winnable, or that more focus on prevention alone would significantly reduce drug use and harms, is contrary to the available evidence. AFAO calls for:

- ❖ *consideration to be given to the prioritised investigation by the Council of regulatory options to replace criminal sanctions against drug users.*

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<sup>3</sup> Consultation Paper, p.7

<sup>4</sup> *Portugal’s drug policy – Treating not punishing*, The Economist, 27 August 2009, reporting on the publication of ‘Drug Decriminalisation in Portugal: Lessons for Creating Fair and Successful Drug Policies’, Glenn Greenwald, Cato Institute – available at [http://www.cato.org/pub\\_display.php?pub\\_id=10080](http://www.cato.org/pub_display.php?pub_id=10080)

<sup>5</sup> Available at <http://www.guardian.co.uk/society/2002/sep/19/drugsandalcohol.comment>

Some people in at-risk populations are at particularly high risk of acquiring or transmitting HIV due to the criminalisation of drug use. While AFAO believes that people generally have a responsibility to adopt and maintain safe behaviours to prevent themselves and others from becoming infected, some people cannot fully take responsibility due to disability and/or the limited capacity for choice within highly pressured, disadvantaged circumstances. People whose capacity to take responsibility for their own or others' behaviour is diminished, for whatever reason (innate or preventable/treatable), require the development of carefully targeted public health policies.

AFAO proposes that:

- ❖ *human rights protections need to be developed and applied for people with cognitive disability who use illicit drugs – especially for those in custodial settings or at risk of committing offences (drug-related or other), for which custodial sentences apply. We ask that the Committee consider how best to facilitate the development of cross-portfolio strategies targeting people with psychiatric and intellectual disability and other disability affecting cognition.*

### **Criminal prosecutions involving HIV transmission**

Increasing numbers of prosecutions of people living with HIV for offences involving HIV transmission have a further stigmatising effect on all people living with HIV. For injecting drug users who are HIV positive, issues relating to the spectre of criminal sanctions in connection with not only drug use but also HIV transmission are complex.

The National Association for People Living with HIV/AIDS (NAPWA) released a monograph last year, *The criminalisation of HIV Transmission in Australia: Legality, Morality and Reality*<sup>6</sup>, which provides a range of perspectives on the issue. As noted by The Hon. Michael Kirby in his introduction to the monograph,

*'In short, from an epidemiological viewpoint, what is needed in most countries is the repeal of criminal laws on men having sex with men, commercial sex workers and injecting drug users. Instead, such countries are enacting new laws on criminal transmission. In this, they are moving in what is generally the wrong direction. So much has been said by UNAIDS, by WHO, by UNDP and other agencies of the United Nations. However, securing repeal of criminal laws is difficult for social, religious and political reasons. Enacting effective laws, targeted at HIV transmission, is so much easier. It looks to be doing something, however ineffective that something may turn out to be.'*

(underling ours)

We are pleased to note that concerns regarding the impact of these trends are shared by Senator Louise Pratt, who chairs the Parliamentary Liaison Group for HIV/AIDS, Blood-Borne Viruses and Sexually Transmitted Diseases. When hosting the launch of the NAPWA monograph, she noted that at a time when a new national HIV strategy is being developed to refocus Australia's HIV prevention efforts, 'the criminalisation of HIV transmission can undermine this work'. At the launch Senator Pratt said that she would work with NAPWA on a submission to the Attorney-General on the issue.

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<sup>6</sup> S. Cameron and J. Rule (eds), *The criminalisation of HIV Transmission in Australia: Legality, Morality and Reality*. NAPWA Monograph 2009, Available at <http://napwa.org.au/files/napwa%20monograph%2009.pdf>

<sup>7</sup> Ibid, p. 17

AFAO proposes that:

- ❖ *regard be had to the work of the Parliamentary Liaison Group for HIV/AIDS, Blood-Borne Viruses and Sexually Transmitted Diseases regarding the criminalisation of HIV transmission be monitored in developing Drug Strategy initiatives.*

### **Fear of disclosure**

Stigma and discrimination remain key issues for people living with HIV – particularly so for people who inject drugs and those with convictions relating to illicit drug use. There is significant overlap in populations most at risk and in services delivery points for prevention and care.

