Feedback on the draft National Preventive Health Strategy

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Australian Federation of AIDS Organisations

The Australian Federation of AIDS Organisations (AFAO) is the national federation for the HIV community response in Australia. AFAO works to end HIV transmission and reduce its impact on communities in Australia, Asia and the Pacific. 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); the Anwernekenhe National HIV Alliance (ANA); and Scarlet Alliance, Australian Sex Workers Association. AFAO's affiliate member organisations – spanning community, research, public health and clinical workforce – share AFAO's values and support the work we do.

Background

AFAO welcomes the opportunity to provide feedback on the draft National Preventive Health Strategy (the Strategy). Our comments highlight concerns we have with the focus of the National Preventive Health Strategy and the lack of recognition of the poor health outcomes experienced by many LGBTIQ people and, in particular, the central role of LGBTIQ community-controlled organisations as safe and inclusive settings for these communities to access healthcare services.

In Australia, communities most affected by HIV include people with HIV, gay and bisexual men, transgender and gender diverse people, Aboriginal and Torres Strait Islander people, sex workers, people who use drugs, people from or who travel to high prevalence countries, and people in custodial settings. AFAO is the national peak for Australia's community-controlled HIV organisations. Our member organisations include state and territory-based AIDS Councils who provide primary healthcare to priority populations in their jurisdiction. The services provided by these members support their communities to access services across the HIV screening, prevention and treatment and care continuum. The focus of these organisations is to involve the communities affected by HIV in the development and implementation of policy, services and programs and support and care.

As the HIV epidemic changed, our members have adapted to respond to their communities' needs. These changes have been driven by member organisations' deep connections to, and understanding of, contemporary issues facing their communities alongside epidemiological and biomedical advancements in treatment and prevention. These organisations have evolved to provide services that range from General Practice and nurse-led care to peer-to-peer point of care testing, counselling, and community support services for the LGBTIQ community. In addition to HIV and sexual health services, these organisations now provide safe spaces for continuity of care in the areas of alcohol and other drugs and mental health, as well as services for people with comorbidities, in aged care, and for trans and gender diverse communities. All state-based members either have, or are in the process of, developing General Practice clinics to address the diversity and scale of health issues facing LGBTIQ communities.

Our state-based community-controlled member organisations differ from mainstream healthcare providers who provided health services to LGBTIQ people in that they are embedded in their communities and have accountability back to their communities through formal governance structures.

Executive Summary

The Strategy observes that prevention aims to maintain and improve the entire population's health and well-being while simultaneously reducing health disparities between target population groups and the general population.[1] In developing a Strategy for all Australians, we are concerned that LGBTIQ people, people with HIV and other communities affected by HIV have been left out of the discussion. HIV is mentioned on four occasions in the Strategy, while LGBTIQ people are mentioned on just five occasions. Furthermore, two of these occasions are featured as "key facts" without recognising the health inequities that place LGBTIQ people at higher risk of poor health outcomes. While we welcome LGBTIQ inclusion as a target population, there is no specific mention of them in the policy achievements in the Strategy despite LGBTIQ overrepresentation in Australia's health indicators.

If the intent is an overarching Strategy, we recommend the document focus on the institutional and structural barriers in Australia that inhibit preventive health objectives for the communities we represent. These include:

[1] Australian Government, Department of Health *Draft National Preventive Health Strategy 2021-2030* (Draft Strategy, March 2021), 19 *("Strategy")*.

- The evaluation of successful preventive health programs to understand what works, why, and the investment needed to scale up these programs across affected communities.
- The fragmentation of roles and responsibilities for service delivery created by Australia's system of federalism, in particular, the state/territory federal divide.
- The relationship between government and the not-for-profit sector as service providers.
- The role of community-controlled organisations as providers of integrated and comprehensive primary healthcare that includes care and support to people to assist them to continue living in the community (as opposed to accessing the hospital system) and health promotion to increase the capacity of communities to make informed decisions about their health.
- The development of partnerships with mainstream services to make these services more inclusive and accessible for people with complex needs.

