

DRUG HARM REDUCTION AND TREATMENT:

OPPORTUNITIES TO IMPROVE OUTCOMES FOR OUR COMMUNITIES

ACON Position Paper

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ABOUT ACON

ACON is NSW's leading health organisation specialising in community health, inclusion and HIV responses for people of diverse sexualities and genders. Established in 1985, ACON works to create opportunities for people in our communities to live their healthiest lives.

ACKNOWLEDGEMENTS

We pay respects to the traditional custodians of all the lands on which we work, and acknowledge their Elders, past, present and emerging.

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INTRODUCTION

In May 1999, the NSW Government responded to strong concern about problematic drug use in the State by holding the New South Wales Drug Summit. This event was a catalyst for new thinking about the state's response to drug use, bringing together a diverse range of stakeholders to discuss, debate and agree on a range of responses.

Following the Summit, funding was provided to support a wide range of interventions aimed at reducing demand for, supply of, and harm related to drugs. Several innovations arising from the Drug Summit have since gone on to prove their worth many times over.

The Summit was now twenty years ago.

A new generation of people are using drugs, new drugs have emerged, and the way drugs are used has changed. For ten of these twenty years, NSW has lacked policy direction and engagement, having not had a policy framework to guide program direction, design and innovation. Over these two decades, there have been advances in research, technology, sector capacity, and new questions around what interventions might be best for the current time.

Problematic drug use is a significant health and social issue that can cause illness, disease and death. Illicit drugs can also cause problems in families and communities, financial hardship, violence, legal trouble and incarceration. These are problems that impact lives, impact Government and other services and in many cases, can be ameliorated or prevented.

Recently, the NSW Government initiated a Special Commission of Inquiry into the Drug Ice (and other amphetamine type substances) and a Coronial Inquest was held into Deaths at Music Festivals. Both public processes were a direct response to drug use related harm and deaths. These are welcome processes and a source for optimism of a renewed focus in this area by the NSW Government. The results of these pieces of work provide a clear direction for policy makers, supporting harm reduction, community engagement and effective treatment options which respond to the needs of communities.

For over a decade, ACON has been advocating with NSW Health for more to be done for our communities. Numerous pieces of correspondence, submissions, meetings and significant evidence has been provided politicians and policy makers in the hope of gaining support for the delivery of programs for our communities – sadly, with very little result.

To date, funding from the NSW Government for programs and services for sexuality and gender diverse people has been minimal, ad-hoc and has in no way reflected the scale and disproportionate burden our communities face.

This paper does not explore all of the inter-sectionalities we know exist – for people in our communities who experience barriers and challenges based on their sexuality or gender, for Aboriginal and/or Torres Strait Islander status, cultural and linguistic diverse backgrounds, experience of living with disability, mental illness or other issues. These issues are complex and important, and as such require more specific exploration than the scope of this paper allows.

From the outset, we need to be very clear: in this paper we are not just talking about gay men's use of drugs and how that use relates to HIV and sexual health.

For too long now there has been a belief with certain stakeholders that this is the only issue ACON should be focussed on, or indeed, is focussed on, when we raise the issue of alcohol and other drug use in our communities.

This is not true.

All populations within 'LGBTQ' communities experience higher levels of drug use, across most substances. To deny this, and to continue to ignore the data, is not responsible nor is it evidence-based policy.

Data has shown for some time that our communities should be a priority population for drug policy and programs in NSW. While use alone is not a proxy for harm, we are committed to pursuing new programs and services that support our communities where drug use is not yet an acute problem.

AVOID AN OVERDOSE ON MDMA



- Remember you do not always know what's in a pill, a cap or powder
- Start low and go slow
- Don't double dose
- It can take 90 minutes to feel the effects of MDMA
- Don't re-dose while waiting to feel the effects MDMA
- Let your friends know what you have taken

**If you are concerned, seek help from
an ACON Rover or Mardi Gras Medical**

pivotpoint.org.au



THE PURPOSE OF THIS PAPER

There are multiple purposes to this paper.

One is to articulate the frustration ACON feels in having our communities remain invisible and unattended to in NSW Government drug and alcohol policy and programming, despite years of advocacy for greater inclusion.

In the paper we make overt some of the 'quiet' advocacy we have undertaken for over a decade now, looking to secure greater attention and investment in alcohol and drug policy and programming addressing the needs of our communities.

Despite consistent and numerous efforts to have policy makers engage in this issue, we have, for a whole set of reasons, failed. The need for our communities to be included is based on evidence of elevated use of alcohol and other drugs, and health need; it is not based on 'identity politics' as some people would like to believe. This invisibility, lack of resourcing and attention, and denialism is bad public health and needs to stop.

However, through this paper we also want to present evidence-based solutions.

We outline a set of public health and law enforcement recommendations that we believe need to be established and resourced, and that are critical in addressing the health needs of sexuality and gender diverse communities.

We are hopeful that into the future, NSW Government drug and alcohol policy is responsive to populations with specific needs and who experience greater public health burden, and that it is truly inclusive of all people in NSW.

We are also hopeful that such policy is driven by evidence, composed both through increased data collection about our communities and drug use, and through government actively listening and responding to experts in the field.



ARE YOU EXPERIENCING PROBLEMS WITH YOUR DRUG OR ALCOHOL USE?

LOOKING FOR SUPPORT OR NEW WAYS TO QUIT OR MANAGE YOUR USE?

CONCERNED ABOUT A FRIEND OR PARTNER'S USE?

ACON'S SUBSTANCE SUPPORT SERVICE IS HERE TO HELP

We offer counselling for issues around drug and alcohol use in our Sydney and Hunter branches. Call Substance Support direct to make an appointment.

Ph: (02) 9206 2097 (Sydney area)
Ph: (02) 4927 6808 (Hunter area)

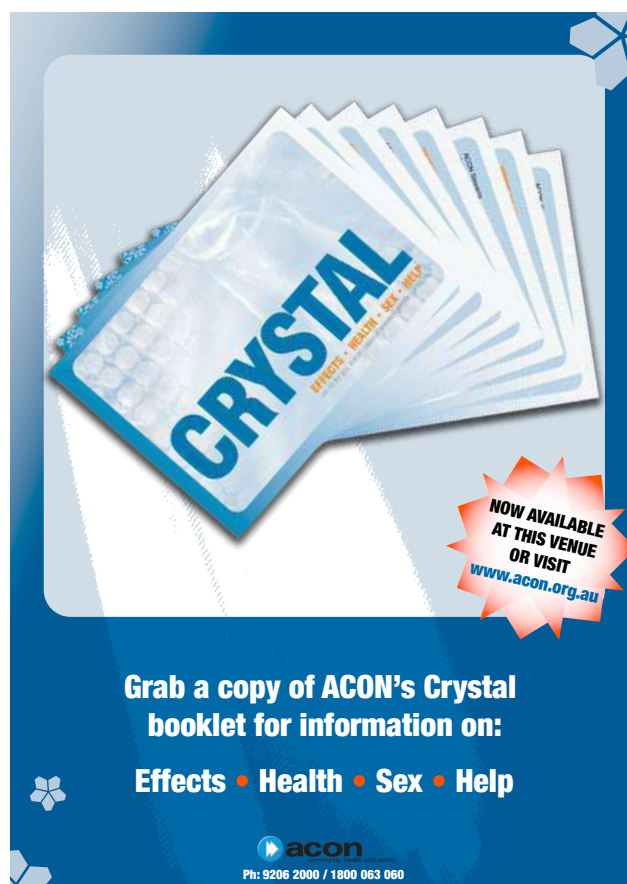
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2009 AOD support ad in SX magazine



2007 AOD program stall at Fair Day



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2005 AOD Crystal Meth information booklet

— HAVE A MEMORABLE —
MARDI GRAS



ACON & FebFast

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BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING

2010 AOD Mardi Gras campaign

OUR ADVOCACY PRIORITIES

While our national policy framework of supply, demand and harm reduction have been the consistent foundation for responses to illicit drugs over decades, innovation and new investment in promising programs has not been similarly consistent.

