



POLICY STATEMENT ON METHAMPHETAMINE USE, BLOOD BORNE VIRUSES (BBVs) AND SEXUALLY TRANSMISSIBLE INFECTIONS (STIs)

This Policy Statement summarises content from AIVL's 'Hidden Harms: Methamphetamine use and routes of transmission of blood borne viruses and sexually transmissible infections' report, which is available at: <http://aivl.org.au/resources/>

Background:

Over the past decade, 'ice' or 'meth' have become terms that most households are familiar with to some extent. Media outlets regularly publish stories about the police remanding people for meth related offences, and the narrative of crazed ice users has become commonplace. The Australian Government's *Ice Destroys Lives* campaign also made a mark on the social consciousness of the Australian public.

Due to the above, meth use has become a highly stigmatised activity. People do not want to be known as meth users. A risk associated with this is that they may not be aware of the available harm reduction services and programs on offer to help ensure that their drug use is as safe as possible. With this in mind, it is also evident that more needs to be done to improve health promotion messaging as well as harm reduction programs and services specific to meth use.

Key Issues:

There is minimal Australian-based research regarding meth use and its relationship with blood borne viruses (BBVs) and sexually transmissible infections (STIs) transmission, such as via smoking and through sexual activity. Much of the research focuses on issues of addiction and is written from an alcohol and other drug sector perspective. Whilst valuable, there has been less focus on the intersections between meth use and the transmission of BBVs and STIs. For example, there has been little focus on the potential risks associated with the cuts and sores in the mouth area that many meth users experience and how pipe sharing relates to BBV transmission.

The *National Drug Strategy 2017-2026*, under the pillar of harm reduction, acknowledges that reducing risk behaviours, providing safer settings for drug use as well as supporting evidence-based best practice are all critical elements of reducing harms associated with drug use.ⁱ

This policy statement focuses on the crystalline form of methamphetamine, commonly known as 'meth' or 'ice' as opposed to the powder form of amphetamine. A series of recommendations for best practice are offered, which could be implemented to improve the public health outcomes associated with meth use.

Recommendations:

Understanding the effects of meth, both positive and negative, and the variety of reasons for which people consume it, is key to developing effective harm reduction and health promotion materials and measures. Simply labelling all people who use meth as 'bad' or 'problematic' is not only stigmatising and inaccurate, but it impedes the achievement of public health outcomes for the individual and the broader community.

The *National Drug Strategy 2017-2026* speaks of reducing risk behaviours and providing safer settings in relation to drug use. In order for this to happen and for the goals of five new National BBV and STI Strategies to be achieved, further work needs to be undertaken in collaboration with a variety of sub-populations who use meth to develop effective health promotion and harm reduction messaging. To enhance responses to decrease the transmission of BBVs and STIs the following recommendations for best practice should be considered:

1. Reform of peer distribution laws regarding injecting equipment

Despite its illegality in most states and territories, the practice of distributing sterile injecting equipment occurs regularly, with studies finding that people who undertake a peer-distributing role on a large scale have significant reach and volume, and have helped avert countless BBV transmissions within the community.

Although there are not widespread examples of prosecution under state and territory laws, people who inject drugs and needle and syringe program (NSP) service providers are aware of the existence of such legislation and are cautious about its implications. It is also common for community members to describe experiences of escalating law enforcement after they disclose giving or receiving injecting equipment from peers, or being found in possession of injecting equipment. The existence and consciousness of legislation that places limits on access to sterile injecting equipment places at risk the Australian Government's ability to achieve the goals of the National BBV and STI Strategies, while simultaneously providing an environment where preventable BBVs are transmitted. Removing legislative barriers to peer distribution would allow this practice to flourish without fear of prosecution as well as enabling NSPs to encourage and support the practice amongst their clients. Reforming laws to enable peer distribution in each jurisdiction is therefore a cost-effective way of enhancing the current capacity of NSPs to reduce harm.

2. *'Safer smoking kits' or meth/ice pipes to be made available in NSPs*

It was noted during AIVL's consultations that some people who use meth have taken to injecting as acquiring purpose-made meth/ice pipes is difficult. By allowing regulated access to pipes or 'safer smoking kits' through the existing network of primary NSPs this would allow those wishing to smoke meth to do so with sterile and safe equipment, diverting them away from injecting and from sharing damaged and dangerous clandestine made equipment. Inhalation rooms should also be considered as a complimentary harm reduction measure which can provide a safe environment for consumption, similar to that of existing medically supervised injecting facilities in Kings Cross in New South Wales and Richmond in Victoria.

3. *Enhance capacity of peer-based programs and services as this is a critical means to engage with "hard-to-reach" populations*

Studies have shown that people who use drugs are more likely to seek support, help or treatment from peer-based services and programs. Greater investment in and resourcing of peer-based programs is critical if harm reduction messages are going to reach the people that they are intended for. The importance of peer-to-peer education is recognised and well documented. Peer education has been adopted in health promotion owing to its effectiveness over clinically delivered services in terms of messaging and cost benefits. The effectiveness of peers owes to others seeing them as a credible source of information and being viewed as trustworthy which other professionally delivered services struggle to achieve due to a lack of rapport. Furthermore, it is known that stigma and distrust typically drive people who use/inject drugs away from accessing essential health care. As such peers can provide moral support and help overcome this barrier.

4. *Safe sex messaging tailored to different demographics, including women, heterosexual men, young people and non-injecting drug users*

It is known that meth use leads to a higher incidence of riskier sexual behaviour among all demographics. Appropriate safe sex messaging needs to be tailored to people who use meth in a way that is relatable to their experiences. Again, one size does not fit all within this kind of messaging and resourcing needs to be put into focus group testing with peers to ensure that what is developed is relevant to the intended audience. Furthermore, knowing where to distribute such information is critical. As outlined above, younger people as well as people who do not inject meth are less likely to be aware of or engage with NSPs unlike the older cohort of people who inject opioids. AIVL's membership of peer-based drug user organisations is well-placed to facilitate engagement with a range of drug using sub-populations, including non-injectors.

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

¹ Australian Government. (2017) *National Drug Strategy 2017-2026*. Department of Health. Retrieved from <http://www.nationaldrugstrategy.gov.au/>