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The Secretary
Select Committee on a Northern Territory Harm Reduction Strategy for Addictive Behaviours
GPO Box 3721
DARWIN NT 0801
Via email: RAB@nt.gov.au

September 7, 2018

Dear Madam/Sir

Re: Submission to the Select Committee on a Northern Territory Harm Reduction Strategy for Addictive Behaviours

Thank you for the opportunity to comment on this reference. Please note that our expertise is confined to illicit and, in particular, injection drug use and our comments draw on two data key sources: 1) The Australian Needle and Syringe Program Survey (ANSPS), an annual sentinel surveillance mechanism funded by the Australian Government Department of Health to provide serial point estimates of HIV and hepatitis C virus (HCV) antibody prevalence and associated risk behaviour in people who inject drugs (PWID) and 2) the Australian Needle Syringe Program National Minimum Data Collection (NSP NMDC), also funded by the Australian Government Department of Health, which collects annual data in relation to (i) Agency-level administrative data (NSP service type and location), (ii) Client-level data (demographic characteristics of NSP attendees [age, gender and Indigenous status], drugs injected by NSP attendees and health education interventions and referrals provided) and (iii) National needle and syringe distribution, to enable reporting against key NSP indicators as outlined in the National Surveillance and Monitoring Plan.

1. The current scale and trends of illicit drug-use in the Northern Territory and its impacts upon health, justice, drug and alcohol and law enforcement activities

Data from the ANSPS¹, which is conducted annually at ~50 NSPs in all jurisdictions nationally, indicates a recent shift in the pattern of drugs injected in the Northern Territory. Historically, pharmaceutical opioids were the most commonly reported drug last injected, however methamphetamine has been the most commonly reported drug last injected since 2016. The key risk behaviours for transmission of blood-borne viral infections among people who inject drugs are receptive sharing of needles and syringes (use of someone else's used syringe) and receptive sharing of drug preparation equipment (water, spoons, swabs)². In the Northern Territory, the proportion of people who reported receptive syringe sharing was stable at between 4-10% over the past five years, while the proportion of people who reported receptive sharing of drug preparation equipment was significantly higher at between 18-38%. These data indicate the need for harm reduction services to enhance health promotion activities and the distribution of drug preparation equipment to reduce receptive sharing of these items.

¹ Heard, S., Iversen, J., Geddes, L., Maher, L., (2018). *Australian NSP Survey National Data Report 2013-2017. Prevalence of HIV, HCV and injecting and sexual behaviour among NSP attendees*. Kirby Institute, University of New South Wales, Sydney.

² Pouget, E.R., Hagan, H., Des Jarlais, D.C., (2012). Meta-analysis of hepatitis C seroconversion in relation to shared syringes and drug preparation equipment. *Addiction* 107(6): 1057-1065.

In the Northern Territory, between one third and one half of people who inject drugs participating in the ANSPS have been exposed to hepatitis C virus (HCV) infection. According to the Hepatitis C Mapping Project, 2016³, the Northern Territory Public Health Network (PHN) has the highest proportion of the population living with chronic HCV (1.87%) of any Primary Health Network in Australia and the second highest chronic HCV notification rate per 100,000 population (80.3), with only 9.4% of people living with chronic HCV treated in 2016. *Harm reduction services are uniquely placed to facilitate referral to HCV treatment among the group most at risk of ongoing transmission of HCV and should be supported in this endeavour in order to maximise the potential treatment as prevention benefits of new efficacious direct acting antiviral therapy available on the Pharmaceutical Benefits Scheme.*

While HIV prevalence in people who inject drugs in Australia is low and stable (~2%)⁴ there remains a risk of transmission of HIV infection. In the North Territory, HIV prevalence among people who inject drugs was 3% in 2013, although no cases were observed in any subsequent year¹.

2. Current harm reduction measures available in the Northern Territory and other jurisdictions and their alignment with the National Drug Strategy

Syringe distribution has increased over the past 5 years in the Northern Territory, with 0.54 million needles and syringes distributed in 2016/17, compared to 0.49 million syringes distributed in 2012/13⁵. This equates to an 11% increase over a five-year period, which is slightly lower than the 16% increase observed nationally. In the NT, needles and syringes are predominantly distributed via public sector outlets (NSP services operated by NT AIDS and Hepatitis Council), with the contribution of the pharmacy sector (3%) significantly lower than occurs nationally (13%). Nevertheless, in 2016, the Northern Territory distributed 2.9 syringes per head of population aged 15 years or more, which is above the national median of 2.6 syringes distributed. Sufficient syringe coverage is required, not only to prevent new HCV infections, but also to minimise the risk of reinfection among those who have cleared their HCV infection, either spontaneously or through hepatitis C treatment.

