



Injecting drug use among Aboriginal communities – a critical and emerging issue.

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Overview

- What do we know about injecting drug issues in the Aboriginal population
- Why we need to escalate our efforts to reduce risks associated with injecting drugs.

Aboriginal communities and harm minimisation

- Within Aboriginal Communities, harm minimisation is a contested approach and significant tensions exist around strategies to address drug use.
- Programmes such as NSP and OST may be supported outright, completely rejected or supported if delivered in a location separate from other Aboriginal services.
- Partnerships are critical
- Understated issue – often over policed, Aboriginal people profiled resulting in increased risk of contact with criminal justice and other risks associated with injecting

What do we know- Injecting drug use & Aboriginal communities

- Absence of reliable national prevalence data
utilise national and other studies triangulate all of
this to come up with a telling picture of IDU in our
communities

Australian Needle Syringe Program Survey 1995-2014



- 1995-2004 ANSPS Indigenous participation moved from 5-8% then in the period
 - 2005-2014 moved from 10%-14%
 - HCV prevalence 62% among Aboriginal attendees vs 52% non Indigenous in 2013
 - HIV prevalence low but increasing slightly each year
-
- *Iversen, J. and Maher, L. Australian Needle and Syringe Program National Data Report 20009-2103 The Kirby Institute, University of New South Wales, 2014*

Opiate Pharmacotherapy Programs

- 10% of all clients accessing OST Programs identified as Aboriginal and or TSI
- Rate of 53/100,000 vs national rate of 17/100,000
- 70% receiving methadone
- *Australian Institute of Health and Welfare 2015. National opioid pharmacotherapy statistics 2014. Bulletin no. 128. Cat. no. AUS 190. Canberra: AIHW.*

Illicit Drug Reporting System IDRS

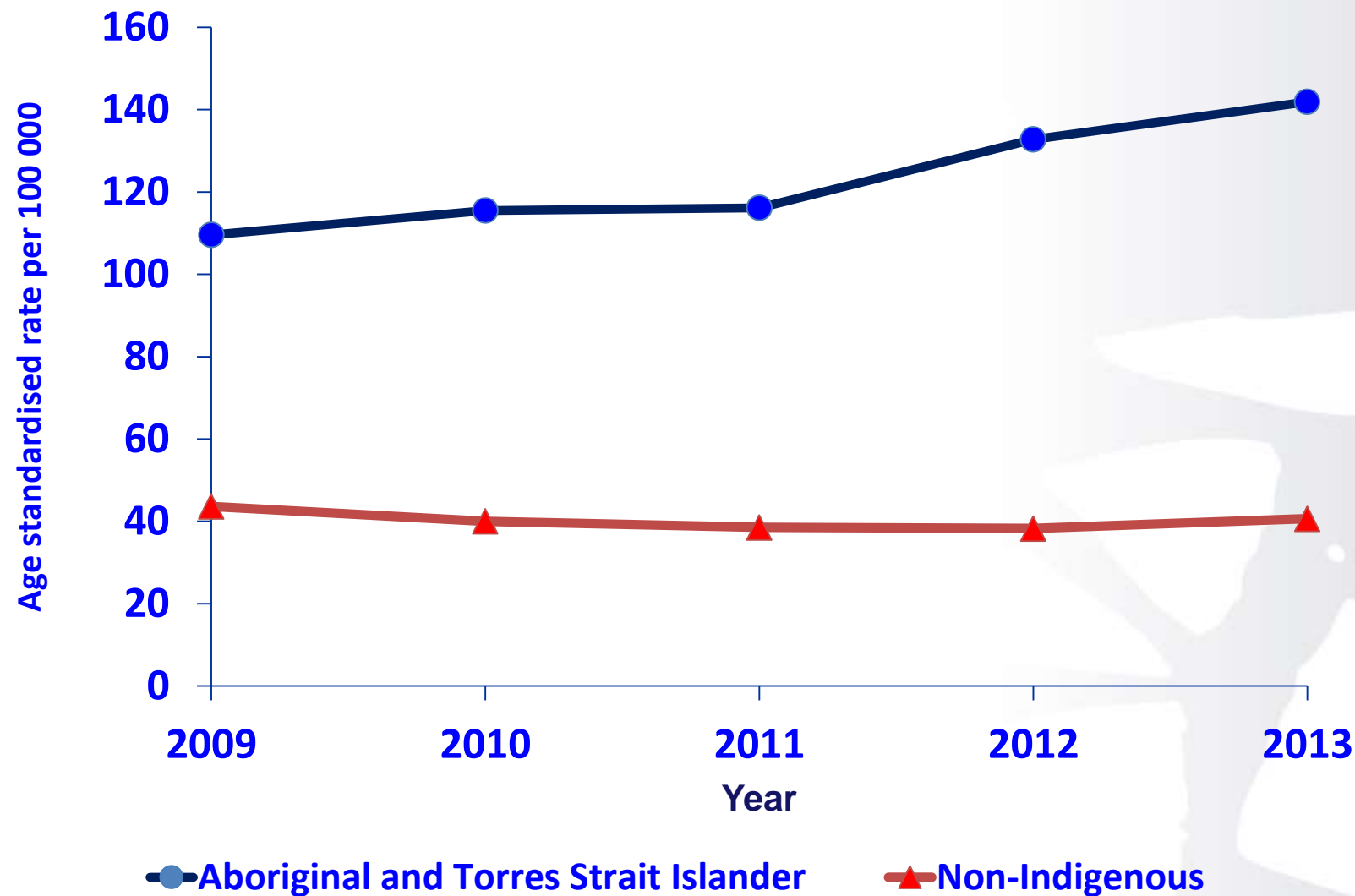


- 2014 survey
- 17% identified as Aboriginal or TSI
- Range from 6-37% of sample across S/T (not reflective of IDU in communities)

Hepatitis C

- Estimated between 16,000-22,000 Aboriginal And Torres Strait Islander people living with HCV
- Representing 8% of total people living with hepatitis C in Australia
- Disproportionate rates among women
- Disproportionate rates among younger age groups
- Liver cancer is the fastest *fastest increasing cause of cancer death in Australians caused by Hepatitis B and C*

