



Sustainable futures- ACCHS and IDU

A/Prof James Ward

Introduction and Overview



Acknowledgements

- Traditional owners, elders past and present

Overview

What do we know?

- Illicit drug use and Indigenous Australians (prevalence, drug types, risk and protective factors)
- Priority populations
- Investing in the future using a harm reduction framework within ACCHS

What do we know about Illicit drug use and Aboriginal people



Earliest reports in the 1990s of illicit injecting drug use among Aboriginal people

National and sentinel site surveys among Aboriginal people

No truly national survey

Australian National Council on Drugs



Literature review

Key informant interviews

NACCHO and ANEX

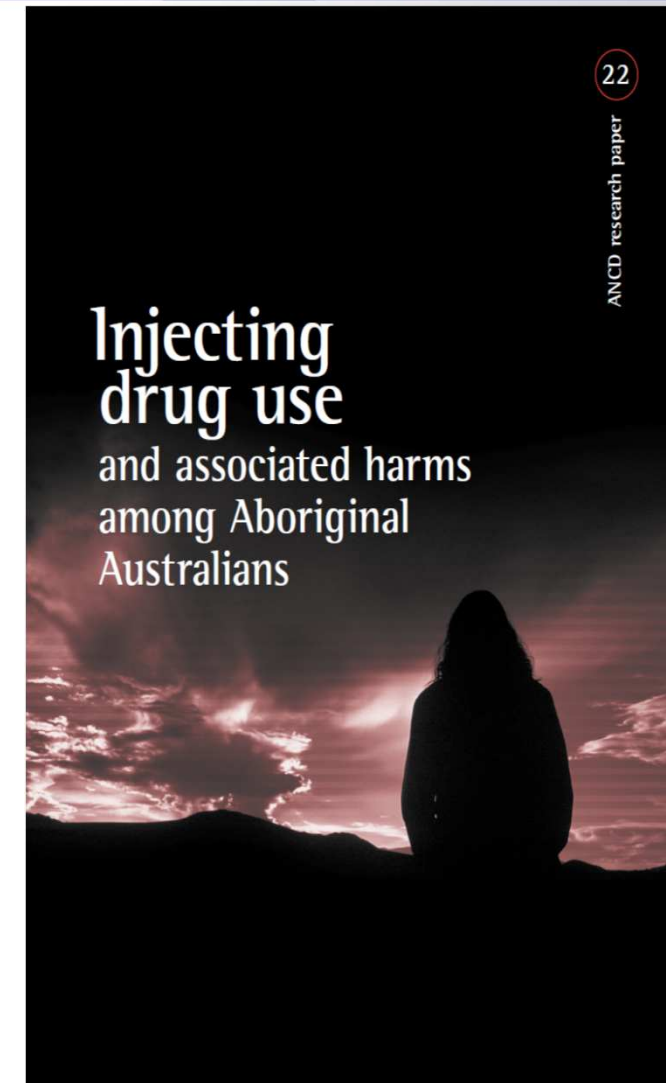
4 main recommendations

Gaps in knowledge- significant gaps in knowledge understanding of issues for Aboriginal PWID, research, questions

Improvements in access and quality of health services- workforce, access and Aboriginal input into service delivery

Improving service models – holistic and referral pathways

Key populations within Aboriginal community- young people transitioning, geographical, MSM, sex workers and homeless



Triangulation of data sets

- ANSPS: (Ward, 2011)
- HCV notifications: (Kirby Institute)
- HIV notifications: (Kirby Institute)
- National Prison Entrants BBV Survey (Kirby Institute)
- GOANNA- national cross sectional survey of young Indigenous people
- RISE – NSW Project focus groups among Aboriginal PWID

Australian Needle Syringe Program Survey 2009-2013



- Aboriginal and Torres Strait Islander people 13%
- HIV prevalence-1%- Hepatitis C prevalence-52%
- Analysis of ANSPS data shows higher rates of
- receptive sharing of needle syringes (21% vs 16%; $p<0.001$),
- receptive sharing of ancillary injecting equipment (38% vs 33%; $p<0.001$),
- injected by others (18% vs 13%; $p<0.001$),
- injecting in public (54% vs 49%; $p<0.001$).

