



# **ACON Submission to NSW Special Commission of Inquiry into the Drug 'Ice'**

**May 2019**



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## Introduction

ACON welcomes the opportunity to provide a Submission to the New South Wales (NSW) Special Commission of Inquiry into the Drug 'Ice,' having an extensive history of working with lesbian, gay, bisexual, transgender and queer (LGBTQ) people and people living with HIV (PLHIV) to reduce the harms associated with the use of alcohol and other drugs.

ACON is New South Wales' leading health promotion organisation specialising in HIV and lesbian, gay, bisexual, transgender and queer (LGBTQ) health. Incorporated in 1985 as the AIDS Council of NSW, ACON has been widely recognised as an innovative, successful organisation.

ACON has worked with NSW and Australian Governments over many decades to reduce the harms associated with drug use, including but not limited to: reducing the risk of HIV and blood-borne virus transmissions. We operate a needle and syringe program, deliver peer-led community development programs and implement education campaigns to inform our communities on how to reduce drug related harm.

ACON has also operated a substance support service since 2009 that is funded by the Commonwealth Government. More than 40% of clients accessing this service identify crystal methamphetamine as their drug of primary concern.

In our submission we wish to highlight some key points. ATS<sup>1</sup> use is significantly higher among LGBTQ people and our communities use ATS in very different social contexts and settings as compared with the broader population. Addressing amphetamine type stimulants (ATS) use among LGBTQ people and PLHIV requires targeted, community-led responses.

Secondly, many people, both those who identify as LGBTQ, and those in the broader population, can use ATS in ways which do not present a significant risk of harm to themselves or others.

Thirdly, our submission stresses the need for greater investment in community-led, evidence-informed strategies that reduce the health risks associated with drug use, including the transmission of HIV and blood-borne viruses. We contend that responses that focus disproportionately on policing and criminalization are not effective and have had unintended consequences, including a reduced likelihood of people accessing support services.

Also, historical funding models and a lack of innovation and strategic leadership is hampering efforts to effectively address this issue. The need for long term investment in effective health promotion to build health literacy and reduce harm is urgently required.

ACON has submitted in response to the four Issues Papers, a series of recommendations which we believe would strengthen the NSW response to Ice and illicit related drugs. These recommendations can be found at the end of the submission.

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<sup>1</sup> *Crystal, Ice and ATS will appear throughout this document and should be considered interchangeable terms unless specified otherwise.*



## Response to Issues Paper 1 – Use, Prevalence and Policy Framework

### Prevalence and use

The use of ATS by LGBTQ people differs markedly from use in the broader population. The Australian Institute of Health and Welfare's (AIHW) National Drug Strategy Household Survey (NDSHS) provides the most comprehensive drug use prevalence data for homosexual/bisexual people across Australia. The data however does not explore the context and settings of use in these communities and NDSHS does not include estimates for people identifying as transgender, intersex or queer.

The 2016 NDSHS found that, compared with heterosexual people 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%) (Figure LGBTQI1).

After adjusting for differences in age, people who were homosexual or bisexual were still far more likely than others to use illicit drugs and misuse pharmaceuticals.<sup>2</sup>

Research projects such as the *Sydney Gay Community Periodic Survey* (SGCPS) and the *Sydney Women and Sexual Health* (SWASH) Study provide much needed evidence that indicates the prevalence of crystal methamphetamine use among some sub-populations in our community

Data from the 2018 SGCPS, a large (n= 2,860) cross-sectional survey of gay and homosexually active men recruited at a gay community sites in Sydney, indicates rates of crystal methamphetamine use among gay and bisexual men (GBM) decreased from 324 (14.6%) in 2010 to 286 (10%) in 2018. In HIV-positive gay men, crystal methamphetamine use decreased from 92 (35.9%) in 2010 to 66 (27.4%) in 2018.<sup>3</sup>

The 2018 SWASH Study (n=1,272), a comprehensive survey of health issues relevant to lesbian, bisexual, queer (LBQ) recruited at a community sites in Sydney, reported about 45% of LBQ women reported recent use of illicit drugs (within the last 6 months), compared to 13% of Australian women and 12% reported recent crystal methamphetamine use.<sup>4</sup>

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<sup>2</sup> Australian Institute of Health and Welfare (AIHW) 2017. National drug strategy household survey 2016: detailed findings. Drug statistics series no. 31. Cat. no. PHE 214. Canberra: AIHW.

<sup>3</sup> Broady, T., Mao, L., Lee, E., Bavinton, B., Keen, P., Bambridge, C., Mackie, B., Duck, T., Cooper, C., Prestage, G., & Holt, M. (2018). *Gay Community Periodic Survey: Sydney 2018*. Sydney: Centre for Social Research in Health, UNSW Sydney.

<sup>4</sup> Mooney-Somers, J., Deacon, R.M., Klinner, C., Richters, J., Parkhill, N. 2017. *Women in contact with the gay and lesbian community in Sydney: Report of the Sydney Women and Sexual Health (SWASH) Survey 2006, 2008, 2010, 2012, 2014, 2016*. ACON & Sydney Health Ethics, University of Sydney, Sydney, NSW.



The *First Australian National Trans Mental Health Study* (n= 946) found that trans and gender diverse people were twice as likely to have used an illicit drug as the general population in the last 12 months, including twice as likely to have used ecstasy and more than three times as likely to have used some form of amphetamine.<sup>5</sup>

It is important to note that while some groups within the LGBTQ communities, such as men who are HIV-positive are far more likely to use meth/amphetamines, that relationship is not causal. The majority of HIV positive men do not use ATS, or do not use them problematically.

It is also important to note that for LGBTQ people, the use of ATS is not increasing. *The Following Lives Undergoing Change (Flux) Study* (2018), 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). Most of those men, however, only use drugs very infrequently, that is, once or twice in the past six months, and that these rates have remained stable over the four years of the study.<sup>6</sup> The *SWASH* study also reports no increase of ATS use among LBQ women over the past 6 years.<sup>7</sup>

The prevalence of lifetime illicit drug use also varies among LGBTQ people. For example drug use, including ATS use, is lower among younger GBM than their older counterparts. Nevertheless, a marked proportion of younger men experience higher incidence rates of drug initiation in their early adulthood.<sup>8</sup>

While prevalence is an important piece of information in developing responses, we believe that a nuanced and comprehensive understanding of problematic and non-problematic drug use is vital to effectively implement early intervention programs and develop demand reduction strategies that are meaningful, relevant and appropriate for our communities.

The *Flux* Study data shows that for the most part, men in *Flux* used harm reduction strategies, including a rapid uptake in HIV Pre-Exposure Prophylaxis (PrEP). Indeed the men in the *Flux* Study who report using ATS to enhance sexual activity also appear to be adopting PrEP at higher rates than are other men, in order to mitigate against the risk of HIV transmission.<sup>9</sup>

Australia's non-heterosexual population (gay, homosexual, lesbian or bisexual, or construct their sexuality in other ways using non-heterosexual terminology) are estimated to account for between 3.2%<sup>10</sup> and 11%<sup>11</sup> of

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<sup>5</sup> Hyde, Z., Doherty, M., Tilley, P.J.M., McCaul, K.A., Rooney, R., Jancey, J. 2014. *The First Australian National Trans Mental Health Study: Summary of Results*. School of Public Health, Curtin University, Perth, Australia.

<sup>6</sup> Clackett S, Hammoud MA, Bourne A, Maher L, Haire B, Jin F, Lea T, Degenhardt L, Bath N, Mackie B, Batrouney C, Prestage G, 2018, 'Flux: Following Lives Undergoing Change 2014 – 2017 Surveillance Report.' *The Kirby Institute, UNSW, Sydney*.

<sup>7</sup> Mooney-Somers, J., Deacon, R.M., Klinner, C., Richters, J., Parkhill, N. 2017. *Women in contact with the gay and lesbian community in Sydney: Report of the Sydney Women and Sexual Health (SWASH) Survey 2006, 2008, 2010, 2012, 2014, 2016*. ACON & Sydney Health Ethics, University of Sydney, Sydney, NSW.

<sup>8</sup> See 6

<sup>9</sup> See 6

<sup>10</sup> Wilson, T. & Shalley, F. 2018. 'Estimates of Australia's non-heterosexual population', *Australian Population Studies, Volume 2, Issue 1*, pgs. 26-28.

<sup>11</sup> Australian Government Department of Health and Ageing. 2012. *National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy*. (4) Australia



the population, but are routinely left out of health service provision planning and health policies. This is predominantly due to a lack of appropriate and systemic population data collection at both national and state levels. It is difficult to allocate funding or plan for effective service delivery without key population data that captures the identities and needs of our communities.

One of the few comprehensive literature reviews on the prevalence of mental health issues, AOD problems, and intervention responses in the LGBTQ community conducted by the National Drug and Alcohol Research Centre in 2012<sup>12</sup> concluded that:

- prevention is a priority principle with LGBTQ people; both AOD and mental health problems are preventable, and interventions such as supportive counselling during adolescence are likely to reduce the risk of later mental health or substance misuse problems;
- preventing discrimination and stigma is an essential aspect of any comprehensive approach to reducing AOD and mental health problems among LGBTQ people;
- all AOD and mental health services should be LGBTQ sensitive. This entails ensuring an adequately trained work force, culturally appropriate services and a non-judgmental attitude by all staff across the service. The variety of treatment interventions, such as cognitive behavioural therapy (CBT), motivational interviewing, 12 step programs, and the community reinforcement approach have all been shown to be effective with LGBT people;
- research has shown some superior outcomes with LGBTQ specific services, especially for methamphetamine dependent users. LGBTQ specific services provide positive role models, strategies for coping with stigma, tailored interventions for AOD and/ or mental health, and are largely staffed by LGBTQ practitioners, which is a preference of many LGBTQ people;
- while it may be possible that a reform of the mental health and AOD service network may be sufficient to effectively address needs, strong linkages between LGBTQ specific services and mainstream mental health and AOD services are also required within an LGBTQ sensitive service system; and
- a diversity of service types is required. Not all LGBTQ clients want an LGBTQ service, but others will achieve better treatment outcomes, across both mental health and AOD, in the context of a LGBTQ specific service.