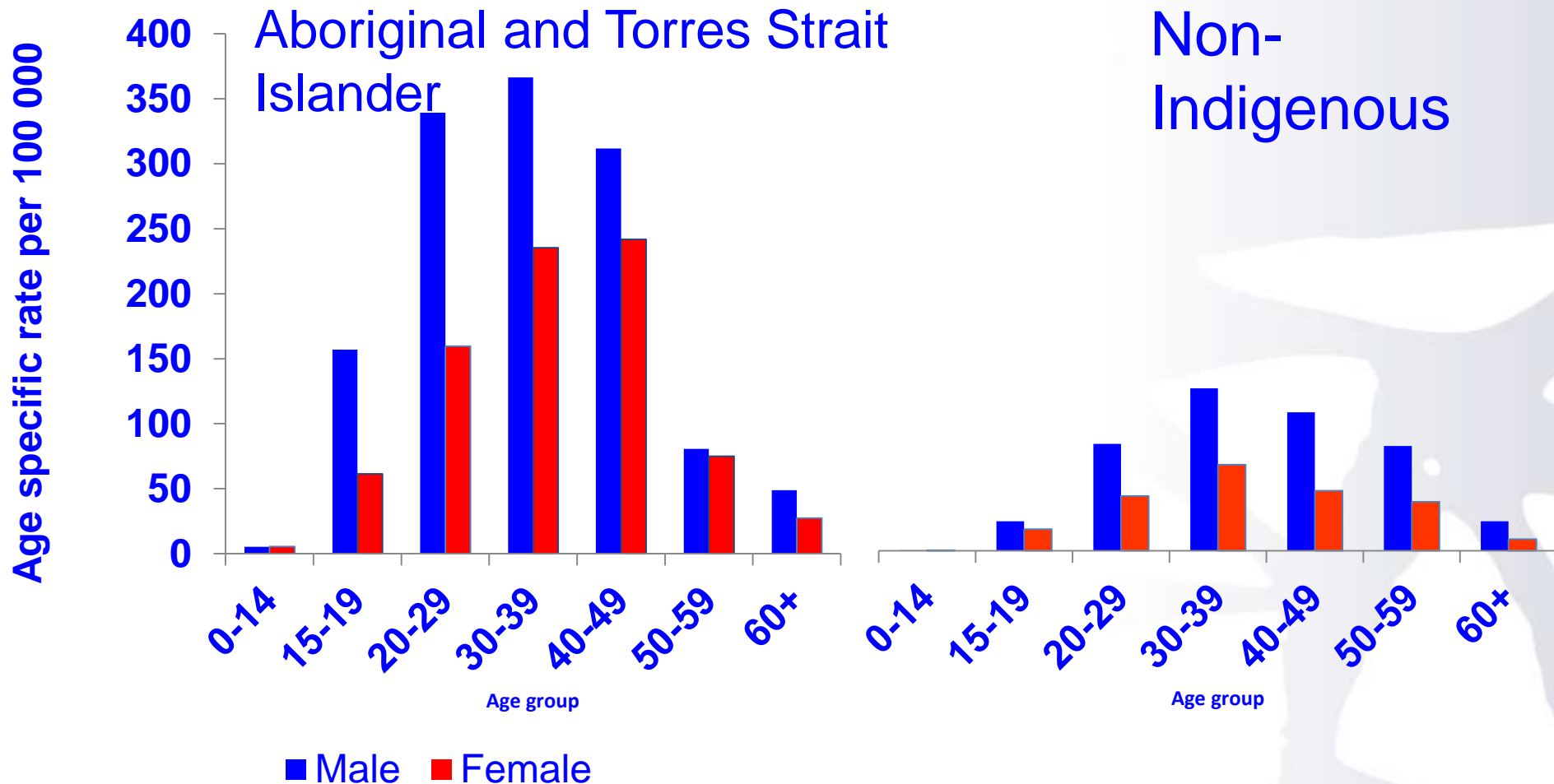
Notification rates of newly diagnosed hepatitis C by Aboriginal & Torres Strait Islander status¹ & year



¹ Jurisdictions (NT, SA, TAS & WA) in which Aboriginal and Torres Strait Islander status was reported for more than 50% of diagnoses

Source: State/Territory health authorities

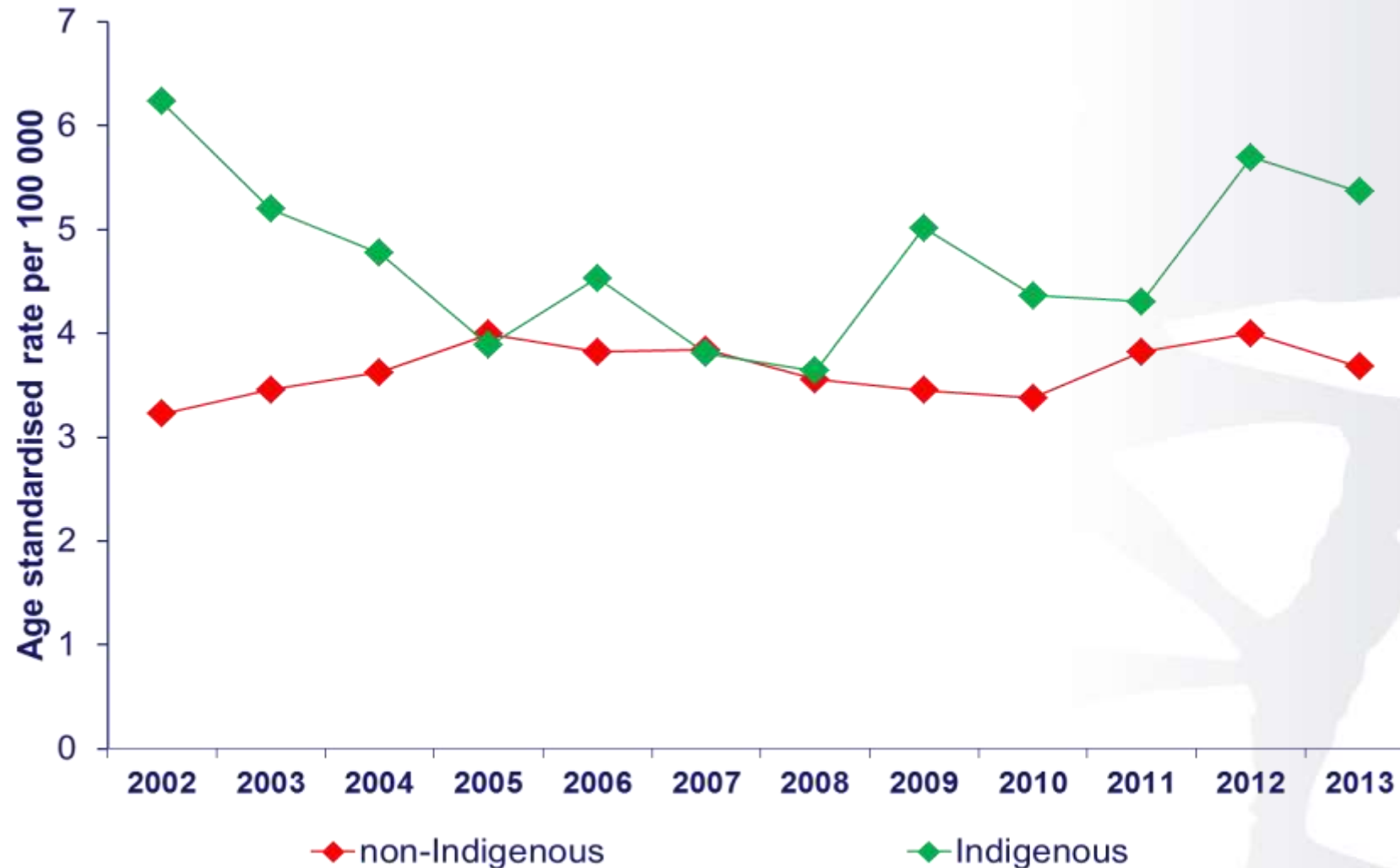
Notification rates of HCV infection in 2013, by Aboriginal & TSI status¹, sex & age group



