



A submission from

The Northern Territory AIDS & Hepatitis Council
Harm Reduction Program

To the

Select Committee on a Northern Territory Harm Reduction Strategy for
Addictive Behaviours

The Northern Territory AIDS & Hepatitis Councils Harm Reduction Program peer staff have provided input to this submission based on consultation with clients, observation and firsthand experience as people who inject drugs.

The focus of this submission is on injecting drug use.

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Harm Reduction

The Northern Territory AIDS & Hepatitis Council's (NTAHC) Harm Reduction Program operates the three primary Needle and Syringe Program (NSP) outlets in the NT with sites located at Darwin Palmerston and Alice Springs. The program also services and maintains three Afterhours Dispensing Units (ADU) which provide 24 hour access to sterile injecting equipment in Fitpacks.

The two primary goals of the program are to reduce the spread of Blood Borne Viruses (BBV) and to reduce the harms associated with injecting drug use.

The Harm Reduction Programs operations are guided by the Harm Minimisation approach of the National Drug Strategy 2017 – 2026.

“Since its first iteration in 1985, Australia’s National Drug Strategy has been underpinned by an objective of minimising the harms associated with alcohol, tobacco, illicit drug and pharmaceutical drug use.”

As stated in the strategy, Harm Minimisation consists of three pillars –

Demand Reduction – Preventing the uptake and/ or delaying the onset of use of alcohol, tobacco and other drugs; reducing the misuse of alcohol, tobacco and other drugs in the community; and supporting people to recover from dependence through evidence informed treatment.

Supply Reduction – Preventing, stopping, disrupting or otherwise reducing the production and supply of illegal drugs; and controlling, managing and/ or regulating the availability of legal drugs.

Harm Reduction – Reducing the adverse health, social and economic consequences of the use of drugs, for the user, their families and the wider community.

This concise definition of harm reduction adequately describes the approach taken by our program, and this submission shall outline the harm reduction strategies that we employ to achieve our goals. A more in depth description of Harm Reduction can be found [here](#).

The Demand Reduction pillar also contributes to harm reduction outcomes. The NSPs will offer referrals and information on treatment options to any clients who express a desire to stop injecting drugs, and will assist them on that journey through the NTAHC’s Care and Support program.

Unfortunately, some demand reduction initiatives can cause a great deal of harm to People Who Inject Drugs (PWID) when advertising campaigns by governments vary from factual information into emotional, almost hysterical portrayals of PWID. The “Ice Destroys Lives” advertisements gives the impression that people who use ice will bash and steal from their Mother and pretty much bash everyone else as well. This may well be true for a very small number of people who use ice, but it stigmatises everyone else which is very unhelpful when trying to reduce the harms associated with PWID disengaging from their families and the wider community.

The NSP supplies a comprehensive range of free sterile injecting equipment to PWID to reduce receptive sharing which in turn reduces the spread of viral infections and other harms. We also

provide safe sharp disposal facilities, and safe sharps handling and disposal training to external agencies. Health promotional resources and referrals to health, housing, welfare and legal services are also provided. Free Naloxone is also offered from the NSP outlets along with training on responding to an overdose.

Engagement with clients is the basis of all of our harm reduction strategies. The Harm Reduction Program operates a peer based staffing model where a peer is defined as someone who has a lived experience of injecting drug use. Being a peer staff member is desirable though not mandatory. Peer staff are able to engage closely with clients and influence injecting behavior as there is no us and them aspect to this engagement. Clients value the knowledge and experience of peer staff, and quickly come to trust us as we provide a style of service that for some clients provides a break in the battle that is their daily life. Peer staff have also proved to be very resilient in dealing with such a highly stigmatised and marginalised clientele as they have similar life experience.

To have the best chance of success the NSP staff engage with every client in a friendly, respectful and non-judgmental manner. Staff are very careful to never erect any barriers to clients returning whenever they may need more equipment and will not argue with or make disparaging comments about their beliefs, be they political, religious or cultural.

The NSP sites have been remodeled to make them more user friendly with the removal of barriers such as counters which have been replaced with work stations. Couches and water dispensers are a feature of the NSPs to encourage conversation. Clients may serve themselves if they don't wish to engage with staff initially, though staff will always stand from their work stations to greet each client as they enter the site. Our engagement strategies have proven to be very highly rated by clients responding to our annual Snapshot Surveys.

Harms Associated with Injecting Drug Use & Harm Reduction Strategies to reduce the Harms

Accidental Opioid Overdose

Although most opioids injected in the Northern Territory are prescription medications of a known measured dose, accidental overdose can still occur when:

- Opioids are combined with other depressant drugs such as alcohol or benzodiazepines (Poly drug use)
- A person's tolerance to opioids has been reduced due to a period of abstinence, often from being incarcerated

Overdose will often occur when people inject opioids of variable dosages such as:

- Street Heroin which can vary wildly in quality and strength
- Home bake, a brew of prescription and previously over the counter opioid medications which have varying concentrations of opioids in the brew.
- Fentanyl sourced from transdermal patches. Fentanyl is 100 times stronger than Heroin and a precise dose is very difficult to obtain from cutting up patches as it may be spread unevenly on the patch.