3. A review of best practice evidence in the following areas to support the development of a revised harm reduction framework for the Northern Territory: (1) Medical response and ongoing treatment, (2) Health interventions such as: i. Needle and syringe programs; ii. Medically supervised injecting facilities; and iii. Pill testing. (3) The adoption of culturally relevant health and education interventions; (4) Police and criminal justice responses to drug-related offending; (5) Police and court diversion programs; (6) Drug driving programs; (7) Public awareness campaigns, including school-based education; and (8) Support for affected families and communities

Needle and syringe programs are recommended by the WHO, UNAIDS UNODC, the European Centre for Disease Prevention and Control and the European Monitoring Centre for Drugs and Drug Addiction as a key intervention for preventing drug related harms, including HIV and HCV transmission⁶. There is good evidence that NSPs are effective in the prevention of HIV infection⁷ and emerging evidence that high coverage NSP can reduce the risk of HCV infection among

³ *Hepatitis C Mapping Project*. Estimates of geographic diversity in chronic hepatitis C prevalence, diagnosis, monitoring and treatment - National Report 2016.

⁴ Iversen, J., Wand, H., Topp, L., Kaldor, J., Maher, L., 2014. Extremely low and sustained HIV incidence among people who inject drugs in a setting of harm reduction. *AIDS* 28(2): 275-278.

⁵ Heard, S., Iversen, J., Kwon, J.A., Maher, L., (2017). *Needle Syringe Program National Minimum Data Collection: National Data Report 2017*. Kirby Institute, UNSW Australia, Sydney.

⁶ WHO/UNODC/UNAIDS. *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users*. Geneva: World Health Organization, Joint United Nations Programme on HIV/AIDS and United Nations Office on Drugs and Crime; 2009.

⁷ Palmateer, N., Kimber, J., Hickman, M., Hutchinson, S., Rhodes, T., Goldberg, D., 2010. Evidence for the effectiveness of sterile injecting equipment provision in preventing hepatitis C and human immunodeficiency virus transmission among injecting drug users: a review of reviews. *Addiction* 105(5): 844-859.

people who inject drugs⁸. NSPs are also highly cost effective and have also been shown to be cost saving^{9,10}.

Australia has a well-developed and widespread network of NSPs which has existed for more than three decades. NSP services in the Northern Territory are currently all fixed site and Automatic (syringe) Dispensing Machines (ADM). ADMs are a cost-effective mode of service delivery available to expand service provision reach and have been well utilised in the Northern Territory. However, there are currently no mobile or outreach NSP services. The World Health Organization, UNAIDS and the UN Office on Drugs and Crime (UNODC) recommend the use of mobile NSP as an alternative and complementary source for delivery of NSP and other harm reduction services⁶. Mobile and outreach NSPs can cover large geographic areas, are able to access clients in a range of settings and often provide services at times when fixed site NSP services are not available^{11,12}. Mobile and outreach services can also adapt service delivery to changes in policing and drug markets^{13,14} and may be more acceptable to local residents and businesses¹⁵.

Given that the Northern Territory has the third largest land mass of Australia's eight states and territories and relatively small population, there would be considerable benefit to piloting outreach models of NSP service delivery. Ensuring access to sterile injecting equipment through a range of service delivery models, including the expansion of the successful SDM program and the introduction of mobile and outreach services, including peer-based services is necessary to optimize syringe coverage and prevention service delivery. Finally, as is the case in several other Australian jurisdictions, there is a need to remove criminal penalties associated with the possession of injecting equipment and legal barriers to peer distribution of injecting equipment in order to optimize coverage¹⁶.

⁸ Platt, L., Minozzi, S., Reed, J., Vickerman, P., Hagan, H., French, C., Jordan, A., Degenhardt, L., Hope, V., Hutchinson, S., Maher, L., Palmateer, N., Taylor, A., Bruneau, J., Hickman, M., 2017. Needle syringe programmes and opioid substitution therapy for preventing hepatitis C transmission in people who inject drugs. *Cochrane Database Syst Rev* 9, CD012021.

