



POLICY STATEMENT ON SUPPORTING HEALTHY AGEING FOR PEOPLE WHO INJECT DRUGS AND/OR RECEIVE PHARMACOTHERAPIES

This Policy Statement summarises content from AIVL's 'A Hidden Population: Supporting healthy ageing for people who inject drugs and/or receive pharmacotherapies' report, which is available at: <http://aivl.org.au/resources/>

Background:

The population of people who inject drugs in Australia is an ageing cohort. Latest trend data has found that the average age of people accessing injecting equipment through needle and syringe programs has risen from 38 years in 2012 to 42 years by 2016 and at last data collection, approximately 34% of people accessing these services were between 40-49 years and 17% aged 50 years or more^{i ii}.

The availability of the overdose reversal drug, Naloxone, and effective treatments for hepatitis C and HIV, mean that people who inject drugs are now living longer. People who inject drugs experience the same ageing-related issues experienced by the non-illicit drug using population, as well as additional complications related to drug use and blood borne viruses. The presence of older people who inject drugs in aged care services, and the ability to manage and respond to health issues such as hepatitis C, present new challenges for Australia's aged care system and aged care workers.

Key Issues:

In 2018-19, AIVL undertook the *Supporting healthy ageing for people who inject drugs and/or receive pharmacotherapies* project, which aimed to build capacity within aged care providers to respond to the unique needs of older people who inject drugs, older people on pharmacotherapies and older people living with hepatitis C or hepatitis C-related complications. It undertook national consultations (workshops and interviews) across three sites (Canberra, ACT; Bunbury and Busselton, WA; and Newcastle, NSW) with aged care providers across the spectrum of aged care service delivery to gauge understanding of issues that affect older people who inject drugs and understand how healthy ageing can be supported amongst this cohort.

Older people who inject drugs were also consulted to identify key ageing issues and specific barriers that may prevent them accessing aged care or general health services.

The output of the project was a comprehensive needs analysis report that identifies the practitioner and system needs for supporting healthy ageing amongst older people who inject drugs, and makes recommendations for systemic change.

AIVL also invited stakeholders in the palliative care and related sectors to attend the consultations to provide advice on key issues and considerations for related sectors, given the intersecting cohorts. AIVL sought the assistance of participants to ensure that the project was able to capture and articulate the needs of the various stakeholders in a way that is meaningful for informing policy, program and operational level responses to the needs of this growing population group.

Recommendations:

In responding to the community perspectives and sector views outlined in the *'A Hidden Population: Supporting healthy ageing for people who inject drugs and/or receive pharmacotherapies'* report, AIVL makes the following recommendations for systemic change to support the identified practitioner and system needs for supporting healthy ageing for people who inject drugs and/or receive pharmacotherapies:

- The aged care sector needs access to existing available datasets on ageing cohorts, including the number of people aged over 45 on pharmacotherapies in the community, in order to inform effective health and aged care service planning.
- Hepatitis C prevention, testing and treatment services should be available and offered in aged care settings.
- Eligibility requirements for aged care services require greater flexibility to accommodate the premature ageing of this cohort.
- Addressing the lack of access to clinical staff through the utilisation of innovative models of care, including -
 - more in-house prescribers in aged care settings; and
 - clinical in-reach to aged care facilities, particularly where resourcing and funding constraints are an issue.
- Funding for in-reach capacity for specialist alcohol and other drug and palliative care services, including peer-based drug user organisations, to –
 - provide formal and informal workforce development;
 - contribute to the development and implementation of care plans tailored to individual need;
 - facilitate linkages with community pharmacy services (dosing, prescriptions, deliveries, disposals);
 - provide health promotion, advocacy and support services to individuals; and
 - contribute to strategic service planning.
- The needs of Aboriginal and Torres Strait Islander peoples and communities require separate, dedicated consultations and consideration, given the intersecting layers of stigma and discrimination impacting this cohort and the particular intergenerational impacts arising from the Stolen Generations.

This policy document was adopted by AIVL and our member organisations in 2019 and is due for revision in 2022.

ⁱ Memedovic S., Iversen J., Geddes L., and Maher L. Australian Needle Syringe Program Survey National Data Report 2012-2016: Prevalence of HIV, HCV and injecting and sexual behaviour among NSP attendees. Kirby Institute, UNSW: Sydney

ⁱⁱ Heard, S., Iversen, J., Kwon, J.A., Maher, L. (2017). Needle Syringe Program Minimum Data Collection: National Data Report 2017. Kirby Institute, UNSW: Sydney.