Needle Syringe Programs and Harm Reduction Services in Australia



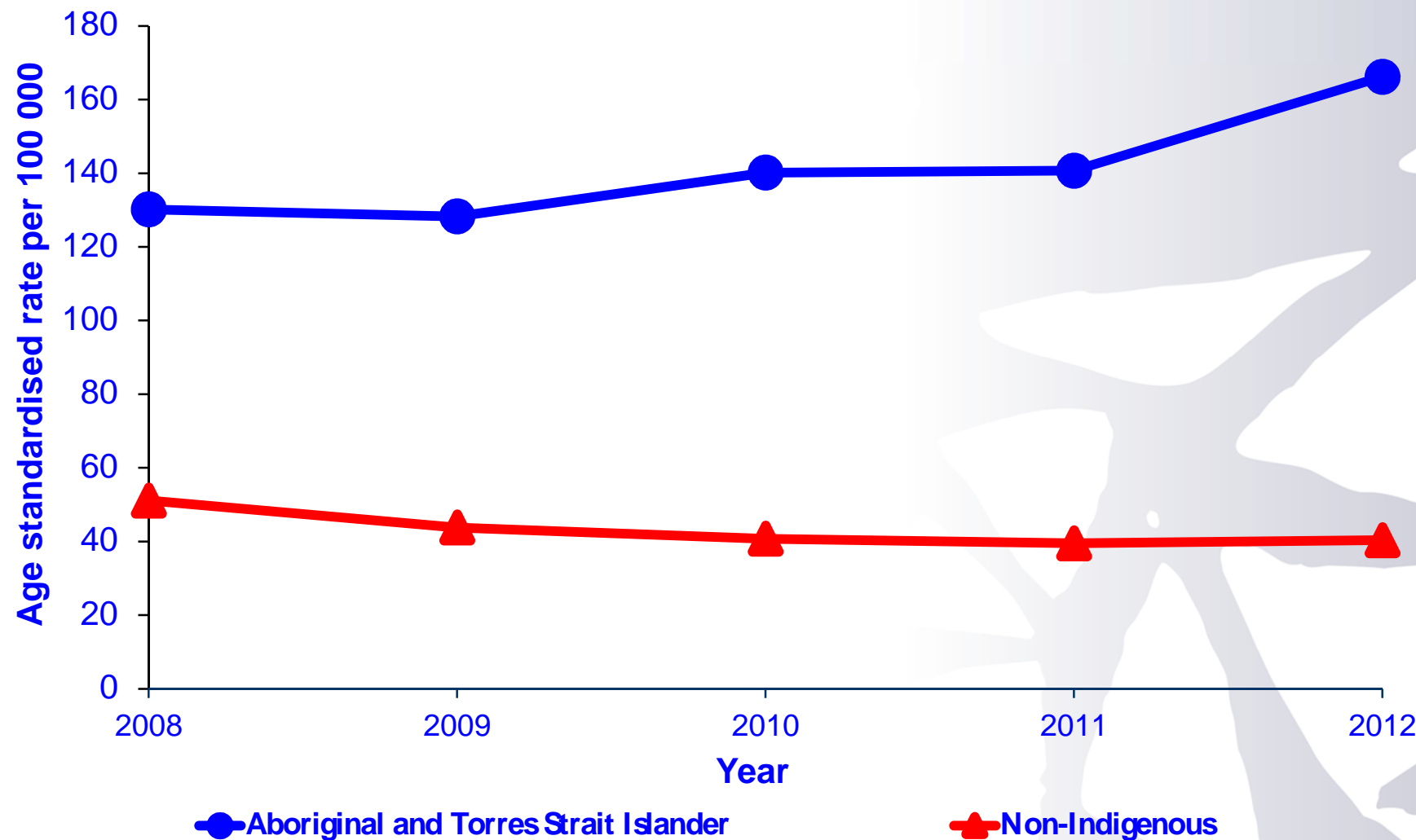
AUSTRALIAN NSP SURVEY
NATIONAL DATA REPORT 2009 - 2013
Prevalence of HIV, HCV and injecting and sexual behaviour among NSP attendees

