# ANCAHRD submission to the Standing Committee on Family and Community Affairs inquiry 'Substance Abuse in Australian Communities'

## Background

The Australian National Council on AIDS, Hepatitis C and Related Diseases is the Federal Government's key advisory body on HIV/AIDS, hepatitis C and related communicable diseases. The Minister for Health and Aged Care established ANCAHRD in December 1999 to provide independent and expert advice on these matters.

ANCAHRD is principally concerned with the identification of national needs, objectives and priorities in the areas of education, treatment, services and research. ANCAHRD also has a mandate to promote community understanding of HIV/AIDS, hepatitis C and related issues. In particular, ANCAHRD advises the Minister for Health and Aged Care and his Department on the implementation of the recently approved *National HIV/AIDS Strategy 1999-2000 to 2003-04* and the forthcoming *National Hepatitis C Strategy 1999-2000 to 2003-04*.

Both of these Strategies are based on a commitment to the development and maintenance of partnerships and involving affected communities in responses to these epidemics. ANCAHRD believes that the same commitment must underscore any efforts to address the consequences of substance abuse in Australian communities.

## ANCAHRD's focus in relation to drug use

The transmission of blood-borne infections, such as HIV and hepatitis C, constitutes one of the main harms associated with injecting drug use for both individuals and the Australian community at large. This submission will focus on strategies aimed at reducing the impact of infection with blood-borne viruses on the lives of people who inject drugs, as well as on strategies aimed at preventing blood-borne virus transmission.

Many people who inject drugs are at risk of infectious diseases, largely due to the sharing of unsterile injecting equipment. This is most often due to the illicit nature of drug injecting. Hepatitis C is the most common of these infections, with very high proportions of people who inject drugs having been exposed and chronically infected[1]. In general, the prevalence of antibodies to hepatitis C in people who inject drugs is higher than the prevalence of antibodies to both hepatitis B and HIV[2].

## The spread of HIV and hepatitis C due to injecting drug use

*HIV*

The cumulative number of HIV infections in Australia to the end of 1998 was estimated to be 17,600, with approximately 11,800 people living with HIV infection[3]. Approximately 8% of HIV

---

[1] Crofts, N., Thompson, S., Kaldor, J., *Epidemiology of the hepatitis C virus.* Communicable Diseases Network Australia New Zealand, 1999, p.11.

[2] Crofts, N. et al, 1999, p.11

[3] *HIV/AIDS, Hepatitis C and Sexually Transmissible Infections in Australia - Annual Surveillance Report 1999,* National Centre in HIV Epidemiology and Clinical Research, p.7.

diagnoses in Australia have been in people with a history of injecting drug use, of whom about half were men who also report a history of homosexual contact[4].

Needle and Syringe Programs in Australia have contributed significantly to the low numbers of HIV-positive people who inject drugs.

Compared to countries without comprehensive Needle and Syringe Programs, both prevalence and incidence of HIV among people who inject drugs in Australia is low[5].

*Hepatitis C*
Hepatitis C is now the most commonly notified communicable disease in Australia, and poses a serious threat to public health. According to current estimates[6], over 200,000 people in Australia have been infected with hepatitis C, of which an estimated 134,000 have developed chronic hepatitis C infection.

Many people who inject drugs have adopted safe injecting practices, effective in preventing HIV transmission, and promoted through Needle and Syringe Programs and HIV prevention programs. However, the virulence and transmissibility of the hepatitis C virus means that sharing equipment other than syringes can be enough to place a person at high risk of transmission. Consequently, to date, approximately 80% of hepatitis C infections are due to the sharing of injecting equipment among people who inject drugs. Around 91% of all new hepatitis C infections arise from injecting drug use[7].

It should also be noted that the high prevalence of hepatitis C among people who inject drugs seems to indicate that the virus has been present in this population for decades, long enough to reach endemic proportions[8]. Encouragingly, hepatitis C prevalence among people with a history of injecting drug use has declined from over 60% in 1995 to around 50% in 1996-98[9].