Policy ‘cycles’ drive sporadic periods of investment, then long term stasis, where indexation and a period of historical funding fail to keep pace with demand, new research and data, and changing patterns of use and harm.

We would like to see the NSW Government develop a strategy for NSW that reflects the specific needs of our communities – and responds to the significant body of information provided to it about how best to meet the needs of sexuality and gender diverse people in NSW.

In addition, we strongly believe the strategy needs to be accompanied by long term programmatic commitments – including funding and a process for inviting proposals for new initiatives that may hold promise.

Currently, ACON operates needle and syringe programs (NSP) across two main sites in NSW and we have excellent experience in this highly effective harm reduction service. While NSPs have been an incredibly effective program to reduce the transmission of blood borne viruses for decades, there are improvements that can be made to this program.

Firstly, it is important that adequate funding is provided for sufficient equipment for the demand: as current (historically based) funding models have not kept pace.

Secondly, for ACON and our peer-based heritage built around HIV, we believe it is critical that overt support is given to the distribution of sterile injecting equipment within peer networks. Absolute removal of barriers to peer distribution, and clear communication that this is the case through the national programs is important to reach our goals of ending HIV, and other blood borne viruses.

Finally, perceptions, or indeed experiences of, an escalation of law enforcement activity around NSPs and other services is completely contrary to public health goals, and firm commitments are needed to reinforce good practice if these services are to remain effective.

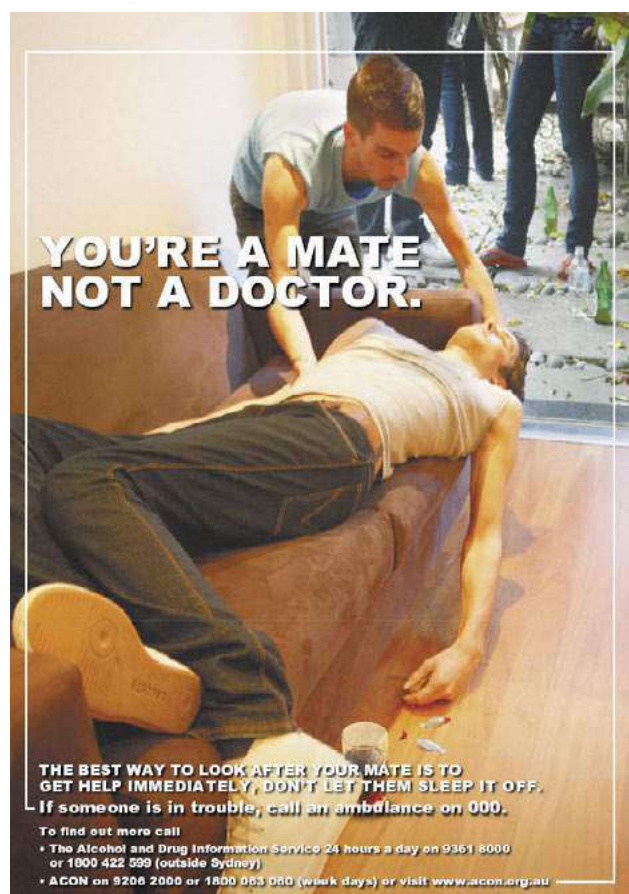
In terms of health literacy and health promotion, for over a decade ACON has been calling on the NSW Ministry of Health to provide funding for peer-based interventions, campaigns and other activities that are credible, authentic and lead to reduced harm, and in many cases, reduced use of drugs.

In terms of treatment, ACON has advocated for new treatment options that ‘lower the bar’ to accessing advice and support – almost a ‘pre-contemplation of treatment’ entry level service.

Traditional forms of drug treatment can be daunting for members of the LGBTQ community and there can be specific challenges for our communities in seeking help.

ACON’s call for a low threshold (pre)treatment program where early concerns can provide opportunity for intervention in a community based, compassionate, inclusive and peer-based context are based on our experience of what works in other areas of health.

Support for a program that welcomes people in, meets them where they are at, is non-judgemental and knowledgeable around community contexts and language. This includes an inherent understanding that drug use in our communities is highly contextualised and not focussed around large scale music festivals (for example). Such a program would be a valuable addition to the good work many treatment providers currently conduct in NSW.



2006 AOD poster from the “You’re a mate not a doctor” campaign.

Across its history, ACON has always advocated for drug use to be considered a health and social issue rather than one to be dealt with through a law enforcement lens. Over time, our communities have been subject to inappropriate, ineffective and sometimes heavy-handed law enforcement practices.

ACON has previously spoken out about the dangers related to sniffer dogs. As such, we support recommendations especially in the Inquest into six deaths at music festivals in NSW and the Special Commission of Inquiry into crystal methamphetamine and other amphetamine type substances relating to sniffer dogs; but also strip searches – particularly in the context of large music festivals or other large celebrations/parties.

Similarly, treating drug use as a health issue requires the review of laws and practices that criminalise personal use and possession of drugs. There is extensive evidence of the disproportionate harm that arises from a criminal conviction – and even unpaid fines – for personal possession or use of drugs.

Diversion and referral into appropriate health interventions is not only a more useful response for the individual but has benefits across a range of health; family and community services; and criminal justice indicators. It is also far more cost effective.

In terms of ACON's communities, recommendations around drug checking initiatives are worthy of closer consideration. A potential trial of a fixed site drug checking service, as recommended by the Special Commission of Inquiry into crystal methamphetamine and other amphetamine type substances offered very much in conjunction with peer based engagement and education, brief intervention and further engagement where indicated is in keeping with ACON's heritage of working with our communities to build health literacy, take control of their own health, and reduce risks.

The design of any such trial would need to be in collaboration with health providers, but also carefully attend to issues for law enforcement practice – in a similar way to that for the operation of other health services such as NSPs, methadone clinics, and the Medically Supervised Injecting Centre.

Over time, and through a combination of our experience in sexual health (especially HIV transmission) and alcohol and other drugs (especially through our Rovers initiative) community health programming, we have established authority, respect and trust with our communities, so we are able to have critical conversations relating to people's health; these factors would be critical in the delivery of such a service.