¹ Jurisdictions (NT, SA, TAS & WA) in which Aboriginal and Torres Strait Islander status was reported for more than 50% of diagnoses

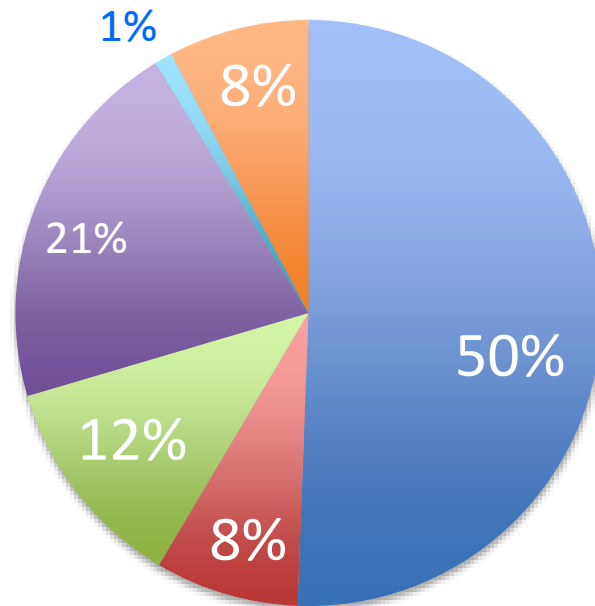
Source: State/Territory Health Authorities

Australian HIV diagnoses by Aboriginal & Torres Strait Islander status



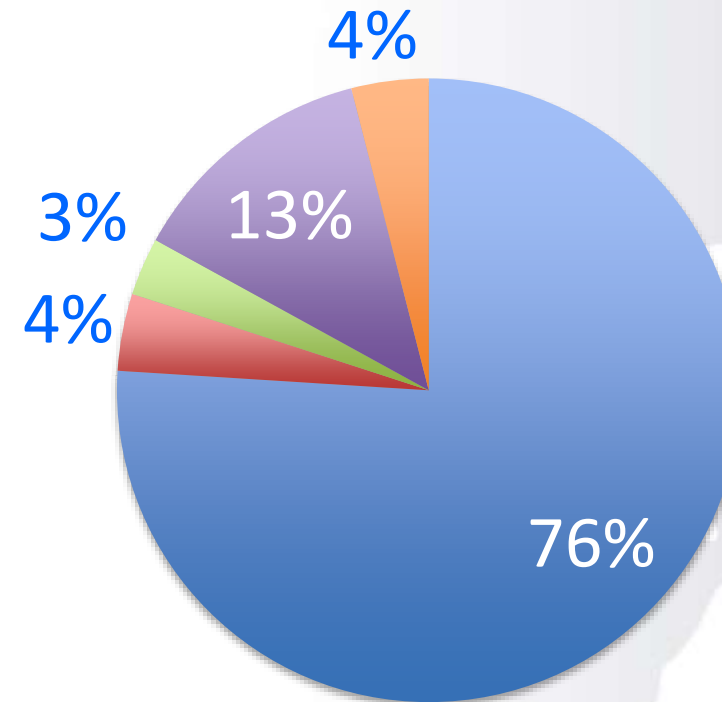
HIV by exposure category

Aboriginal & Torres Strait Islander



- Men who have sex with men
- Men who have sex with men and injecting drug use
- Injecting drug use
- Heterosexual contact
- Mother-to-child
- Undetermined

Australian born non-Indigenous



Prisoners

- At 30 June 2013, there were 8,430 prisoners who identified as Aboriginal and Torres Strait Islander.
- This represented just over one quarter (27%) of the total prisoner population (30,775) and remained consistent with 2012.
- The Northern Territory had the highest proportion of Aboriginal and Torres Strait Islander prisoners (86%).

BBV risk in Prison die to IDU

No easy answer to Hakea prison drug problem, union says

Posted about an hour ago

The West Australian Prison Officers' Union says staff at Perth's Hakea Prison are doing everything possible to try to reduce drug use by prisoners.

It comes after the acting inspector of custodial services Eamon Ryan expressed concern at the failure to reduce the high risk of blood-borne viruses in the remand facility in [a wide-ranging report on the prison](#) that found the viruses were being spread through sharing needles.



Disease risk high

Mr Ryan was particularly critical of the Department of Corrective Services' response when he presented evidence of these problems at Hakea, **particularly what he sees as its failure to address the high risk of transmission of blood-borne diseases like hepatitis C.**

National Prison BBV Entrant Survey



- 2013 survey results in brief
- 27% of Australian Prisoners are Aboriginal or TSI
- 2 week survey offered to all prisoners on entry
- N=793
- 33% Aboriginal or TSI
- 34% identified as PWID
- No HIV detected
- 54% HCV positive among PWID cf. to 60%

Butler, T, Callander, D, & Simpson, M. Report 2004, 2007, 2010 and 2013. Kirby Institute (UNSW Australia). 2015.