Several strategies are employed to reduce the harms from accidental overdose with the most serious of these harms being death. They are:

- Getting Naloxone into the hands of people who are likely to witness an accidental overdose, and providing training on its use. Naloxone reverses the effect of opioids for a short period.

- Providing First Aid response information to people who are likely to witness an accidental overdose
- Providing education on the risk factors associated with accidental overdose, and strategies to reduce the risks such as never shooting up alone, and injecting a small test amount first.
- Raising awareness through campaigns and events on International Overdose Awareness Day.

Blood Borne Virus (BBV) Infection

Transmission of BBVs such as HIV and Hepatitis can occur whenever there is blood to blood contact between an infected person and another person by:

- Receptive sharing of injecting equipment such as syringes, spoons or tourniquets.
- Unprotected penetrative sex
- Sharing toothbrushes and/ or razorblades.
- Unhygienic tattooing and/ or body piercing
- Needle stick injury. Although very rare amongst the public it is more common in a health care setting.

The main harm reduction strategy employed to reduce the spread of BBVs is prevention, by:

- The supply of a free comprehensive range of sterile injecting equipment from fixed site Primary NSPs.
- The provision of some sterile injecting equipment from Secondary NSPs such as Pharmacies and Clinic 34s
- Twenty four hour access to Fitpacks through Afterhours Dispensing Units (ADU)
- Supply of free safe sex products, mainly condoms
- Safe sex campaigns and promotion
- Provision of safe sharp disposal facilities
- Client education through engagement
- Safe Sharps Handling and Disposal training provided to external agencies
- Raising awareness through campaigns and events on World Hepatitis Day, World AIDS Day and the AIDS Candlelight Vigil.

Harms are also reduced for those who have already contracted a BBV by:

- Promoting testing and treatment through engagement with clients and public campaigns

Bacterial Infection

One of the most common harms from injecting drug use are bacterial infections such as:

- Staphylococcus infections
- Abscesses
- Cellulitis
- Bacterial Endocarditis

NSP staff engaging with clients to deliver safer injecting practices is the main strategy to reduce these harms. This engagement relies on clients trusting the staff member enough to believe and accept the advice. A peer based staffing model goes a long way towards creating that trust.

These safer injecting practices are:

- Provision of sterile filters such as Wheel Filters and Sterifilts with promotion of their use to remove harmful additives and contaminants from illicit street drugs and prescribed pills.
- Education on the need to swab all surfaces that come in contact with a drug mix such as spoons and the injecting site with isopropyl alcohol swabs. Washing of hands and general good hygiene practices are also advised.
- Education to not remove needles or syringes from their sterile packaging until they are needed.

- Avoidance of subcutaneous injecting of a drug mix as this has a higher risk of bacterial infection than intravenous injecting.

Vein Damage

In the NT there is very little heroin and most opioids injected are prescribed pills. Injection of pills may require large volumes of water to dissolve the pill which results in a large mix being injected. This is also true of some prescribed amphetamines. Generally the larger the mix being injected, the higher the potential for vein damage. Vein damage can of course also occur from injecting street drugs in smaller amounts due to additives.

Strategies employed by NSP staff to reduce these harms are:

- Engagement with clients to convince them to filter their mix with wheel filters when injecting crushed pills, and Sterifilts when injecting Methamphetamine.
- Advising clients to change injecting sites regularly, allowing veins to repair.
- Education campaigns to always inject above the waist and below the neck.
- Provision of Hirudoid (bruise) cream to reduce scarring and bruising.
- Provision of Winged Infusion Set's to allow injection of large volumes without multiple injections.
- Supply of resources such as "Handy Hints" from the Australian Illicit & Injecting Drug Users League (AIVL)

Non – Clinical Harms for People Who Inject Drugs.

Supply reduction policies in the Northern Territory and the rest of Australia ensure that most drugs that are injected are illicit (illegal) which can create very severe harms for the person who chooses to inject drugs.

Accessing illicit drugs usually requires becoming involved with a black market which criminalises the person who chooses to inject. The potential for a productive tax paying citizen and member of the community to gain a criminal record and loss of career prospects, or suffer incarceration for their drug use, is very real and influences many aspects of people's behavior

People who choose to use drugs by necessity must keep their use secret to try to avoid the potentially serious Law and Order consequences of their drug use. This can make accessing any health services difficult, as when they have a health issue that may be related to drug use they may not be totally truthful to health professionals for fear of being stigmatised. This reluctance to be up front about drug use can contribute to misdiagnosis and negative health outcomes.