**The impact of having HIV and/or hepatitis C infection**

Infection with HIV and/or hepatitis C affects not only people's health and wellbeing, but also impacts significantly on the determinants of quality of life.

*HIV*
As a result of new and more effective treatments, most people living with HIV/AIDS are living longer and healthier lives. Some, however, are experiencing treatment failure, while many others experience mild to severe side-effects as a result of the toxicity of the drugs. HIV continues to be a life-threatening condition, with profound health and psychosocial impacts on the lives of people living with this virus.

---

[4] *HIV/AIDS, Hepatitis C and Sexually Transmissible Infections in Australia - Annual Surveillance Report 1999,* National Centre in HIV Epidemiology and Clinical Research, p.16.
[5] Wodak, A., 1995, *Needle Exchange and Bleach Distribution Programmes: The Australian Experience*, The International Journal of Drug Policy, 6 (1), p.46-56.
[6] Australian National Council on AIDS and Related Diseases (ANCARD) Hepatitis C Subcommittee, 1998, *Hepatitis C Virus Projections Working Group: Estimates and Projections of the Hepatitis C Virus Epidemic in Australia,* p.1.
[7] ANCARD Hepatitis C Subcommittee. p.1.
[8] Crofts, N., Thompson, S. and Kaldor, J., op cit, p.23
[9] Annual Surveillance Report 1999, p.16.

*Hepatitis C*

According to a recent review of the natural history of hepatitis C[10], 65 to 85% of infections will become chronic. Of all people with chronic hepatitis C infection, 5 to 10% will progress to advanced liver disease. While the majority of people with chronic hepatitis C infection will not progress to advanced liver disease, they all have reduced quality of life.

While treatments options for hepatitis C infection have improved in recent years, in particular through the emergence of combination therapy, health promotion remains the best strategy for preventing transmission and managing the impacts of chronic infection.

Prevailing community perceptions about people who inject drugs, in combination with widespread ignorance about the transmission risks of HIV and, in particular, hepatitis C, have attached discriminatory stigma to those infected, as well as those perceived to be at risk of infection. Other common problems confronting people with HIV and/or hepatitis C are anxiety and stress associated with having a life-threatening condition, loss of employment and resultant issues around income and housing.

Both epidemics pose serious social and economic challenges. These include providing adequate health promotion, treatment and care services to infected people, and the direct and indirect costs of providing health services to people at risk of, or with, HIV/AIDS and/or hepatitis C.

A complicating factor is the occurrence of co-infection. Many HIV-positive people who inject drugs are co-infected with hepatitis C[11]. Due to similar routes of transmission, co-infection with hepatitis B is likely to be common among people with hepatitis C with a history of injecting drug use. Enhanced surveillance and monitoring is required to improve our knowledge and understanding of co-infection issues.

ANCAHRD stresses the importance of providing adequate access for people who inject drugs to appropriate treatment, care and support services in Australia's mainstream health services.

**Preventing transmission**

To minimise and, ultimately, eliminate the harms associated with drug use, an appropriate mix of supply reduction, demand reduction and harm reduction interventions needs to be developed and implemented. None of these types of interventions will be effective on its own, but a coordinated mix of approaches and interventions will work to substantially reduce the personal and social impacts of drug abuse

Where behaviour is identified as potentially harmful, eg. injecting drug use, harm reduction interventions are being used to reduce adverse health consequences associated with that behaviour, eg. disease transmission and the resultant personal and social impacts. Transmission of blood-borne viruses, such as HIV and hepatitis C, among people who inject drugs is preventable. Needle and Syringe Programs have proven to offer significant health gains as well as be highly effective in containing the spread of blood-borne viruses among this population[12].

---

[10] Dore, G. 1999, *Natural history of hepatitis C virus infection* (unpublished commissioned paper)

[11] Crofts, N., et al, p.82.

[12] Department of Human Services and Health, 1995, *Valuing the Past … Investing in the Future: Evaluation of the National HIV/AIDS Strategy 1993-94 to 1995-96,* (Professor RGA Feacham, evaluator), p.88-93.

