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Consultation Paper: Development of the National Preventive Health Strategy

Department of Health

Email: NPHS@health.gov.au

Dear Colleagues

The Australian Injecting and Illicit Drug Users League (AIVL) welcomes the opportunity to provide input to 'Consultation Paper: Development of the National Preventive Health Strategy'.

Australian Injecting and Illicit Drug Users League (AIVL)

AIVL is the Australian national peak organisation representing the state and territory peer-based drug user organisations in relation to issues of national relevance for people with lived experience of drug use. AIVL's vision is a world where the health and human rights of people who use/have used drugs are equal to the rest of community. This includes a primary focus on reducing the transmission and impact of blood borne viruses including HIV and hepatitis C – including for those accessing drug treatment services – through the effective implementation of peer education, harm reduction, health promotion and policy and engagement strategies at the national level.

In summary

AIVL supports the development of a National Preventive Health Strategy, which seeks to sustainably address the increasing burden of disease, reduce health inequity and increase preparedness for emerging health threats.

The visions and aims outlined in the Consultation Paper provide a strong foundation for the Strategy. In particular, AIVL supports a focus on ensuring 'Australians with more needs have greater gains' and 'Investment in prevention is increased'.

As AIVL agrees with the overarching approach and points in the Paper, the scope of this response is on the focus area of 'reducing alcohol and other drug-related harm' as mentioned on page 19.

There are four main points which AIVL encourages consideration of which are applicable across the Strategy as a whole:

1. Harm reduction is an important form of prevention which includes but is not limited to measures such as needle and syringe programs (NSP) and access to pharmacotherapy
2. Stigma and discrimination within the healthcare system and workforce needs to be recognised and addressed
3. Peer-led programs are an effective and critical platform to engage people in preventive health measures
4. Custodial settings need to be considered within the scope of Strategy

Harm reduction is an important form of preventive healthcare

Prior to the COVID-19 pandemic, Australia's alcohol and other drug sector was already struggling to respond to demand. A review by the National Drug and Alcohol Research Centre in 2014 found there is a substantial unmet demand within the alcohol and other drug (AOD) treatment sector. An estimated 200,000 – 500,000 Australians each year are unable to access treatment for problems associated with drug or alcohol use.[1] Additionally, it has been found that for every $1 spent on alcohol and other drug treatment, $7 is saved in other costs to the community.[2]

The *National Framework for Alcohol, Tobacco and other Drug Treatment 2019-2029* outlines the types of interventions which should be supported to reduce harm.[3] It would be encouraging to see linkages made between the proposed *National Preventive Health Strategy* and the abovementioned key areas.

Furthermore, the pandemic-related health crisis that Australia has suffered throughout 2020, has highlighted the need for agility and flexibility of Australia's health system to ensure that people needing preventive health care do not face unnecessary barriers to access.

An example of such a response to COVID-19 was the development of the *Interim guidance for the delivery of medication assisted treatment of opioid dependence in response to COVID-19: a national response*.[4] Changes outlined in this document allowing for an increase in takeaway dose options for

[1] National Drug and Alcohol Research Centre. (2014) New Horizons: The review of alcohol and other drug treatment services in Australia. Available at: https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/New%20Horizons%20Final%20Report%20July%202014.pdf

[2] Ibid.

[3] Australian Government, Department of Health. (2019) National Framework for Alcohol, Tobacco and other Drug Treatment 2019-2029, available at: https://www.health.gov.au/resources/publications/national-framework-for-alcohol-tobacco-and-other-drug-treatment-2019-29

[4] Lintzeris, N., et al. (2020) Interim guidance for the delivery of medication assisted treatment of opioid dependence in response to COVID-19: a national response, available at:

individuals stabilised on Opioid Substitution Treatment (OST) has been a welcome measure to ensure that people remain engaged with drug treatment. Although research findings are forthcoming, anecdotal evidence suggests that there has not been a spike in overdoses related to these changes. Ensuring changes made throughout the pandemic, which have proven to be beneficial, are maintained is an opportunity for Australia's healthcare system to harness.

Investment in workforce development is another aspect which should be prioritised to improve Australia's response to alcohol and other drugs. This applies to both the alcohol and other drug workforce and the broader healthcare workforce as outlined above. As long as people continue to face stigma and discrimination whilst trying to engage with the healthcare system, progress will be impeded.