Never Stand Still

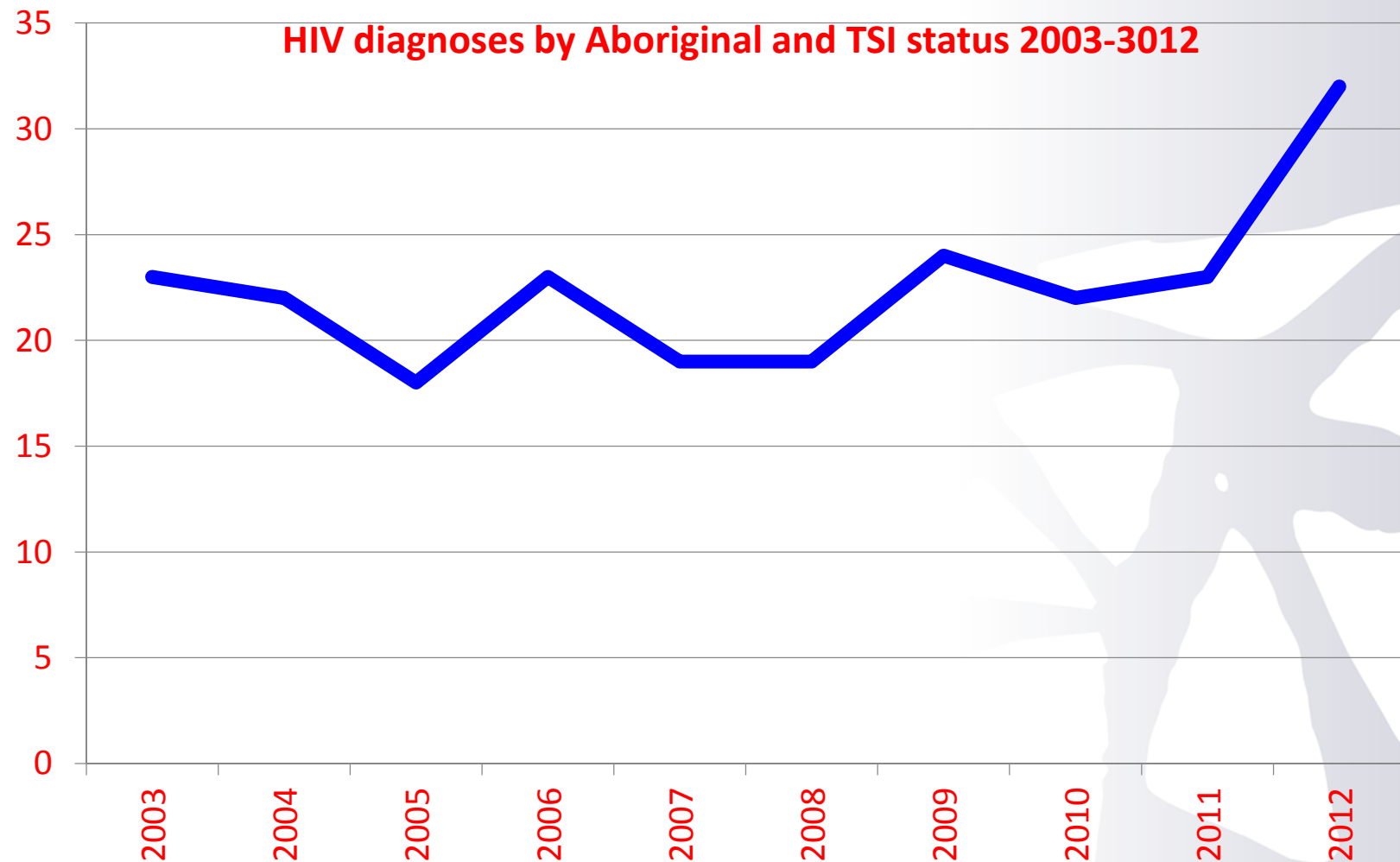
Medicine

The Kirby Institute

Hepatitis C notifications by year Aboriginal vs Non Indigenous



HIV diagnosis among Aboriginal Australians



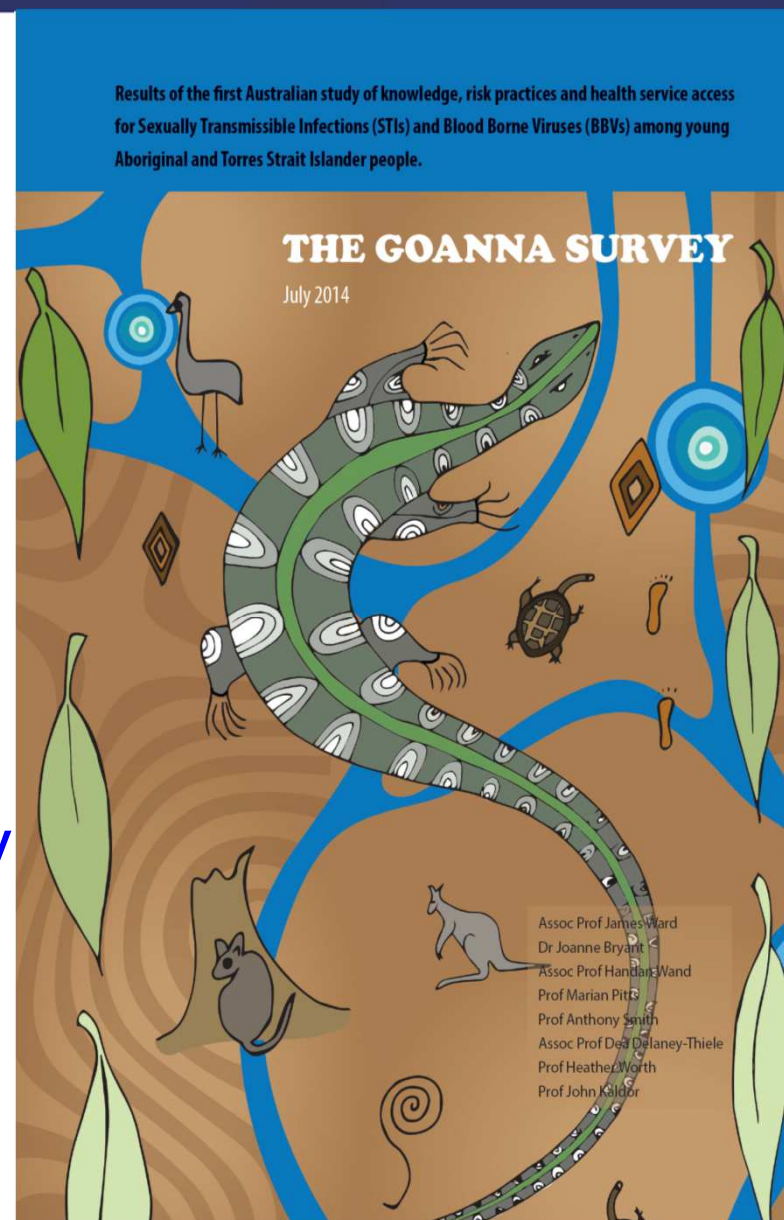
Australian HIV diagnoses by Aboriginal & Torres Strait Islander status



