

**THE HARM REDUCTION NEEDS OF
ABORIGINAL PEOPLE
WHO INJECT DRUGS**

COMMUNITY REPORT

SEPTEMBER 2001

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WHAT WAS THE STUDY ABOUT?

- The aims of the study were to estimate how many Aboriginal people are injecting drugs and what services are needed to lessen the harms experienced by Aboriginal people who inject drugs.

WHO WAS INVOLVED IN THE STUDY?

- The study was carried out by a team of people from the National Drug Research Institute, Curtin University of Technology; the Institute for the Service Professions, Edith Cowan University; the Centre for Aboriginal Medical and Dental Health, University of Western Australia and Noongar Alcohol and Substance Abuse Service.
- Support for the study was given by Derbarl Yerrigan Aboriginal Health Service (Perth), South West Aboriginal Medical Service (Bunbury), Bega Garnbirringu (Kalgoorlie), Geraldton Regional Aboriginal Medical Service, Broome Regional Aboriginal Medical Service, Kimberley Aboriginal Medical Services Council, the Western Australian Aboriginal Community Controlled Health Organisation, and the Western Australian Substance Users Association.
- Representatives from Aboriginal and non-Aboriginal agencies in Perth, Kalgoorlie, Geraldton, Bunbury and Broome were asked questions about Aboriginal injecting drug use and related services in their communities.
- Aboriginal people who inject drugs were interviewed about their drug use and their views on services for people who inject drugs.
- We also looked at other statistics on drug use and harms associated with drug use in communities.

WHY WAS THE STUDY DONE?

- This study was funded by the Health Department of Western Australia, which wanted to find out what strategies and services are needed to reduce

the harms associated with injecting drug use among Aboriginal people. The Health Department aims to use this information to plan services to assist Aboriginal people who inject drugs.

WHAT DID WE FIND?

Estimation of the number of Aboriginal people in WA who inject drugs

- Among Aboriginal people in Western Australia, indicators of drug use such as hospital admissions for drug-related conditions (other than alcohol and tobacco), hepatitis C notifications, and police arrest data for drug-related crime have all increased significantly over the past seven years—and have increased at rates greater than in the non-Aboriginal population.
- Based on the increase in these indicators, we estimate that between 4.5% and 6% of Aboriginal people who are aged 15 years or more and who live in towns or cities have injected drugs at sometime in their lives. We also estimate that between 3% and 4% had injected drugs in the past year.
- This means that between 810 and 1080 Aboriginal people had ever injected drugs and between 540 and 720 had injected in the past year.

Patterns of use

- We interviewed 74 Aboriginal people who inject drugs. Most were aged in their mid-twenties, only a few had been educated past Year 10, and the majority were dependent upon social security entitlements or CDEP payments.
- Many of these people also reported high levels of cannabis and alcohol use on a regular basis. Seventy-two of the 74 injecting drug users we interviewed had injected amphetamine and 23 had injected heroin in the past year.
- Most people reported that they began injecting in their teenage years, with their first experience occurring in the homes of family members or friends.
- For many of the people interviewed, injecting was a social activity usually undertaken with small groups of friends.
- Half the group reported usually injecting in public places such as parks or toilet blocks—places where it was difficult to ensure hygienic injecting conditions.
- Fifty-eight percent of the users we interviewed had spent some time in prison. Only one person reported that he started injecting drugs while in prison but 23% of those who had been in prison admitted to injecting drugs and to sharing needles and syringes there.
- The level of sharing of injecting equipment reported is cause for concern. Forty-three per cent of those we interviewed said they 'normally' shared

needles, syringes and other equipment when they injected. While, most people were aware of the risks involved in sharing, lack of clean equipment did not always stop them from injecting.

- Some non-Aboriginal people thought people shared needles because sharing is part of Aboriginal culture. However, the users themselves said they shared if they did not have access to clean equipment.
- Most people said they cleaned shared injecting equipment between 'hits' but the majority of methods described were not likely to be effective in stopping transmission of blood borne viruses.
- The majority of people we interviewed said that chemist shops were their main source of new needles and syringes. For some people the cost was a barrier to obtaining new needles and syringes each time they inject. Not all users were comfortable entering a chemist shop to purchase injecting equipment. After chemist shops, needle exchange services were the most common source of new needles and syringes.
- The majority of those people we interviewed (about 60%) reported disposing of used needles and syringes by putting them in a Fitpack container and depositing the container in a bin or disposal unit. However, other users reported a variety of less satisfactory methods.

