

VACCHO

Needle and Syringe Programs in Aboriginal Community Controlled Health Organisations

Discussion paper

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What is this paper for?

This paper aims to promote discussion about Needle and Syringe Programs (NSPs), injecting drug use and Blood Borne Viruses and the provision of Needle and Syringe in the Victorian Aboriginal Community Controlled Health (ACCHO) sector.

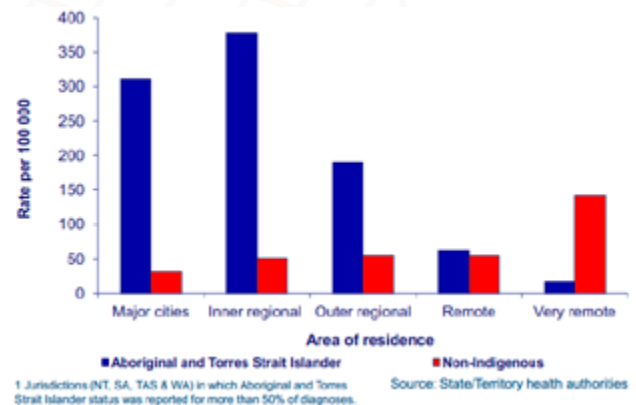
Who is this paper for?

This VACCHO Discussion Paper has been developed to provide the Board, Chairperson, CEO, Practice Manager and other interested parties with information that allows them to discuss an issue from an informed standpoint. As such, the views contained within this paper are not formal VACCHO policy.

What we know

1. In Victoria, 14% of people using Needle and Syringe Programs Survey in Victoria are Aboriginal¹.
2. In Victoria, the rate of hepatitis C in Victorian Aboriginal people is 6-7 times higher than non-Aboriginal Victorians².
3. Nationally, 13% of new cases of HIV in Aboriginal people are from injecting drug use, compared to 2% of cases in non-Aboriginal people who use drugs².
4. In Victoria, over 90% of hepatitis C is contracted through sharing injecting equipment.
5. Victorian Aboriginal liver cancer rates are higher than non-Aboriginal Victorians. Liver cancer is associated with hepatitis infection. Up to one in four people with chronic hepatitis B will die from liver cancer.
6. There is an estimated 1500 Aboriginal people on a pharmacotherapy program in Victoria³.

Notification rate of Hepatitis C infection newly diagnosed in 2012, by Aboriginal and Torres Strait Islander status and area of residence².



What we don't know

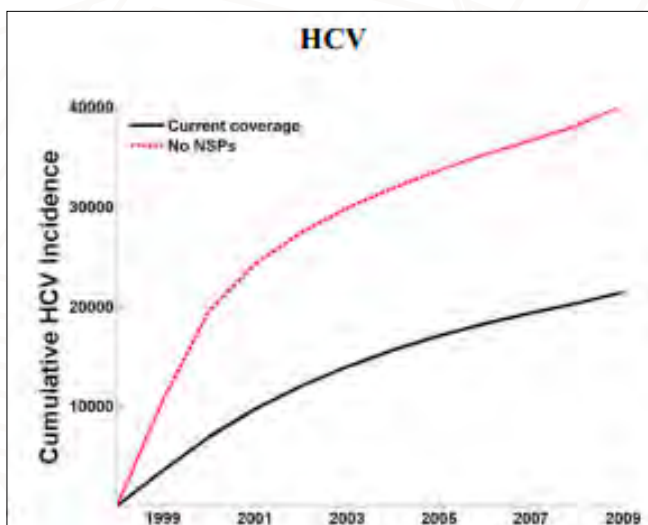
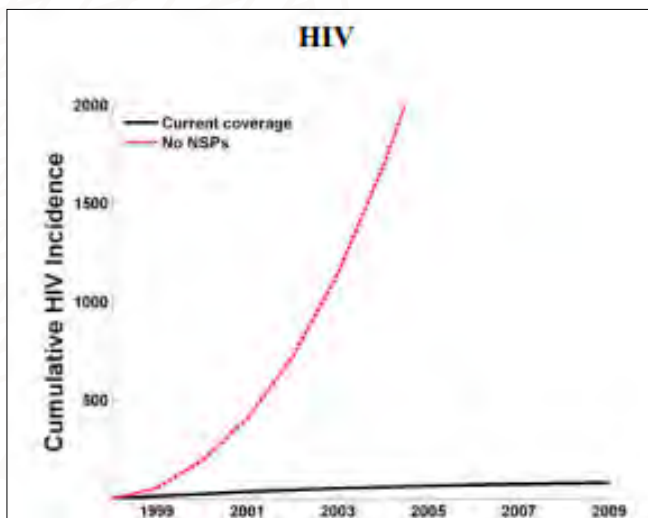
There is a lack of accurate data regarding Aboriginal and Torres Strait Islander identity in Victorian health records. Specific statistics for hepatitis B, liver cancer cases attributed to hepatitis B or C infection and the accurate number of Aboriginal people on Pharmacotherapy programs do not exist.