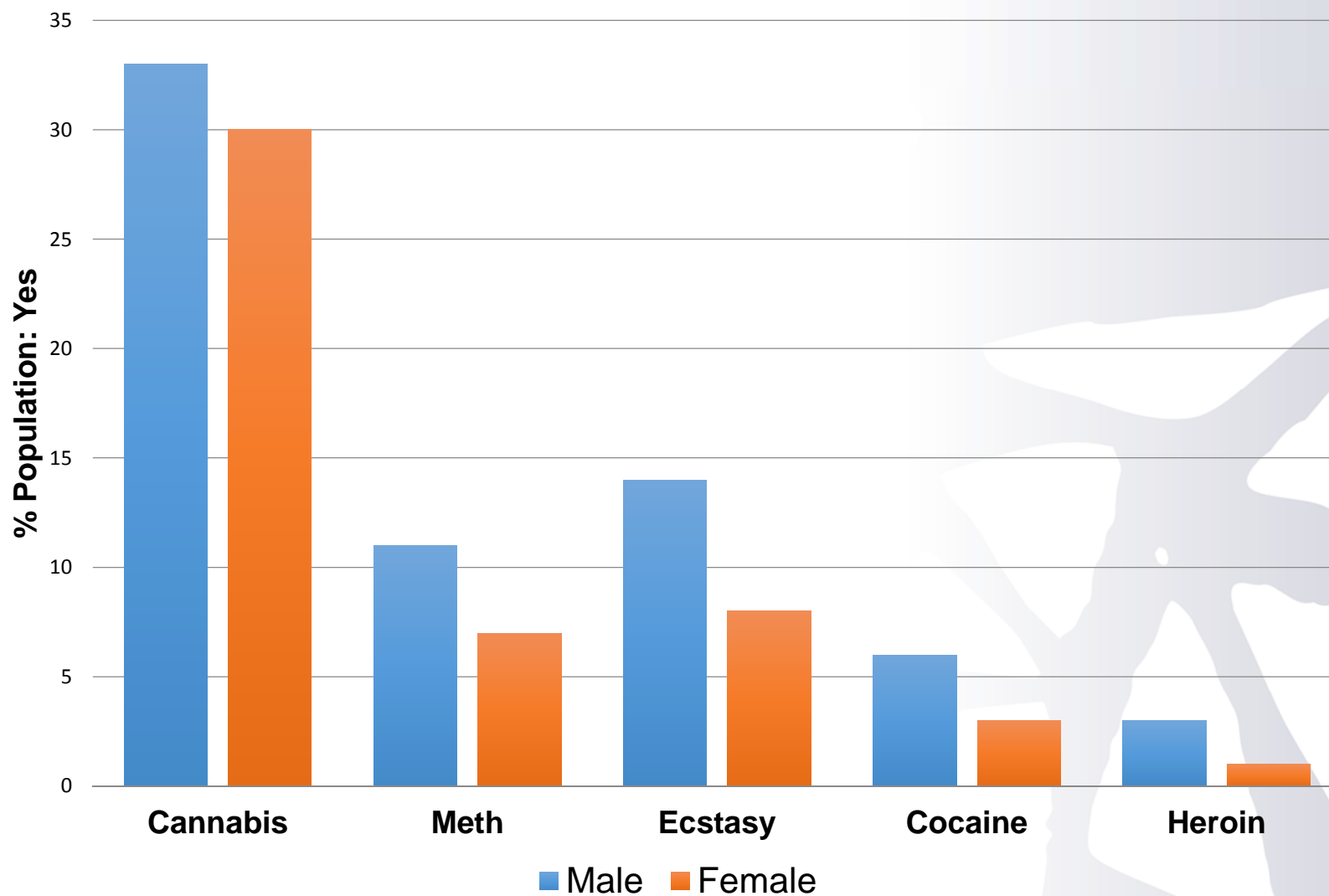
What is the GOANNA study?



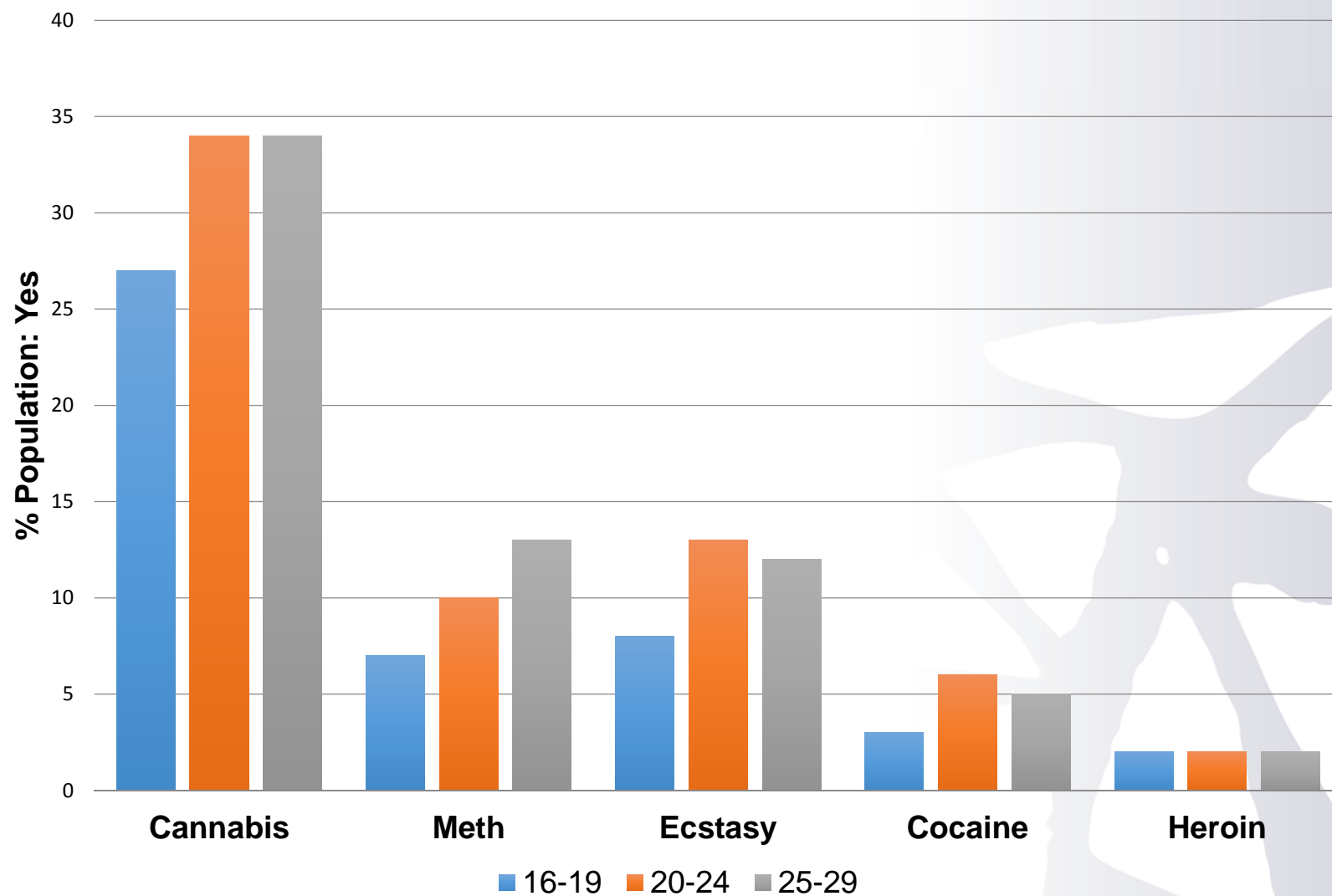
- National survey of 2877 Aboriginal and Torres Strait Islander people aged 16-29 years
- Assessed knowledge, risk factors and health service access for STIs and BBVs
- Collaboration involving every jurisdiction health Departments and ACCHS orgs