Harms related to injecting drug use

- People who inject drugs and organisational representatives acknowledged a wide range of health and social harms related to injecting drug use. Users identified maintaining family and personal relationships as their main concern, with only a small number of people considering harm to their health to be a primary concern.
- There is good reason to be concerned about the health of Aboriginal people who inject drugs. The users we interviewed reported less knowledge about blood borne viruses, overdose, and other risky behaviours connected with injecting drug use than has been reported among Aboriginal and non-Aboriginal injecting groups in other parts of Australia.
- Service providers were more concerned about problems associated with crime and health, though many spoke at length about the harms injecting drug use inflicted on family life, including stories of children being removed from their immediate families.
- Service providers claimed sharing was common in the Aboriginal injecting community, and were particularly concerned about drug use and tattooing in prisons, where people had trouble getting access to clean equipment.

Services for Aboriginal people who inject drugs

- Outside of the Perth metropolitan area, access to counselling and treatment services, particularly Aboriginal services, is very limited.

- Most services, both Aboriginal and non-Aboriginal, tend to focus on prevention and treatment of alcohol related harm and few have staff trained to deal with injecting drug use.
- Most users had little knowledge of any services, other than those related to the distribution of injecting equipment.
- Service providers were also generally not aware of specific services currently available for injecting drug users.
- Many Aboriginal people who inject drugs reported an unwillingness to use particular services—including both Aboriginal alcohol and drug counselling services and general Aboriginal health services. Most people said that confidentiality issues were their main concern. However, while people spoke of their reservations about using Aboriginal services, they would prefer to use these, instead of mainstream services, if their worries about confidentiality could be addressed.
- When asked to identify the services they would like to see for people who inject drugs, users wanted better access to counselling and treatment, better access to injecting equipment, education about safe injecting practices, community and family support and alternatives to use. They thought counselling and treatment should be delivered by service providers who are culturally aware, knowledgeable and non-judgmental about injecting drug use, and sensitive to issues of confidentiality.
- According to service providers, the services most needed are education and training (of users, staff and the community), counselling and treatment (by a mix of Aboriginal and non-Aboriginal providers), community and family support, and alternatives to use.
- Sixty-eight per cent of the users interviewed said that they had never sought nor wanted treatment for their drug use, and did not see their injecting drug use as a problem.

Recommendations

1. We recommend that—since the harm minimisation needs of Aboriginal people who inject drugs cannot effectively be addressed in isolation, and as most Aboriginal people who inject drugs are poly-drug users—a comprehensive strategy be developed to address the misuse of both licit and illicit drugs among Aboriginal people in Western Australia.
2. We recommend that the comprehensive strategy be developed collaboratively by a group comprised of representatives of Aboriginal alcohol and other drug agencies, the Western Australian Aboriginal Community Controlled Health Organisations, the Department of Health, the Western Australian Drug Abuse Strategy Office, the Department of Justice, the Department of Indigenous Affairs the Commonwealth Department of Health and Aged Care's Office of Aboriginal and Torres Strait Islander Health, and user representatives.

3. We recommend that the comprehensive strategy should include the following components:
 - supply reduction;
 - demand reduction, including attention to the under-lying social determinants of drug misuse, provision of alternatives to drug use, and health promotion and education;
 - treatment;
 - harm reduction;
 - community education and support; and,
 - program and staff development.(Below, under these headings—and where relevant to issues considered in this report—we make specific recommendations regarding injecting drug use).
4. We recommend that—as part of the comprehensive strategy and in accordance with the wishes of Aboriginal people who inject drugs—a range of services be provided, by both Aboriginal community-controlled and mainstream agencies
5. We recommend that services provided as part of the comprehensive strategy should be based on models of best practice, including:
 - Aboriginal control and management;
 - addressing community needs;
 - adequate resourcing;
 - project continuity;
 - integrated project development;
 - technical competence;
 - development of effective management structures;
 - appropriate staff development and training;
 - sensitivity to Aboriginal cultural practices, identity, history and cultural security;
 - sensitivity to issues of confidentiality; and,
 - non-judgemental, non-discriminatory service provision.