ACON does not receive any recurrent funding from NSW Health for our AOD work. Our communities – despite elevated rates of use – are not given attention through the State's AOD program. It is our hope that the Special Commission of Inquiry's Report will lead to change, leadership and strong commitments to support this vital work.



2019 ACON's AOD LGBTQ support booklet update

DO YOU
USE DRUGS
OR
ALCOHOL?

CONCERNED
ABOUT A
FRIEND
OR PARTNER'S USE?

WANT SOME SUPPORT
OR IDEAS ABOUT QUITTING OR
MANAGING YOUR USE?

ACON offers the gay, lesbian, bisexual and transgender community

- free individual counselling
- holistic therapies (massage, acupuncture, osteopathy)
- group support
- free counselling for partners, family & friends
- a Needle & Syringe Program

If you'd like to talk confidentially to a counsellor, call (Sydney) 02 9206 2073 or (Hunter) 02 4927 6808. You can also email us at aod@acon.org.au

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2012 AOD Substance Support ad in SX magazines Summer Guide

OUR COMMUNITIES AND DRUGS

The Australian National Drug Strategy lists lesbian, gay, bisexual, transgender and intersex (LGBTI) people as priority populations, the Strategy states:

People who identify as lesbian, gay bisexual, transgender and/or intersex (LGBTI) can be at an increased risk of alcohol, tobacco and other drug problems. In 2013, use of licit and illicit drugs was more common in people who identified as homosexual or bisexual in Australia than for those identifying as heterosexual.

These risks can be increased by stigma and discrimination, familial issues, marginalisation within their own community as a result of sexually transmitted infections (STIs) and blood borne viruses (BBVs), fear of identification or visibility of LGBTI and a lack of support (Department of Health, 2017).

Unfortunately, the same *National Drug Strategy* does not go on to outline any specific strategies or responses to address the needs of our communities.

The 2016 *National Drug Strategy Household Survey (NDSHS)*, reported that 41.7% of people identifying as homosexual or bisexual recently used any illicit drug, compared with 14.5% of heterosexual people. According to the NDSHS in the previous 12 months homosexual/bisexual people were:

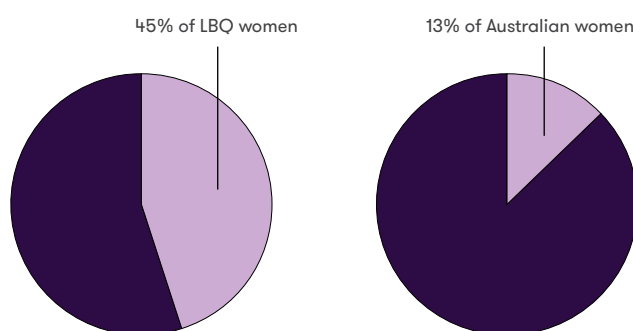
- 5.8 times as likely to use ecstasy (11.0% compared to 1.9%)
- 5.8 times as likely to use meth/amphetamines (6.9% compared to 1.2%)
- 3.7 times as likely to use cocaine (8.9% compared to 2.4%)
- 3.2 times as likely to use cannabis (31.4% compared to 9.7%)
- 2.8 times as likely to misuse pharmaceuticals (12.0% compared to 4.3%) (Australian Institute of Health and Welfare, 2017).

The *First Australian National Trans Mental Health Study* (n= 946) reported that Trans people were twice as likely to have used an illicit drug than the general population in the last 12 months and that Trans men and non-binary people (assigned female at birth) were more likely than other people to use cannabis, ecstasy, and methamphetamine. Indeed, the study reported that Trans men were almost 4 times more likely to use meth/amphetamine and cocaine than the general population (Hyde Z, et al., 2014).

The 2018 *Sydney Women and Sexual Health (SWASH) Study* (n=1,272), a comprehensive survey of health issues relevant to lesbian, bisexual, queer (LBQ) women recruited at community sites in Sydney, found that 45% of LBQ women reported illicit drugs use within the last 6 months, compared to 13% of Australian women.



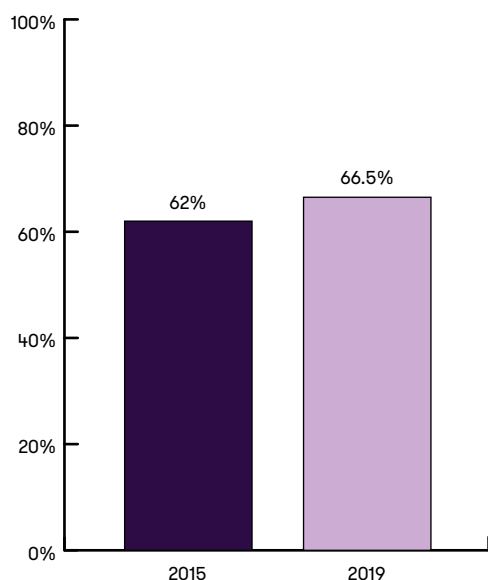
2009 BigHeads AOD campaign



45% of LBQ women reported illicit drugs use within the last 6 months, compared to 13% of Australian women (SWASH 2018).

The 2018 Northern Rivers SWASH Survey (n=245) recorded even higher rates of drug use with 59% of LBQ women surveyed reporting any illicit drug use. The most commonly reported drugs used were cannabis (43%), benzos / valium (25%), and ecstasy (21%) (NR SWASH, 2019).

The 2019 Sydney Gay Community Periodic Survey (SGCPS), a large (n= 3,167) cross-sectional survey of gay and homosexually active men recruited at gay community sites in Sydney, found that 66.5% of men reported any drug use in the last six months. Since 2015, the SGCPS found that the proportion of men reporting drug use in the six months prior, has increased from 62.0% to 66.5%. (Gay Community Periodic Survey, 2020).



SGCPS found that the proportion of men reporting drug use in the six months prior, has increased from 62.0% to 66.5%. (Gay Community Periodic Survey, 2020).

The 2018 SGCPS found that HIV-positive men were more likely to report drug use (79%) compared with HIV-negative men (64%) and HIV-positive men were also disproportionately more likely to use crystal methamphetamine (28%) when compared with HIV-negative men (Gay Community Periodic Survey, 2019).

The HIV Futures 9 Survey (n=847), Australian's largest survey of the health and wellbeing of HIV positive people, reported that just over 5% of respondents used methamphetamine, 2% of respondents used cocaine and more than 11% used painkillers or analgesics, in the previous month (HIV Futures 9, 2019).

The *Following Lives Undergoing Change* (Flux) Study, a large-scale longitudinal study (n=3,253) of drug use among gay and bisexual men, reports that over the past four years, on average around a third of men use 'party drugs' (such as ecstasy, speed, cocaine, crystal, GHB, ketamine, LSD), (FLUX Study, 2018).

