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Mr Ken Lay APM
National Ice Taskforce

Via online lodgement

29 May 2015

Dear Mr Lay,

Submission on development of the National Ice Action Strategy

The Australian Federation of AIDS Organisations (AFAO) is pleased to provide comments regarding the development by the National Ice Taskforce (the Taskforce) of the National Ice Action Strategy (Ice Strategy). These comments supplement our responses to the online questionnaire (online response also included below).

AFAO is the national federation for the HIV community response. AFAO's members are the AIDS Councils in each state and territory; the National Association of People with HIV Australia (NAPWHA); the Australian Injecting & Illicit Drug Users League (AIVL); Anwernekenhe National HIV Alliance (ANA); and Scarlet Alliance, Australian Sex Workers Association. AFAO advocates for its member organisations, promotes medical and social research into HIV and its effects, develops policy on HIV issues, and provides HIV policy advice to the Commonwealth, state and territory governments.

➤ **Health-based, appropriately funded response**

We are very pleased to see Taskforce Chair Ken Lay state that “for social problems like these, law enforcement isn’t the answer”. We concur with this view. For the Ice Strategy to be effective, it must be grounded in public health best practice and must not unduly focus on policing and application of the criminal law. 30 years of the ‘war on drugs’ has not stemmed the drug trade, but has served to fuel stigma and discrimination and undermine efforts to promote engagement in programs designed to support people with problematic drug use to either cease use or reduce harms.

As emphasised in the Victorian AIDS Council’s submission, Strategy actions need to be clearly grounded in a harm reduction approach to problematic use of methamphetamines. Resourcing will require the Commonwealth and States to establish appropriate funding splits, and Strategy actions must be supported by new funding, with no diversion of funds from existing programs.

➤ **Concentrated use – not generalised**

It is crucial that current epidemiological evidence be at the core of the Ice Strategy. Current evidence does not support assertions that Australia is experiencing an ice ‘*epidemic*’¹². Contrary to recent public statements and

¹ ‘Ice epidemic’? Trends in methamphetamine use from three Victorian surveillance systems, Megan S. C. Lim, Shelley Cogger, Brendan Quinn, Margaret E. Hellard, and Paul M. Dietze, Article first published online: 5 JAN 2015, DOI: 10.1111/1753-6405.12322

media reports, there is no evidence that there is a generalised high level of problematic ice use across the Australian population. Rather, the evidence indicates that there is relatively high usage among certain sub-populations, such as among injecting drug users, gay men, and Aboriginal and Torres Strait Islanders.

Inaccurate generalisations that the ice 'problem' is spread across the Australian community run the risk of failing to properly target limited funds and resources to those in actual need of care and support services. It would be concerning if funding currently provided to well targeted community-based organisations for successful alcohol and other drug interventions targeting key sub-populations, were redirected to a generalised 'awareness-raising' campaign.

The Ice Strategy must reflect and seek to respond to the concentrated nature of the epidemiology.

➤ **Peer-based response**

Equally crucial is that funding be provided to sustaining and expanding proven, evidenced based programs, provided by peers.

Peer-led responses have underpinned Australia's successful response to HIV in targeting priority populations identified in the national blood-borne virus strategies³ - particularly for developing and providing accessible HIV prevention programs for gay men, people who use drugs, sex workers, and for people among Aboriginal and Torres Strait Islander communities.

It is crucial that peer-led programs be adequately funded such that they form the centre-piece for responding to methamphetamine among these key priority populations.

➤ **Injecting Drug Users**

We have had the opportunity to read the AIVL's comprehensive submission to the Taskforce. One of AFAO's national member organisations representing communities most affected by HIV, AIVL represents people who use/have used illicit drugs and is the peak body for the state and territory peer-based drug user organisations.

AFAO endorses AIVL's recommendations, namely that:

- increased funding be provided for harm reduction and treatment services, including adequate funding for needle & syringe programs which have a proven record of very good value return-on-investment
- there is a need to end use of inaccurate language which stigmatises methamphetamine users. Research indicates⁴ that such depictions drive methamphetamine users away from health services due to previous negative experiences, with the result that users often only seeking help when they reach a point of crisis

² Scott N, Caulkins JP, Ritter A, Quinn C, Dietze P. (2015) High-frequency drug purity and price series as tools for explaining drug trends and harms in Victoria, Australia. *Addiction*. Jan; 110(1):120-8. doi: 10.1111/add.12740. Epub 2014 Oct 23.