Issues

1. HIV

While the Strategy highlights our successful HIV response and Australia continues to see a decline in new HIV notifications, the Australian Government should recognise the national HIV response requires ongoing action and targeted interventions for all priority populations. AFAO is concerned the Strategy will not address the needs of people with HIV and other communities affected by HIV unless a significant change is implemented and the Strategy better aligns with the guiding principle set forward in the eighth *National HIV Strategy 2018-2022* (the National HIV Strategy). That being, the "Coordination and integration of health services across a number of settings is essential in order to respond to new technologies, best practices, and to best support people with or at risk of HIV to make informed decisions about their treatment and prevention."[2] There is little indication the Strategy in its current form will enable, prioritise, and build on the efforts identified in the National HIV Strategy.

AFAO believes the Strategy should better articulate how our members provide culturally appropriate services designed to overcome the impact of stigma and discrimination in accessing treatment and prevention services. If left unaddressed, stigma will continue to impede efforts to meet the time-bound targets set forward in our State and National HIV strategies, where overall progress in declining HIV transmission rates is not consistent across all priority populations. Research monitoring levels of HIV related stigma shows that people with HIV continue to face challenges in navigating the health system to ensure they can access the best healthcare available.[3] More than half of participants (56%) reported experiencing stigma within the last 12 months concerning their HIV status, including 9% reporting that they "often" or "always" experienced stigma. One-third of participants (33%) reported adverse treatment by health workers, including 5% who indicated that this was "often" or "always" the case.[4] The Strategy could broaden the scope of their national stigma reduction strategy as a policy achievement by 2030. While this policy achievement is mentioned in the context of mental health, the Strategy fails to explore the impact of stigma on people with HIV and HIV priority populations. If we are to remain a leader in the international HIV response, then the Strategy must better articulate a commitment to reducing the impact of stigma and discrimination of priority populations affected by HIV.

Even though the Department of Health indicates the Strategy is not disease-specific in its approach, they have highlighted several non-communicable diseases framed as the areas informing Australia's response to disease

[2] Australian Government, Department of Health *National HIV Strategy 2018-2022* (Strategy, November 2018) 9.
[3] Centre for Social Research in Health (CSRH) (2019). Stigma Indicators Monitoring Project: People living with HIV. CSRH, UNSW: Sydney https://www.arts.unsw.edu.au/sites/default/files/documents/Stigma%20Indicators%20Summary%20HIV%20%2B%20MSM%202019.pdf.
[4] Unpublished results from the Stigma Indicators Monitoring Project, Centre for Social Research in Health, UNSW Sydney, https://www.arts.unsw.edu.au/centre-social-research-health/our-projects/stigma-indicators-monitoring-project.

protection. If this is the case, AFAO recommends that the Department of Health better acknowledge the ongoing burden of HIV on the Australian healthcare system. While the Strategy produces a vignette on HIV and AIDS to demonstrate their commitment to the ongoing HIV response,[5] we believe the Strategy does not adequately recognise the unique role of AFAO's community-controlled state-based members working with HIV communities to strengthen their capacity to make positive decisions about their health and well-being. Likewise, reference to HIV compared to other communicable and non-communicable diseases is not represented, and its exclusion in the Strategy could have a disproportionate impact on already vulnerable communities.

2. LGBTIQ health

The Strategy mentions that the COVID-19 pandemic has shone a light on the circumstances which create unequal vulnerability to illness. It also recognises the availability of tailored, culturally appropriate, and accessible communication has proven vital to ensure Australia's priority populations' safety and health and well-being.[6] While the Strategy is well-intentioned, it fails to account for LGBTIQ people adequately despite referring to priority populations and vulnerable groups. In our first submission to the Department of Health's discussion paper, AFAO emphasised that the general health and well-being of LGBTIQ Australians is in crisis and that COVID-19 has profoundly impacted LGBTIQ people. This is supported by additional research that reinforces the need for LGBTIQ-specific community infrastructure and interventions as part of the COVID-19 response.[7] In addition to this, LGBTIQ people:

- Make up the majority of those with HIV.
- Are at higher risk of mental health conditions, including anxiety and depression.
- Are more likely to attempt suicide, have thoughts of suicide and/or engage in self-harm.
- Are at higher risk of developing certain cancers.
- Report higher rates of alcohol consumption and illicit drug use.
- Are more likely to experience discrimination from healthcare workers and support staff during medical consultations and service engagement.
- Less likely to report episodes of family or intimate partner violence.