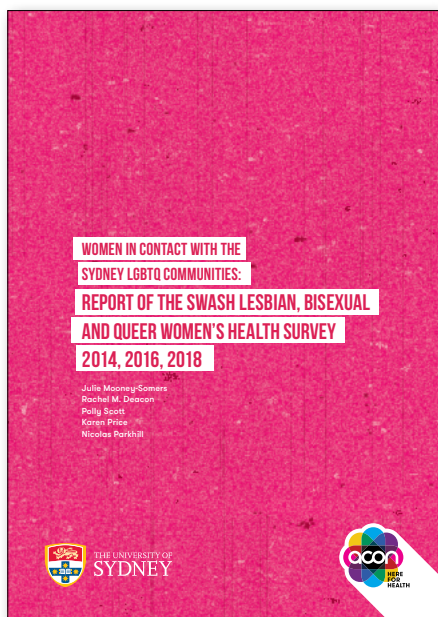
Both Australian and international research has shown that the use of methamphetamine, GHB/ GBL, ketamine other stimulant drugs was associated with attendance at gay bars and night clubs. LGBTQ people who used any or all these substances were more frequent attenders of these venues than were LGBTQ people who used none of them. (Bourne et al., 2015 and Lea et al., 2012).

Research among gay men especially highlights the association between sexualised drug use and a range of other problems, including dependence, mental health issues, accident and overdose.

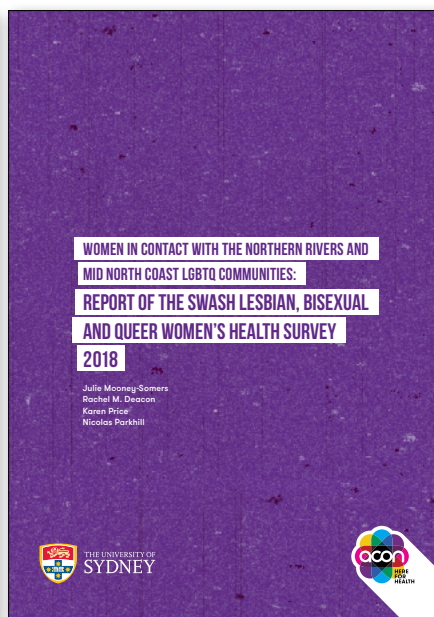
While many studies have found that infection with HIV and other sexually transmissible infections is more likely among gay men who use drugs than those who do not, a causal relationship is not clear. Rather, a constructive response to drug use harms requires an understanding of the sexualised nature of drug use, especially among gay men (Race, 2016).



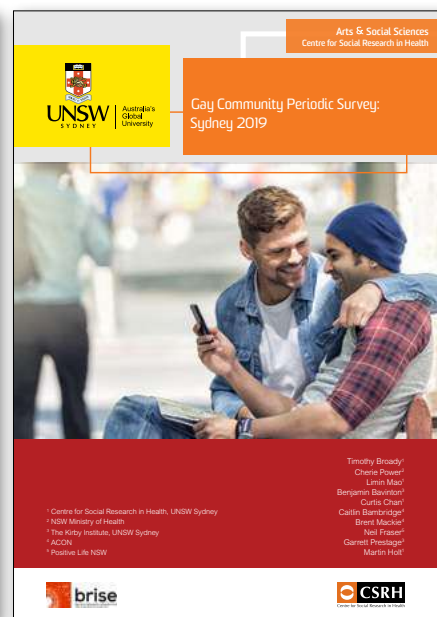
2014 AOD StimCheck campaign ad for SX Magazine's Summer Guide



Cover of the 2018 Sydney LBQ Women's Health Survey Report



Cover of the 2018 Mid North Coast LBQ Women's Health Survey Report



Cover of the 2019 Gay Community Periodic Survey Report

POOR DATA LEADS TO POORER HEALTH OUTCOMES

The need for data collection as part of an evidence-based approach to health is not disputed by any reputable expert or system manager in health. However, even 'opt in' approaches to asking demographic data that is inclusive of LGBTQ people seems to promote fear of offence, questions of relevance, and pervasive resistance.

While the National Drug Strategy Household Survey and other national drug research projects offer some indications of the prevalence and harms associated with drug use in the LGBTQ community, they frequently underestimate, exclude or render invisible many people with gender and sexually diverse experiences. Further, they provide few, if any, insights into treatment and health outcomes for our communities.

In NSW data is not routinely collected from NSW Health services for our communities. This means that presentations, hospital admissions and other data are not able to be provided for sexuality and gender diverse people in NSW – an issue that requires remedy, particularly considering elevated rates of use.

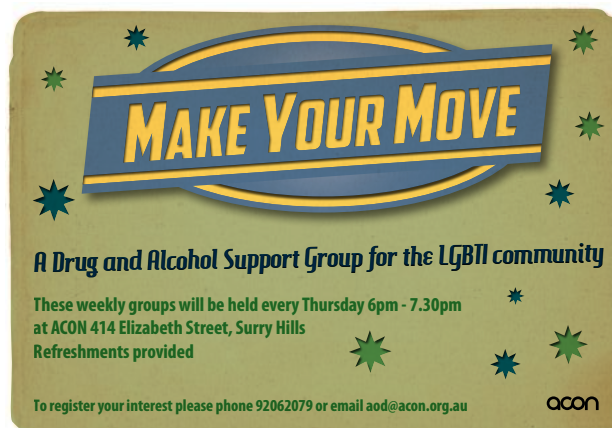
The capacity building work delivered by the Network of Alcohol and Drug Agencies (NADA) has gone some way to improving data collection for our communities across non-government alcohol and other drug (AOD) services. This is both welcome and a good example of what can be achieved. But it is also limited in scope as it does not include publicly funded AOD services.

Due to a lack of appropriate health system data collection on LGBTQ people in Australia, we are forced to regularly