The NTAHC's NSP staff through their own personal experience and experiences related to them from clients sadly show that medical help is sometimes denied to people who some General Practitioners (GP) and Emergency Department staff believe to be PWID. The term, drug seeking behavior, has been applied to people who present to a Doctor usually complaining of pain with no visible or obvious cause. Often people are judged by GPs to be angling for opioids even if they haven't requested any, and end up leaving the consultation without any treatment or orders for tests, scans or referrals. The next step is to approach a different GP, and very soon the judgement of being a Doctor Shopper is also applied. The frustration of not being believed and the anger of being denied medical help immediately develops into a belief that they are not a valued part of the community. This type of discrimination will generate alienation from a society which can have long lasting destructive consequences for the victim and ultimately the society. The NTAHC do understand that some PWID do try to access prescription opioids from GPs when not in chronic pain, though Doctors labelling people as drug seekers without evidence

will further alienate them from the health system and may have a major impact on their willingness to access health services in future, and that can affect the uptake of HIV, hepatitis C and other treatments.

Accessing drugs from a black market also means that the actual composition of the drug is unknown. Apart from not knowing the purity and not being able to judge a safe dosage, it may have other dangerous drugs and substances added. In the USA and Canada, cheaper to access Fentanyl and Carfentanil are being added to what is sold as heroin, causing many deaths and a crisis in health care.

The NTAHC does not condone drug use though we do advocate on behalf of PWID. Our harm reduction approach to injecting drug use means that we will provide services to PWID without any requirement for clients to be undertaking any form of rehabilitation moving towards abstinence.

We believe the most effective harm reduction strategy to address the many risks and harms associated with criminalised drug use is drug law reform that de-criminalises drug use. The expansion and success of Opioid Substitution Therapy (OST) would also be enhanced with a less punitive approach facilitated by removal of laws that imply that OST programs are state sponsored illegal behavior.

Many people with an opioid dependency avoid signing up to current OST programs due to the inflexible and stigmatising rules which many are unable to comply with such as set dosing times that are during standard working hours, which assumes that all opioid dependent people are unemployed.

It is a life changing event for an opioid dependent person to be freed from having to score, sometimes several times per day and to constantly have to find large amounts of cash money, usually to the detriment of family or friends to pay for the drugs. The only people who profit from the current laws are criminal organisations that are able to produce or access large amounts of illicit drugs.

The NTAHC Harm Reduction Program Recommends

1. The De-scheduling of Naloxone

Naloxone (Narcan) is a safe drug with no [abuse potential](#) that can temporarily reverse the effects of an opioid overdose giving first responders time for emergency services to arrive, greatly improving the patient's chances of survival.

Currently under the NT Medicines, Poisons & Therapeutic Goods Act, Naloxone is classed as a Schedule 3 or Schedule 4 substance which reduces our ability to get this life saving drug distributed amongst the people most likely to witness an accidental opioid overdose.

In Canada Naloxone has been de-scheduled to allow its distribution without any un-necessary legal impediments as it is the cornerstone of their response to the opioid crisis to reduce the death rate.

Any harm reduction strategy being developed must consider de-scheduling Naloxone as no argument can be genuinely mounted that a safe lifesaving drug without any abuse potential should be restricted.

2. The expansion of NSP services

The population of the Northern Territory is spread over a very large and difficult to service land mass. The Sexual Health & Blood Borne Virus Unit (SHBBVU) of the CDC provides secondary NSP services from Clinic 34 sites in the main regional towns and we recommend that their funding be increased to boost their capacity to better service these sites. Remote and regional services are limited and service delivery could be greatly improved with the installation and servicing of ADUs to allow 24 hour access, and provide an anonymous service modality for those who feel shame in accessing a service in a small town.

Extra funding would allow the establishment of a Mobile Outreach Service in Darwin and Alice Springs, which could provide NSP services to marginalised homeless populations and housebound clients.

The increased capacity that extra funding would create would also allow the development of partnerships with Aboriginal Medical Services in remote areas to introduce harm reduction programs.

3. Increased funding for harm reduction services

As one of the three pillars of the National Drug Strategy, harm reduction should attract the same funding and resources as the other two pillars

4. Drug Law Reform

The War on Drugs has been the source of unnecessary misery for so many people that it would be better characterised as the War on People Who Use Drugs. The human and financial cost is beyond our understanding, but no informed harm reduction policy can continue with this harm maximisation.

5. Pill testing

The NTAHC Harm Reduction Program endorses any effort to introduce pill testing in the Northern Territory. We would advocate for legislation to allow it in any location where party drugs are likely to be consumed such as music festivals and nightclub strips. As a harm reduction strategy we can see no rational or evidence based argument against it.

6. Flexibility of Opioid Substitution Treatment Programs

The Northern Territory Opioid Pharmacotherapy Program provides maintenance dosing of mainly Buprenorphine for people who wish to transition off injecting opioids but don't wish to enter intensive rehabilitation programs. The current NT program is very inflexible compared to those in other states and territories and would attract more clients if the rules were brought into line with those of other jurisdictions.

7. Safe Injecting Rooms

The NTAHC Harm Reduction Program encourages the NT Government to pass enabling legislation to allow a room to be set up at Darwin NTAHC NSP site for a trial. Extra funding would be required to employ a full time Nurse. Some injectors live in the "long grass" without any hygienic facilities or support in the case of an overdose. We see safe injecting rooms as an important improvement in harm reduction policy.