Data informs evidence-based policy and service provision. Without appropriate data collection by health services, LGBTQ people will continue to struggle to receive the appropriate health services they need, and feedback which is critical to improved services cannot be provided.

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.<sup>13</sup> Without reliable recording of this data it is difficult to estimate extent and health impact of ATS usage impact among LGBTQ people.

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<sup>12</sup> Ritter A, Matthew-Simmons F, Carragher N. *Prevalence of and Interventions for Mental Health and Alcohol and Other Drug Problems Amongst the Gay, Lesbian, Bisexual, and Transgender Community: A Review of the Literature*. Drug Policy Modelling Program Series No. 23. Sydney, NSW: National Drug and Alcohol Research Centre, 2012.

<sup>13</sup> National LGBTI Health Alliance. 2018. 'LGBTI Health Alliance submission to Census 2021', Submission, 29 June 2018.



This in turn means that while the current AOD policy context often identifies LGBTQ people as a priority population, this rarely results in direct funding for appropriate community-led programmatic responses. AOD use among LGBTQ people requires the appropriate data collection on LGBTQ people, resourcing of specific community-led services and capacity building of mainstream services. LGBTQ people need access to services that are inclusive, sensitive, culturally appropriate, non-judgmental with an adequately trained workforce.

### Harmful or Problematic Use of ATS

ACON has for some time been aware of ‘waves’ of community concern in relation to ATS, especially crystal methamphetamine. We have developed responses to these concerns, specifically relating to how these issues present in our communities, such as the correlation between use and online ‘hook up’ apps. Currently, more than 40% of people who access our substance support services identify crystal methamphetamine as their main drug of concern, and as such we know there is a need to develop strong community responses to the potential harms.

While the overall rates of drug use, including for ATS, within the LGBTQ communities are many times greater than that within the general population, many LGBTQ people use drugs without detrimental effects on their lives and health, this is not dissimilar to the heterosexual population. However, for others, there are associations between methamphetamine use and risky behaviours such as sexual risk taking which can and has impacted significantly on their health and wellbeing. For example, problematic drug use can impact adherence to PrEP or anti-retroviral therapies<sup>14</sup>, a weakened immune system and increased susceptibility to neurological impairment.<sup>15</sup>

Anecdotally, gay and bisexual men who use ATS at harmful levels and present to ACON’s LGBTQ-specialist substance support service experience the following impacts:

- Social isolation - withdrawing from society, leading to unemployment and relationship issues.
- In a chemsex context, increased risky sexual behaviours and therefore increased risk of HIV and other blood borne viruses.

The effects of problematic ATS use include mental and physical health impacts, including: anxiety attacks; acute paranoia; injection site injuries; sexual consent concerns; overdose and increased risk of acquiring HIV and STIs. For these reasons it is essential that substance support services are linked with culturally appropriate community-led HIV and STI testing services and that people who use drugs to enhance sex are encouraged to get regular STI check-ups.

While LGBTQ people experience mental health and physical harms associated with problematic ATS use in similar ways to the general population, there are also some unique harms associated with ATS use more

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<sup>14</sup> Gonzales, A. et.al. 2014. ‘Substance Use Predictors of Poor Medication Adherence: The Role of Substance Use Coping Among HIV-Infected Patients in Opioid Dependence Treatment’. *AIDS Behaviour* 17 (1) : 168-173

<sup>15</sup> Salamanca, S. et.al. 2014. ‘Impact of methamphetamine on infection and immunity’ *Frontiers in Neuroscience* 8 : 445





specific to LGBTQ people. These include potential higher risk of HIV and Hepatitis C transmission especially among gay and bisexual men (GBM) and higher risk of cardiovascular disease due to combinations of methamphetamine, erectile dysfunction medication and amyl nitrate.

The lack of data on drug use and health outcomes is even more pronounced in transgender and gender diverse communities and some consideration should be given to the prioritisation of these populations in research and policy responses.

Data from across the health sector, for example data from hospital admissions, does not identify LGBTQ populations. Community, health and research responses would benefit greatly from the introduction of standardised gender and sexuality indicators at points of contact between the health system and the community (including private healthcare services such as rehabilitation programs). For example, if those admitted to alcohol and drug related services and hospitals had sexuality and gender accurately recorded, we would have a more informed picture of potential problematic drug use that leads to the necessity of these services.

### Alternative Models of Support for LGBTQ Communities

There is a need for innovative programs that are developed with and for the community that address use of ATS use at all stages from potential initiation, to seeking support for problematic use. It is essential that such programs take into consideration the evidence on rates and patterns of use in specific communities, and are backed by strong and funded evaluation plans with an intention to roll out through the community over a significant period of time in order to have maximum effect.

Models that support a community and peer-led response to AOD issues have been implemented with success both in Australia and internationally. One example is the ACON Rovers program that upskills community members to prevent fatal overdoses or drug related harm at LGBTQ dance events by identifying patrons in need of medical assistance early and intervening to offer support. Community consultations around the ACON Rovers program have demonstrated widespread support and appreciation for this program, as they are trusted members of the community, independent of security or medical personal.

ACON's response to sexualised ATS use to date has spoken to the language of chemsex subcultures; employed culturally relevant terminology; used content designed, created and delivered by peers; and operated within a harm-reduction and community led framework.<sup>16</sup>

Community and peer-led programs that address sexualised drug use among GBM have been delivered with success in the UK. The provision of services by gay male peers who have a robust cultural awareness around issues such as gay sex, drug use, HIV stigma and geo-social networking apps has been central to the provision

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<sup>16</sup> Stardust Z, Kolstee J, Joksic S, Gray J, Hannan S. 2018. A community-led, harm-reduction approach to chemsex: case study from Australia's largest gay city, *Sexual Health* 15(2) 179-181.





of care for GBM who use ATS in London.<sup>17</sup> The replication of similar models should be considered for implementation in NSW.

Peer oriented programs have played a central role in the NSW response to the HIV epidemic. Funding similar AOD oriented programs that build the capacity of the peer workforce to conduct early interventions and health service navigation should be considered. In addition there should be investment in the development of peer led education programs and online outreach programs that address ATS use. There is a wealth of community concern and cultural competency among LGBTQ peers in relation to ATS use that should be leveraged by investing in models of care that facilitate a community response.

Alternative models of care that would support LGBTQ people response to AOD issues including ATS use, in our opinion, would not be dissimilar to current services, with some meaningful exceptions.

It is important to create an environment in which an LGBTQ individual was free to be open and honest about their sexuality or gender, and did not feel threatened or unsafe. LGBTI people experience a many barriers to accessing mainstream AOD programs largely attributed to societal discrimination and consequent fear of prejudice, discrimination and lack of inclusive care. Existing AOD programs need to provide LGBTQ culturally inclusive services.

Expansion of existing peer and community based treatment for LGBTQ people, such as the ACON's current service offerings outlined above would also provide much needed additional support for LGBTQ communities, as well as respond to the elevated rates of use, specific backgrounds and needs for our communities.

Another key to improved services relates to early intervention. There is some evidence to suggest that people from LGBTQ communities 'put off' seeking help for longer, for all the reasons we have touched on in this evidence. We need to 'lower the threshold' for our communities so that they engage in conversation, start earlier to address their emerging worries, and support them to develop strategies for reducing or stopping drug use at an earlier stage. Commencing drug treatment is a significant step – trailing models that can almost be considered 'pre-treatment' may be worthwhile.

LGBTI people, that the perceived 'social acceptability' for drug use can be a driver of use and help seeking. In the Flux study, about two thirds of the men surveyed (n=1,724) found crystal use unacceptable, rating Ice as more unacceptable than any drug other than heroin.<sup>18</sup>

We know a significant proportion of our communities can be reached through social media – as evidenced by the strong engagement data ACON achieves through campaigns like Ending HIV. In addition, a significant number of gay and bisexual men are regularly accessing hook-up apps – upon which ACON advertises its HIV prevention campaigns. These are online audiences and avenues that are yet to be fully utilised and hold promise in terms of innovative approaches to engage, educate and mobilise people to seek help to reduce or stop drug use.

In mainstream services, it is important for a client to see markers that a service is inclusive. These can be online and physical space markers, but also embedded in the systems and procedures. Including clear and

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<sup>17</sup> Stuart D. 2016. Resourcing peer support volunteers in HIV prevention and sexual wellbeing: NHS settings. *HIV Nursing* 2016; 16: 33–36.

<sup>18</sup> Clackett S, Hammoud MA, Bourne A, Maher L, Haire B, Jin F, Lea T, Degenhardt L, Bath N, Mackie B, Batrouney C, Prestage G, 2018, 'Flux: Following Lives Undergoing Change 2014 – 2017 Surveillance Report.' The Kirby Institute, UNSW, Sydney



inclusive questions through the intake process would improve accurate data collection, but also assist the service to provide culturally safe care.

Staff in mainstream drug and alcohol services may require training and competency assessment in working with and being inclusive of LGBTQ people. It may also mean conducting specific intakes for group counselling or treatment. Marketing and online information about the service should highlight if the services has conducted (and regularly conducts) training and prides itself on being a safe and inclusive service for LGBTQ people. Codes of conduct for other service participants are important for management of a safe environment.

Finally, just as the LGBTQ community is diverse, so are our families. They can be made up of two-parent families, single-parent families, co-parenting arrangements with a wide range of variations in circumstance. Chosen family is a term used to recognize that family is not just biological. These are important individuals or groups of people that are considered part of one's family, in addition to or instead of biological family.

Our families experience similar stressors and impacts of Ice use by a loved one as traditional families, yet we experience barriers to finding LGBTQ inclusive support – including accessing family-inclusive services.

ACON has a long history of engaging with the NSW Ministry of Health on AOD issues. While funding has been allocated to ACON in the past to develop responses, this has traditionally been done through our HIV funding, with a specific focus on drug use and its relationship to sexual health. There has been minimal investment made by the NSW Ministry of Health in community-led responses such as ACON's that target drug use among HIV positive people or members of the LGBT communities.

The value and importance of community-led culturally appropriate services cannot be overstated in delivering effective responses to AOD issues. LGBTQ specific services and LGBTQ staff and peers can provide positive role models, effective strategies for coping and specialised tailored interventions.

### Drug Policy Frameworks and LGBTQ Communities

The response to ATS requires a whole of government coordinated approach. We see ATS use as primarily a health issue, and believe the response should maintain that focus. Harm reduction must also remain a central pillar in the response to illicit drug use in Australia.