Fear of discrimination, stigmatisation and criminal sanctions can present a significant obstacle to illicit drug users presenting for BBV and STI tests. Although the Commonwealth Disability Discrimination Act implicitly prohibits discrimination against a person with disability arising from addiction and thereby provides some protection, albeit limited, against discrimination for injecting drug users or past users<sup>8</sup> (with some differences between states/territories), few illicit drug users would be aware of this protection. There is also limited awareness of confidentiality and privacy protections covering disclosure of drug use by healthcare providers and legal advisors to third parties, and the most vulnerable populations are the least likely to be aware of or feel confident in these protections.

Confidentiality and privacy protections need to be explained to and understood by drug users, so as to facilitate access to treatment and care by reducing real and imagined risks of disclosure of drug use to third parties. Whether or not drug laws are reformed, raising awareness of human rights and privacy protections regarding third party disclosure is essential if people who engage in high risk behaviours are to access prevention programs and participate in mainstream and specialist testing and treatment services.

Taking a human rights approach to law reform means that a number of related legal issues need to be considered in such a review, including the criminalisation of HIV transmission and laws regulating sex work. All of these issues require significant inter-jurisdictional co-operation.

AFAO proposes that:

- ❖ *there should be an inter-governmental review of laws relating to the supply and consumption of illicit drugs, including cost-benefit analyses, with serious consideration given to fundamental reforms involving decriminalisation and/or legalisation (regulated supply) of some illicit drugs, including heroin.*

## **Indigenous Australians**

*Where should efforts be focused in reducing substance use and associated harms in*

<sup>8</sup> The Commonwealth protection has been the subject of some criticism, and in 2003 the then Government introduced a Bill seeking to remove the Disability Discrimination Act's prohibition on disability discrimination on the ground of a person's addiction to a prohibited drug, except for people who are receiving treatment for their addiction. The Bill went to Senate Committee inquiry, and was defeated.

*Indigenous communities?*

*How could Aboriginal and Torres Strait Islander peoples needs be better addressed through the main National Drug Strategy Framework?*

*In that context, would a separate National Drug Strategy Aboriginal and Torres Strait Islander Complementary Action Plan continue to have value*

While the HIV epidemic in Australia remains predominantly among gay and other men who have sex with men, including among ATSI people, there are indications of a rising prevalence of HIV and other blood borne viruses among ATSI injecting drug users. Fundamental to any consideration of how best to focus harm reduction efforts for ATSI people in these populations and to the development of an ATSI Complementary Action Plan, is an understanding of the differences between the HIV epidemic in the general Australian population and in ATSI populations - and of differences in patterns and rates of drug use.

### **Emerging epidemic**

Although ATSI populations have rates of HIV similar to the general Australian population, there are significant differences in the mode of transmission. From 2005 to 2009, exposure to HIV was attributed to sexual contact between men in 54% of diagnoses among ATSI people, compared to 79% in the non-ATSI Australian-born population; injecting drug use was reported by 22% of the ATSI people diagnosed with HIV compared to 3% of non-ATSI Australian born cases.<sup>9</sup>

Differences in patterns and rates of drug use between ATSI and non-ATSI populations are also significant. Recent population surveys show that the overall level of illicit drug use among ATSI people aged 15 years or older living in non-remote areas was more than twice the level of the general Australian population aged 14 years or older. Further, surveys revealed a 20% increase in the number of ATSI people using illicit drugs between 2002 and 2005, with amphetamine use increasing by 46%. This evidence and emerging indications of a preference among ATSI injecting drug users for amphetamines over heroin, have led to concerns that illicit drug suppliers will use cannabis networks in rural and remote ATSI communities to supply amphetamines.<sup>10</sup>

The persisting and increasing over-representation of Aboriginal and Torres Strait Islander people in prisons and juvenile detention is a fundamental part of the context of illicit drug use in some ATSI populations – in terms of the prevalence of injecting drug use among prison populations and the rising prevalence of blood-borne viruses among those drug users. Between 2000 and 2008, the imprisonment rate for ATSI people increased by 34.5 percent; and the imprisonment rate rose from 1,653 to 2,223 prisoners per 100,000 of the ATSI adult population. This increase in the imprisonment rate for ATSI people was almost seven times that of non-ATSI people in the same period and by 2008, ATSI people were 17.2 times more likely to be incarcerated than non-ATSI people.<sup>11</sup>

### **Prevention and harm-reduction**

<sup>9</sup> National Centre in HIV Epidemiology and clinical Research. Bloodborne viral and sexually transmitted infections in Aboriginal and Torres Strait Islander People: Surveillance and Evaluation Report 2009. National centre in HIV Epidemiology and Clinical research, the university of NSW, Sydney, NSW, p.26