What works

1. In Australia, Needle and Syringe Programs have prevented about 32,000 HIV and 97,000 hepatitis C infections over the past 10 years⁴.
 - Needle and Syringe programs are much cheaper than treating HIV or hepatitis C
 - Needle and Syringe Programs based in ACCHOs increase access Aboriginal people who inject drugs to other health and wellbeing services.

The *Yiaga ba Wadamaba*⁵ report, conducted by VACCHO, collated interviews from 70 Victorian Aboriginal people who injected drugs. Many of the respondents suggested that ACCHOs should employ NSP-specific workers to provide sterile injecting equipment and harm reduction information. They also reported that IDUs were more likely to build trust with these workers, and therefore access ACCHOs around their injecting drug use behaviour.

Estimated cumulative number of HIV and HCV cases averted in Victoria due to NSPs⁴.



2. Testing and treatment of Blood Borne Viruses in ACCHOs.

- Some VACCHO members have had success in providing or entering shared care agreements with mainstream services to manage hepatitis B, hepatitis C and HIV. Some examples include DWECH's partnership with the Integrated Liver nurse, Rumbalara's monthly Healthy Liver Clinic with a visiting Gastroenterologist and VAHS treats people living with HIV, hepatitis B and hepatitis C in a shared care agreement with St Vincent's Hospital.

3. Providing Pharmacotherapy in ACCHOs.

- A prescribing GP and a relationship with a dispensing pharmacy
- Supporting clients and pharmacists by referring to the Pharmacotherapy Advice and Mediation Service (PAMS) program operated by Harm Reduction Victoria to ensure that the clients rights and responsibilities are met.

- Treating clients on pharmacotherapy with the same respect as other clients, especially with regards to pain management, accessing dentistry and surgery appointments.

Benefits of what works

1. NSPs increase management of used needle disposal in the community.
 - Needle and Syringe Programs collect used injecting equipment and encourage clients to dispose of used needles and syringes safely.
 - 24 hour disposal bins are one valuable tool for community members to responsibly dispose of used injecting equipment; this reduces the likelihood for reusing equipment and spreading blood borne viruses.
2. NSPs decrease hepatitis C and HIV in the community.
 - By reducing the number of new blood borne virus transmissions through the provision of sterile injecting equipment, we reduce the risk of exposure to non-injecting community members.
 - NSPs act as a referral point for people who are currently injecting into hepatitis or HIV treatment, drug detox and treatment. Both strategies can reduce transmission of blood borne viruses by either the amount of virus in the blood or the number of drug injections.
3. NSPs increase health care and drug treatment for Aboriginal people who inject drugs.
 - Needle and Syringe Programs add value to the holistic healthcare ACCHOs currently provide by improving rapport with injecting drug using community and providing pathways to health and wellbeing services including detox and drug treatment.
4. NSPs decrease crime and imprisonment.
 - Improving health and wellbeing through NSP services and access to detox beds and drug treatment reduces criminal behaviours.
 - Drug use is linked to crime.
 - Keeping people who inject drugs out of prison, keeps access to ACCHO social and emotional wellbeing services and access to sterile injecting equipment prevents blood borne virus transmission. Currently, there is no Victorian prison that provides sterile injecting equipment.

What doesn't work

1. Universal Abstinence only models.

- Abstinence only models deter people who are not ready to reduce or cease injecting drugs.
- Abstinence only models should be offered alongside other treatment. By only communicating about stopping all drug use, health and alcohol and other drug workers do not get to explore risk of blood borne virus transmission and other health and drug related harm with Aboriginal people who are currently injecting drugs as their primary goal is to move clients towards a drug free life.
- Stigmatising Aboriginal people who are using drugs
- All Aboriginal people, including community members who inject drugs, have a right to access health care. Unless an individual is violating the client code of conduct, ACCHOs cannot refuse service.
- Many Aboriginal people who inject drugs may not access services because of the potential for or potential for discrimination. This may be a result of past experiences of racism in mainstream services that specifically provide services for drug users, or as prior experiences of discrimination based on their drug use. This shame and isolation discourages Aboriginal people who inject drugs to access ACCHO services

“...I was embarrassed at first getting them, even would prefer someone else to go in and get them, because you don't want the workers to recognise your face, or to point the finger at you, 'that person is a user'...”

- *Yiaga ba Wadamba* respondent

Misconceptions of Needle and Syringe Programs

- NSPs do not increase levels of injecting drug use or dealing. Rather, most studies report a decrease in drug use as NSPs act as a referral point for people who are currently injecting, to access drug treatment services. (NACCHO).
- Part of the role of NSPs is the safe disposal of injecting equipment, to reduce the risk of re-using equipment or a member of the public accidentally stepping on a used syringe.