Finally, it is needs to be more widely recognised that alcohol and other drug-related harms do not occur in a silo and are often, although not always, connected to mental health and other circumstances such as childhood trauma.[5] Linkages to preventive health initiatives across different aspects of the healthcare system need to be enhanced and strengthened.

Address stigma and discrimination within the healthcare workforce

Stigma and discrimination within the healthcare system and workforce is a critical aspect which requires attention in order to achieve the vision and aims of the Strategy. AIVL acknowledges the statements made regarding the importance of the workforce under the 'Mobilising a Prevention System' section, and strongly agrees with the statement that building capacity and capability will be integral to achieving success. However, AIVL believes that there is a need for this issue of stigma and discrimination to be addressed.

Stigma and discrimination from healthcare staff remains a significant barrier to the delivery of holistic healthcare. People who use drugs in Australia have reported healthcare settings as a key context of negative attitudes and discriminatory treatment.[6] This cohort falls into the category of what the Paper describes as 'Australians with more needs'. Discriminatory experiences act as a barrier to people seeking other and/or future health interventions. As such, concentrated efforts need to be made to address the barriers to preventive healthcare that stigma and discrimination create.

Australian-based research has shown that changing attitudes towards this highly stigmatised and marginalised group of people can be achieved. For instance, AIVL's 'Stigma, Discrimination and Injecting Drug Use' eLearning module was developed as a training tool for publicly funded health services in New South Wales. The aim of the module is to reduce discriminatory attitudes of healthcare workers towards people who use/inject drugs by drawing on the real-life experiences of individuals. Research was conducted regarding the effectiveness of the module with findings showing a positive shift in healthcare workers attitudes following completion of the training.[7]

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https://www.racp.edu.au/docs/default-source/news-and-events/covid-19/interim-guidance-delivery-of-medication-assisted-treatment-of-opiod-dependence-covid-19.pdf?sfvrsn=e36eeb1a_4

[5] Williams, J. et al. (2020) Exploring stress, cognitive, and affective mechanisms of the relationship between interpersonal trauma and opioid misuse. PLoS ONE 15(5)

[6] Brener, L. et al. (2017) Evaluation of an online injecting drug use stigma intervention targeted at health providers in New South Wales, Australia. Health Psychology Open.

[7] Ibid.

Stigma and discrimination towards other population groups such as Aboriginal and Torres Strait Islander peoples, sex workers and people formerly incarcerated must also be addressed.

It is critical that the Strategy acknowledge that social conditions in which people are born, live and work is the single most important determinant of good health or ill health. The World Health Organization (WHO) has described social determinants as:

> *'…the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social and economic forces.'*[8]

Additionally, the Strategy should acknowledge that 'Australians with more needs' are often facing other complexities and challenges in life which may extend beyond what is visible in a healthcare settings. For example, unemployment, homelessness or housing pressures, domestic violence, among other societal and domestic pressures. When developing the Strategy there should be recognition that social determinants play a fundamental role in a person's health and that seeking and accessing healthcare may not be the highest priority for an individual facing complex and challenging circumstances.

As a significant national strategic document AIVL believes it is critical that the *National Preventive Health Strategy* acknowledges the damaging effects of stigma and discrimination, within the broader context of the social determinants of health, and supports mechanisms to challenge this. If progress is not made regarding this aspect of healthcare provision, those who are most in need - those who are highly stigmatised and marginalised - will not be the beneficiaries of improved health outcomes.

Peer-led programs are an effective and critical platform to engage people in preventive health measures

In order to enable individuals to make the best possible decisions about their health, peer-led programs and services must fall within the scope of preventive health measures. Peer-led programs are led and conducted by people from the communities most affected, for example hepatitis C or HIV, and operate through organisations established and governed by these communities.[9]

Peer-led programs include activities and initiatives such as peer-based service delivery and peer-based health promotion. Peer involvement is not confined to management of these programs, but refers to their contribution and involvement throughout development, implementation and evaluation. Given that these types of programs are developed by the community, for the community, they are able to quickly respond to complex and changing environments.[10]

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[8] Commission on Social Determinants of Health (CSHD). (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization. Available at: https://www.who.int/social_determinants/final_report/csdh_finalreport_2008.pdf

[9] Brown, G. et al. (2018) A Systems Thinking Approach to Understanding and Demonstrating the Role of Peer-Led Programs and Leadership in the Response to HIV and Hepatitis C: Findings From the W3 Project. Front Public Health, vol 6.

[10] Ibid.