Prison and IDU

- Prior to imprisonment, Indigenous and non-Indigenous inmates drank alcohol at risky levels (65 vs 47 percent) **had used illicit drugs (over 70 percent for both groups).**
- Reports of using heroin Indigenous and non- Indigenous (15% vs 21%), ATS (21 vs 33 %), cannabis (59 vs 50%) **and injecting (61 vs 53%) were similarly high for both groups.**
- Drug and alcohol use was a significant issue in Australian prisons.
- Prisoners were over five times more likely than the general population to have a substance use disorder.

Ref: Dolan K¹, Rodas A, Bode A. Int J Prison Health. 2015;11(1):30-8.

Injecting drugs and young people in custody

- Cross-sectional study of young offenders (aged 12-19 years; median age, 16.6 years) in custody or serving community orders with the NSW Department of JJ (March 2002-December 2005).
- Of the 1042 young offenders studied, 709 provided blood samples, 179 (25%) identified as Aboriginal.
- Hepatitis C rates were high in both groups (7.3% v 5.3%; $P = 0.33$). IDU the most important risk factor for HCV (OR, 19; $P < 0.001$) and prior use of heroin (OR, 15; $P < 0.001$).
- Knowledge of hepatitis C transmission was very poor in both groups, with over 50% not knowing transmission risks 10% able to identify sharing needles as a risk.

Queensland Indigenous Injecting Drugs Study (QUIIDS)



- QUIIDS undertaken in 2011 at 14 metropolitan and regional locations throughout Queensland, Australia.
- 570 surveys
- n=295 Aboriginal n= 275 non-Indigenous
- Males comprised 61% & 70% of Aboriginal and non-Indigenous participants respectively
- No significant differences detected between the two populations in educational outcomes, education status, incarceration rates, incomes

QUIIDS - Sharing risk factors

- Significant differences in that Aboriginal participants more likely to be in a relationship, more likely to be living with brothers/sisters and or other relatives

Living arrangements	Overall	Indigenous	Non-Indigenous	p-value
Live alone	121 (21)	33(11)	88(32)	<0.001
With brothers/sisters	64 (11)	47 (16)	17(6)	0.000
With other relatives	67(12)	53(18)	14(5)	<0.001

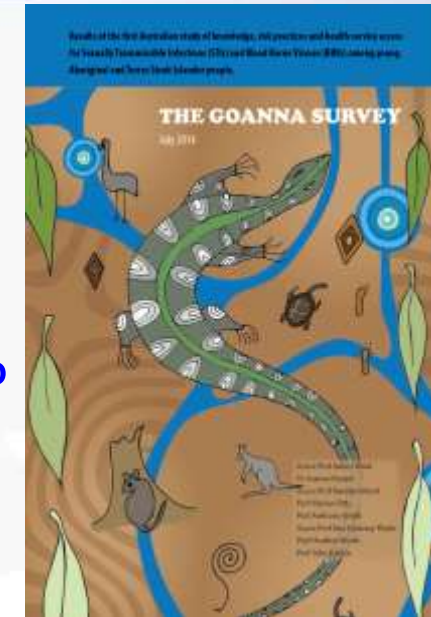
- Aboriginal respondents were also more likely to report regularly injecting with close friends (56% v 47%; $p<0.001$), family members (22% v 4% $p<0.001$) or a regular sex partner (33% v 24%; $p<0.05$) compared to non-Indigenous respondents.

NSW NSP Pharmacy Survey- risk factors

- A total of 588 participants, 120 (20%) Aboriginal
 - Aboriginal participants were more likely to have been in prison (38% vs. 17%),
 - to inject daily (73% vs. 55%),
 - to share ancillary equipment (65% vs. 45%) and
 - less likely to know about BBV transmission (72% vs. 88%) and
 - treatment (47 vs. 68 %).
-
- *Paquette D¹, McEwan M, Bryant J. Risk practices among aboriginal people who inject drugs in New South Wales, Australia. AIDS Behav. 2013 Sep;17(7):2467-73.*

GOANNA Survey–National Survey of people aged 16-29 years

- Cross-sectional survey 40 community events.
- $n=2,877$
- Injecting in last 12months was reported by 3%
- A high incidence of needle sharing (37%).
- Methamphetamine (37%), heroin (36%) & methadone (26%) were the most commonly injected drugs
- Injecting was related to prison involvement (AOR 5.3 95% CI 2.8-10.0).
- *Bryant J, Ward J, et al Drug Alcohol Rev. 2015 Sep 15.*

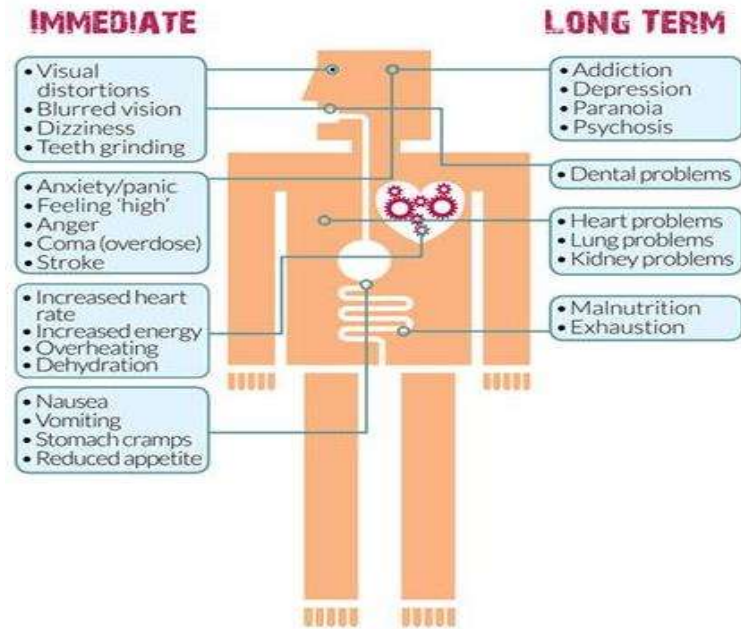


Here in Perth

- Part of an International resilience study on STIs and BBVs
- n=244 Noongar people aged 16-30
- Cross sectional survey
- 11% reported injecting drugs past 12months
- *Williams R, Lawrence C, Wilkes E, et al Sexual behaviour, drug use and health service use by young Noongar people in Western Australia: a snapshot Sex Health. 2014 Dec 15.*

Methamphetamine

- Methamphetamine: ice, meth, crystal meth, crystal, chalk, base or fire.