³ There are references to use of peer-based strategies throughout the HIV and other BBV strategies. The current strategies are accessible at <http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1>

⁴ Know Your Rights, AIVL online survey: <http://www.aivl.org.au/stories/online-notification-form-for-discriminatory-action/>

- the broader social determinants of health need to be recognised. Housing, socio-economic status, and mental health issues must be identified and addressed when seeking to assist problematic methamphetamine use.

➤ **Gay men and other men who have sex with men**

We have had the opportunity to read ACON's submission to the Taskforce. AFAO endorses ACON's calls to:

- provide adequate funding for substance support services targeting gay men and other men who have sex with men, given higher levels of use of methamphetamines⁵⁶
- identify and enhance resourcing of specific initiatives that are currently providing good outcomes. For example, ACON's Substance Support Service provides free counselling for LGBTI and HIV-positive people who need assistance regarding their substance use, helping individuals manage problematic use through reducing or quitting. According to the University of NSW evaluation of this service, there was a significant reduction of methamphetamine use over a 3-4 month period among those who reported methamphetamine dependence
- identify potential gaps in knowledge regarding treatment models, criminal activity associated with methamphetamine use, and the impact of ice on vulnerable groups - including for people living in regional Australia and among Aboriginal and Torres Strait Islander communities
- improve coordination of and collaborations between existing programs at local, regional and state and territory levels.

➤ **Aboriginal and Torres Strait Islanders**

We have had the opportunity to read the submission of the National Aboriginal & Torres Strait Islander HIV/AIDS Alliance (ANA). AFAO endorses the ANA's submission.

The ANA, an AFAO member, is a community-based organisation which seeks to improve the lives and protect the rights of Aboriginal and Torres Strait Islander people affected by HIV. The ANA does this by providing national leadership in promoting and advocating for culturally appropriate services in HIV education, prevention, treatments, care and support for Aboriginal and Torres Strait Islander people.

*The Blood borne virus and sexually transmitted infections in Aboriginal and Torres Strait Islander People: Surveillance and Evaluation Report 2014*⁷ provides data and analyses for 2013 regarding STI and BBV diagnoses among people from Aboriginal and Torres Strait Islander communities. Key findings for 2013 included:

- Diagnoses of newly acquired hepatitis C and newly acquired hepatitis B are reported at disproportionately high rates among Aboriginal and Torres Strait Islander communities

⁵ Hull, P., Mao, L., Kolstee, J., Duck, T., Prestage, G., Zablotska, I., de Wit, J., & Holt, M. (2014). *Gay Community Periodic Survey: Sydney 2014*. Sydney: Centre for Social Research in Health, UNSW Australia.

⁶ Lee, E., Mao, L., von Doussa, H., Batrouney, C., West, M., Prestage, G., Zablotska, I., de Wit, J., & Holt, M. (2014). *Gay Community Periodic Survey: Melbourne 2014*. Sydney: Centre for Social Research in Health, UNSW Australia

⁷ *The Blood borne virus and sexually transmitted infections in Aboriginal and Torres Strait Islander People: Surveillance and Evaluation Report 2014*. The Kirby Institute, UNSW, Sydney NSW 2052

- HIV continues to be diagnosed at a similar rate to the non-Indigenous population although there are substantial differences in exposure categories.

While only 3% of HIV transmissions between 2009 and 2013 were attributed to injecting drug use for the general population, HIV transmission was attributed to injecting drug use for 12% of cases among people from Aboriginal and Torres Strait Islander communities over that period.

Although Aboriginal and Torres Strait Islander populations have rates of HIV similar to the general population, Aboriginal and Torres Strait Islander people are named as a priority population in Australia's *Seventh National HIV Strategy*, as well as under the *Fourth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy*. This is for a number of reasons, including the potential for an acceleration of the HIV epidemic among Indigenous communities given:

- the high prevalence of sexually transmissible infections (increasing the likelihood of HIV transmission) in many remote and very remote communities
- higher rates of injecting drug use and sharing of injecting and other equipment
- the ongoing incidence of HIV amongst sistergirls and gay and bisexual Aboriginal and Torres Strait Island men, which is exacerbated by a tendency for later diagnosis than their non-Indigenous counterparts
- limited access to culturally appropriate HIV care and prevention services
- the over-representation of Aboriginal and Torres Strait Islander men and women in prisons and juvenile detention, increasing the likelihood of injecting drug use
- the geographical, cultural and social circumstances of many communities, including high mobility, lower health literacy, and issues such as shame and underlying poor health status
- the unhindered movement and interaction of people between Australia and the Western Province of Papua New Guinea via the Torres Strait Islands and the Top End.