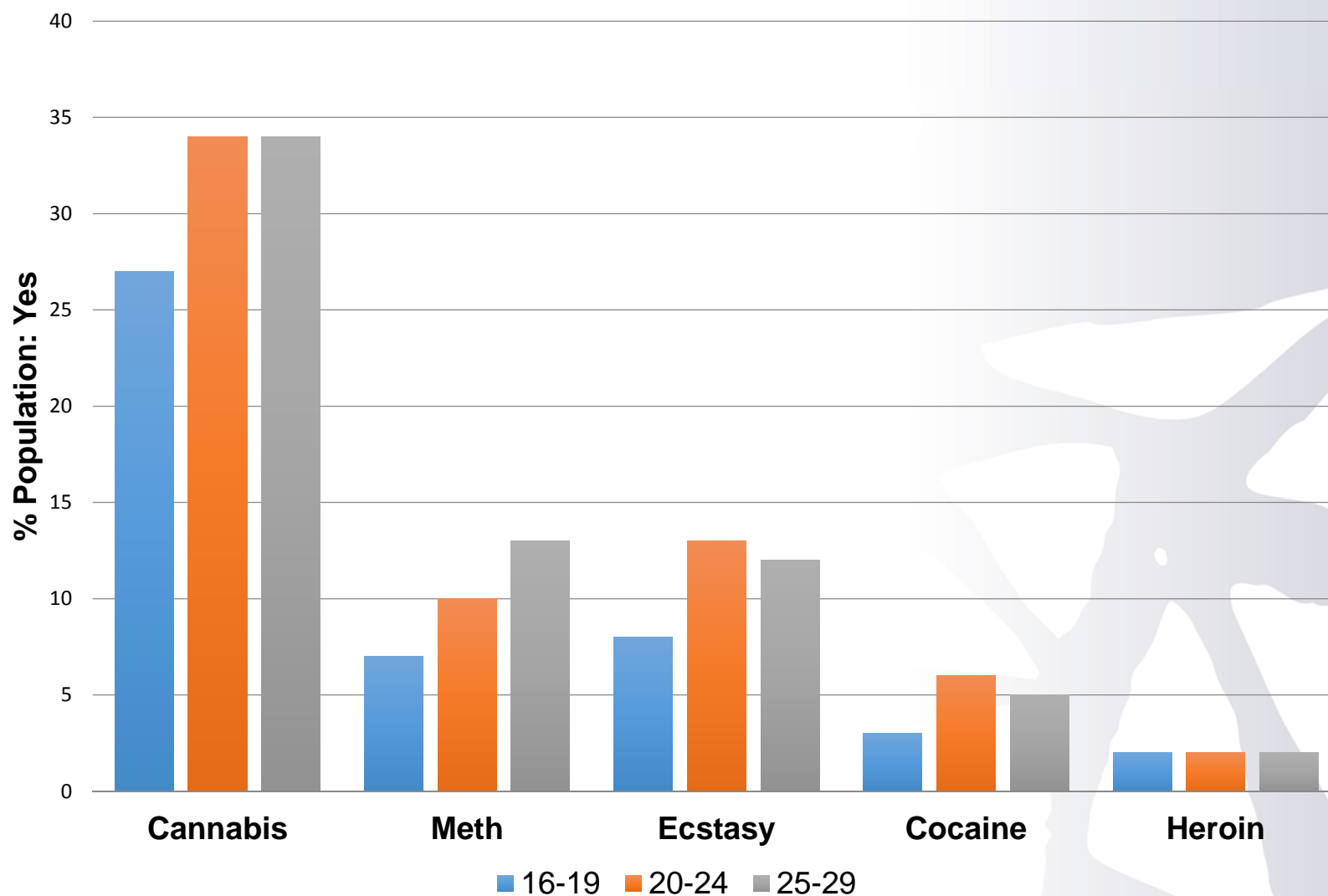
Illicit drug use by gender last 12 months