- Potent, illegal, addictive

Media....The ice 'epidemic'



ICE TOWNS

The rise of crystal methamphetamine, commonly known as ice, is devastating regional Victoria. Ice is highly addictive, it's relatively cheap and a lot of it is produced right here in Australia. It is a drug that is most often associated with bigger cities but as The Feed found out, ice is infiltrating small towns such as Horsham and Shepparton, destroying families and communities...



ICE NATION
A JOURNEY INTO DESPAIR

Sewer tests reveal huge increase in use of methamphetamines in Adelaide

September 4, 2014 11:38pm
Nigel Hunt Exclusive: The Advertiser



How methamphetamine arrives in Australia



sky NEWS LIVE
skynews.com.au

SYDNEY

ICE TASKFORCE
ABBOTT: THIS EPIDEMIC IS FAR BEYOND ANYTHING WE HAVE EVER SEEN BEFORE

REMARK WED 20
RANGERS. WESTERN SYDNEY'S ASIAN CHAMPIONS LEAGUE 08:25 AEST

GOANNA – meth use

- **Methamphetamine use in the last year- 9% overall, 13% among sexually active (17% men 10% women)**
- **Injecting drugs – 3% of study participants**
- **Methamphetamine (37%), heroin (36%) and methadone (26%) were the most commonly injected drugs, and injecting was related to prison experience (AOR 5.3 95% CI 2.8-10.0).**
- **Need for better data to guide community responses**

Queensland

- Surveys of both 304 community leaders and 963 community members in regional and remote communities in Queensland during 2013/14, raised a number of diverging views about the use of amphetamine-type stimulants (ATS), including ice.
- No similar reports during the preceding 15 years in FNQ.
- *“They are being introduced to ecstasy, ice, when they go in to [nearby town]. Utensils were found in the school ground last year, needles. They are opened up to another world of drugs”*
- *“People are wanting education about ice. They know nothing about it. They put it on top of bongs. We have ice users in [nearby regional town]”*
- *“There is a rumour that ice is in the community.”*

NHMRC Grant – (NIMAC) Novel interventions to address Methamphetamines in Aboriginal communities.



Aim 1: Characterise demographic patterns of MA use, physical and mental health outcomes, and health service utilisation by current MA users in each of the study sites;

Aim 2: Document community concerns and the social and environmental context of MA use in Aboriginal communities;

Aim 3: Develop, trial and evaluate community-led interventions aimed at addressing antecedents of MA use in Aboriginal communities; and

Aim 4: Implement a randomised trial to provide evidence on the feasibility, acceptability and efficacy of a web-based therapeutic program for treating MA dependence in ACCHS.

Fentanyl

Fentanyl (the patches) is a potent, synthetic opioid analgesic with a rapid onset and short duration of action.

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Fentanyl: Spate of fatal overdoses in Sydney could be linked to drug blamed for Prince's death

PM By Lexi Metherell
Updated Tue at 6:00pm

The overdose deaths of 13 drug users in Sydney could be linked to the opioid painkiller blamed for killing music star Prince, the president of the Australian Drug Law Reform Foundation has warned.

New South Wales State Coroner Michael Barnes has issued a warning about a "deadly" batch of heroin, saying that in each overdose case the



Patch Strength	Total Fentanyl in patch	ESTIMATED Morphine Equivalent	ESTIMATED number of 50mg morphine-equivalent doses per patch
12 microgram/hour	2.1 mg	210 mg	4
25 microgram/hour	4.2 mg	420 mg	8
50 microgram/hour	8.4 mg	840 mg	17
75 microgram/hour	12.6 mg	1260 mg	25
100 microgram/hour	16.8 mg	1680 mg	33



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BBV risk and International populations



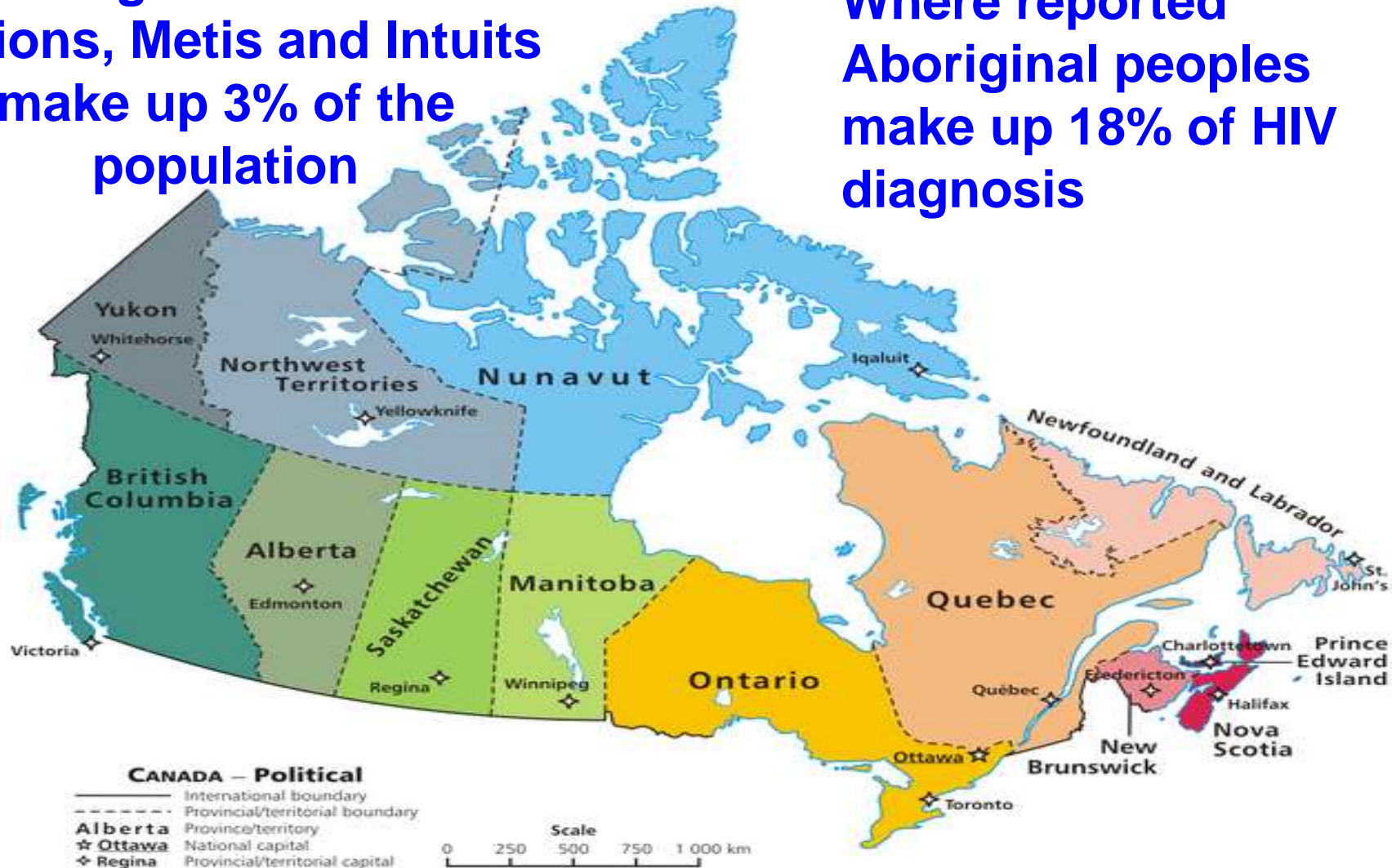
HIV and Aboriginal & Torres Strait Islander people