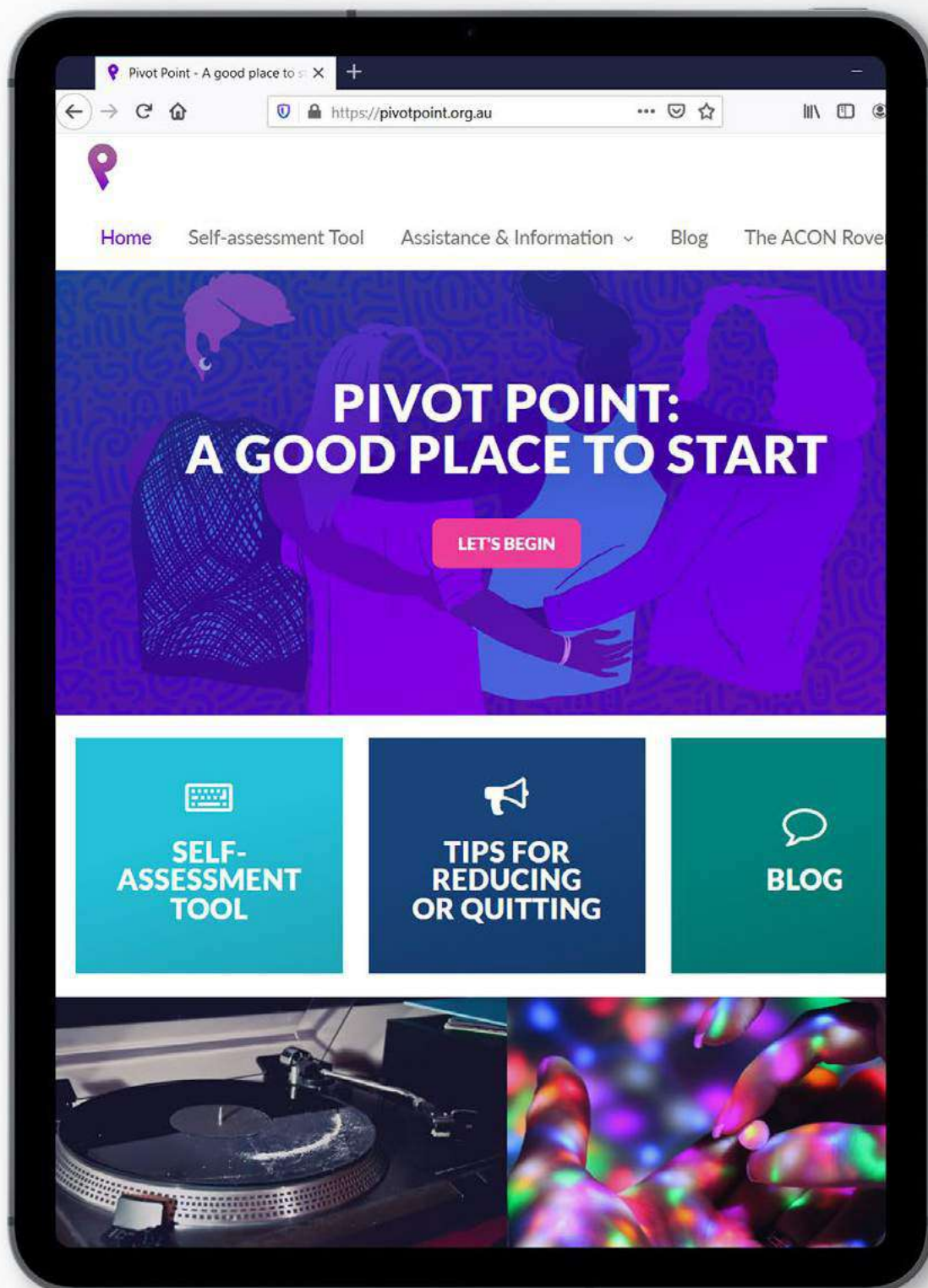
rely on smaller sample size research studies, international data and anecdotal evidence to advocate for LGBTQ health policy and service development (National LGBTI Health Alliance, 2018). Without reliable recording of this data it is difficult to estimate extent and health impact of drug usage among LGBTQ people.

Anecdotally, community members who use alcohol and other drugs at harmful levels and present to ACON's LGBTQ-specialist substance support service can experience social isolation, problems in employment, housing, personal finances and relationship issues.

Problematic drug use impacts mental health and physical health, and while these harms associated with problematic drug use are broadly consistent with those experienced by the general population, many contextual and motivational factors that influence drug use among sexuality and gender diverse communities are unique.



2013 AOD Support Group ad for SX magazine



2020 the landing page for the ACON AOD initiative pivotpoint.org.au

RECOMMENDATIONS

1

That the NSW Government develop an NSW Drug and Alcohol Policy/Strategy which

- lists lesbian, gay, bisexual, transgender and queer (LGBTQ) people as a priority population
- recognises the needs and issue our community faces;
- recognises our role in designing and delivering services to our community and
- allocates adequate resources to address those issues.

2

That the NSW Government establishes an Alcohol and other Drug (AOD) Ministerial Advisory Group with representation from the priority populations, including LGBTQ people.

3

That due to the persistent lack of engagement with, and responses for our communities, ACON is specifically invited to contribute to and refine the representation of, and responses for, our communities in the NSW Government's whole of government response to the Ice Inquiry Report. In line with the Government's commitment to develop the response in consultation with Stakeholders, ACON seeks this special commitment to additional engagement to overcome barriers to effective responses for our communities that have precipitated sustained inaction.

4

That the NSW Government create a long-term Innovation Fund to ensure effective and community driven responses to problematic drug use are explored, funded and evaluated – responsive to changing drug use patterns, new technology and research.

5

That the NSW Ministry of Health include priorities based on this paper in its *NSW LGBTI Health Strategy* (currently under development).

6

That NSW Health expedite its efforts to collect data on service utilisation and outcomes for people of diverse sexualities and genders. This should include hospital presentations, admissions, and occasions of service by community care offered by the State.

7

That the NSW Government fund health promotion campaigns, programs aimed at lowering the bar for access to support (pre-treatment), and post-intervention programs previously suggested by ACON, as a suite of programs to address the needs of sexuality and gender diverse people in NSW.

8

That NSW Health, as part of its commitment to integrated care and care in the community, work with ACON to support a person-centred model of care that includes drug use, mental health and sexual health for our vulnerable communities.



2020 AOD Harm Minimisation Mardi Gras campaign

9

That the NSW Government remove all barriers to peer distribution of sterile injecting equipment and communicate this action to support health goals around blood borne viruses.

10

That NSW Government provides long term funding for ACON's Rovers program, recognising the program for the services it provides, and its contribution to the State's music festival safety.

11

We note the NSW Government's interim response to the Ice Inquiry that states insufficient evidence exists to support substance checking services. If this, or a future, NSW Government are presented with more supportive evidence that supports substance checking – that new consideration then be given to initiating a trial in NSW. In that instance, ACON would like to be considered as a potential partner in the delivery of the checking and wrap around services involved in a possible trial.

12

That in responding to the Ice Inquiry, the NSW Government carefully review recommendations and take steps to reduce harm relating to police practice – especially around NSPs, methadone clinics the Medically Supervised Injecting Centre, drug detection dogs, and strip searches.

13

That the following recommendations of the Office of the NSW State Coroner's Court of New South Wales, be supported by the NSW Government:

- that NSW Health funds and expands appropriate peer delivered harm prevention and reduction services;
- that the model of policing at music festivals be changed to remove drug detection dogs; and
- that the NSW Police Commissioner amends relevant operational guidelines and policies relating to strip searches.

CONCLUSION

Drug use is a stigmatised subject – the illegality of the substances, the supply networks involved – coupled with the devastating impact of addiction – means that those people using drugs are often also stigmatised and judged by broader society.

This situation is exacerbated when the discriminatory attitudes and stigma surrounding minority groups is added – in our case, people of diverse sexualities and genders: Lesbian, Gay, Bisexual, Transgender and Queer communities.

This is even more pronounced when you add the stigma and ignorance faced by those living with HIV, and the ‘double stigma’ that can come from being a member of ACON’s communities and Aboriginal and Torres Strait Islander, from a culturally and linguistically diverse background, a person with disability, a mental illness or other health issue that is associated with discrimination.

These populations are currently inadequately understood, counted and catered for in our AOD programs in NSW. There is a current opportunity for NSW to do better.

We have issued this paper at a time when our government is considering actions it will take in response to a thorough, thoughtful and detailed process of Inquiry.