Importantly the lack of a current NSW Drug and Alcohol Strategy has resulted in a lack of clearly articulated strategic aims, priority populations and objectives for the NSW AOD sector.

In contrast, the NSW HIV Strategies have provided clear targets, support by political leadership, rapid change and renewed vigour in the response to HIV and STIs.

An overarching policy framework provided by a forward looking robust and comprehensive NSW Drug and Alcohol Strategy would provide leadership, coordinated strategic direction set clear program priorities which we believe are currently lacking.

A NSW Drug and Alcohol Strategy would provide identifiable priority populations with strategies and actions that addressed their needs.



ACON believes, given the need demonstrated by existing ATS use prevalence data, that LGBTQ people must be a priority population within a NSW Drug and Alcohol Strategy, and that any action must be resourced appropriately.

A NSW Drug and Alcohol Strategy could mandate targets for the AOD sector to achieve, including ensuring mainstream AOD services were inclusive of LGBTQ clients, and emphasised the importance of innovative community-led responses for priority populations.

A NSW Drug and Alcohol Strategy could also articulate clear strategies that enhanced partnerships and cross sector collaboration between clinical services, community-led responses, government and researchers.

### National Drug Strategy (NDS) and National Ice Strategy (NIS) Implementation

The NDS lists LGBTQ people as a priority population stating that LGBTQ people can be at an increased risk of alcohol, tobacco and other drug problems. The NIS however does not mention LGBTQ people. Both the NDS and the NIS do not list strategies, actions or activities directed at providing support for community-led AOD initiatives. Neither strategy addresses the ATS related health needs of LGBTQ people.

Implementation of these strategies falls dramatically short of providing adequate services to address the ATS related health needs of LGBTQ people. The absence of clear actions and strategies for LGBTQ people results in reduced services and programs that could effectively address ATS use issues with the LGBTQ communities.

The implementation of the NDS and NIS would be enhanced by increased systematic coordination that upholds the core principle of a 'balanced approach' to all three pillars of harm minimisations. For example, 'an analysis of 2009-2010 funding for illicit drug policy activities across all Australian governments found that approx. 64.9% of funding was directed towards law enforcement compared to 9.5% towards prevention, 22% towards treatment, 2.2% towards harm reduction.'<sup>19</sup> A redirection of investment across the NDS three pillars to see greater resources provided towards treatment and harm reduction initiatives would increase positive health outcomes for people who use drugs, and their families and carers.

### The Four Pillar Policy

The Swiss four pillar drug policy includes prevention, treatment, harm reduction and repression; and is based in the concept of urban compatibility.<sup>20</sup> Urban compatibility recognises 'that harm reduction interventions should place equal emphasis on drug users' health and on public order issues. It attempts to find an equilibrium in which a certain level of police repression maintains public order, without impeding the

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<sup>19</sup> Ritter, A., McLeod, R. & Shanahan, M. 2013. 'Government drug policy expenditure in Australia – 2009/10', *National Drug and Alcohol Research Centre*, Report, June 2013.

<sup>20</sup> Schumacher, J. 2016. 'The Swiss four pillar drug policy', *Federation der Suchfachleute, Federation des professionnels des addictions, Federazione dei professionisti delle addiction*, [https://www.just.ee/sites/www.just.ee/files/jann\\_schumacher.pdf](https://www.just.ee/sites/www.just.ee/files/jann_schumacher.pdf).



accessibility of harm reduction facilities for drug users.’ Our perspective would be to welcome this policy direction, as long as they are evidence informed and community driven and supported.<sup>21</sup>

Over 2001-2005 Vancouver introduced Drug Treatment Courts (DTC) to compliment police efforts under the ‘enforcement pillar’ to provide an alternative option to court processing, wherein drug users are provided with substance use treatment programs instead of being trialed for minor drug related offences. In 2008 the cost analysis revealed that ‘of offenders who completed the program, participation in the DTC was more cost efficient (\$22,248) than the regular processing for their matched comparison group (\$26,736).<sup>22</sup>

Currently the NSW Drug courts program is limited in extent with three specialist courts Parramatta, Toronto and Sydney this service could be reviewed with a view to expansion other locations of high demand.

As previously outlined Australia’s NDS lacks balance in its responses across the three pillars, and places prioritisation on drug use as a criminal offence. NSW’s drug policy response would benefit from adopting further measures to divert these types of drug users to diversionary treatment or education programs at the point of arrest, rather than engage in court proceedings. Overall the NSW diversion program keeps people out of prison, a generally accepted goal from a health perspective; we would welcome positive review of current diversion strategies coming from the Commission’s work.

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<sup>21</sup> International Conference on Drug Policy and Policing. 2013. ‘Frankfurt principles on drug law enforcement’, Frankfurt am Main: Germany.

<sup>22</sup> National Crime Prevention Centre. 2008. ‘Drug treatment court of Vancouver’, *National Crime Prevention Centre, Canada*, <https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/drgtrtmnt-vncvr/drgtrtmnt-vncvr-eng.pdf>.



## Response to Issues Paper 2 – Justice

The current NSW response to illicit drugs, including ATS has a significant focus on police and justice, rather than on demand reduction. 16% of people in NSW are incarcerated due to illicit drug offences, the second most prevalent reason to be in gaol, and since 2017 the number of prisoners in gaol for illicit drug charges rose by 498.<sup>23</sup>

LGBTQ people have a complex relationship with police, resulting from historical incidents that took many years of concerted work to overcome. Despite this, there still exists a significant mistrust of police and the broader justice system from some members of our community. This is perhaps best represented at this time by the release of the ACON Report *In Pursuit of Truth and Justice* and The NSW Final Report of Strikeforce *Parrabell*. Both these documents examine the murder of, and violence towards, gay men (and the broader LGBTQ community) between 1970 and the 21<sup>st</sup> Century. They provide an interesting point of view on the impact of historical violence and a police response that came from a place of systemic homophobia.

Today, there are still those who believe that gay men and others in our community are unfairly targeted by those who are charged with upholding the law, whether that be through poor treatment of LGBTQ individuals in regional and suburban areas, the traumas created for trans and gender diverse people in the justice system, or the perceived over-policing of gay and lesbian community events.

In NSW, effective policing of events has centred on a partnership approach, with solid examples of best practice including the Mardi Gras Accord, signed by the Chairs of Sydney Gay and Lesbian Mardi Gras and the Commissioner of the NSW Police Force. Similarly, the 2013 document *Policing at NSW Lesbian, Gay, Bisexual, Transgender and Queer Events and Venues* was a partnership project between Sydney Gay and Lesbian Mardi Gras, The Gay and Lesbian Rights Lobby, Inner City Legal Centre and ACON. This document outlines the negative experiences of community in relation to policing at events, including in relation to drug detections and searches.

Criminal convictions cause a significant lifelong burden, making it difficult to travel or gain employment. Laws that reduce the effects of such a conviction are welcomed by ACON, especially considering the systemic and structural barriers that members of our community may already face in employment and travel.<sup>24,25</sup>

There are some issues with similar examples of ‘decriminalisation by practice’. For example, the Cannabis Cautioning Scheme and other such schemes for young offenders require someone being accused of possession to admit to the offence. In some communities where relationships with police are not positive, those providing legal advice to an individual may suggest a person not admit to an offence, for fear of being charged without a caution. This situation causes undue stress for the individual accused, and can prevent police from using their discretionary powers. As with any legislation which relies on the discretion of individuals, there is some

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<sup>23</sup> Australian Bureau of Statistics. 2018. ‘4517.0 Prisoners in Australia’. Accessed [https://www.abs.gov.au/ausstats/abs@.nsf/mf/4517.0 on May 2, 2019](https://www.abs.gov.au/ausstats/abs@.nsf/mf/4517.0%20on%20May%202019)

<sup>24</sup> <http://www.workingitout.org.au/in-the-workplace/>

<sup>25</sup> World Tourism Organisation. 2012. *Global Report on LGBT Tourism*. Madrid, Spain



concern about the application of bias in the decision making process, especially in relation to marginalised communities.

ACON strongly supports the Medically Supervised Injecting Centre, noting that the evidence around the centre has proven it to substantially reduce harm, and reduce the costs associated with injecting drug use.<sup>26</sup> We note the statement in Issues Paper 2 that the MSIC is strongly supported by the community.

We also strongly support the Needle and Syringe Program, which have a direct impact on the incidence on HIV transmission rates.<sup>27</sup> In Australia in 2015/16 over 3,500 incidences of service occurred through the Needle and Syringe Program<sup>28</sup> proving the ongoing demand for the service. We support the continuation of the MSIC and the NSP.

ACON believes that in areas with a demonstrated and evidence based need, an expansion of the MSIC would be warranted.

ACON supports the introduction of needle and syringe program (NSP) type programs in custodial settings, noting the statement in the Issues Paper that overseas evidence has shown these to reduce harm.

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<sup>26</sup> National Centre in HIV Epidemiology and Clinical Research. 2007. 'Sydney Medically Supervised Injecting Centre Evaluation Report No. 4: Evaluation of service operation and overdose-related events'. Australia.

<sup>27</sup> Fernandes, R. M. et.al. 2017. 'Effectiveness of needle and syringe Programmes in people who inject drugs - An overview of systematic reviews'. *BMC Public Health* 17 (1).. United States of America.

<sup>28</sup> Iversen, J. et.al. 2016. 'Needle and Syringe Program National Minimum Data Collection National Data Report 2016'. Australia.



## Response to Issues Paper 3 – Health and Community

The use of ATS can have significant impacts on an individual and their community, especially in relation to their physical, social and mental wellbeing. It is important therefore that there are measures in place to adequately and accurately measure these harms where they occur. The collection of this data will allow help assess outcomes and inform program and service orientation that is responsive to community need. These data will also help illustrate whether funds are being expended efficiently or if other sources are required. This may include commissioning of services to ensure that priority populations receive appropriate access to education, treatment and rehabilitation.

It is important to note that many of the communities named in the issues paper, including people who identify as LGBTQ, experience intersectionality with other identities and aspects of their lives that have the potential to increase their risk of harm through drug use. For example, there are a number of LGBTQ people living in rural and regional areas, who are young people, who are Indigenous people, or indeed any number of these concurrently. LGBTQ communities are not homogenous, nor are those members of our communities who use drugs, including ATS.