- There has never been a case of a member of the public contracting HIV from an accidental Needle Stick Injury in Australia.
- People who inject drugs are bad people and dealers. Drug use is a health and wellbeing issues, not a moral one. ACCHOs should promote health and human rights, and not to discriminate against marginalised parts of the community including Aboriginal people who inject drugs.
- Expose people accessing a health service to people who inject drugs. People who inject drugs already attend your service. Providing access to NSP or hepatitis services will not increase the numbers of Aboriginal people who inject drugs hanging around your service.

Models of Needle and Syringe Programs

Primary NSPs have been established for the sole purpose distributing and disposal of needles and syringes, condom distribution, education and referral to drug treatment and health services.

Secondary NSPs are programs operating within an existing organisation. The NSP service can be in an outreach or fixed capacity. Outreach services can operate from a work vehicle or on foot and has the potential for out of hour's service. This model has the benefit of accessing people who are too shame to enter a fixed NSP site.

Needle and Syringe Programs can be on a private list that is not promoted through Victorian Government resources. This enables the service to remain discrete and can choose to be only promoted within the word of mouth network of ACCHO service users. This reduces the risk that non-Aboriginal will attending the service for NSP supplies.

The range of injecting equipment is often smaller at secondary NSPs, and may not cater to all people who inject drugs. e.g. 1mL syringes are the only injecting product offered at Secondary NSPs and may not suit Oxycodone or Steroid users, who require different injecting equipment to minimise the drug related harms associated with injecting particular drugs. It is important to continue to share targeted harm reduction brief interventions when providing sterile injecting equipment through secondary NSPs. Specialist training can be provided by VACCHO's partner organisations including Harm Reduction Victoria and ANEX, the peak bodies for Drug Users and NSPs⁷.

There have been seven registered secondary NSPs operating within Victorian ACCHOs, currently only three are active programs as part of a holistic approach to health and wellbeing.

Hospitals and some pharmacies operate as secondary NSPs. In 2010 the Aboriginal Health

and Medical Research Council found that 20% of people who obtained injecting equipment from pharmacies self-identified as Aboriginal people⁸.

“But I do think if they (ACCHOs) had some worker, they don’t have a worker, they don’t have a worker or anything that does needle exchange...if they did have someone too, they probably should hand out boxes of hundreds instead of packs of fives and stuff like that so there’s always an abundant supply of clean ones.”

- *Yiaga ba Wadamaba respondent*

One VACCHO member who currently provides NSP services is Wathaurong Aboriginal Cooperative. This is a fixed secondary model that has ‘Fit Packs’ or paper bags containing injecting equipment, and small disposal bins in plastic tubs in each of the health worker rooms. This increases the opportunity for people to access sterile injecting equipment across the service delivery model.

What VACCHO can offer

Injecting drug use, hepatitis C and HIV are sensitive and significant issues for our Communities. The VACCHO Sexual Health and Blood Borne Virus Team can support your board, CEO, practice managers and Aboriginal Health Workers to establish or improve NSP services.

- VACCHO can support ACCHOs building partnerships between local Needle and Syringe or hepatitis services and ACCHOs
- Draw on our partnerships with ANEX, peak body for Needle and Syringe Programs; Harm Reduction Victoria, peak body for Victorian people who use drugs and Hepatitis Victoria, leading hepatitis support and education agency
- Continue to provide Aboriginal health workers and other staff training in hepatitis and harm reduction
- Continue to provide hepatitis, HIV and drug resources for ACCHO staff and service users.
- Support access to training for ACCHO GPs to provide pharmacotherapy treatment or pre and post HIV and hepatitis test discussions.
- If an ACCHO is currently providing NSP services, VACCHO can develop a quality improvement project to increase the reach and effectiveness of the service for community members who inject drugs

NSP boxes can be found in clinical rooms at Wathaurong Aboriginal Co-operative.



References

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4. Return on investment 2: Evaluating the cost-effectiveness of needle and syringe programs in Australia. Sydney: National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales; 2009.
5. Mapfumo L, Waples-Crowe P, Ware J. Yiaga ba Wadamba; Action Research - Addressing HIV risks related to injecting drug use in Victorian Aboriginal Communities, A report for the Victorian Department of Health, Anex and Victorian Aboriginal Community Controlled Health Organisation; Melbourne; 2010.
6. National Aboriginal Community Controlled Health Organisation Discussion paper on the Placement of Needle and Syringe Programs within Aboriginal Community Controlled Health Services, Canberra: National Aboriginal Community Controlled Health Organisation and Australian Injecting and Illicit Drug Users League; 2011.
7. Legislative and Policy Barriers to Needle and Syringe Programs and Injecting Equipment Access for People Who Inject Drugs, Canberra: Australian Injecting and Illicit Drug Users League; 2010.
8. Injecting drug use among Aboriginal people in New South Wales, Sydney: Aboriginal Health and Medical Research Council of NSW, National Centre in HIV Social Research, The University of New South Wales; 2010. Hard copies of the references can be supplied on request from the VACCHO Sexual Health and Blood Borne Virus Team.