In that light, we respectfully encourage the government to consider the recommendations of this Position Paper in its detailed deliberations of the future of AOD policy and programs in NSW.

**RIGHT
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... there is treatment and support for people who are dependent on crystal.

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Call 9206 2000 / 1800 063 060

acon
connecting health and action

**RIGHT
HERE
RIGHT
NOW...**

... mixing drugs is the most common cause of overdose.

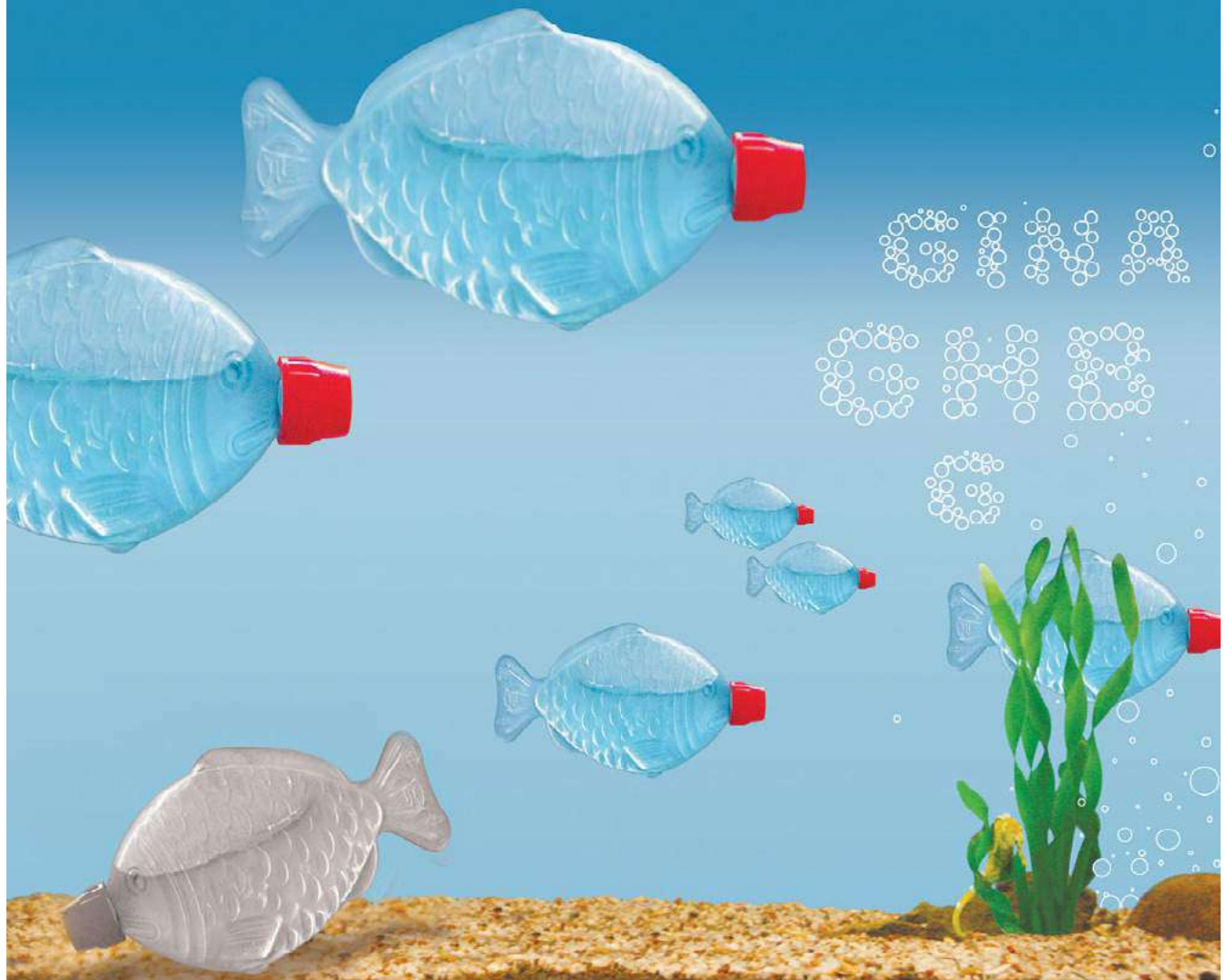
Reduce the range of drugs you take and avoid mixing them with alcohol.

www.rightnow.acon.org.au
Call 9206 2000 / 1800 063 060




acon
connecting health and action

2007 AOD Right Here Right Now poster series

NOT EVERY DOSE IS THE SAME.



AVOID THE DROP ZONE

-  DON'T USE GHB BY YOURSELF
-  NEVER USE GHB WITH ALCOHOL
-  IF SOMEONE DROPS CALL 000



www.acon.org.au



@ACONhealth



/ACONhealth



1800 063 060

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2013 AOD GHB harm minimisation ad in SX Magazine's Summer Guide

ACON'S WORK IN OUR COMMUNITIES

PARTNERSHIPS

ACON currently runs several drug programs for our communities, and we work to maintain strong relationships across the sector. For instance, we have worked with NADA to enhance data collection, build the capacity of the NSW workforce, and contribute to policy and advocacy work where we can.

We are grateful to receive funding from the Central Eastern Sydney Primary Health Network and have been working productively and learning alongside each other.

ACON works closely with St Vincent's Hospital, with shared case management, referrals and other partnership work – especially with their methamphetamine treatment clinic.

We have relationships with other Local Health Districts – especially in relation to our Needle and Syringe Program; and we have research partnerships with eminent groups such as the National Drug and Alcohol Research Centre (UNSW), the Kirby Institute (UNSW), and more recently, the National Centre for Clinical Research on Emerging Drugs. We also work with other groups such as the Inner-City Legal Centre on the 'Fair Play' initiative – helping to inform party attendees of their legal rights.

THE VALUE OF PEER AND COMMUNITY BASED SERVICES

Our experience in working with our communities around their sexual health over the past 35 years has meant we've also built an important level of expertise on a range of related health issues – including mental health and AOD use.


For this reason, we are trusted by those who seek our help – some of whom are reluctant to seek help from mainstream health services. The interactions with clients in the services we provide are characterised by open and honest communication, where the reasonable fears of clients around judgemental or discriminatory attitudes are replaced with peer-based understanding and community context – which leads to more full disclosure.

In this way, we are often privy to more anecdotal or community-based trends and patterns of drug use, and other issues facing our communities. We take this trust very seriously and use information judiciously to shape our advocacy to build programs that can help improve the health of our communities.

We are engaged in both face to face, and online service

provision. ACON's Substance Support Service is one of few LGBTQ-specific AOD treatment services in Australia.

ACON's substance support counselling team offers a confidential, free, short term counselling service of up to 12 sessions for sexuality and gender diverse people, and people living with HIV, seeking support in relation to their use of AODs (with the ability to return). In most cases, clients attend this service because their use of these drugs has become problematic. In our substance support services, almost half of our clients report methamphetamine as their primary drug of concern.



Do you want to have more control over your drug or alcohol use? Cut down? Take a break? Quit?