Demand reduction

6. We recommend that—given the young age at which drugs are first used—prevention based education about drugs should be introduced at primary school level, with harm reduction approaches introduced in secondary school. As recommended by the Community Drug Summit, school-based drug education must be comprehensive, and include student, family and community input.
7. We recommend that—as school attendance by many Aboriginal children may be interrupted or sporadic—attention should be given to provision of drug education outside of school settings. Alternative providers of drug education could include youth workers, peer educators and staff of juvenile detention centres.
8. We recommend that drug education materials developed for Aboriginal people:
 - cater to Aboriginal diversity;

- be mindful of the concerns expressed by Aboriginal people who inject drugs; and,
- take account of low levels of literacy among a large proportion of the population.

Reliance on pamphlets may be inappropriate and information should be also delivered through a wide range of non-print media.

9. We recommend that substantially increased support be made available for activities that provide young people with alternatives to drug use—including provision of culturally secure drop-in centres staffed by people knowledgeable about drug use.

Harm reduction

10. We recommend that appropriate and accessible health promotion materials be developed by and for Aboriginal people who inject drugs. Such materials should include information about:
 - safer injecting practices, the risks of BBV infection, and the availability of testing and vaccination services;
 - access to sterile injecting equipment;
 - safer disposal of needles and syringes—including more information about needle exchange services; and,
 - what should be done in case of drug overdose and drug induced psychotic episodes.
11. We recommend that appropriate health promotional materials on safe injecting practices should be distributed with Fitpacks. (At present materials distributed with Fitpacks focus on disposal of used needles and syringes when the greater public health risk is in sharing injecting equipment.)
12. We recommend that—given the significant level of injecting which occurs in risky public environments—safe injecting places should be established in areas with high concentrations of Aboriginal people in the metropolitan area and in regional centres where justified by the numbers of injectors. Such safe injecting places should provide sterile injecting equipment, peer support, health promotional materials, and referrals for those wishing to take advantage of other services.
13. We recommend that, where Aboriginal specific safe injecting places are not justified in terms of the likely number of users, consideration should be given to the provision of safe injecting places for the broader population of people who inject drugs which make provision for the needs of Aboriginal people.
14. We recommend that—given that the sharing of needles and syringes is largely situational and a matter of accessibility—all effort should be made to minimise financial and other barriers to the availability of sterile injecting equipment. Steps to achieve this should include:
 - free provision of equipment through Community Drug Service Teams, Community and Public Health units, and mobile vans;
 - staffing these services with both Aboriginal and non-Aboriginal workers;

- minimising the cost of injecting equipment from other sources, such as pharmacies and vending machines; and
 - wider provision of needle and syringe vending machines with 24 hour access in both metropolitan and rural locations (specific locations should be determined on the basis of identified need and in consultation with local communities).
15. We recommend that materials promoting the safe disposal of needles and syringes be supported by the targeted provision of additional disposal units—especially in areas where discarded needles are known to be a problem.
 16. We recommend that—as it provides both the opportunity for both monitoring the spread of BBVs and for providing health promotion services—testing programs for BBVs be expanded, particularly through the provision of outreach services.
 17. We recommend that—as the prevalence of unsafe injecting in prisons represents a significant risk for the transmission of BBVs—Aboriginal prisoners should be provided with the full-range of services proposed in this report. With specific regard to harm reduction strategies we recommend that:
 - a bleach availability program be implemented immediately (bearing in mind, that while this can be effective against HIV, it may not be effective against HBV and HCV);
 - clean tattooing equipment be provided to prison inmates;
 - planning commences for the introduction of the provision of sterile injecting equipment in prisons; and,
 - a peer education program be developed.

Treatment

18. We recommend that an improved range of best practice treatment services be provided for Aboriginal people who inject drugs. These services should include family-centred counselling and support, and appropriate pharmacotherapies and should be delivered by a mix of Aboriginal and non-Aboriginal agencies.
19. We recommend that there be an expansion of readily available detoxification services for Aboriginal people who inject drugs—including an Aboriginal controlled facility in the metropolitan area.
20. We recommend that counselling program components should be developed, which specifically aim to help Aboriginal people who inject drugs to address the family problems arising from such use.
21. We recommend that a better range of mental health services be made available for Aboriginal people who inject drugs. These services should: address issues of co-morbidity; include integration of mental health services and drug and alcohol services where appropriate; and be based on principles of best-practice.
22. We recommend that an improved range of culturally secure prison-based drug detoxification and rehabilitation programs involving the Aboriginal

therapeutic community should be provided in major metropolitan prisons and all regional prisons with significant Aboriginal populations. These should be linked to both the personal development programs in prisons and the Western Australian Drug Court, and should be supported through service delivery links with Aboriginal community organisations and the Substance Use Resource Unit, Prison Health Services.