Peers play a critical role in engaging stigmatised and marginalised people in healthcare measures. When stigma and discrimination from the healthcare workforce can act as a barrier, peer involvement and connection can overcome that and create engagement with preventive healthcare. Australia's response to HIV for instance, has been heavily led by peers.

The *National Framework for Alcohol, Tobacco and other Drug Treatment* details a number of interventions to reduce harm, one of which is peer-led support[11].

The Consultation Paper currently acknowledges the need for Australians to have 'options, knowledge and skills to make the best decisions about their health…', for this to be truly realised, especially for those affected by alcohol and other drug-related harms, accessing peer-led programs should be an option.

Custodial settings need to be considered within the scope of the Strategy

In 2019 there were 43,028 people in adult custodial settings in Australia.[12] It is known that people in custodial settings typically have significant and complex health needs.[13] Whilst some of these health needs are long-term or chronic in nature, there is also the opportunity to improve preventive healthcare measures for this cohort. Thus, custodial settings should be considered as part of the application of the Strategy.

It is also important to note that matters relating to healthcare provision within custodial settings disproportionately affect Aboriginal and Torres Strait Islander peoples given the disproportionately high level of incarceration of this population group.[14]

Equivalence of care is a principle which states that when a person is detained they are entitled to the same standard of medical care afforded to them as would be available to them in the general community in the same country.[15] By adopting the United Nations 'Mandela Rules', Australia has committed to the provision of equivalent healthcare in custodial settings.

For decades, Australia has had a well-established range of needle and syringe programs (NSP) in the community which have been effective in controlling the HIV epidemic. As a result, Australia has a low

[11] Australian Government, Department of Health. (2019) National Framework for Alcohol, Tobacco and other Drug Treatment 2019-2029, available at: https://www.health.gov.au/resources/publications/national-framework-for-alcohol-tobacco-and-other-drug-treatment-2019-29

[12] Australian Government, Bureau of Statistics. (2019) Prisoners in Australia, 2019. Available at: https://www.abs.gov.au/ausstats/abs@.nsf/mf/4517.0

[13] Australian Government, Australian Institute of Health and Welfare. (2018) The health of Australia's prisoners. Available at: https://www.aihw.gov.au/getmedia/2e92f007-453d-48a1-9c6b-4c9531cf0371/aihw-phe-246.pdf.aspx?inline=true

[14] Ibid.

[15] Niveau, G. (2006) Relevance and limits of the principle of "equivalence of care" in prison medicine. Journal of Medical Ethics, vol. 33.

rate of HIV prevalence among the population of people who use drugs, sitting at 2.3% in 2019 – a preventive health measure that Australia can be proud of.[16]

Whilst this effective harm reduction measure is available to people in the community, it is not available to those who are incarcerated. The *Fifth National Hepatitis C Strategy* draws attention to this:

> *'People in custodial settings are at a heightened risk of hepatitis C transmission due to the high hepatitis C prevalence among prison entrants and limitations on the delivery of evidence-based harm reduction and demand reduction programs such as provision of sterile needles and syringes, (…), and evidence based opioid treatment programs. Current approaches to hepatitis C in these settings focus primarily on treatment. Opportunities for greater harm reduction and demand reduction services need to be explored.'*[17]

If preventive health measures are being used in the Australian community, these measures need to be extended to those who are incarcerated. After all, the healthcare of people who are incarcerated *is* the healthcare of the Australian community. AIVL acknowledges that the responsibility for the operation of custodial settings sits with jurisdictional governments however the Commonwealth Government has the ability to demonstrate commitment and leadership on this matter through the frameworks afforded by key national strategies.

In conclusion

AIVL supports the core concepts and approach outlined in the *Consultation Paper: Development of the National Preventive Health Strategy* and believes that this provides a strong foundation to achieve the vision and aims. However, AIVL believes that the Strategy would be further strengthened by the inclusion of the points outlined in this submission. Consideration must be given to the different measures required to effectively engage highly stigmatised and marginalised people in preventive healthcare, whilst also tackling the systemic issue of discrimination against certain cohorts which remains a significant issue among some mainstream healthcare providers, settings and services.

Yours sincerely,

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[16] Heard, S. Iversen, J., Geddes, L., & Maher, L. (2020) Australian NSP survey: Prevalence of HIV, HCV and injecting and sexual behaviour among NSP attendees, 25-year National Data Report 1995-2019. Sydney: The Kirby Institute: UNSW Sydney

[17] Australian Government, Department of Health. (2018) Fifth National Hepatitis C Strategy 2018-2022. Available at: https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1