Our **FREE** Substance Support Service for the LGBTI community provides compassionate, specialist alcohol and drug counsellors to assist you.

- Face-to-face in Surry Hills, Newcastle & Lismore (12 sessions)
- Phone and skype counselling available across NSW
- Sterile injecting equipment and harm reduction information
- Referrals to other support services or treatment if required including ACON's Care Coordination Service
- Access to St Vincent's Stimulant Health Check service
- Support for partners, family & friends

> acon.org.au/substance-support

Check out the self-assessment tool at pivotpoint.org.au
For all enquiries please call 02 9206 2000.
This is a FREE and CONFIDENTIAL service.

This program is funded by Central and Eastern Sydney PHN and Sydney North PHN



2019 AOD Substance Support Service postcard

This service is funded by the Australian Government through the Central Eastern Sydney Primary Health Network, and while the funding is very much appreciated, it is insufficient to fully cover the costs of the program, and we are unable to expand the program to meet demand.

ACON works from a non-judgemental, harm reduction perspective. Commonly our work with people experiencing

difficulties with their methamphetamine use will be around increasing control over drug use; reducing frequency of use and taking breaks; stopping use altogether; tips for using dating/hook-up apps – including setting boundaries; use of clean needles and safe injecting; and relapse prevention.

The Substance Support service was evaluated by UNSW with a Ministry of Health AOD Evaluation Grant. This was the first comprehensive evaluation of a LGBTQ-specific AOD counselling service in Australia. The findings of this evaluation showed improved substance use outcomes and psychological wellbeing during treatment among LGBTQ people attending ACON's Substance Support Service. The qualitative findings also showed that current and former ACON clients were satisfied with the service that they had received and valued the availability of an AOD counselling service that was tailored to the needs of LGBTQ people.

The evaluation demonstrated sound value for money investment, however the current funding does not meet the true costs of providing this service. Further, funding of over \$60,000 per annum is required to cover the true costs for its future sustainability.

ACON also provides online information through our Pivot Point program, which is being well received. We operate a substantial needle and syringe program through three sites, from our Sydney premises in Surry Hills, as well as Lismore and Newcastle offices.

We have also run a number of drug education campaigns over time, including 'Avoid the Drop Zone' (a GHB focused campaign), 'Don't Share a Bloody Thing' (a safe injecting campaign), and 'You're a Mate, Not a Doctor' (a campaign to encourage help seeking in an overdose situation).

These campaigns were supported by the NSW Ministry more than a decade ago, however, more recently apart from occasional small one-off grants, campaign work to help inform and equip our communities has not been funded.

ACON is well known in the community for our 'Rovers' program. The ACON Rovers are teams of specially trained volunteers who provide health promotion services at LGBTQ events. Each ACON Rover is trained, supervised and equipped to help patrons who require medical assistance to access onsite services, and provide harm reduction services such as water, cool towels and other assistance.

ACON Rovers are not security and are only concerned with people's health – they are effective because they are trusted by our communities.

In addition to these services and programs, we are actively engaged in long-term advocacy to see the unmet needs of our communities better addressed. We have applied for Innovation Grants, made submissions and worked hard to achieve the modest level of support for

the programs we currently offer – but we know there is an urgent need to do more.

Considering the Special Commission of Inquiry into the Drug Ice; the development of the NSW LGBTI Health Strategy, and NSW Health's priorities for integrated care and more care in community settings – we would be very interested to explore:

- The development of an integrated model of care that focusses on AOD use, mental health and sexual health, to support a person-centred model of care for our vulnerable communities. The focus of the service would include retention in care, effective use of established and referral services and multidisciplinary care, and hospital avoidance.
- The co-designed, evaluated trial of fixed site drug checking service, accompanied by and focussed around support for peer based brief interventions, counselling, information and support – with the enabling environments of public health-focussed law enforcement practices and enabling legislation for workers.

It is our strong belief that the expert findings and recommendations in the Report tabled by professor Dan Howard SC support the argument that such programs would be beneficial.

TEN TIPS FOR MANAGING YOUR DRUG USE OVER MARDI GRAS

- 01 Mardi Gras season is full of events where it can seem like there's a good reason to use drugs. Sometimes you might want to use, other times, not. Write a list of all the pros and cons for using/not using and make an informed choice each time.
- 02 Identify triggers that may lead to you using and prepare for managing these. Common triggers are using apps like Grindr, drinking alcohol and too much time alone.
- 03 When you know your triggers, plan ways to avoid them and instead do things that are likely to make you feel positive and less likely to use.
- 04 If you experience a craving remember that it will peak & then it will always pass. Distract (exercise, phone a friend, watch some Netflix) and delay (wait another hour at least, then another, & another until the urge lessens) before acting on any urge.
- 05 Take each day one at a time. If you lapse, try again the next day. Whatever happens, try to have at least 2 drug and alcohol free days each week.
- 06 If you are planning to use, make sure you eat some good food beforehand - lean protein, carbs and leafy greens - and make sure you've got plenty to eat when you get home as well.
- 07 If you do use, prepare your own drugs so you are always in control of what and how much you are having and that any equipment you use is sterile.
- 08 Exercise every day - a walk, a swim, a bike ride, a gym or yoga class. Exercise releases chemicals like endorphins and serotonin that improve your mood and sleep & lessen symptoms of depression & anxiety.
- 09 Make sure each day includes people & activities not associated with drinking & using drugs. Read, visit a friend, listen to music, catch up on cleaning, do something nice for someone else, take a dog for a walk, or just hang out in the park & look at the trees.
- 10 Don't go it alone. Ask for some help from professionals or friends or family. Call the Alcohol Drug Information Service tel 1800 422 599 for ideas about where to find support, detox or treatment.

FOR MORE INFO
 OLIFE: 1800 184 527 | Lifeline: 13 11 14
 If you are concerned about yours or a partner's, friend or family member's drug or alcohol use ACON's Substance Support Service offers FREE face to face, telephone or Skype counselling in Sydney, the Hunter and Lismore.
 ACON Sydney: 02 9206 2000 | ACON Lismore: 02 6622 1555 | ACON Hunter: 02 4962 7700
pivot@pivot.org.au

2019 AOD drug safety tips social media tile

RECENT POLICY & PROGRAM ACTIVITY IN NSW

THE NSW SPECIAL COMMISSION OF INQUIRY ON ICE

NSW Premier Gladys Berejiklian and Health Minister Brad Hazzard announced the *Special Commission of Inquiry on Ice* on 12 November 2018. The Commission's Terms of Reference included "...the nature, prevalence and impact of crystal methamphetamine ('ice') and other illicit amphetamine type stimulants ('ATS'); the adequacy of existing measures to target ice and illicit ATS in NSW; and options to strengthen NSW's response to ice and illicit ATS, including law enforcement, education, treatment and rehabilitation responses."

Importantly, the Commission noted that the use of ecstasy and meth/amphetamines in 2016 was almost six times higher for members of the LGBTQ communities compared to those who identify as heterosexual.