Community education and support

23. We recommend that services to support families struggling to cope with the health and social consequences of injecting drug use should be developed and that these and existing services should be made more accessible to Aboriginal people. Such services should include counselling which provides realistic knowledge of drug use and its effects on people, and strategies to deal with these issues.
24. We recommend that health education and training for Aboriginal families and communities about injecting drug use—including the rationale for a harm reduction approach—be developed. This could be achieved, in part, by the establishment and resourcing of an ongoing forum on Aboriginal drug issues, conducted by Aboriginal drug and health services and related agencies.

Staff development

25. We recommend that programs be developed to train the staff of Aboriginal and non-Aboriginal agencies to provide appropriate services for Aboriginal people who inject drugs. These programs should be developed collaboratively by representatives of Aboriginal drug and alcohol agencies, Aboriginal community-controlled health services, Department of Health, educational institutions such as Marr Mooditj and the Centre for Aboriginal Studies at Curtin University of Technology, and people who inject drugs. Such program development should include consultation with the Aboriginal Drug and Alcohol Council of South Australia which is currently developing resources to enhance the education and training of Aboriginal and Torres Strait Islander workers in the illicit drug field.
26. We recommend that both mainstream and Aboriginal health services staff be provided with education and training about drug use, and how to provide best practice services for Aboriginal people who inject drugs. This should include: information on the rationale for a harm reduction approach; safe injecting practices; overdose; a variety of intervention models, including brief intervention; the current availability of support and treatment services, and user perspectives
27. We recommend that resources be allocated to train and employ adult and youth peer educators to disseminate information about safer injecting, the availability of needle and syringe programs, and treatment services for Aboriginal people who inject drugs; and that these educators be placed in environments where they are supported.

28. We recommend that education and training be provided for pharmacists and hospital workers about injecting drug use and the need to provide a non-judgmental service to Aboriginal people—particularly in locations where a local pharmacy or hospital is the only place where needles and syringes can be obtained.
29. We recommended that—as the staff of all health care agencies have a duty of care to assist in efforts to reduce the transmission of disease—agencies conducting needle and syringe programs should provide staff training which ensures delivery of services in a manner free from personal or philosophical biases against harm reduction strategies.
30. We recommend that—given rapidly changing notions of best practice—all staff providing services to Aboriginal people who inject drugs should be provided with continuing education, with at least annual updates.
31. We recommend that, wherever possible, provision of education and training for staff delivering services to Aboriginal people who inject drugs should be contracted to appropriate Aboriginal organisations.
32. We recommend that investment in developing Aboriginal expertise in the area of services to Aboriginal people who use drugs be made a priority. Strategies could include:
 - development of career paths for Aboriginal people who wish to work in the area of services for people who use drugs illicitly;
 - scholarships for Aboriginal people wishing to undertake formal studies in the drug field;
 - providing the opportunity for Aboriginal drug workers to visit, and gain expertise from, inter-state agencies that provide harm reduction and drug treatment for Aboriginal people; and,
 - strengthening efforts, and providing resources, to recruit Aboriginal Health Service staff into existing training in the illicit drugs area.

WHAT HAPPENS NOW?

Our report has gone to the Western Australian Department of Health and to all the Aboriginal community-controlled health and substance abuse services in Western Australia. The Department of Health is considering the recommendations and we hope that the recommendations will form the basis of policy and action to minimise the harm associated with injecting drug use among Aboriginal people.

THANKS EVERYONE FOR THE TIME YOU GAVE TO THIS STUDY. LET'S HOPE IT MAKES A DIFFERENCE!

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Copies of the full report *THE HARM REDUCTION NEEDS OF ABORIGINAL PEOPLE WHO INJECT DRUGS* are available from:

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