While the Issues Paper does reference Domestic Violence, we have also provided in our submission some information on the topic of sexual consent, which in the context of using crystal methamphetamine for enhanced sexual pleasure, or in chemsex situations, can be a topic of some interest. Little research exists on the topic of Domestic and Family Violence in lesbian, bisexual and transgender communities in relation to ATS, however we do know there is a correlation between drug use and domestic violence amongst gay and bisexual men.

We note the importance of including families as a priority population with the Issues Paper, however, we recognise the diverse range of social networks that LGBTQ people develop, often as a result of rejection from their biological families. It is often these self-identified support networks that both experience the harms related to ATS use in our communities, but also it is these people who provide the support role usually ascribed to biological families.

ACON strongly believes in the development of targeted programs for LGBTQ communities, which are informed by evidence on what works best to address unique needs in treatment, care and, where necessary, rehabilitation. Due to societal stigma and discrimination, LGBTQ people can face barriers when accessing mainstream service providers. LGBTQ people who use illicit drugs face an extra barrier when accessing services for treatment and support.

While ACON provides some support to this community, funding is limited. We note that the Issues Paper recognises the effect that stigma can have in reducing willingness to seek services and support.

Prevention strategies, such as those outlined in the Issues Paper are extremely important in reducing demand for ATS. Social marketing campaigns like Pivot Point, produced by ACON, are a good start in developing targeted responses, as our communities can be stigmatised or ignored by mainstream campaigns. Such campaigns can also ignore the social context of ATS use in our communities, and may miss potential points of initiation into ATS use, especially in relation to crystal methamphetamine use in sexualised environments.





We strongly support the evidence based expansion of harm reduction programs, including the decriminalisation of secondary distribution of injecting equipment and the possession of drug paraphernalia. We also support a researched pilot of substance testing.

The AOD workforce is generally under resourced, and much of the investment in this workforce is focused on treatment and rehabilitation. For members of our communities, accessing services can be made difficult by healthcare providers who are not equipped to understand and respond to the unique needs of LGBTQ people who seek help. It is our belief that increased access to high quality cultural competence training would vastly improve the capacity of the mainstream workforce to address ATS use in our communities.

Staff must be trained not just in ATS use and the specifics of our community, but also how these interplay with each other. Staff must also be trained to work with clients in a judgement-free way, in which clients do not feel they must be ashamed of their sexuality, sex, or drug use. All staff working with LGBTQ clients in an AOD context should be acutely aware of the history of trauma, pathologisation and systemic discrimination our communities have faced and in many cases, continue to face.

### Holistic Care and Support

Community-based services aspire to deliver integrated and holistic support for ATS use and associated comorbidities. However, the current funding environment does not allow community-based organisations to plan or develop responsive, integrated and holistic care and support services. Funding opportunities tend to target AOD or mental health issues, separately. Yet, services are providing support to individuals with comorbid AOD and mental health issues. For smaller community based organisations, service models are built on separate, and often small, buckets of funding that target different issues. In this sense, the service model has not been planned nor is it integrated or holistic. Rather it is dependent on the funding sources that the organisation has been successful in tendering for.

To enable community-based NGO's to plan and implement integrated and holistic support for ATS use and associated comorbidities, funding opportunities need to take into consideration the complexity of working with people with comorbidities. This includes providing the broader social support (e.g. support to access appropriate housing, Centrelink, NDIS etc.) in combination with counselling to address AOD and mental health issues. This requires adequate funding for wrap-around service models and a diverse range of service options (i.e. LGBTQ-specific versus LGBTQ sensitive) to ensure consumers have choice.

### Impacts on Families and other Care Models

The individual impacts of ATS use on the experience of LGBTQ ATS users and their families are similar in many ways to cisgender heterosexual ATS users and their families. Individual LGBTQ ATS users experience the same physical health (e.g. cardiovascular problems), and mental health and social issues as the general population of ATS users. However, research demonstrates that the LGBT population use ATS at considerably higher rates



than the general population, and experience mental and physical health issues at higher rates than the general population.<sup>29,30</sup>

For people who are sexuality and gender diverse, the term ‘family’ is defined broadly. It can include the traditional notion of family, however, in many cases our communities experience rejection from their biological family due to their identity. For this reason our communities include ‘chosen family’ which is a group of people to whom the individual is emotionally close and considers ‘family’ even though they are not biologically or legally related.

With this in mind, it is vitally important that support services for families in NSW affected by ATS use apply this broad lens over their policies and practices.

Organisational capacity building is required to ensure that systems are adequate to capture clients’ significant others or chosen family and that staff understand and implement this broad definition when supporting their clients.

### High Risk Populations

LGBTQ people are not a homogenous population, and their behaviours and outcomes related to ATS use are therefore not homogenous.

There is strong evidence of higher rates of crystal methamphetamine use among gay men, and this can be in the context of chemsex or ‘party and play’ scenarios. ATS in this context has been shown to lead to risky sexual behaviors and place individuals at greater risk of HIV and other STIs.

Data also tells us that men who are HIV+ use ATS at a higher rate than HIV-negative GBM in the community, and while the 2018 data indicates a downwards trend in use over time, HIV-positive men still have a 27.4% prevalence for use of crystal methamphetamine in the last 6 months.

Lesbian, bisexual and queer (LBQ) women have used ecstasy recently at considerably higher rates than the general population, with 16.3% of LBQ women reporting use within the past 6 months compared to 1.8% of the general population reporting use in the past 12 months. Methamphetamine use in the last 6 months was reported at 12.1% in 2018 for LBQ women, compared to 1.1% of the general female population.<sup>31,32</sup>

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<sup>29</sup> Clackett S, Hammoud MA, Bourne A, Maher L, Haire B, Jin F, Lea T, Degenhardt L, Bath N, Mackie B, Batrouney C, Prestage G, 2018, ‘Flux: Following Lives Undergoing Change 2014 – 2017 Surveillance Report.’ The Kirby Institute, UNSW, Sydney.

<sup>30</sup> Broady, T., Mao, L., Lee, E., Bavinton, B., Keen, P., Bambridge, C., Mackie, B., Duck, T., Cooper, C., Prestage, G., & Holt, M. (2018). Gay Community Periodic Survey: Sydney 2018. Sydney: Centre for Social Research in Health, UNSW Sydney.

<sup>31</sup> Mooney-Somers, J., Deacon, R.M., Klinner, C., Richters, J., Parkhill, N. 2017. *Women in contact with the gay and lesbian community in Sydney: Report of the Sydney Women and Sexual Health (SWASH) Survey 2006, 2008, 2010, 2012, 2014, 2016.* ACON & Sydney Health Ethics, University of Sydney, Sydney, NSW.

<sup>32</sup> Australian Institute of Health and Welfare (AIHW) 2017. National drug strategy household survey 2016: detailed findings. Drug statistics series no. 31. Cat. no. PHE 214. Canberra: AIHW.



Meth/amphetamine use among the trans population is also substantially higher than the general population. One study (with an entire trans sample of 7.6%) reports meth/amphetamine use in the last 12 months as 15.2% for people assigned female at birth non-binary, 9.4% for trans men, 7.3% for trans women, and 5.7% for people assigned male at birth non-binary:<sup>33</sup>

These statistics must be considered in the context of a population that has past and present experiences of discrimination, violence, stigmatisation and trauma. Many members of our community have these experiences from a young age, and also navigate a world in which systemic homophobia is common. Many members of these communities have experienced hurtful rejection from family and friends.

The lives of these people have until living memory been criminalised and policed. Many men, until recently had criminal records for convictions based on the fact they had sex with other men, some were pathologised by the mental health experts who thought being same sex attracted or those who identified their gender as other than that attributed to them at birth – were sick or unwell. Others were subjected to so called, disreputable and cruel ‘conversion treatment’ by religious institutions.

Far more recently, the Marriage Equality survey and related campaigns from the “no” side meant that very hurtful, untrue and damaging public comments were made about LGBTQ people, with some research emerging to document an increased experience of verbal abuse and harassment during this time.

While not suggesting a direct, causal relationship exists, these extensive experiences of our communities, minority stress and the long acknowledged links between drug use and mental health problems is noted, and is relevant to how we respond.

It is vital to note the important role that intersectionality plays within these high risk communities. Sexuality, transgender experience or HIV-status do not exist in isolation, and other factors may increase the potential for risk from ATS use. For example, an HIV+ person who lives in a regional area has increased risk potential, as does a gay or bisexual man with trans experience who is incarcerated.

Consideration must also be given to the important intersection between people experiencing mental illness and using ATS. Data indicates that mental illness is rising in users of ATS<sup>34</sup> and while it is important to distinguish causation from correlation, the need for effective service provision which provides holistic care for substance related issues and mental health concerns is vital.

Moving beyond estimates of methamphetamine use, evidence also shows that reasons for using and location of use differs between these sub-populations. This is critically important to understand, and justifies investment in targeted primary, secondary and tertiary prevention programs.<sup>29,30,31</sup> Historically there has been

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<sup>33</sup> Hyde Z, Doherty M, Tilley PJM, McCaul KA, Rooney R, Jancey J (2014) The First Australian National Trans Mental Health Study: Summary of Results. School of Public Health, Curtin University, Perth, Australia.

<sup>34</sup> Australian Institute of Health and Welfare. 2017. *Mental Illness rising among meth/amphetamine and ecstasy users* accessed at <https://www.aihw.gov.au/news-media/media-releases/2017/september/mental-illness-rising-among-meth-amphetamine-and-e-on-May-5>, 2019



little to no investment in prevention, treatment and services that address the needs of LGBTQ populations, despite the clear evidence of need.

### LGBTQ Specialised Services & Service Delivery Models

People with diverse sexualities and genders are high risk populations groups, yet current service delivery models are variable in their responsiveness and capability to provide inclusive service to these communities. It is further difficult to ascertain whether existing services are meeting the needs of people who have diverse sexualities and genders due to the lack of data collection within health and community services.