<sup>10</sup> *What do we know about injecting drug use among Indigenous people?* Australian indigenous Health InfoNet, factsheet, available at <http://www.healthinfonet.ecu.edu.au/health-facts/health-faqs/drug-use>

<sup>11</sup> Australian Bureau of Statistics (ABS) 2008. *Prisoners in Australia*. Available at <http://www.aic.gov.au/documents/B/C/7/7%7BBC7021AA-93BF-4CCA-B15E-789C01D1A76C%7Dcfi195.pdf>

These emerging trends among some ATSI populations pose significant challenges in terms of focusing efforts in prevention and harm reduction policies, especially given the prevalence of chronic ill health in these same communities - with conditions which represent co-morbidities for people living with HIV being prevalent, as well as STI's which raise the risk of transmission.

The majority of people in ATSI communities who are among populations at high risk of acquiring or transmitting HIV do not currently have ready access to HIV prevention and treatment programs. Even where services are geographically accessible, there has been significant under-investment in culturally appropriate HIV prevention programs targeted to ATSI communities, particularly programs targeting ATSI injecting drug users.

The Anwernekenhe Aboriginal and Torres Strait Islander HIV/AIDS Alliance (ANA) provides national leadership in promoting culturally appropriate services and outcomes for ATSI people in HIV education, prevention, treatment, care and support.

AFAO proposes that:

- ❖ *the Commonwealth consult with the ANA and AIVL, to develop culturally effective health promotion and anti-stigma programs targeting illicit drug use in this vulnerable population.*

### **Research and surveillance**

AFAO proposes that:

- ❖ *Timely and quality research and surveillance is needed to inform the development and delivery of targeted programs and services to ATSI people at risk of drug dependency and of BBV infection. The evidence base for focusing future efforts needs to be built on progress made under not only the Drug Strategy but also under the other national health strategies – particularly the National HIV Strategy, the ATSI STI and Blood Borne Viruses Strategy, and the Hepatitis B and C Strategies.*

### **Complementary Action Plan**

Development and implementation of prevention and harm-reduction initiatives targeting ATSI drug users under this Strategy, the HIV Strategy, the ATSI STI and Blood Borne Viruses Strategy, and the Hepatitis B and C Strategies, needs high level coordination and monitoring.

Given these complexities, AFAO proposes that:

- ❖ *a separate National Drug Strategy Aboriginal and Torres Strait Islander Complementary Action Plan is essential.*

### **Capacity Building**

*Where should effort on the support and development of drug and alcohol sector workforce be focused over the coming five years?*

*Where should efforts be focussed over the coming five years to increase the capacity of the generalist health workforce to identify and respond to substance use problems?*

## Gay men

Given that HIV in Australia is most prevalent among gay men, the drug and alcohol sector needs to focus on how best to target this population in program development and implementation. Although the National HIV Strategy and other strategies relating to blood-borne viruses and sexually transmitted infections acknowledge the need to target gay, lesbian, bisexual, transgender and intersex (GLBTI) people, the Drug Strategy fails to focus on these populations. This is despite the significant body of evidence indicating that GLBTI people experience different patterns of illness compared to the general Australian population, and that they have significant unmet health needs.<sup>12</sup>

There is a need for focussed research on the impact of obesity, alcohol and tobacco on gay men and other priority populations with or at risk of acquiring HIV and affected communities, but available evidence already clearly indicates that patterns of tobacco and alcohol use among gay men living with HIV differ from the general population. Focussing of sector support and development requires recognition and understanding of the particular impacts that drug and alcohol use can have in respect of HIV prevention, treatment and harm reduction – some of which are outlined below.

## Tobacco and HIV

42% of the people living with HIV surveyed for recent *HIV Futures 6: Making Positive Lives Count* survey smoke<sup>13</sup>. Given that many of the conditions associated with smoking are much more likely to occur in those who are HIV positive<sup>14</sup>, the HIV community sector has developed targeted quit-smoking (QUIT) programs targeting gay men. AFAO and the National Association of People Living has a joint education campaign underway on the specific harms of smoking to people living with HIV, and some of the State and Territory AIDS Councils and positive organisations also run QUIT programs. Given the evidence of the effectiveness of smoking cessation as a harm reduction strategy for PLWHIV, it is important that the Commonwealth and states/territories provide ongoing funding for such programs.