- Aboriginal people face multiple risks for HIV to escalate
- Globally communities with high STI prevalence have high HIV rates
- Injecting drug use is implicated in HIV epidemics globally
- Hindsight from Canada First Nations Peoples

Lessons from Canada

Aboriginal and First Nations, Metis and Intuits make up 3% of the population

Where reported Aboriginal peoples make up 18% of HIV diagnosis



IDU in Edmonton

- PWID in Edmonton were recruited and administered a questionnaire collecting information on drug use, sexual behaviours, and HIV/HCV testing behaviours.
- Finger-prick blood samples were collected for serology testing.
- Of 275 IDUs, 68% were male, the median age was 38 years and 70.6% were Aboriginal.
- HIV prevalence was 23.9%, HCV prevalence was 66.1% and HIV/HCV co-infection was 22.8%.
- Cocaine (36.9%) was reported to be the drug injected most often in the previous six months.
- *Plitt SS¹, Gratrix J, Hewitt S, et al. Seroprevalence and correlates of HIV and HCV among injecting drug users in Edmonton, Alberta. Can J Public Health. 2010 Jan-Feb;101(1):50-5.*



Saskatchewan- Canada

Figure 8

Number of HIV cases per selected risk factors
Saskatchewan, 2002-2011

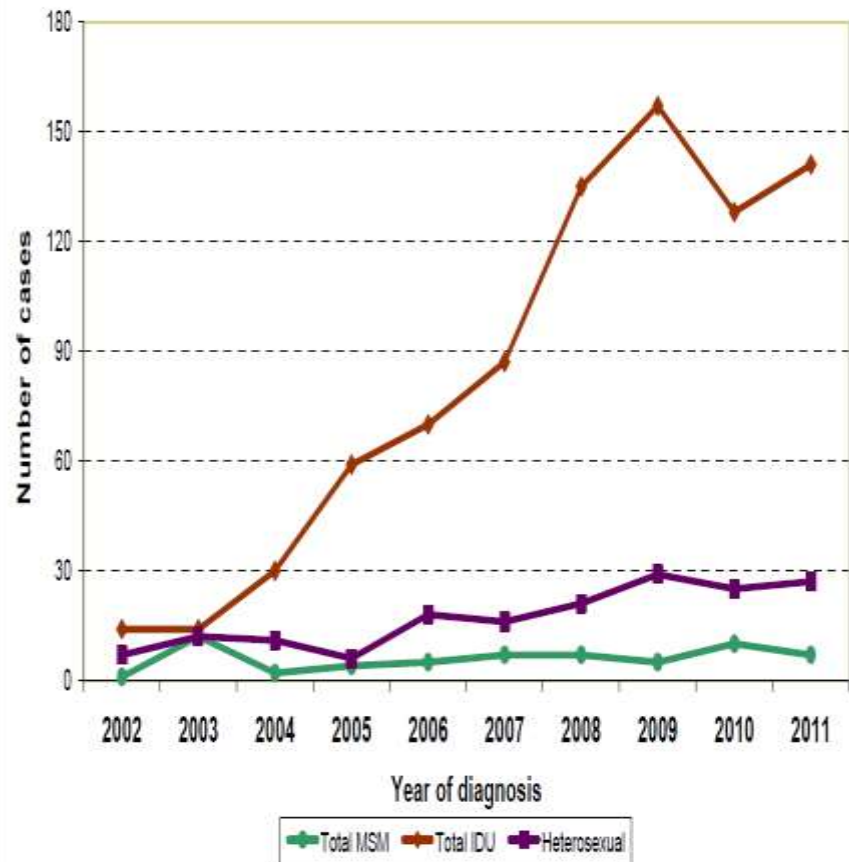
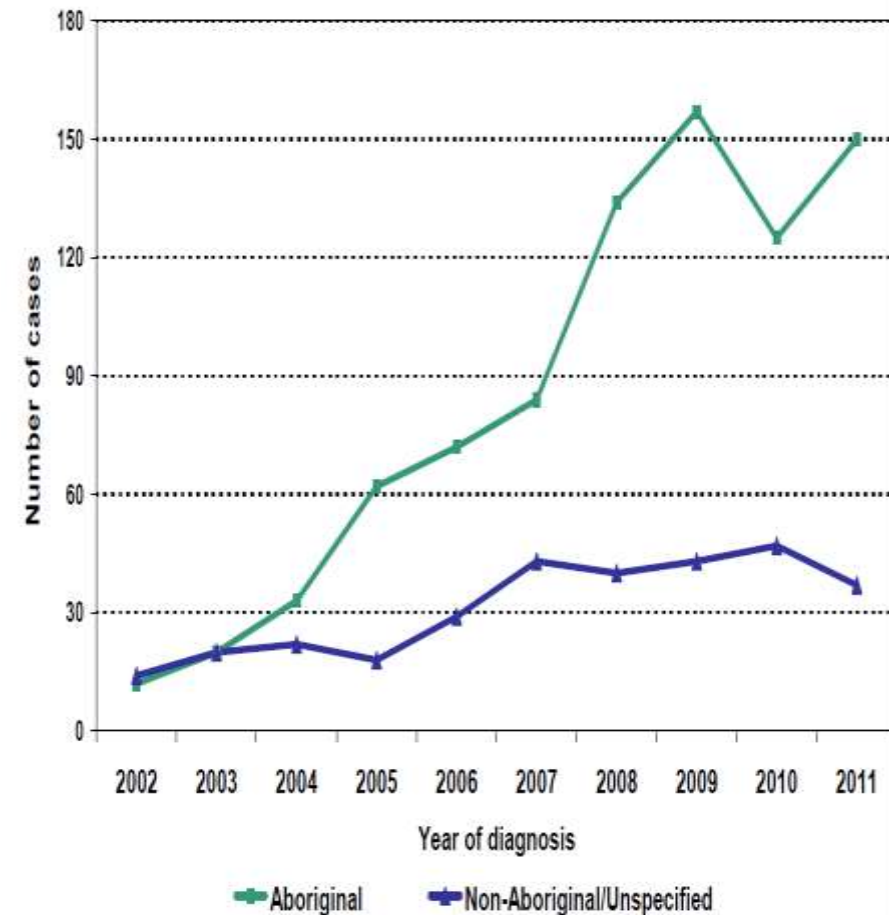