Currently, it is not mandatory or routine to collect data on sexuality or trans experience in mainstream healthcare services. This is problematic as it proves impossible to collect systematic data on LGBTQ client services experiences. Word-of-mouth is a key method for LGBTQ people finding inclusive and safe service options (and those to avoid), and anecdotal evidence informs us that service experiences can vary significantly among community members.

There is evidence that gay and bisexual men that use ATS and access specialist-LGBTQ services experience better outcomes than gay and bisexual men that use ATS and attend mainstream services. There is limited research in other sub-populations. There is also evidence that clients of ACON's Substance Support Service showed significant reductions in methamphetamine dependence, days of use and improved psychosocial functioning after 4 and 8 treatment sessions.<sup>35</sup>

The same study of the service found that the majority of clients had referred themselves into treatment at ACON, potentially indicating that an LGBTQ specific service was a preferable option for the sample. The 32 clients who attended a second follow up had reduced their recent (in the last 4 weeks) use, median days used and dependence on methamphetamines. The study also showed a decrease in injecting equipment being shared and a reduction in psychological distress.

Given the history of discrimination faced by LGBTQ people and the research that points to fear of discrimination by health providers as being a major barrier to treatment, there is a need for specialist-LGBTQ services to be a component of the service options for the community. This ensures LGBTQ people can maintain their identity and be confident that their service provider understands the unique context in which ATS use occurs within their community.

Many services in the community are run by faith based organisations, and while the work of these organisations is admirable, accessing such services can be challenging for members of the LGBTQ community who have negative experiences with religion. Beyond that affiliation, many services are just not set up to be culturally competent when working with our community, for example, residential rehabilitation programs are often segregated by gender, making them unsafe places for some gender diverse people.

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<sup>35</sup> Lea, Toby & Kolstee, Johann & Lambert, Sarah & Ness, Ross & Hannan, Siobhan & Holt, Martin. (2017). Methamphetamine treatment outcomes among gay men attending a LGBTI-specific treatment service in Sydney, Australia. PLOS ONE. 12. e0172560. 10.1371/journal.pone.0172560.



Some LGBTQ individuals will choose to access mainstream services. And, for this reason, it is recommended that commissioned service providers are required to demonstrate that clients are treated with dignity and respect and that their identity, culture and diversity is valued. In addition, mainstream services should need to demonstrate their systems and processes that ensure culturally safe and family-inclusive practice.

LGBTQ inclusive practice content could be included in medical and GP training, and an optional course for RACGP CPD points.

ACON strongly supports accreditation processes and Quality Standards for health services and community based organisations to include a standard about LGBTQ culturally appropriate, inclusive and safe care. This has been done well in the new Aged Care Standards, which could be used as a guide for Health Standards. We also call for funders to require commissioned services to demonstrate how their clinicians, services and organisational processes are LGBTQ culturally appropriate, inclusive and safe care.

### Rural and Regional Models

ACON currently works in regional areas of NSW by providing a range of outreach programs and services including health promotion campaigns, undertaking community development and peer education initiatives, delivering training and support to health and welfare organisations, developing local referral pathways, and providing remote counselling and care services to people who may be in need across the state.

Community based or peer-led outreach into regional locations has the possibility of delivering profoundly meaningful interventions for LGBTQ people, however, outreach models are successful only when implemented through community development and in partnership with local stakeholders. In order for ACON's Regional Outreach teams to successfully contribute to improving health outcomes for LGBTQ populations across regional NSW, ongoing stakeholder relationships and referral pathways have been built with regionally-located CDATs, AOD services, local interagencies, Aboriginal Community Controlled Health Corporations and Aboriginal Medical Services, sexual health clinics, needle and syringe programs and local AOD/mental health advisory councils.

Outreach cannot be delivered through a one-size-fits-all approach, it requires the investment of time and resources to appropriately identify local need and develop local solutions alongside the community. Outreach models that do not focus on collective action, partnership and local expertise will ultimately fail.

Primary Health Networks (PHN) that have been able to adequately include sexual orientation and gender identity measures in needs assessment processes have demonstrated a substantial cohort of LGBTQ people who report accessing AOD treatment services locally. Murrumbidgee PHN, with a footprint encompassing 250,000km<sup>2</sup> of south western regional NSW found 10% of people participating in their 2016 Health Needs Assessment were from LGBTQ communities with a considerable proportion indicating high rates of help-seeking behaviours.

On this basis, the demand from mainstream AOD treatment services in regional areas for LGBTQ cultural competency training continues to grow. Regionally-based services, both faith-based and secular, across the



state, have identified a need to ensure the available clinical and non-clinical services are safe, welcoming, holistic and inclusive for the community.

ACON received small amounts of funding from a number of regionally-located PHNs to deliver LGBTQ inclusive practice training to the AOD workforce in order to improve and strengthen practice with LGBTQ people seeking support for their substance use. Participants included service managers, case workers, intake workers, specialist nursing staff and counsellors working in drug rehabilitation, detoxification and outpatient AOD services.

## Family and Domestic Violence

Domestic and family violence (DFV) and sexual assault can be exacerbated by known risks that have been well-documented in the in GBTIQ (male) community, including higher rates of drug use.<sup>36,37, 38, 39, 40, 41, 42</sup>

New research from *NSW: Sorting It Out* (2019) has found that men who had experienced abuse from a partner had higher levels of drug-taking than men who did not report partner abuse. Participants who had a history of physical, verbal or emotional partner violence had higher levels for overall drug-taking than did those who did not have history of partner violence.<sup>43</sup> This research also supports a correlation between intimate partner violence (IPV) and substance use.

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<sup>36</sup> Bacchus, L., Buller, A., Ferrari, G., Peters, T., Devries, K., Sethi, G. Feder, G. (2017). 'Occurrence and impact of domestic violence and abuse in gay and bisexual men: A cross sectional survey.' *International Journal of STD & AIDS*, 28(1), 16-27. doi:10.1177/095646241562288.

<sup>37</sup> Stults, C. B., Javdani, S., Greenbaum, C. A., Kapadia, F., & Halkitis, P. N. (2016). Intimate partner violence and sex among young men who have sex with men. *Journal of Adolescent Health*, 58(2), 215-222.

<sup>38</sup> Bacchus, L., Buller, A., Ferrari, G., Peters, T., Devries, K., Sethi, G., Feder, G. (2017). Occurrence and impact of domestic violence and abuse in gay and bisexual men: A cross sectional survey. *International Journal of STD & AIDS*, 28(1), 16-27. doi:10.1177/0956462415622886.

<sup>39</sup> Baker, N. L., Buick, J. D., Kim, S. R., Moniz, S., & Nava, K. L. (2013). Lessons from examining same-sex intimate partner violence. *Sex roles*, 69(3-4), 182-192.

<sup>40</sup> Mendoza, J. (2011). The Impact of Minority Stress on Gay Male Partner Abuse. In J. L. Ristock (Ed.), *Intimate Partner Violence in LGBTQ Lives*. New York: Routledge.

<sup>41</sup> Buller, A. M., Devries, K. M., Howard, L. M., & Bacchus, L. J. (2014). Associations between intimate partner violence and health among men who have sex with men: a systematic review and meta-analysis. *PLoS medicine*, 11(3), e1001609.

<sup>42</sup> Stephenson, R., Freeland, R., & Finneran, C. (2016). Intimate partner violence and condom negotiation efficacy among gay and bisexual men in Atlanta. *Sexual health*, 13(4), 366-372.

<sup>43</sup> Ovenden, G., Salter, M., Ullman, J., Denson, N., Robinson, K., Noonan, K., Bansel, P., Huppertz, K. (2019) 'Gay, Bisexual, Transgender, Intersex and Queer Men's Attitudes and Experiences of Intimate Partner Violence and Sexual Assault in Australia.' Sydney: Sexualities and Genders Research, Western Sydney University and ACON.



Limited research is available on LGBTQ women DFV and substance use. Research has found correlations between lesbian perpetrators use of violence and substance abuse, and further identified links between substance use and the severity of force used in lesbian relationships.<sup>44</sup>

A more recent study of women in same-sex relationships found that women with a history of intimate partner abuse were prone to more drug and alcohol related problems than were women who had not experienced IPV. In this research substance use problems were consistent with previous research with heterosexual couples that found links between substance use and DFV.<sup>45</sup>

There is no specific research looking into trans and gender-diverse (TGD) people's experiences of DFV in correlation with drug use. However research among transgender people has noted that lifetime experiences of DFV ranged from 31% to 50%,<sup>46</sup> suggesting that transgender people experience similar, if not higher levels of violence in comparison to the LGB population, and significantly higher rates than women in the general population.

Treatment for drug and alcohol problems has been associated with the reduction of DFV and improved relationship functioning in heterosexual couples. We predict that, consistent with research on heterosexual couples, drug and alcohol treatment would lead to fewer instances of DFV in LGBTQ relationships.

There is a growing awareness in responses to DFV issues of the wide range of factors that impact the frequency, severity and help-seeking patterns of DFV including AOD use. Addressing DFV is also a measure increasingly implemented by AOD services in Australia to enable such services to be more realistic, nuanced and appropriate in their response to AOD use. Silos in service provision are a major impediment to coordinated services for clients with AOD and DFV problems. Coordination at this level can result in improved access to high quality and effective services for these problems.

Specialist LGBTQ services must be funded across a range of areas in order to address coexisting issues affecting individuals. Mental health, drug and alcohol, domestic and family violence services are often funded and regulated separately not recognising that usually they are co-presenting issues and should be addressed as such.

To-date, LGBTQ awareness and inclusion have been a largely neglected area of focus in both AOD and DFV services, and an area where staff have received little training. Improvements are most likely to occur when services are supported to implement LGBTQ inclusion strategies.

## Sexual Violence and Consent

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<sup>44</sup> Renzetti, C. M. (1988). Violence in lesbian relationships: A preliminary analysis of causal factors. *Journal of Interpersonal Violence*, 3, 381-399.

<sup>45</sup> Eaton, L, Kaufman, M, Fuhrel, A., Cain, D., Cherry, C., Pope, H, Kalichman, S, (2008) 'Examining Factors Co-Existing with Interpersonal Violence in Lesbian Relationships' *Journal of Family Violence*, November 2008, Volume 23, Issue 8, pp 697–705.

<sup>46</sup> Brown, T.N., and Herman, J.L., 2015. Intimate partner violence and sexual abuse among LGBT people: a review of existing literature, The Williams Institute, available at <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr2011.pdf>.