The high cost of nicotine replacement therapies is a substantial barrier to quitting smoking for people with other chronic health conditions, such as HIV. AFAO proposes that:

- ❖ *revenue for tobacco taxes should be used to help subsidise evidence-based nicotine replacement and cessation therapies, especially for economically disadvantaged people and those with chronic health conditions.*

An emerging trend of note is that diabetes diagnoses are becoming more common among people living with HIV as a side effect of some HIV antiretroviral treatments. Smoking also significantly increases the risk of cardiovascular disease, again exacerbating the effect of HIV infection and treatments, and emphysema is likely to occur earlier in HIV positive smokers than in HIV negative smokers. HIV positive smokers are more likely to develop difficult to treat oral health conditions and oral cancers. Smoking may also compound the negative impact of HIV infection and

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<sup>12</sup> Marian Pitts, Anthony Smith, Anne Mitchell, Sunil Patel, *Private Lives - A report on the health and wellbeing of GLBTI Australians*, March 2006, p.46

<sup>13</sup> J. Grierson, et al, (2006). *HIV Futures 6: Making Positive Lives Count*, monograph series no. 74, December 2009, The Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia, available at <http://www.latrobe.edu.au/hiv-futures/HIV%20Futures%205%20Report.pdf>

<sup>14</sup> Smoking weakens overall immune response, making PLHIV who smoke more vulnerable to infections and AIDS-defining illnesses including serious and debilitating lung bacterial infections, and HIV positive smokers are also likely to develop cancers such as throat, lung, anal and colon cancer at higher rates than the HIV-negative Australian population.

treatment on bone mineral density, triggering osteoporosis (declining bone porosity) and osteopenia (bone thinning).

A US study recently found that smoking cessation in symptomatic HIV positive people can significantly improve symptom burden for HIV positive people from as early as three months of cessation.<sup>15</sup>

These potential co-morbidities for smokers represent significant issues to be taken into account when considering the broad issues to be faced in health-care and aged-care planning for people living with HIV as they age – particularly for people who have been in anti-retroviral therapy for some time. Planning for this population needs to be considered in the wider context of planning for the ageing of the Australian population.

### **Alcohol**

Some researchers have sought to establish an association between alcohol, drug use and unsafe sex, but whether or not there is a causal link remains disputed.<sup>16</sup> Newman et al's research<sup>17</sup> into barriers and incentives to HIV treatment uptake among Aboriginal people in Western Australia found that alcohol 'featured in the accounts of many participants, as a key element of the risk context in which they acquired HIV'. Alcohol consumption was also identified as a factor associated with inconsistent condom use for multi-partnered HIV-negative men among the 7000 Sydney Sexual Health Centre patients surveyed.<sup>18</sup>

Whatever the extent to which alcohol consumption may affect adherence to safe-sex practices, there is clearly a need to acknowledge some enhanced risk. This risk needs to be factored in to targeted prevention education, especially for young people.

### **Targeting ATSI communities**

As outlined in the previous section, the HIV epidemic among ATSI populations is distinctly different to that in non-ATSI populations, and the development of ATSI cultural competency in mainstream drug and alcohol services must be a priority in focusing effort.

Non-Indigenous staff - including those in Aboriginal Community Controlled Health Services, GPs and other primary care providers - should be provided with training regarding STIs and blood borne viruses, and in ATSI cross-cultural issues. Maintaining workforce cultural competency will require continued and sustained collaboration between the mainstream and ATSI health sectors at national, state/territory and local levels, to ensure that initiatives targeting ATSI people with HIV, or at risk of acquiring HIV, are properly coordinated and resourced, and that new and emerging trends are responded to quickly and appropriately. AFAO proposes that:

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<sup>15</sup> Virrine, Arduino, Gritz, 'The effects of smoking abstinence on symptom burden and quality of life among persons living with HIV/AIDS', *AIDS Patient Care and Studies*, 21(9), 2007, pp.659-66

<sup>16</sup> Minichello et al. 2003, Træen et al. 2003, de Graaf et al. 1995, Weatherburn et al. 1993 cited in Henrike Korner, Olympia Hendry, and Susan Kippax, 'It's not just condoms: Social contexts of unsafe sex in gay men's narratives of post-exposure prophylaxis for HIV', *Health, Risk & Society*, March 2005; 7(1): pp.47 – 62.