Figure 7

HIV Cases by self-reported ethnicity
Saskatchewan, 2002 to 2011

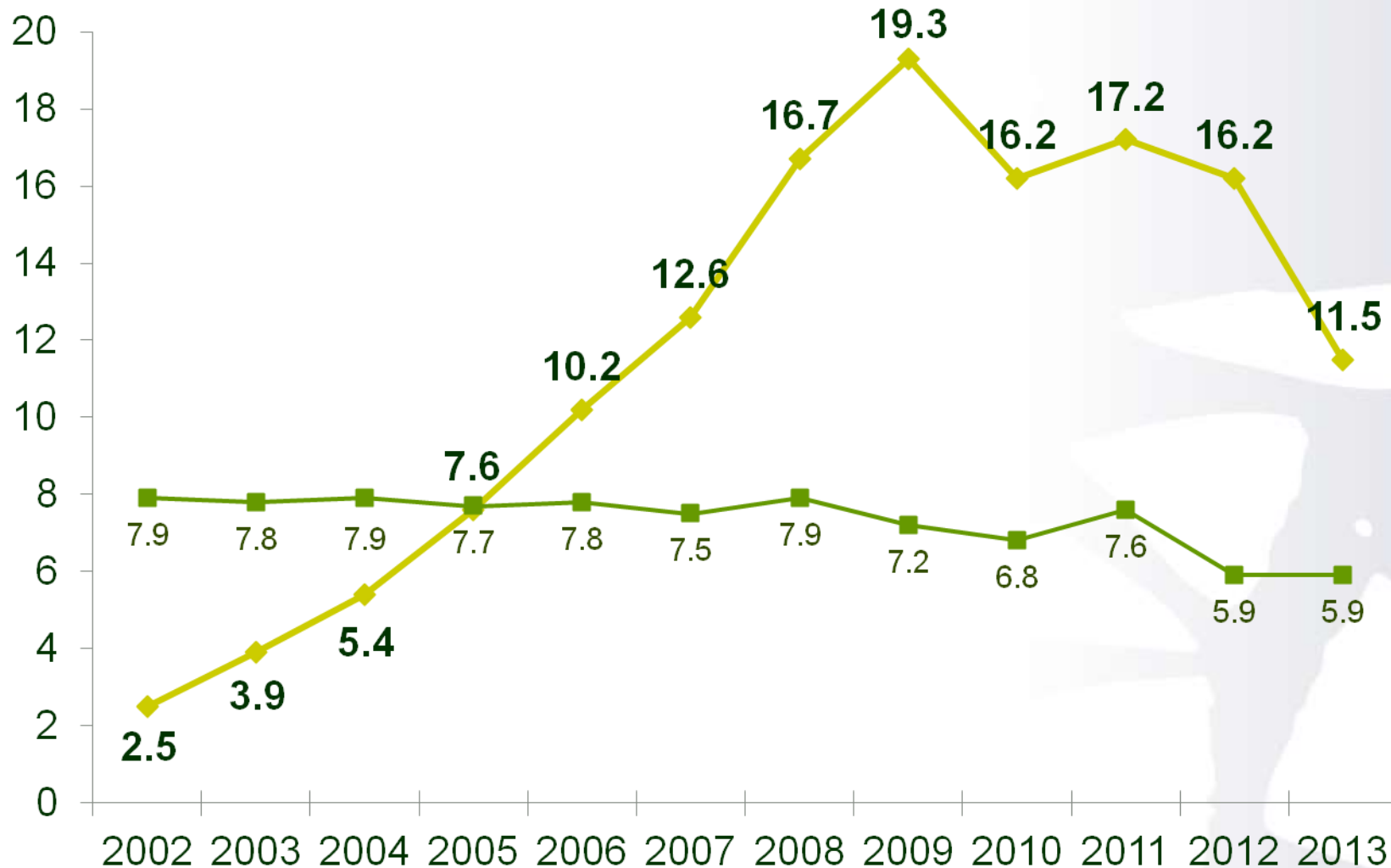


The SK HIV Epidemic



- **The Epidemic is Unique.**
 - **Worldwide:** heterosexual > MTCT > MSM > IVDU
 - **NA/Europe/Australia:** MSM > heterosexual > IVDU > MTCT
 - **Saskatchewan:** IVDU > heterosexual > MSM > MTCT
- **Background**
 - Epidemic of injection drug usage, predominantly in urban cores and rural/remote reserve communities.
 - Disproportionately affected First Nations / Métis populations
 - **Urban:** IV cocaine (similar to early years in BC)
 - **Rural:** injection of prescription drugs (benzodiazepines, stimulants, opiates, etc.)
 - **IV cocaine** → frequent usage, higher relative chaos compared to opiate usage, no available substitution therapy.