Illicit drug use by age groups last 12 months



Illicit drug use by regions last 12 months



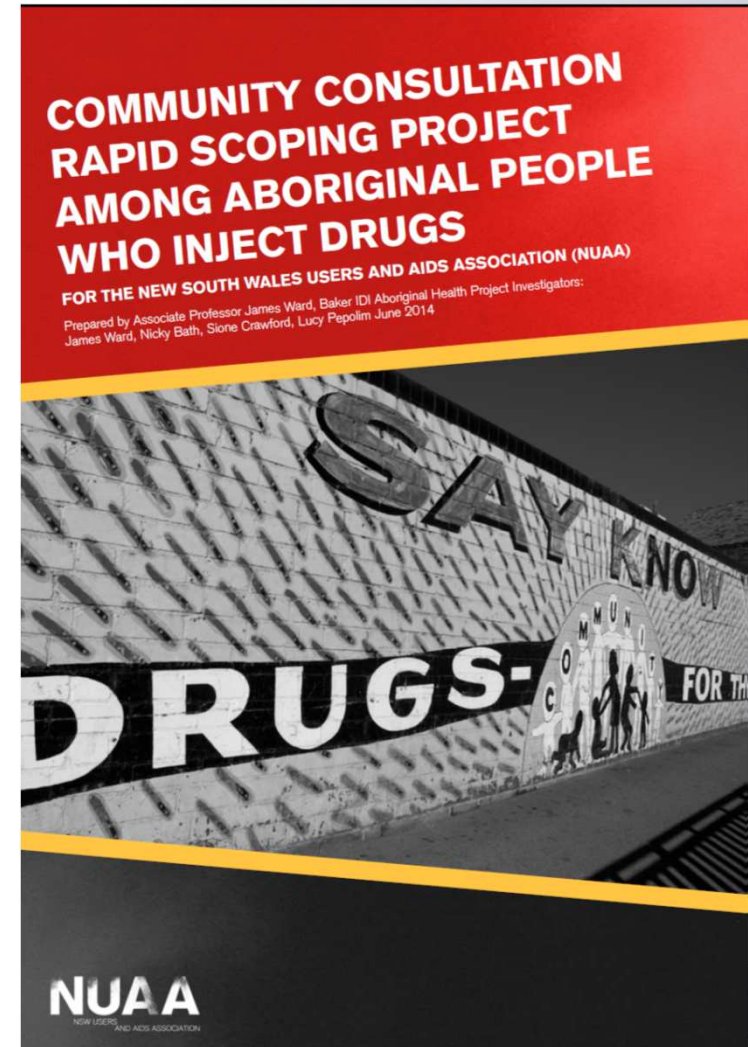
Illicit drug use-GOANNA study



- Methamphetamine use- 9% of study in last year 15 % ever
- Injecting drugs – 3% of study participants of these 37% reported sharing equipment and syringes in last year
- Methamphetamine (37%), heroin (36%) and methadone (26%) were the most commonly injected drugs, and injecting was strongly related with having been in prison (AOR 5.3; 95%CI 2.8-10.0).

RISE Study

- Focus groups with 70 Aboriginal people who inject drugs in NSW
- Knowledge
- Fentanyl
- Younger injectors
- Harm reductions services
- NUAA awareness
- Peer educators
- Partnerships with NUAA
- Aboriginal Harm Reduction position



Risk factors arising from studies

- Greater rates of sharing of equipment
- Greater numbers of people injecting
- Types of drugs injected
- Where injecting occurs
- Prison settings and injecting

Investing in populations

Reality is AOD services need to cater to different groups

- **Young people** – inexperienced injection and very early transmission to HCV and potentially HIV
- **Women's programs separately-Women** were more likely than men to have depressive symptom, to have been physically or emotionally abused, to report childhood sexual abuse, and pressured or forced to have sex
- **Men**
- **Prisoners**
- **MSM**

Incarceration and Aboriginal and Torres Strait Islander Peoples



- 31% of women in Australian prisons
- 343% increase in incarceration rates since 1991
- Longer substance use history + greater mental health outcomes
- 24% of men in Australian prisons
- More than half of young people in JJs

Bridges and Barriers Report NIDAC 2009

Incarceration – Aboriginal peoples overrepresentation



- 60% of all offenders report drug use at least once in Australian prisons
- 33% continue to inject in prisons
- Level of HCV 17X greater than in Australian population
- HIV however the rate is low in Australian prisons,
- HCV is endemic and risks for Aboriginal inmates is understated

Harm Minimisation Framework



Mainstay of Australian drug and alcohol policy

- Supply reduction
- Demand reduction
- Harm reduction

Investing in the future Harm Reduction

Typically comprises-

- AOD treatment services (detox, rehab, psychosocial interventions)
- Needle and Syringe programs
- OST and other pharmacotherapy programs
- Health promotion and education
- BBV treatment – PreP & TasP

Harm reduction vs recovery



- Harm Reduction services do not condone AOD use but provide practical support to people who are actively involved in AOD
- Many of the harms associated with AOD use can be reduced or are preventable.
- Harm Reduction services provide an important access point for other treatment programs
- Harm Reduction supports recovery and effectively complements Demand Reduction services such as withdrawal, rehabilitation and counselling.

Investing in sustainable futures



- AOD use is detrimental its impacts are often intergenerational
- Contact with police, courts and eventually inside and recidivism patterns
- HIV- Hepatitis- co-infections
- Liver Cancer gap-caused by hepatitis is growing
- Other health conditions – mental health, heart health, liver health
- Shame, discrimination

Investing in AOD treatment



- Treatment options for people with drug use include residential treatment, withdrawal management, pharmacotherapy and counselling for the drug user and their family.
- OST
- Your role is advocacy to grow this sector, quality services, that improve and that meet the needs of Aboriginal people