<sup>17</sup> Christy Newman, Maria Bonar, Heath Greville, Sandra Thompson, Dawn Bessarab, Susan Kippax, 'Barriers and incentives to HIV treatment uptake among Aboriginal people in Western Australia, in *AIDS*, 21, January 2007, p.S13-S17.

<sup>18</sup> Tawk, Simpson, Mindel, 'Condom use in multi-partnered males: importance of HIV and hepatitis B status', *AIDS Care*, 2004, 16(7), pp. 890-900.

- ❖ *such collaboration requires increasing the number of ATSI sexual health workers and the development of strategies to address challenges in the recruitment, training and retention of ATSI sexual health workers – both for ATSI specific and mainstream services.*

Effective recruitment and retention of Aboriginal Sexual Health Workers to mainstream and ATSI-specific services is a significant workforce issue. The development of public health and sexual health epidemiology training and professional development programs is required, and it is essential that these recognise the challenges posed in establishing viable sexual health services that are culturally acceptable to ATSI communities. AFAO proposes that:

- ❖ *building a workforce that can respond to HIV and drug use issues in ATSI populations, will require concerted cross-sectoral commitment, with linkage of workforce initiatives targeting drug and alcohol harm reduction developed under this Strategy and the other national health strategies; and that*
- ❖ *developing the ATSI workforce must involve consultation with the National Aboriginal Community Controlled Health Organisation, the ANA and AIVL.*

### ***New Technologies and On-Line Services***

*What are the particular opportunities and challenges that technology development is likely to pose for the community and the alcohol and drug sector over the next five years?*

As noted above, while transmission of HIV has been largely contained to homosexually active men, there is considerable cultural, social and economic diversity among people living with HIV, within populations at high risk of acquiring HIV, and among people who use illicit drugs. While this diversity is acknowledged in the some health Strategies, it must also be considered in formulating strategies to ensure that e-health initiatives facilitate effective delivery of education, prevention and treatment strategies to people who use illicit drugs.

### **Discrimination and privacy protections**

The *HIV Futures* studies have consistently found that about a third of the people living with HIV surveyed had experienced discrimination from health care services. Confidentiality of patient information has been among the most common problems reported.<sup>19</sup>

In our comments to the Department of Health and Ageing on the Exposure Draft of the Healthcare Identifiers Bill 2010, AFAO noted that people living with HIV are intensive users of the healthcare system and have much to gain from the introduction of e-health identifiers and electronic storage of health records, especially in terms of ensuring that treating health professionals are fully aware of co-morbidities and treatment histories. However, illicit drug users and people living with HIV have reason to fear such initiatives, given the potential to expand access to comprehensive health records indicating their HIV positive status - both within and beyond the healthcare system. As discussed above, AFAO proposes that:

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<sup>19</sup> J. Grierson, et al, (2006). *HIV Futures 6: Making Positive Lives Count*, monograph series no. 74, December 2009, The Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia, p. 68 <http://www.latrobe.edu.au/hiv-futures/HIV%20Futures%205%20Report.pdf>

- ❖ *the community needs to be better informed and educated regarding privacy and anti-discrimination protections – particularly once e-health initiatives begin to be rolled out. The benefits of e-health will be lost to many people with or at risk of HIV unless such protections are understood and trusted.*

### **Smart cards for opioid replacement pharmacotherapy**

Current controls to ensure that opioid replacement pharmacotherapy dosing is supervised mean that pharmacotherapy clients are tied to one nominated pharmacy, which they have to attend on a daily or near-daily basis. This can impose significant obstacles to travel, work, family and other social commitments. AFAO proposes that:

- ❖ *if the legitimate concerns of pharmacotherapy consumers over privacy, confidentiality and discrimination can be addressed, new smart card technologies could potentially allow greater flexibility in accessing opioid replacement doses, with no additional risks to the community.*

### **Increased vulnerability**

*How can efforts under the National Drug Strategy better complement the social inclusion agenda such as addressing unemployment, homelessness, mental illness and social disadvantage?*

*Where should effort be focused in reducing substance use and associated harms among vulnerable populations?*

People whose health literacy regarding blood borne viruses and STIs is poor due to issues relating to cultural identity, refugee experience or social marginalisation (due to, for example homelessness), require the development of targeted public health strategies. The Government's public health and social inclusion objectives will be most effectively realised if the human rights of drug users are recognised and respected in public policy.