Recently, the Special Commission of Inquiry into crystal methamphetamine and other amphetamine type substances report was released, along with an interim response from the NSW Government. The report contains 109 recommendations for a variety of government agencies. While there has not yet been time to respond to all the recommendations made, there are some of immediate interest to ACON and our communities, including:

- That NSW Health develop and implement a project to reduce stigma
- That the NSW Government include people with lived experience of drug use and their representative organisations in the development and implementation of all future drug education, prevention and harm reduction campaigns
- That the NSW Government develop and implement, as a matter of priority, a whole-of government AOD policy that:
 - recognises that the use of drugs is a health and social issue
 - prioritises health and social responses to drug use and recognises the harms associated with punitive responses
 - is evidence based,
 - maintains harm minimisation as the overarching objective,
 - acknowledges the social determinants of drug use and of drug dependence

- recognises and seeks to address the nature, extent and impact of stigma experienced by people who use drugs
- recognises the needs of priority populations, including:
 - people identifying as lesbian, gay, bisexual, transgender, queer or intersex (LGBTQI+)
- That the Premier appoint a dedicated Minister with a drug and alcohol portfolio to oversee and coordinate the implementation of the Special Commission of Inquiry's recommendations, which should include overseeing the development of the NSW AOD policy and Drug Action Plan
- That a Ministerial Advisory Group be established to support the minister responsible for leading the development and implementation of the NSW AOD policy and Drug Action Plan
- That the NSW Government urgently increase its investment in specialist AOD health services to meet the significant unmet demand for services across the state
- That NSW Health adopt, implement and resource a 'no wrong door' approach in AOD policy and practice so that all people who access a service are appropriately treated, managed or referred, including by way of assertive follow-up.
- That the NSW Government establish a state-wide clinically supervised substance testing, education and information service, with branches at appropriate fixed-site locations
- That in addition, with a view to establishing an outreach capacity of the service to settings where there is a high risk of harm through illicit drug use, a trial be undertaken onsite at a music festival, and independently evaluated
- That the NSW Police Force cease the use of drug detection dogs at music festivals and implement other detection practices to target illicit drug supply
- That the Department of Premier and Cabinet, the NSW Police Force, NSW Health and the NSW Department of Communities and Justice develop strategies to limit the use of strip searches of people suspected of being in possession of prohibited drugs for personal use only

We commend several of these forward-thinking recommendations (some of which are echoed in the Coronial Inquest into six deaths at music festivals in New South Wales).

Given the NSW's most recent *Drug and Alcohol Plan 2006-2010* expired ten years ago – the piece meal investment in drug programs since the NSW Drug Summit – it is likely that as a result of the Inquiry significant reform and new investment will be provided to the NSW drug response.

INQUEST INTO THE DEATHS OF SIX PATRONS OF NSW MUSIC FESTIVALS

On 8 November 2019, Magistrate Harriet Grahame the NSW Deputy State Coroner released the findings of an Inquest into the deaths of six music festival patrons in New South Wales. ACON was invited to contribute to this Inquest, specifically providing information on how health promotion and harm minimisation principles are applied at events our communities frequent. Large and long running LGBTQ parties such as Mardi Gras, Laneway and Tropical Fruits have never experienced a fatality directly related to these events.

The Report from the Coroner made bold recommendations to several bodies, many of which are relevant to ACON's position on harm reduction and treatment. These recommendations included the introduction of drug checking and further research into improving the efficacy of drug checking.

The Report recommended the establishment of a Drug Summit to explore issues of decriminalisation of personal use of drugs, best practise drug checking and policing and most importantly, "redefining illicit drugs as primarily a health and social issue rather than primarily a law enforcement issue" (State Coroner's Court of New South Wales, 2019).

The Report notes the importance of "appropriate peer delivered harm prevention and reduction services that are well received by patrons" (State Coroner's Court of New South Wales, 2019). ACON would suggest that this recommendation apply to funding and expanding the Rovers program.

The NSW Police Force are identified in the document as having a vital role to play in the reduction of harm and elimination of fatalities at such events. Specifically, the Coroner's report recommends removing drug detection dogs from music festivals and a significant amendment to operational guidelines to reduce the use of strip searching.

GUIDELINES FOR MUSIC FESTIVAL EVENT ORGANISERS

In September of 2019 the NSW Government re-published their 'NSW Guidelines for Music Festival Event Organisers', these Guidelines stipulate protocols which ensure event organisers in NSW implement a range of harm reduction strategies to increase the safety of patrons at major

events (NSW Health, 2019). These Guidelines outline characteristics indicative of events that pose a high-risk of patrons experiencing alcohol and drug related harms, many events attended by sexuality and gender diverse communities in NSW meet these high-risk criteria.

It is encouraging to note that the NSW Guidelines for Music Festival Event Organisers endorse harm reduction strategies that have long been employed by ACON in partnership with Mardi Gras, Tropical Fruits and partners. These Guidelines recognise the vital role of peer-based harm reduction services.

ACON has made repeated requests for funding for our Rovers Program without success. This is despite funding and activity allocated toward music festivals activities, as well as requests to answer questions about how ACON's Rovers Program aligns to the NSW Guidelines for Music Festival Event Organisers.



2017 AOD Rover's on duty



2009 AOD Rover ad in SX magazine

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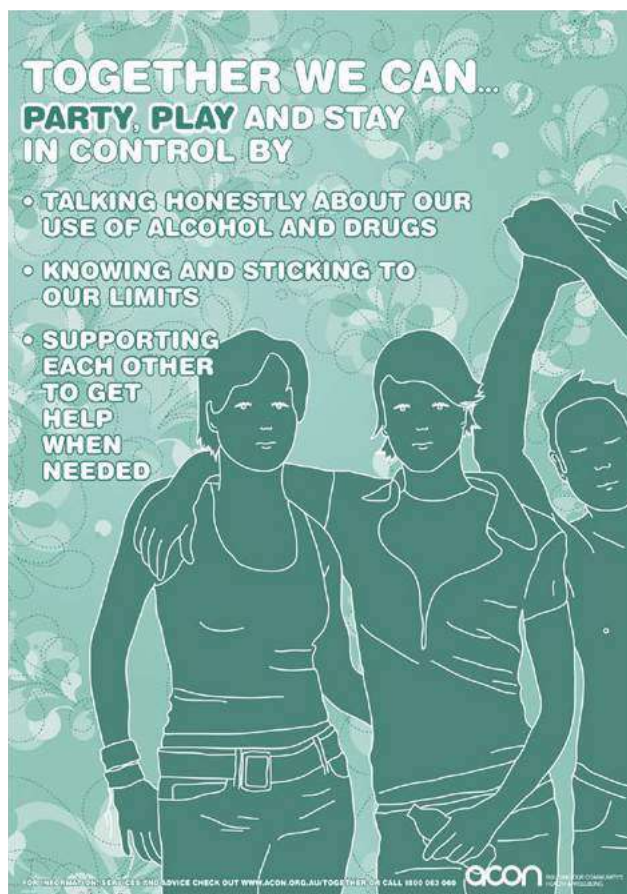
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rover

2020 AOD Rover logo



2008 AOD Rover's at the Shine Spring party



2008 AOD harm minimisation poster

NOTES



acon.org.au