Investing in the future –Harm reduction- NSPs

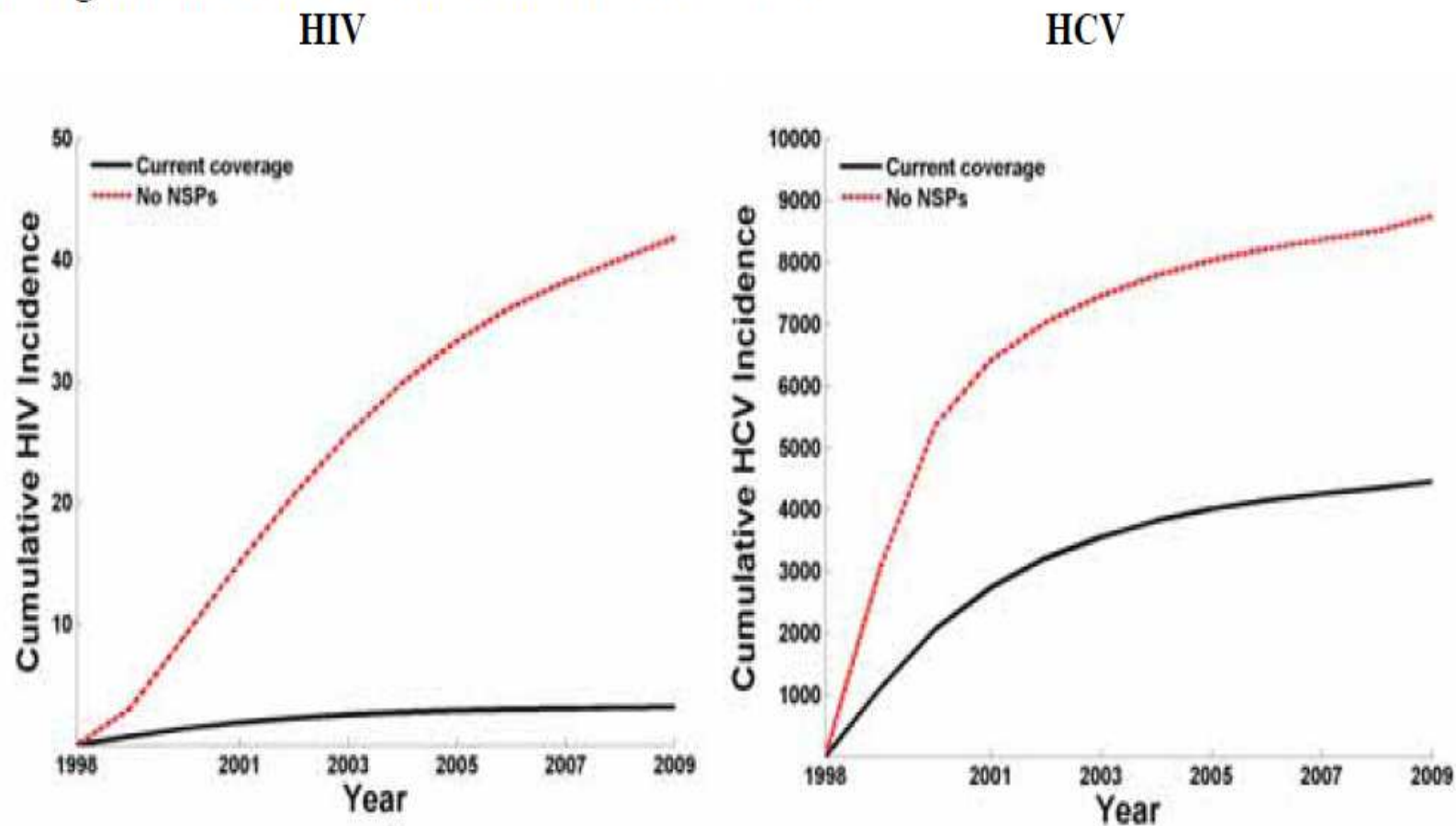


NSPs are difficult especially in establishing NACCHO NSP Position Paper

- NACCHO in partnership with the Australian Injecting & Illicit Drug Users League (AIVL) developed a discussion paper to raise awareness of and the need for support of Needle & Syringe Programs (NSPs).
- The scope of this discussion paper to provide a detailed examination of all the issues which impact on and are derived from the provision of new injecting equipment through NSPs.

NSP Value-the evidence is strong

Figure 65: Estimated cumulative number of HIV and HCV cases averted among Aboriginal and Torres Strait Islanders due to NSPs



Harm reduction- OST & other pharmacotherapies



- About 1 in 10 clients identified as Aboriginal and/or Torres Strait Islander.
- Indigenous people were around 3 times as likely to have received pharmacotherapy treatment as the non-Indigenous population.
- Indigenous clients were more likely to be treated with methadone (73%) than non-Indigenous pharmacotherapy clients (66%).

Ref: Drug treatment for opioid dependence 2013 AIHW

OST as a harm reduction tool



- Reducing HIV infection by between 50% and 64% compared to people not on OST
- Reducing injecting behaviour: prevalence (N=255) (RR 0.87, 13%) one RCT (N=253) by 55%
- Reducing proportion of patients sharing injecting equipment: three observational studies (N=1321) 21%-63%
- Reducing mortality (any cause): five observational studies (N= 69970) (RR 0.38)

Mattick et al., 2009, Bargagli A.M. et al., 2007, Mathers et al., 2013)

Health promotion and education



Peer education – largely untried but worthy of trial

Outreach programs

Rates of HIV by Exposure Category-1999-2008 Indigenous Rates per 100,000*



Exposure Category	Australia	Canada	NZ
MSM	31.4	35.6	30.8
Heterosexual (F)	12.5	55.2	3.8
Heterosexual (M)	7.2	49.3	3.2
IDU(F)	4.8	112.6	0.0
IDU (M)	8.4	107.7	0.65

* denominators are total Indigenous populations, not "exposure category specific"