One Australian study highlights the experiences and challenges of trans and gender diverse children accessing healthcare for gender affirmation surgery and cancer care.[8] Another report investigating mental health and the well-being of gender diverse and trans young people in Australia found that over 90% of young people who had experienced physical abuse had thought about suicide.[9] [10] Young people who had experienced physical and/or verbal abuse had a higher risk of suicidal thoughts, suicide attempts and forms of self-harm; for example, 92% of young people who had experienced physical abuse had thought about suicide due to discrimination and harassment that they had experienced.[11] Another study comparing the lived experience of Indigenous and non-Indigenous transgender Australians concluded that "While there is some indication that issues facing non-indigenous [sic] transgender Australians are relevant to Aboriginal and Torres Strait Islander [sic] transgender Australians, what is distinctly

[5] *Strategy,* above n 1, 24.
[6] Ibid, 41.
[7] Steven Philpot et al, 'Impacts of COVID-19 restrictions on Australian gay and bisexual men: qualitative findings' (Conference paper, Australasian HIV & AIDS Conference ASHM).
[8] Kerr, L., Fisher, C.M. & Jones, T. (2019). TRANScending Discrimination in Health & Cancer Care: A Study of Trans & Gender Diverse Australians. ARCSHS Monograph Series No. 117, Bundoora: Australian Research Centre in Sex, Health & Society, La Trobe University.
[9] Smith, E., Jones, T., Ward, R., Dixon, J., Mitchell, A., & Hillier, L. (2014). From Blues to Rainbows: Mental health and wellbeing of gender diverse and transgender young people in Australia. Melbourne: The Australian Research Centre in Sex, Health and Society. Retrieved from: https://www.latrobe.edu.au/__data/assets/pdf_file/0007/598804/from-blues-to-rainbows-report-sep2014.pdf.
[10] Ibid, 59.
[11] Ibid, 62.

experienced by indigenous [sic] transgender Australians is racism within wider Australian communities (including queer communities) and transphobia within traditional indigenous [sic] communities."[12]

The Strategy identifies seven focus areas where a stronger and better-coordinated effort will enable accelerated health gains, particularly for communities experiencing an unfair disease burden. Three of these areas include reducing tobacco use, reducing alcohol and other drug harm, and protecting mental health. It also mentions that harm reduction will require action to address the underlying factors that contribute to higher usage levels and increasing access to support services and community-based tailored programs, particularly within organisations that these groups already access. While AFAO welcomes the focus areas, we are concerned the health disparities of LGBTIQ people within these areas have been left unaddressed.

a. Alcohol, tobacco, and other drug-related harms

The Australian Institute of Health and Welfare in the 2019 National Drug Household survey confirms that LGBT people are:[13]

- 1.5 times as likely to smoke daily.
- 1.5 times as likely to exceed the lifetime risk guidelines in reducing the harm from drinking alcohol.
- 9 times as likely to have used inhalants in the previous 12 months.
- 3.9 times as likely to have used meth/amphetamines in the previous 12 months.
- 2.6 times as likely to have used ecstasy in the previous 12 months.

These data demonstrate that LGBTIQ people are much more likely to use tobacco, drink alcohol in excess, and use other drugs. The Strategy also mentions that homosexual and bisexual people were more likely to exceed lifetime (25% vs 16.9%) and single occasion risky drinking guidelines (35% vs 26%) than heterosexual people in the key facts under this target.[14] Therefore, additional consideration should be given to tailoring strategies, policies, and systems to address this cohort, and we ask the Strategy to recognise the importance of LGBTIQ specific services in doing so. Organisations such as AFAO and its members are well placed to meet the profound unmet need for harm reduction services specifically catering to LGBTIQ people across Australia. We are also in a unique position to develop affirming partnerships with mainstream alcohol and drug services to make these services more accessible and inclusive for LGBTIQ people living in regional and remote areas of Australia.