There is a desperate need for future research to examine the prevalence and dynamics of intimate coercion, violence and abuse in the lives of LGBTQ people that looks at the effect of drug taking and drug taking cultures on intimate partner violence and sexual coercion.

In casual or group sex settings, widespread substance use can complicate the negotiation of sexual consent. Research identifies that among a sample ofGBTIQ men, many men saw violence and aggression in relationships as less serious when drugs were present, some were conflicted as to whether drugs excused violence, and that violence in a relationship is between perpetrator and victim to ‘sort it out’.<sup>47</sup>

We believe there is a need for more awareness raising and community education about sexual consent and assault in relationships, especially where drugs are involved. A strong correlation is found between experiences of victimisation and substance use in young LGBTQ people, with young people who report experiences of homophobic abuse more likely to use drugs excessively, commonly seen as a form of self-medication to the pain of rejection, discrimination, and violence from families, schools and the wider community.

There is a clear need for campaigns, education and programs on respectful relationships and sexual ethics that address the role of ATS drugs as risk factors for violence and coercion in LGBTIQ communities.

### Current Information and Campaigns

ACON believes that information about harms related to drug use should be balanced, pragmatic and contextual. Campaigns such as *You’re A Mate, Not A Doctor*<sup>48</sup> provide factual information that assist not just the user of drugs, but also the people around them to increase support and reduce risk. These campaigns, especially when coming from a community source rather than government, can be more effective reducing harm.

In 2013, ACON launched a large scale, multi phased and multifaceted campaign to educate and mobilise gay men around ending the HIV epidemic in light of new evidence supporting treatment as prevention options as well as new biomedical prevention strategies like daily Pre Exposure Prophylaxis (PrEP). Supported by the NSW Government, the campaign reflected the ambitions contained within the *NSW HIV Strategy 2012 – 2015*, which included the goal of viral elimination of HIV in NSW by 2020.

Since launch, *Ending HIV* has released a total of 12 campaigns that have encouraged gay, bisexual men to; *Test More, Treat Early* and to continue to *Stay Safe*. Through regular campaign evaluation, conducted by an independent evaluation consultant, we have seen consistently strong campaign reach and recall figures, significant improvements in health literacy amongst the target audience with increases in knowledge in line with campaign messaging.

The overall results of our long term campaign strategy has demonstrated that gay men engage and respond to community messaging, that is embedded in community, empowering and informative.

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<sup>47</sup> See 39

<sup>48</sup> See [www.dontgetused.com.au](http://www.dontgetused.com.au)



Innovation in harm reduction can be stimulated by a request for proposals that are community driven, backed by some form of evidence and are accompanied by robust evaluation plans. These ideas may offer promise, and if trialled, would add to the available body of evidence. Furthermore, innovation in health campaigns is required to employ emerging technologies and engages users in a conversation that builds health literacy and increases help seeking behaviour.

An evaluation of the National Drugs Campaign found that while recall of media distributed information was relatively high, specific messages from the campaigns were difficult to recall. In Phase 7 of the campaign, most people remembered seeing an ad about Ice but could not recall any specific messages from the ad other than the fact it had negative consequences. The evaluation also found that while over 80% of respondents to an Ice specific campaign found the information 'believable' and 'effective at making me stop and think', only 28% found the information 'relevant to me' – perhaps indicating that these mass campaigns are not reaching the audiences who need the information.<sup>49</sup>

Fear-based awareness campaigns stigmatise people who use drugs, instill and feed fear in the broader community, and most significantly - are more likely to drive people who use drugs away from treatment resulting in poor health outcomes.<sup>50</sup>

In 2015 the Australian Federal Government ran a \$9 million awareness campaign about the harms of methamphetamine, which depicted violence in a home and hospital emergency. Research suggests that for people who have never used methamphetamine, fear-based campaigns such as this may be effective, but for people who have in the past used the drug or presently do, the impact is significantly lessened.<sup>51</sup> Research further indicated that people who do use crystal methamphetamine did not find the campaigns to be representative of their experience, and exacerbated negative stereotypes of drug users as violent and mentally unwell. It was further identified that majority of people thought the campaigns depicted Ice users as dangerous.

## Harm Reduction Strategies

Further investment in primary prevention and culturally appropriate harm reduction and peer education strategies should be prioritised to address ATS use within LGBTQ communities. We strongly advocate for strategies that develop long term conversations with an aim to build health literacy. ACONs work in producing the Ending HIV program is a clear example of how long term embedding in community can lead to significant changes, and in the case of this campaign, we saw an increase in testing and an increase in the uptake of biomedical HIV prevention strategies. ACON has learned that for effective messaging and behaviour change it is vital to be a part of the life of the affected community; messages must be sustained and programmatic - one-off fear based campaigns offer little in terms of effecting change.

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<sup>49</sup> Stancombe Research and Planning. 2018. *Evaluation of Phase Seven of the National Drugs Campaign*. Sydney, Australia

<sup>50</sup> Quinn, B. & Dietze, P. 2015. 'Awareness campaigns need to target the real victims of ice', *The Conversation*, <https://theconversation.com/awareness-campaigns-need-to-target-the-real-victims-of-ice-40631>.

<sup>51</sup> Douglass et. al. 2017. "Just not all ice users do that" : investigating perceptions and potential harms of Australia's *Ice Destroys Lives* campaign in two studies'. *Harm Reduction Journal*.



### *Needle & Syringe Programs*

NSPs continue to prevent HIV and Hepatitis C transmissions among people who inject drugs. NSPs also provide an opportunity for staff to conduct brief interventions with those who are accessing NSP services. NSP staff should be trained to understand sexualised drug use cultures in order to provide meaningful brief interventions to people who use ATS in sexualised contexts.

### *Access to safe equipment*

For many people who use ATS, avoiding injecting is perceived as a valuable strategy to control or cut back on ATS use. Injecting ATS is often associated with a more intense high, a more intense comedown and longer sessions of use (i.e. use of ATS for multiple consecutive days and nights). Longer periods of use within a single session poses risks associated with crystal methamphetamine induced psychosis. Further, injecting also carries a BBV transmission risk. Decriminalising the possession of inhalant equipment would pose a benefit to those who use ATS but wish to avoid harms associated with injecting.

ACON currently distributes safe sex packs to community members involved in group sex and more “adventurous” sexual practices. Laws around peer distribution of sterile injecting equipment and possession of drug use paraphernalia such as swabs and tourniquets should be revisited with a view to enable opportunities to distribute sterile injecting equipment alongside safe sex materials.

### *Community-based and Peer-led programs*

People who use ATS or who have an experience of using ATS should be involved in the development and design of harm reduction strategies and responses to address the harms associated with ATS use.

Strategies to prevent BBV transmission in sexualised drug use contexts are readily practiced by gay and bisexual men.<sup>29</sup> However, the stigmatisation of ATS use has forced communities of users underground and created hidden networks with a vast amount of valuable harm reduction knowledge.<sup>52</sup>

Programs that look to educate and train influential peer leaders within communities of people who use ATS should be developed and implemented alongside bespoke and comprehensive campaign resources that address harms associated with ATS use in specific contexts and for specific communities.

Funding community organisations to implement programs that empower peers to share harm reduction strategies would strengthen peer networks and increase the reach and impact of harm reduction information.

### *Stigma and Discrimination*

ATS use, in particular the use of crystal methamphetamine is heavily stigmatised in the general and the LGBTQ population. Of the gay and bisexual men who participated in the 2017 *Flux* study, 27.9% reported that MDMA and ecstasy was “very acceptable” among their friendship networks, and approximately 22.9% reported that it was “not at all acceptable”. By comparison, only 5.9% reported that use of crystal methamphetamine was

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<sup>52</sup> The Institute of Many, 2016. ‘Turning Tina’ accessed: <https://theinstituteofmany.org/home/turning-tina/>.



“very acceptable” among their friendship networks and 61.9% of participants reported that crystal methamphetamine use was “not at all acceptable”.<sup>53</sup>

Stigma around crystal methamphetamine use in LGBTQ communities can create barriers to both formal and informal help seeking. A person who using is crystal methamphetamine is unlikely to reach out to a friend for support if they perceive that it is not safe to disclose their use. This heightens the isolation and vulnerability of people who use crystal methamphetamine.

Gay and bisexual men who use crystal methamphetamine in sexualised contexts report being stigmatised for their drug use and for their sexual behaviour. A qualitative study of gay and bisexual men engaged in sexualised drug use in London found that while a significant portion of participants experienced a range of physical and mental health harms throughout their period of using ATS, few had accessed support for fear of judgement and concern about appropriate expertise.<sup>54</sup> This stigma can be compounded when seeking treatment or support an individual if feels they are required to educate their health care professional about those aspects of their lives.

Experiences of stigma among people who use ATS demonstrate that a shift in the community conversation around ATS use is needed. Further, workforce development initiatives that ensure the cultural competency of sexual health and AOD service providers should be considered.

Generalised statements that suggest the experience of harm is inevitable for all people who use ATS, or on all occasions of ATS use should be avoided. Acknowledging that harms can occur when people use ATS is preferable to making blanket statements that imply harms will occur.

When discussing harms associated with ATS use it should be acknowledged that efforts to reduce harms are positive, beneficial and practical, and not merely a less desirable alternative to abstinence based approaches.

The Network of Alcohol and other Drug Agencies (NADA) and the NSW Users and AIDS Association (NUAA) have developed a resource called ‘[Language Matters](#)’ that outlines appropriate terminology when providing services for people who use drugs.<sup>55</sup> Language Matters does not explicitly address messaging around ATS use however the guiding principles of this document are suitable to inform approaches to ATS messaging.

It is noted that ‘person centred’ language should always be prefaced when drug use is discussed. The statement, ‘people who use crystal methamphetamine’ should always be used in favour of ‘crystal methamphetamine users’ or ‘ATS users’. Use of words that might be considered inflammatory or loaded should also be avoided when discussing ATS use.

All messaging that addresses ATS use should be developed using a co-design process, meaningfully including people who use ATS. To ensure that messaging is sensitive, culturally appropriate and impactful, tailored messaging approaches should be developed for the diverse communities of people who use ATS.