HIV Incidence Rates



Source: Wong A. IAS Conference Vancouver 2015

Food For Thought.



- **Aboriginal vs. Non-Aboriginal Populations**
 - In 2011, national rate of HIV infection = 6.4 / 100K.
 - SK rate of HIV infection = 17.2 / 100K.
 - ~80% of HIV diagnoses in 2011 in Aboriginal populations, comprising only 15.6% of SK population (Statistics Canada).
 - Therefore, rate of infection in Aboriginal population = 88 / 100K (14x national average, ~ Nigeria).
 - Non-Aboriginal infection rate = 4.1 / 100K, 36% below national average.
- **An “Epidemic of Injection Drug Use”**
 - SK has the highest reported rates of co-infection with hepatitis C and HIV in the world – provincial average of ~70%. In parts of SK, co-infection rates > 80%.

Rates of HIV by Exposure Category-1999-2008 Indigenous -rates per 100,000*

Exposure Category	Australia	Canada	NZ
MSM	31.4	35.6	30.8
Heterosexual (F)	12.5	55.2	3.8
Heterosexual (M)	7.2	49.3	3.2
IDU(F)	4.8	112.6	0.0
IDU (M)	8.4	107.7	0.65

- denominators are total Indigenous populations, not “exposure category specific”

Shea, Aspin, Ward et al Int J Health 2011

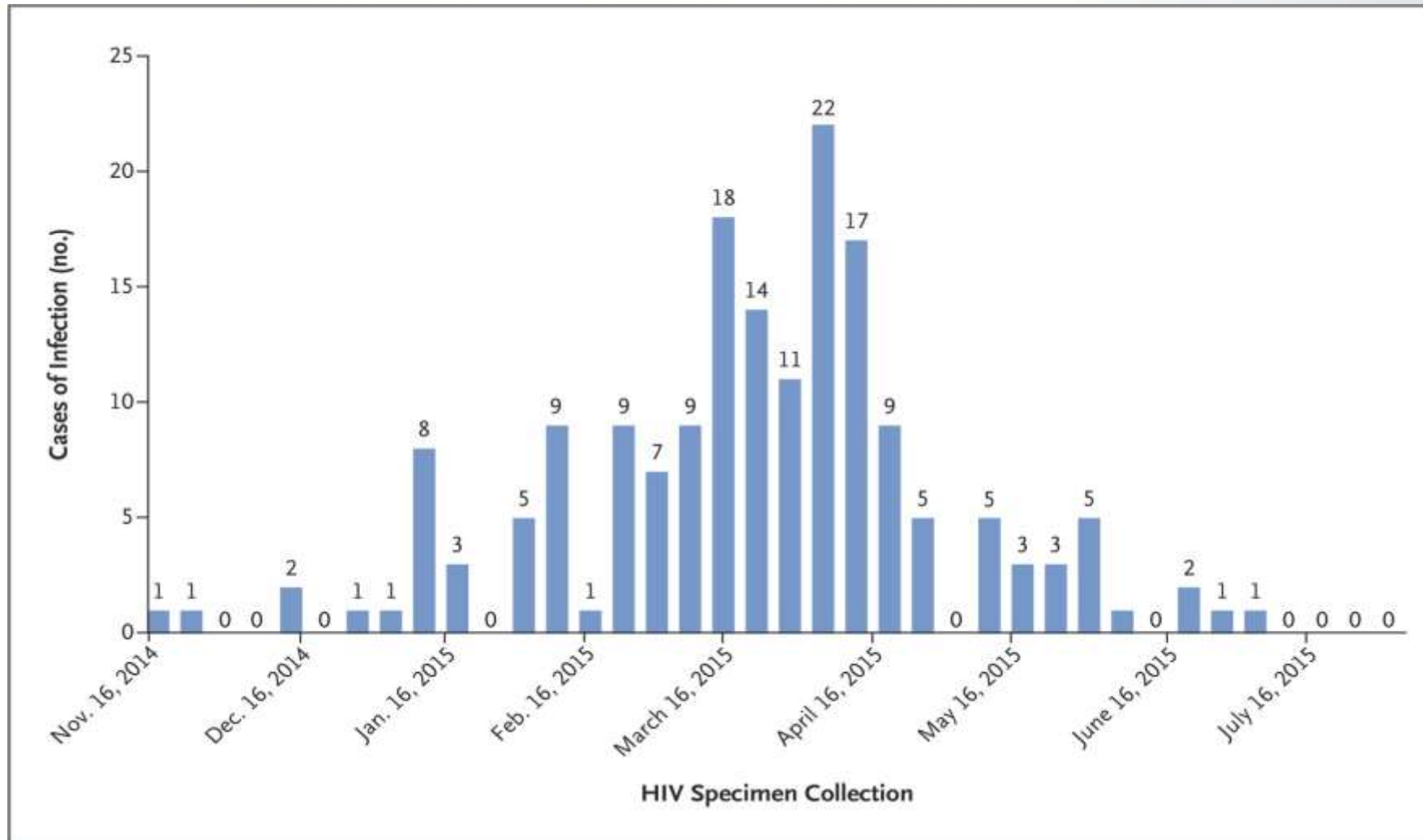
Scott County Indiana USA 2015

- Scott County in south eastern Indiana, USA, lowest SES
92/92 Population 4200 –
- In 2015, 170 new HIV diagnoses have been made in a localised outbreak.
- The sharp uptick in new cases has been linked to the sharing of needles used to inject the painkiller oxymorphone.
- Testing rates for HIV are low, with just 25 of 92 counties in Indiana providing free HIV testing.

Indiana 2015

- Governor declared a state of emergency in late March authorised a needle exchange programme in early April.
- The state has previously resisted needle exchanges believing that they could encourage drug use rather than promote better injecting practice.

HIV cases Indiana 2015



N Engl J Med 2015;373:1379-1381.

Summary

- Injecting drug use is a significant issue in Aboriginal and Torres Strait Islander communities- its difficult tensions around harm minimisation
- More focus on this issue is required
- Thinking about service delivery, reach and issues like responses to outbreaks will be required in the future
- We have to be on top of surveillance data to prevent HIV from escalating because of IDU



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