b. Protection of mental health

AFAO welcomes the key target for the protection of mental health in reaching zero suicides for all Australians. To reach this target, we urge the Australian Government to recognise that LGBTIQ Australians are at a much higher risk of suicide than their heterosexual counterparts. The Strategy mentions the overrepresentation of mental illness among LGBTIQ people as a key fact.[15] While we welcome this inclusion, we recommend the Australian Government see these data as the minimal starting point in developing a comprehensive and inclusive preventive health strategy. In its current form, AFAO is concerned that LGBTIQ people are being reduced to statistics hidden behind the commitments of an overarching Strategy designed to account for all Australians. We believe the positioning of LGBTIQ people within the Strategy sends confusing messages about the Strategy's purpose, and the focus should shift away from key facts

12 See Smith, above n 9.
13 Australian Institute of Health and Welfare 2020. National Drug Strategy Household Survey 2019. Drug Statistics series no. 32. PHE 270. Canberra AIHW.
14 *Strategy,* above n 1, 60.
15 *Strategy,* above n 1, 64.

and statistics towards the institutional and structural barriers that inhibit the achievement of preventive health outcomes for LGBTIQ people. In addition to this, sustained investment is needed to improve access to LGBTIQ community-controlled services and LGBTIQ-inclusive mainstream services. Similarly, the ongoing impact of stigma, discrimination, violence, and abuse on LGBTIQ people's lives needs to be addressed by focusing on targeted prevention strategies and the other underlying drivers associated with poor health and well-being.[16] A more substantial commitment from the Department of Health will ensure the Strategy and its targets better conform to the Productivity Commission Inquiry Report on Mental Health[17] which discusses key influences on mental health and people's ability to participate and prosper in the community and workplace. As recommended in its report from November 2020, the mental health system needs to be refocussed on prevention and early intervention, and we commend its meaningful inclusion of the LGBTIQ population.

Conclusion

The Strategy is an important opportunity for the Australian Government to exhibit their commitment to the Australian population's health and well-being. We are deeply concerned the Strategy in its current form refers to HIV and LGBTIQ people's health primarily through vignettes and key facts, and this fails to address the issues we highlighted in our original submission to the Department of Health. A commitment to harm minimisation involves focusing on the unique set of circumstances and social inequities relevant to our communities. Likewise, preventive health measures must be inclusive of all Australians and ensure freedom from discrimination and bias.

AFAO welcomes the acknowledgement of partners in developing prevention-based programs and the recognition of LGBTIQ people as a target population in the draft Strategy. We also support the overarching enablers of the Strategy. Despite this, we do not believe the policy achievements or targets for the focus areas will reduce the extreme health inequities experienced by people with, or at risk of, HIV and the LGBTIQ population more broadly. Likewise, the draft Strategy does not recognise the intersection of HIV and LGBTIQ health with other identities such as culturally and linguistically diverse people, Aboriginal and Torres Strait Islander people, young people and people living with disabilities, and the Strategy could further recognise the complex issues of comorbidities of drug, alcohol, and mental health among the LGBTIQ population. Despite highlighting the health disparities experienced by priority populations in the focus areas, none of these includes specific targets to reduce or eliminate these inequities.

AFAO is concerned the Strategy does not acknowledge the scale of poor health among LGBTIQ communities and the evolution of community-controlled LGBTIQ and HIV organisations into platforms providing safe and inclusive settings where integrated and comprehensive healthcare services are provided for these communities. These services include community-controlled mental health, alcohol, and other drug services. The lack of recognition of these services creates inconsistencies in the delivery of services across Australia. Following the Consultation Hub's closure, AFAO encourages the Government to consider our feedback, ensuring our organisations' unique perspectives are received by the Expert Steering Committee and considered in the final phases of the Strategy's development. In particular, we recommend our engagement to ensure the specific targets and policy achievements better relate to our communities. This will ensure the National Preventive Health Strategy is consistent with the other National Strategies and inclusive of all Australians.

[16] Ibid.
[17] Productivity Commission 2020, Mental Health, Report no. 95, Canberra.