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<sup>53</sup> See 27

<sup>54</sup> Bourne A, Reid D, Hickson F, Torres-Reuda S, Steinberg P, Weatherburn P. 2015. ‘Chemsex and harm reduction need among gay men in South London’, *International Journal of Drug Policy* Volume 26, Issue 12, Pages 1171-1176.

<sup>55</sup> NADA and NUAA. 2016. ‘Language Matters’. Viewed at <https://nadaweb.azurewebsites.net/resources/language-matters/>.



## Overseas Models of Care

In order to ensure people with diverse sexualities and genders are able to engage in healthcare and treatment services, tailored services that are inclusive, safe and respectful of the diversity of identities experienced are required; and existing mainstream services must have the capacity to inclusively respond to the needs of people with diverse sexualities and genders who use drugs.

Research identifies that ‘treatment programs with specialised groups for gay and bisexual clients have shown better outcomes for men compared to gay and bisexual men in non-specialised programs,’<sup>56,57</sup> and subsequently a small portion of substance use treatment services in the United States (US) provide tailored service to lesbian, gay, bisexual and transgender (LGBT) populations.

A study of methamphetamine outcomes among gay and bisexual men attending ACON’s Substance Support Service in Sydney between 2012-2015 reported a ‘significant reduction in the median days of methamphetamine use in the previous 4 weeks between baseline (4 days), follow-up 1 (2 days) and follow-up 2 (2 days;  $p = .001$ ).’<sup>58</sup>

Results show ‘there was a significant reduction in the proportion of participants reporting methamphetamine dependence between baseline (92.1%), follow-up 1 (78.3%) and follow-up 2 (71.9%,  $p < .001$ ).’ Positive results further included a reduction in psychological distress and improvements in quality of life.<sup>59</sup>

Pieces to Pathways is a peer-led substance use program for people of diverse sexualities and genders (aged 16-29 years) in Canada. The program originated from a gap in service provision for young people with diverse sexualities and genders who use drugs and require sensitive care to their unique needs, and based on evidence that identified ‘LGBT youth (66%)...wanted substance abuse services geared to LGBT youth’.

## The AOD Workforce and Professional Development

The workforce within all AOD services should be representative of the population, including LGBTQ people, Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds. Diversifying the workforce will improve accessibility of services by the diverse population in NSW.

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<sup>56</sup> Substance Abuse and Mental Health Services Administration (US). 2016. ‘Chapter 4: Early intervention, treatment, and management of substance use disorders’, *US Department of Health and Human Services*, Washington (DC): United States of America.

<sup>57</sup> Senreich E. 2010. ‘Are specialized LGBT program components helpful for gay and bisexual men in substance abuse treatment?’, *Substance Use & Misuse*, 45(7-8):1077–1096.

<sup>58</sup> Lea, T., Kolstee, J., Lambert, S., Ness, R., Hannan, S. & Holt, M. 2017. ‘Methamphetamine treatment outcomes among gay men attending a LGBTI-specific treatment service in Sydney, Australia’, *PMC US National Library of Medicine National Institutes of Health*, 12(2): e0172560.

<sup>59</sup> Gordon, A. 2016. ‘Substance abuse support designed for needs of LGBT youth’, *The Star*, Canada, [https://www.thestar.com/life/health\\_wellness/nutrition/2016/06/27/substance-abuse-support-designed-for-needs-of-lgbt-youth.html](https://www.thestar.com/life/health_wellness/nutrition/2016/06/27/substance-abuse-support-designed-for-needs-of-lgbt-youth.html).



It is critical that healthcare professionals working with people who have diverse sexualities and genders and who use ATS, are knowledgeable of the spectrum of sexuality and gender, how these identities intersect with other shared identities (e.g. Aboriginal and Torres Strait Islander people and culturally and linguistically diverse people), and unique experiences and factors faced by these communities e.g. social isolation, familial rejection, homophobia, biphobia, transphobia, domestic and family violence and homelessness.

Currently there are a range of online modules available for healthcare providers on how to build capacity and sensitivity to people with diverse sexualities and genders accessing AOD support and care, but their rate of uptake is unclear, and uptake is generally largely dependent on mainstream services taking initiative to encourage their healthcare professionals to complete courses.

Inclusivity of people who are sexuality and gender diverse in training and education programs for healthcare providers should be incorporated into all mainstream AOD service provision across the state, and integral to the design of treatment and support services to ensure the barriers to access are being actively addressed.

Our experience is that LGBTQ people presenting with problematic ATS use to our service does not fulfil the stereotype of a typical ATS user. In particular, we have never had to manage aggression from clients who use ATS. Rather, we find that ATS use within the LGBTQ community can lead to social isolation due to the stigma associated with their substance use and the context within which they are using (i.e. to enhance sexual experiences).

It is essential that the AOD workforce is provided regular and ongoing clinical supervision to reflect on their work, manage challenges that present within their work and ensure a high quality service provision. The work should be supported by clear policies and procedures within their place of employment that aims to minimize risks to staff and clients and maximize positive outcomes for clients.

A large proportion of the AOD workforce has limited experience in the AOD sector and/or do not have an AOD-specific qualification.<sup>60</sup> The study reported that “approximately 40% had undergraduate or postgraduate qualifications of which 26% were AOD specific, and 36% possessed an AOD-related certificate or diploma. However, almost one in five respondents (18%) did not have an AOD-related qualification”.

The AOD workforce should be made up of a mix of suitably skilled and qualified clinicians *and* people with lived experience.

ACON suggests it may be worth considering the creation of identified LGBTQ positions across the AOD service spectrum (i.e. withdrawal/detoxification units, inpatient treatment services, community-based outpatient services) such a move has the potential to increase the capacity of mainstream services to work with LGBTQ people and reduce barriers for LGBTQ people in accessing services.

The benefits of a peer workforce are well documented, particularly within the mental health sector. This largely untapped group of people within the AOD sector need to be provided the opportunities to contribute their personal experiences and insights into how services can respond to and best support people who use ATS

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<sup>60</sup> Roche, A., Kostadinov, V., Hodge, S., Duraisingam, V., McEntee, A., Pidd, K. & Nicholas, R. (2018). *Characteristics and wellbeing of the NSW non-government AOD Workforce*. Adelaide: National Centre for Education and Training on Addiction, Flinders University.





and their families. Most importantly, the peer workforce needs to be professionalized – including providing professional development and supervision/mentoring opportunities.

### Medically Supervised Injecting Centres

Concurrent evaluations of MSIC have recognised that the service has reduced the impact of overdose related events and other health related consequences of injecting drug use; reduced public injecting and the community visibility of injection drug use; provided access to drug treatment and other health services to people who are highly socially marginalised; and, has not lead to increases in crime or social disturbance in its immediate vicinity.<sup>61</sup>

This innovative harm reduction service saves lives and is a good example of why further innovation in harm reduction ought to be a key consideration of the Special Commission of Inquiry.

### Substance Testing

On 17 January 2019 the Royal Australasian College of Physicians (RACP) released an open letter to all State Premiers and Chief Ministers stating that “there is sufficient evidence to support pill testing trials at festivals” and called “on governments to consult with addiction medicine physicians, public health medicine physicians, clinical pharmacologists and toxicologists and other relevant experts to develop pill testing trials that are carefully designed and evaluated to inform drug policy and minimise harms to young people and the broader community.”<sup>62</sup>

Australia’s first substance testing trial at music festival Groovin the Moo in Canberra 2018 allowed for the detection of N-Ethylpentylone, a drug that has been ‘responsible for mass casualty overdoses in New Zealand’<sup>63</sup>. It was further evidenced that substance testing influences consumption choices. Of those who had their drugs tested at the music festival, 18% said they would not use illicit drugs, 12% said they would use less and 8% reported they would discard the drugs.<sup>64</sup> A second trial in April 2019 doubled the number of substances tested and also made detections of N-Ethylpentelone. As in the first trial, a number of attendees stated they would reduce their consumption or not consume the drugs based on the results of the testing.<sup>65</sup>

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<sup>61</sup> MSIC Evaluation Committee. (2003). *Final report in the evaluation of the Sydney Medically Supervised Injecting Centre*. Sydney

<sup>62</sup> Royal Australasian College of Physicians. 2019. ‘There is sufficient evidence to support pill testing trials at festivals’, Open letter, [https://www.racp.edu.au/docs/default-source/default-document-library/190117\\_final\\_openletter\\_premierandchiefministers.pdf?sfvrsn=7f4141a\\_0](https://www.racp.edu.au/docs/default-source/default-document-library/190117_final_openletter_premierandchiefministers.pdf?sfvrsn=7f4141a_0).

<sup>63</sup> Makkai, T., Macleod, M., Vumbaca, G., Hill, P., Caldicott, D., Noffs, M., Tzanetis, S., Hansen, F., 2018, Report on Canberra GTM Harm Reduction Service, Harm Reduction Australia.

<sup>64</sup> Students for Sensible Drug Policy Australia. 2018. *Pill Testing*, Position Statement, <http://ssdp.org.au/wp-content/uploads/2018/11/Pill-Testing-Position-Statement-by-SSDP-Aus-2018.pdf>.

<sup>65</sup> Lowrey, T. 2019. ‘Second pill-testing trial at Groovin the Moo hailed a success as partygoers dump dangerous drugs’ published in *ABC News* 29 April 2019. Accessed at <https://www.abc.net.au/news/2019-04-29/pill-testing-trial-at-groovin-the-moo-for-second-time/11053350> on May 5, 2019





Drug checking services currently exist and operate across Europe, including Austria, Belgium, France, Germany, The Netherlands, Spain and Switzerland.<sup>66</sup> There are 31 drug-checking services across the world<sup>67</sup>, some of which have been operating since the 1990s. Evidence demonstrates that ‘the prevalence of drug use does not seem to be higher in countries that have drug-checking systems in place’<sup>68</sup>. There does not seem to be any evidence to support the criticism that introducing pill testing will result in increased drug use.<sup>69</sup>

Research demonstrates pill testing changes behaviour, with ‘50% of those who had their drugs tested said the results affected their consumption choices’ and ‘two-thirds said they wouldn’t consume the drug and would warn friends in cases of negative results’.<sup>70,71</sup>

Check-It in Austria conducted a study for the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in 2000 on the effectiveness of pill-testing projects in the European Union. The study concluded ‘warning messages about harmful substances or harmful composition of pills...are only meaningful if consumers are in a position to have their pills chemically analysed’. Substance testing interventions are desirable prevention strategies as they attract people to pill-testing sites, creating an opportunity for drug users to engage in counselling and education interventions.<sup>72</sup>

The Netherlands introduced pill testing in the 1990s, and in 1999 the Minister for Health centralised drug-checking services by placing them under the coordination of the national Drug Information Monitoring System (DIMS). In 2014 DIMS issued a public warning of a substance containing a high dosage of a dangerous chemical, which at the time had resulted in deaths in the United Kingdom and New Zealand. After the public warning the drug did not present again to drug-checking services and no further incidents of harm were caused to the people of Netherlands as a result.