The [Eora Action Plan](#), launched in July 2014 in Sydney at the Indigenous Pre-Conference to AIDS 2014, is a charter for the response to HIV among Aboriginal and Torres Strait Islander communities. The Eora Action Plan sets out some clear strategies and goals, including to reduce rates of sharing injecting equipment by 50% among Aboriginal and Torres Strait Islander people who inject drugs.

As noted in the ANA's submission to the Taskforce, participants attending the last Anwernekenhe 5 National Aboriginal and Torres Strait Islander Community Conference on HIV and Sexual Health in 2011 highlighted some of the impacts of increasing use of methamphetamines in communities. Increasing rates of ice use was identified by participants as an emerging priority and incorporated into the ANA strategic plan <http://ana.org.au/publication/ana-strategic-plan/>.

AFAO shares the ANA's concern that drawing media attention to the use of ice and higher rates of injecting could potentially exacerbate community discrimination - impeding prevention, access and treatment initiatives. Aboriginal and Torres Strait Islander people already experience high levels of stigma associated with drug and alcohol issues. The ANA recommends a culturally sensitive approach to addressing ice use in communities. There is a need to building qualitative data, incorporating a collaborative community controlled partnership

with strategies to enhance needle and syringe programs in Aboriginal and Torres Strait Islander communities, and targeted HIV prevention initiatives incorporating risk behaviours associated with methamphetamine use.

➤ **Community representation and development of the Strategy**

As noted in the Victorian AIDS Council's submission to the Taskforce, it is essential that there be ongoing community input into development of the Ice Strategy so as to ensure the inclusion of meaningful actions for a harm reduction approach. The best means of achieving this is to include community representation on the Taskforce and we endorse VAC's proposal that the Taskforce include members representing communities most affected by increasing levels of methamphetamine use.

AFAO's responses to the online questionnaire

What is the impact of people using ice on our community?

Please see our [attached submission](#).

There are, of course, different impacts of problem methamphetamine use across different communities, and the National Ice Action Strategy should identify, reflect on and seek to address these differences. Simplistic generalisations that ice is devastating 'the Australian community' run the risk of fuelling stigma that creates barriers to users accessing treatment and support services. Hyperbole can also create public cynicism in response to perceived panic-mongering and divert attention from real issues that require carefully targeted responses.

As noted in the [attached submission](#), the impact of methamphetamine use on the Australian community is not homogenous, nor is there evidence of an epidemic across the community. Rather, there are elevated and increasing rates of problematic use among certain populations, and differential associated social impacts. The issues need to be teased out in the Strategy, accompanied by targeted actions that are realistic and adequately resourced – with new funding rather than funding diverted from current programs.

Where should federal, state and territory governments focus their efforts to combat the use of ice?

Please see our [attached submission](#).

Are there any current efforts to combat the use of ice that are particularly effective or that could be improved?

Governments should be focused on supporting community, peer-based interventions. Please see our [attached submission](#). For examples of such programs, see AIVL's and ACON's submissions.

What are the top issues that the National Ice Taskforce should consider when developing the National Ice Action Strategy?

Please see our [attached submission](#).

AFAO proposes that the following key principles should underpin the strategy:

- Recognition that Australia is not experiencing a generalised ice 'epidemic'

- The need for a public health response, rather than a focus on policing and strengthening application of the criminal law
- The need for a partnership response, involving governments, health professionals, researchers and community organisations representing key affected populations
- Recognition that the social impacts of problematic levels of ice use in some populations require carefully targeted responses – for example enhanced resourcing of programs addressing problematic levels of use among some Aboriginal communities
- New funding and resources should be provided for proven and evidence based responses
- New funding and resources should be provided to community-based, peer interventions.

It is crucial that stakeholders – including community organisations such as AFAO and its members – have an opportunity to see and comment on the draft National Ice Strategy before finalisation.

AFAO would be pleased to further discuss our views. Rob Lake can be contacted at rob.lake@afao.org.au or on (02) 9557 9399.

Yours sincerely,



Rob Lake
Executive Director