### **Drug dependency and GLBTI mental health issues**

Meeting the needs of drug users who live with mental illness and HIV is a fundamental challenge for HIV care and support services. These co-morbidities create the highest level of need, and result in the greatest risk of harms related to drug use (illicit and also misuse of prescription medications), mental illness and HIV.

A recent article by Peter Phillips of the School of Community and Health Sciences at the City University in London includes a comparison of UK and Australian approaches to drug use among people with mental illness.<sup>20</sup> While applauding Australia's 'no wrong door' approach (for its attempts to ensure that people in need of both mental health and drug dependency interventions access appropriate programs, regardless of whether they seek assistance through a mental health service or a drug and alcohol service), he laments the fact that abstinence remains the primary approach to drug use:

‘The last 15 years have been both “the best of times and the worst of times” for people living with dual diagnosis – the best of times in that research, policy development, funding and training have led to direct provision of services that are in a much more advanced place to offer actual help; and the worst of times in that

<sup>20</sup> Phillips, P., *Dual Diagnosis: Drug Use and Mental Health*, User's News No. 58. Available at [http://www.nuaa.org.au/index.php?option=com\\_content&view=article&id=412:dual-diagnosis-drug-use-and-mental-health&catid=23:users-news-issue-no-58-spring-2009&Itemid=71](http://www.nuaa.org.au/index.php?option=com_content&view=article&id=412:dual-diagnosis-drug-use-and-mental-health&catid=23:users-news-issue-no-58-spring-2009&Itemid=71)

abstinence is still promoted as the only approach to drug use. In promoting abstinence we fail to realise that that what we are doing is asking people who are often stigmatized, vulnerable, frightened and in poor mental health to stop doing the only thing that makes them feel any better! ... ... insisting on abstinence means that you might never see them again."<sup>21</sup>

AFAO proposes that:

- ❖ *there is a need to fund specialised and coordinated services to respond to people with these co-morbidities, particularly where issues are further complicated by other factors such as homelessness, cultural issues and/or periods in custody – and the stigma surrounding criminal sanctions. Unless alternative means of regulating and controlling illicit drug markets are developed, the criminalisation of people in these vulnerable populations will continue to exacerbate their social marginalisation and compromise the effectiveness of harm reduction strategies.*

### **Research, Leadership and partnership**

Each of the blood borne virus and STI national strategies outlines the need for increased research regarding prevention and treatment, with research priorities informed by stakeholder consultation. Research that occurs in partnership with affected communities, community based organisations, professional organisations and the workforces they represent is highly valued in these strategies and essential to inform program development, monitoring and evaluation. AIVL and the state and territory user organisations must be included as leading voices in stakeholder consultations.

Leadership in respect of the HIV response is provided by the Australian Government through the Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVS) and the Department of Health and Ageing (DoHA); and the state and territory health jurisdictions, the community sector representing people with the infection, affected communities, researchers, clinicians and health sector workforce organisations together comprise the partnership. The Parliamentary Liaison Group on Blood Borne Viruses and Sexually Transmissible Infections supports a non-partisan response and ensures that federal parliamentarians are fully briefed on new developments, epidemic trends and policy debates.

Initiatives contained in the array of national health strategies are integrally linked to development of broader health reforms and implementation plans. Allocation of responsibilities and evaluation measures under each of the implementation plans must be complementary and coordinated. AFAO proposes that:

- ❖ *for evaluation of HIV measures to take into account the efficacy of strategies across programs and portfolios, there must be some cross-over of indicators around blood borne virus prevention, including those developed under the National Drug Strategy. This approach to the health strategies will ensure that there is communication between them but there will also need to be considerable engagement across the health sector at a jurisdictional level and between related portfolios; and that*
- ❖ *to advance more effective drug policy initiatives overall, there needs to be*

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<sup>21</sup> Ibid, p.11

*open discussion at all levels of the community around the areas of tension in existing policy between prohibition and harm reduction, for example regarding safe injecting room trials. Achieving bi-partisan support for any proven harm reduction initiatives is essential, and the structures of the National Drug Strategy and the HIV and other blood borne virus strategies are in a position to provide leadership.*

## **Performance Measures**

<p><i>Are publicly available performance measures against the National Drug Strategy desirable?</i></p> <p><i>If so, what measures would give a high level indication of progress under the National Drug Strategy?</i></p>
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AFAO supports the recommendations made by AIVL regarding performance measures.