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<sup>66</sup> Ritter, A. 2018. ‘Six reasons Australia should pilot pill testing party drugs’, *The Conversation*, UNSW Sydney, <https://theconversation.com/six-reasons-australia-should-pilot-pill-testing-party-drugs-34073>.

<sup>67</sup> Students for Sensible Drug Policy Australia. 2018. *Pill Testing*, Position Statement, <http://ssdp.org.au/wp-content/uploads/2018/11/Pill-Testing-Position-Statement-by-SSDP-Aus-2018.pdf>

<sup>68</sup> Brunt, T. 2017. *Drug checking as a harm reduction tool for recreational drug users: opportunities and challenges*, Background paper, European Monitoring Centre for Drugs and Drug Addiction, [http://www.emcdda.europa.eu/system/files/attachments/6339/EuropeanResponsesGuide2017\\_BackgroundPaper-Drug-checking-harm-reduction\\_0.pdf](http://www.emcdda.europa.eu/system/files/attachments/6339/EuropeanResponsesGuide2017_BackgroundPaper-Drug-checking-harm-reduction_0.pdf).

<sup>69</sup> European Monitoring Centre for Drugs and Drug Addiction. 2001. *On-site pill-testing interventions in the European Union*, Executive Summary, <http://www.emcdda.europa.eu/html.cfm/index1577EN.html>.

<sup>70</sup> Jellinek. 2018. *Why do they test drugs in the Netherlands and how does it work?*, <https://www.jellinek.nl/vraag-antwoord/why-do-they-test-drugs-the-netherlands-and-how-does-it-work/>.

<sup>71</sup> See 62

<sup>72</sup> See 70



## Response to Issues Paper 4 – Data, Research and Funding

Data about ATS use in LGBTQ communities comes primarily from studies with limited scope, and usually tied to another condition, such as HIV. Through the National Drug Strategy Household Survey, we know that the prevalence of use of drugs by LGBTQ populations, including ATS, is higher than that of the population.

However, currently routinely collected data from most NSW Government agencies, services and most private healthcare facilities often do not collect data on sexuality or gender of their clients outside of binary gender options. This means we do not know the extent to which LGBTQ people are accessing services or healthcare facilities.

The Commission asked a number of questions about the collection of data in relation to ATS, especially regarding data collection and the disaggregation of data to gain a clearer understanding of rates of Ice use. We believe that while this is important, it is equally important to improve the body of evidence around the contexts in which drug use occurs, and the prevalence of drug related harm across communities. This data should come from population data sources, or large scale mainstream research projects in order that we can compare data specific for some communities with the whole population.

### Data Planning

Issues Paper 4 speaks to the need for further research into why people use ATS, the impacts on individuals and the societies in which they live, and the efficacy of treatment and intervention programs. Currently, little data exists which could inform policy and practice in these areas, especially for LGBTQ people and PLHIV.

As with any research, a clear understanding of what we want to know about ATS use and its related impact is essential, and as there are a number of stakeholders who would wish to contribute to the development of research, and access the results, a coordinated approach should be undertaken, which includes people who use ATS. We support the development of a data or research plan which builds on current data sets, identifying opportunities to improve these current tools, and develop any new collection methods needed to gain a more robust body of evidence.

It is our belief that a greater understanding of the environments which facilitate the use of ATS, and situations in which some communities use ATS, will lead to the development of evidence informed policies and campaigns that work towards reducing harm.

The current information funded by the Australian Government that supports friends and carers of people using Ice, makes no reference to gay and lesbian populations, or to the specific situational reasons for use that are widely anecdotally reported by members of these communities.

In summary, along with a number of health issues causing a significant burden of disease – data collection across the board needs to include LGBTQ people. This could be done both incrementally using an opt in model. It is a step forward we simply must make if we are committed to population health goals.

## National Ice Taskforce Data

Currently, it seems little has been done to implement the recommendations of the National Ice Taskforce's recommendations regarding increased governance and data collection. No evaluation plan for the 2015-2020 National Drug Strategy is available online. Researchers and policy makers are still required to engage with a number of different organisations who use data which is often incomparable both in terms of how the data is collected and when it is reported.

The ANCAD does report that in both 2016/17 and 2017/18 they “contributed to monitoring the implementation of the measures announced by the government in response to the final report of the National Ice Taskforce in order to provide independent advice to the Minister”<sup>73</sup> however no specifics were provided on what this meant, and neither report mentions specific work related to the recommendation for increased funding into methamphetamine treatment.

## Data Collection

Situations in which data is collected about use or misuse of ATS could be further enhanced by exploring issues of poly-drug use where relevant. Potentially, and where possible, an exploration of the context of drug use would be beneficial.

An example of data collection and analysis which could be improved is in PHREDDS data, shared through the HealthStats NSW portal. Data on this portal reports on hospitalisations and presentations related to crystal methamphetamine based on a search of triage nurse reports. The data is selected based on keyword searches for relevant terms, and as such, in a circumstance where a person has presented to hospital under the influence of Ice, for example, but with an unrelated issue, the PHREDDS data would still report an Ice related hospitalisation. The entry and collation of data is also subject to human error and bias (for example in situations where a person may be suspected of being on Ice, and actually be experiencing unrelated mental health concerns).

The use of drugs, including ATS, occurs within the context of the life of an individual within a community. Current data inadequately explores the reasons behind use, or the associated harm, leading to policies which remain focused on supply reduction methodologies. Further, the exploration of poly-drug use is often missed in the collection of data about ATS use. This poly-drug use can occur concurrently with use of ATS, or an individual may use a variety of drugs for different reasons.

There is a potential, given current methodology for collecting information on drug use when presenting at clinical services, that people who are experiencing harm as a result of poly-drug use, or extended use of drugs, may have their poor health attributed simply to the use of methamphetamines, with no deeper understanding of the mental health of the individual, the context of their use, or the effect of other drugs on the health of the drug user.

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<sup>73</sup> Australian National Advisory Council on Alcohol and Other Drugs. 2018. ‘Annual Summary of Activities’, Australia.



The National Drug Strategy Household Drug survey provides useful high level data about the prevalence of drug use in communities across Australia. The survey, by nature of its design, has the potential to underreport drug use, given the self-report nature of the data. It is encouraging to see a commitment to increasing the sample size of the survey since its inception. Its examination of poly-drug use and societal attitudes regarding drug use also provides a snapshot of drug acceptability and prevalence in Australia.

The disaggregation of Ice within meth/amphetamine reporting is useful for those with an understanding of the different contexts of drug use. More could be done to examine the reasons for use and drug related harm, including the inability to reduce drug use, in relation to specific drugs, including Ice.

In 2004, a report produced by the National Drug and Alcohol Research Centre<sup>74</sup> noted that further data related to methamphetamine use could be collected on service contact and utilisation, the extent and nature of morbidity and mortality and supply of the drug. These areas for improvement still exist.

### Governance and Planning

ACON strongly supports the development and implementation of a robust, consultation-informed NSW Drug and Alcohol Plan, in order guide the work of all government agencies and improve accountability.

We also support the commitment of the NSW Coalition Government to develop a LGBTQ Health Strategy by the end of 2019, a document which should include reference to the use and misuse of illicit drugs including ATS in the specific context of our communities.

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<sup>74</sup> MckEtin, R and McLaren, J. 2004. The Methamphetamine Situation in Australia: A Review of Routine Data Sources. Australia.

## Recommendations

1. That the NSW Government releases a robust and consultation informed NSW Drug and Alcohol Strategy which clearly articulates strategic aims, priority populations, targets and objectives, including listing LGBTQ people as priority population with related appropriately resourced priority strategies.
2. That concerted effort is made to increase service access for LGBTQ people who use amphetamine type substances. This should be achieved through:
  - a. the establishment of a bespoke service designed specifically for LGBTQ people who use amphetamines which incorporates behavioural, medical and social interventions, and
  - b. increased capacity building and training for mainstream AOD services to understand and effectively work with clients who are members of the LGBTQ community, understanding the intersectionality that exists for these individuals
3. That service provision that is culturally relevant for LGBTQ drug users, including support for their families, understanding the sometimes complex and self-defined relationships LGBTQ people have with families and their 'chosen families' is understood.
4. That a long term, consistent online health promotion campaign is developed, led by community organisation/s who understand and work with LGBTQ communities to address the harm related with ATS use relevant to the contexts in which drug use occurs in these communities.
5. That data collection and reporting on LGBTQ community members and ATS use is improved including:
  - a. improved data on the prevalence of use amongst sub sections of LGBTQ communities such as trans and gender diverse people;
  - b. data that gives insight into treatment seeking and outcomes;
  - c. improved data on the experience of LGBTQ people accessing services, with a view to the improvement of these services for these people; and
  - d. specific data and research into women, trans and gender diverse communities use of ATS and recommendations be developed to address their use.
6. That legislative changes are made to reduce stigmatisation of drug users, especially where those laws may not contribute to a reduction in drug demand, supply or harm reduction, including, but not limited to:
  - a. ending the use of drug detection dogs at events and venues, and
  - b. decriminalising possession of drug paraphernalia, and
  - c. supporting the secondary distribution of clean injecting equipment
7. That an innovation fund be developed, which invited proposals focusing on priority populations, to stimulate new approaches that could be trialed and evaluated, with an aim to reduce ATS use and related harm. The fund ought to hold considerable resources and ensure proposals funded focus on community led initiatives.
8. That prevention and early interventions are elevated within any drug strategies or programs in New South Wales, and that prevention be an inclusive term which encompasses prevention of harm (tertiary prevention)