Saskatchewan

Figure 7
HIV Cases by self-reported ethnicity
Saskatchewan, 2002 to 2011

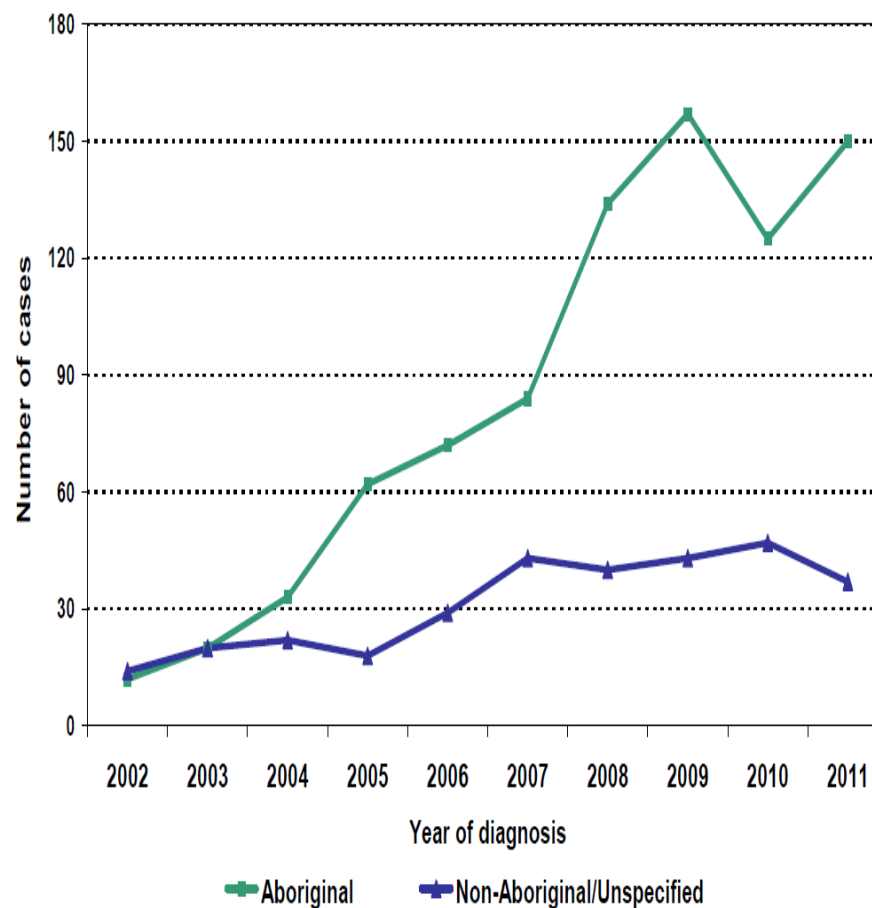
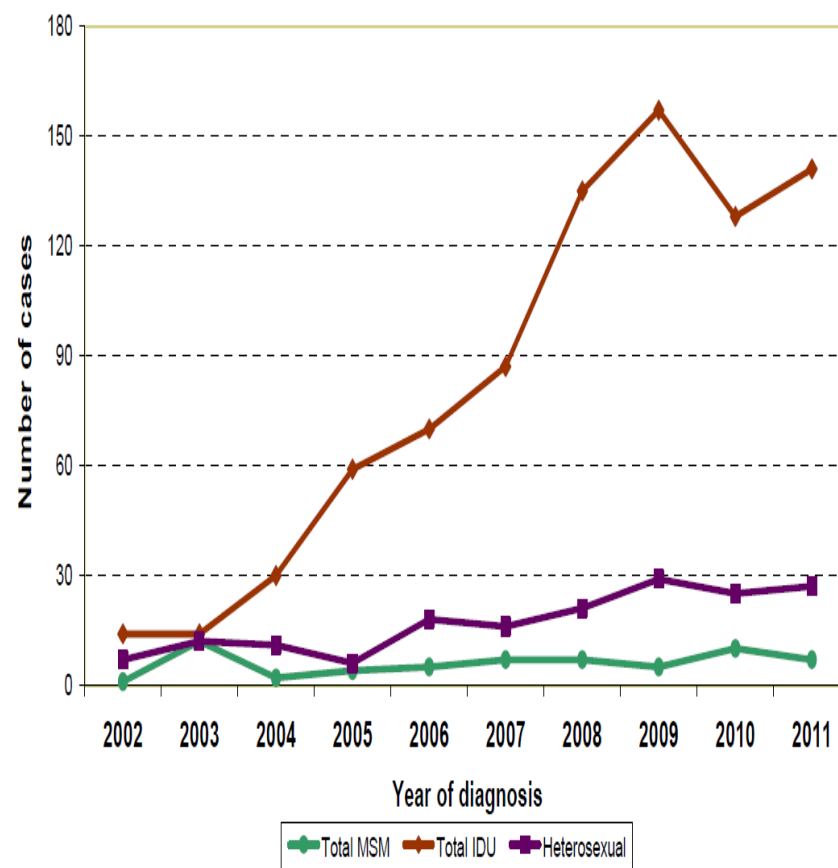


Figure 8
Number of HIV cases per selected risk factors
Saskatchewan, 2002-2011



New strategies -HIV and HCV treatment as prevention



Pre Exposure Prophylaxis

- Pre-exposure prophylaxis, or PrEP, is a way for people who are at substantial risk of getting it to *prevent* HIV infection by taking a pill every day.
- These medicines can work to keep the virus from establishing a permanent infection.



Summary

Targets in the following areas:

- NSP- Number of ACCHS and coverage for drug users – Why don't all ACCHS have an NSP?
- OST- increasing spaces for Aboriginal people— should there be greater accountability for improved access in OST
- IDU and BBV Screening for all prisoners and people with history of injecting in ACCHS
- Peer educators community outreach targeted programs
- BBV treatment – TasP and PreP
- Aboriginal residential rehabilitation
- Aboriginal specific detoxification services

Thanks

James.ward@sahmri.com

08-81284270