Under both the National HIV/AIDS Strategy and the forthcoming National Hepatitis C Strategy, a range of harm reduction programs, designed to prevent and reduce blood-borne virus transmission, will continue to be supported.

**Blood-borne viruses in custodial settings**

ANCAHRD is particularly concerned with the situation in custodial settings. A history of incarceration has been identified as an independent risk factor for hepatitis C transmission. This is due to the high prevalence of hepatitis C infections among custodial populations and the lack of harm reduction strategies available within these institutions.

That incarceration is an independent risk factor for hepatitis C transmission is an appalling phenomenon. People required to serve time in custodial settings must not be placed at risk of contracting life-threatening illnesses.

With over 20,000 inmates at any time in Australia, and with large numbers of people entering and leaving the corrections system each year, custodial settings pose a serious incubator threat both to inmates, custodial staff and, upon release, to the broader Australian community.

Around 50% of people in Australian custodial settings report a history of injecting drug use[13], and some studies have found as many as 66% of people entering the custodial system have hepatitis C[14]. Furthermore, a significant proportion of people (around 25%) continue to inject while in custody, and in the absence of harm reduction measures, this group reports almost universal rates (about 90%) of sharing injecting equipment[15]. Research also shows that 10% of inmates are initiated into drug injecting practices whilst in custodial settings[16].

Within custodial settings, access to education, the means to prevent transmission, and infection control are severely limited. There are also restrictions on the distribution of a number of personal hygiene items, such as razors and scissors. Sterile tattooing and injecting equipment is not available, and the means to clean such equipment is limited. As a result, sharing and re-using of unsterile equipment is common. Acts of violence involving blood-to-blood contact are also common, and pose an additional risk to all within these settings.

ANCAHRD strongly believes that the implementation of harm reduction programs equivalent to those for non-custodial settings will be of vital importance in containing the spread of blood-borne viruses among inmates in custodial settings. Equally important is providing inmates in custodial settings with adequate access to health promotion and drug dependency treatment programs, such as methadone maintenance therapy.

**Recommendations**

First and foremost, ANCAHRD maintains that adequately resourced Needle and Syringe Programs are essential to any effort to contain the spread of blood-borne viruses among people who inject drugs. Such programs should not simply be resourced to provide sterile injecting equipment, but should also be resourced to provide clients with prevention education and general health promotion.

---

[13] Butler, T., Dolan, K., Ferson, M., McGuiness, L., Brown, P., and Robertson, P., 1997 *Hepatitis B and C in New South Wales Prisons: prevalence and risk factors*, Medical Journal of Australia, vol.166, 3 February, p.127-129.
[14] Butler, T., et.al. op cit., p127-129.
[15] Dolan, K., 1999, *The epidemiology of hepatitis C infection in prison populations* (unpublished commissioned paper)
[16] Dolan, K., 1999.

In addition, ANCAHRD strongly advocates the implementation of a number of initiatives that would contribute to a significant decrease in transmission of blood-borne viruses among people who inject drugs. These include:

- Comprehensive health promotion and harm reduction programs that support innovative approaches and enhance educational opportunities for reducing blood-borne virus transmission, such as peer-based education;
- Effective and accessible treatments for drug dependency. Existing treatments that have proven to be successful, such as methadone maintenance therapy, should be enhanced. New and potentially promising initiatives, such as the heroin rehabilitation therapy, should be trialed;
- Promotion of hepatitis B vaccination for people who inject drugs;
- Trialing of Supervised Safe Injecting Facilities in all jurisdictions and in custodial settings;
- Development and implementation of Models of Care and Prevention of blood-borne viruses for people in custodial settings;
- Commitment of law enforcement agencies to implement operational guidelines which prevent their duties impinging on the operation of Needle and Syringe Programs and other harm reduction initiatives;
- Diversion of people who use illicit drugs away from incarceration into alternative, non-custodial options;
- Legislative reform in the drug offences area.

It is through measures such as these that the frequency of substance abuse will be reduced, and the attendant consequences on Australian communities minimised. People who inject drugs belong to Australian communities and must not be marginalised from this process.