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Committee Secretary
Parliamentary Joint Committee on Law Enforcement
PO Box 6100
Parliament House
Canberra ACT 2600

Via e-mail: le.committee@aph.gov.au

9 June 2015

Dear Committee Secretary,

Re Joint Committee on Law Enforcement Inquiry into crystal methamphetamine (ice)

The Australian Federation of AIDS Organisations (AFAO) is pleased to provide comments to the Joint Committee on Law Enforcement Inquiry into crystal methamphetamine (ice).

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**

AFAO recently provided a submission to the National Ice Taskforce (Ice Taskforce) regarding the development of the National Ice Strategy, noting that we were pleased to see the Ice Taskforce Chair Ken Lay state that "for social problems like these, law enforcement isn't the answer".

We have had the opportunity to read the AIVL's comprehensive submission to the Ice Taskforce and endorse the recommendations made in the submission. As AIVL emphasises, any response to the problematic use of methamphetamines needs to be clearly grounded in a harm reduction approach. Whilst we understand that this Committee's main focus will be on enhancing law enforcement toward curbing the trade in methamphetamines thereby restricting supply, there is a need to ensure that such a focus does not divert resources from harm reduction initiatives. Framing law enforcement as the 'war on drugs' has not been effective or useful. This messaging has not stemmed the illicit drug trade but has instead served to fuel the stigma and discrimination

experienced by illicit drug users, undermining efforts to promote engagement in programs designed to support people with problematic drug use to either cease use or reduce harms.

The Victorian AIDS Council's and ACON's submissions to the Taskforce emphasise that resourcing will require the Commonwealth and States to establish appropriate funding splits, with Strategy actions supported by new funding, with no diversion of funds from existing programs. There is a need for improved coordination of and collaborations between existing programs at local, regional and state and territory levels.

The remainder of our submission focusses on the following Terms of Reference:

- e. The nature, prevalence and culture of methamphetamine use in Australia, including in indigenous, regional and non-English speaking communities; and
- g. Other related issues.

➤ **Concentrated use – not generalised**

Current epidemiological evidence should be central to the development of strategies to address increasing use of methamphetamines in Australia. Current evidence does not indicate that Australia is experiencing a generalised ice 'epidemic'¹² 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 in some Aboriginal and Torres Strait Islander communities.

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 communities with high usage, and providing users in those communities with accessible care and support services. It would be concerning if funding currently provided to well targeted community-based drug intervention programs were redirected to a generalised 'awareness-raising' campaign based on a false picture of a generalised 'ice epidemic'. Such 'awareness-raising' would serve to distort the real issues, and stigmatise ice users when what is needed is to enhance access to services for ice users requiring care and support to address problematic drug use.

➤ **Peer-based response**

It is important that funding be provided to sustain and expand proven, evidence-based programs, delivered 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. Peer-led programs should be adequately resourced, with new rather than diverted funding, such that they form the centre-piece for responding to methamphetamine among these key priority populations.

➤ **Injecting Drug Users**

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

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>

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. AIVL's recommendations to the Taskforce are informed by community input and understanding of the need to enhance resourcing of services, and to tackle stigma and discrimination. AIVL recommends 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
- 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 Ice 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 methamphetamines than the general population⁵⁶
- 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.

➤ **Aboriginal and Torres Strait Islanders**

The National Aboriginal & Torres Strait Islander HIV/AIDS Alliance (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.

We have had the opportunity to read the ANA's submission to the Ice Taskforce. AFAO endorses the ANA's submission.

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

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

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

Whilst 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 Plan⁸, launched in July 2014 in Sydney at the Indigenous Pre-Conference to the 2014 International AIDS Conference, 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.

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

⁸ Available at: <https://eoracalltoaction.wordpress.com/>

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.

It is essential that there be ongoing community input into the development of any responses to problematic methamphetamine use. To this end AFAO has proposed that the Ice Taskforce include members representing communities most affected by increasing levels of methamphetamine use, and 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. I can be contacted at rob.lake@afao.org.au or on (02) 9557 9399.

Yours sincerely,



Rob Lake
Executive Director