⁹ Kwon, J.A., Anderson, J., Kerr, C.C., Thein, H.H., Zhang, L., Iversen, J., Dore, G.J., Kaldor, J.M., Law, M.G., Maher, L., Wilson, D.P., 2012. Estimating the cost-effectiveness of needle-syringe programs in Australia. *AIDS* 26(17), 2201-2210.

¹⁰ Kwon, J.A., Iversen, J., Maher, L., Law, M.G., Wilson, D.P., 2009. The impact of needle and syringe programs on HIV and HCV transmissions in injecting drug users in Australia: a model-based analysis. *J Acquir Immune Defic Syndr* 51(4):462-469.

¹¹ Riley ED, Safaeian M, Strathdee SA, Marx MA, Huettner S, Beilenson P, Vlahov D. Comparing new participants of a mobile versus a pharmacy-based needle exchange program. *J Acq Immun Def Syndr*. 2000;24(1):57-61.

¹² Maher L, Bates A, Coupland H, Enriquez J, Ho HT, Le TT, Liao L, Pham A, Sargent P, Thach M, Walsh N. We are family: ICON, a model for effective peer-based outreach targeting marginalised injecting drug users. In Moore D, Deitze P. (eds). *Drugs and Public Health: Australian Perspectives on Policy and Practice*. Melbourne: Oxford University Press, 2008:141-152.

¹³ Maher L, Li J, Jalaludin B, Wand H, Jayasuriya R, Dixon D, Kaldor JM. Impact of a reduction in heroin availability on patterns of drug use, risk behaviour and incidence of hepatitis C virus infection in injecting drug users in New South Wales, Australia. *Drug and Alcohol Dependence* 2007;89(2-3):244-250.

¹⁴ Islam MM, Conigrave KM. Assessing the role of syringe dispensing machines and mobile van outlets in reaching hard-to-reach and high-risk groups of injecting drug users (IDUs): a review. *Harm Reduct J*. 2007a;4:14.

¹⁵ Somlai AM, Kelly JA, Otto-Salaj L, Nelson D. "Lifepoint": a case study in using social science community identification data to guide the implementation of a needle exchange program. *AIDS Educ Prev*. 1999;11(3):187-202.

¹⁶ Lancaster K, Seear K, Treloar C. Laws prohibiting peer distribution of injecting equipment in Australia: A critical analysis of their effects. *International Journal of Drug Policy*, 2015: 26(12):1198-206.

4. Effective strategies for coordination across treatment facilities to also provide for addictive behaviours more broadly

Treatment for alcohol and other drug problems is highly cost effective¹⁷ however the demand for treatment in Australia exceeds supply¹⁸. We currently treat less than half of those who are suitable for and seek treatment in any given year¹⁹. While coordinated treatment of addictive behaviours offers efficiencies, this will only be effective if additional resources are provided to ensure that appropriate treatments are actually available to those who need them.

Please do not hesitate to contact us if you require further information.

Yours faithfully



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¹⁷ Ettner, S., Huang, D., Evans, E., Ash, D., Hardy, M., Jourabchi, M., et al. (2006). Benefit-cost in the California treatment outcome project: does substance abuse treatment "pay for itself"? *Health Services Research, 41*(1), 192-213.

¹⁸ Ritter, A. & Stooze, M. (2016) Alcohol and other drug treatment policy in Australia. *Med J Aust*, 204 (4): 138

¹⁹ Ritter, A., Berends, L., Chalmers, J., Hull, P., Lancaster, K. & Gomez, M. (2014) *New Horizons: The review of alcohol and other drug treatment services in Australia (Chapter 8)*. Final report submitted to the Commonwealth Department of Health. Sydney: Drug Policy Modelling Program, NDARC, UNSW. Available at: [http://www.health.gov.au/internet/main/publishing.nsf/content/FD5975AFBFDC7013CA258082000F5DAB/\\$File/The-Review-of-alcohol-and-other-drug-treatment-services-in-Australia.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/FD5975AFBFDC7013CA258082000F5DAB/$File/The-Review-of-alcohol-and-other-drug-treatment-services-in-Australia.pdf).