2.7 Regional Update: Oceania

Map 2.7.1: Availability of needle and syringe exchange programmes (NSP) and opioid substitution therapy (OST)

- Both NSP and OST available
- OST only
- NSP only
- Neither available
- Not Known

Table 2.7.1: Harm Reduction in Oceania

Country/territory with reported injecting drug use	People who inject drugs[1]	Adult HIV prevalence amongst people who inject drugs[1]	Harm reduction response[2]		
			NSP[a]	OST[b]	DCR[c]
Australia	149,591	1.5%	✓(1,372) (P)	✓(2,132) (B,M)	✓
Fiji	nk	nk	x	x	x
New Zealand	20,500	1.6%	✓(199) (P)	✓(B,M)	x
Papua New Guinea	nk	0%	x	x	x
Timor Leste	nk	nk	x	x	x
American Territories: Guam and American Samoa	nk	0%	x	x	x

nk = not known

a The number in brackets represents the number of operational NSP sites, including fixed sites, vending machines and mobile NSPs operating from a vehicle or through outreach workers.
(P) = needles and syringes reported to be available for purchase from pharmacies or other outlets.
b The number in brackets represents the number of operational OST programmes, including publicly and privately funded clinics and pharmacy dispensing programmes. (M) = methadone and (B) = buprenorphine.
c Drug consumption room.

Harm Reduction in Oceania

Oceania comprises the sub-regions of Australasia (Australia and New Zealand) and the Pacific island states and territories or PICTs (twenty-two countries and territories subdivided into Micronesia, Polynesia and Melanesia). Australasia is home to approximately 170,000 people who inject drugs, 1.5% of whom are estimated to be living with HIV.[1] Data on drug use and HIV prevalence among people who use drugs in the PICTs are largely unavailable, however, a recent unpublished study estimated the number of people who inject drugs in the Pacific region (excluding Tokelau, the Cook Islands and Timor Leste) to be between 14,500 and 25,000.[3]

Australia's early adoption of harm reduction and high coverage of key interventions is often credited for its low HIV prevalence among injecting populations. However, new research highlights increasing prevalence of HIV and of hepatitis C and of needle and syringe re-using and sharing, particularly among indigenous populations, men who have sex with men and people of Asian background.[4] Harm reduction coverage has not increased in the past two years and funding restrictions have resulted in the need for enhanced service provider and civil society efforts to maintain the existing level of service delivery.[5] Furthermore, some challenges to accessing services remain, including a lack of culturally appropriate services, inflexible opening hours, lack of coverage in rural areas and stigma. Australia continues to be the only country in the region, and one of only eight worldwide, to include a safer injecting facility (SIF) in its harm reduction response.

Early implementation of harm reduction in New Zealand is similarly credited with generally low levels of HIV among injecting populations. Developments in harm reduction since 2008 include some increase in the number of needle exchange drop-in centres, as well as the legalisation of pharmaceutically derived cannabis-based therapeutics, which have become available on prescription under robust guidelines.[6]

The main route of HIV transmission across the PICTs is heterosexual sex and as a result preventing HIV transmission related to drug use has not formed part of the response in the sub-region. Recent research estimates that 6.7% of all HIV infections in the PICTs (outside Papua New Guinea) are due to injecting drug use, but most countries report that it is still not a significant concern.[7] There is reported to be a growing trend towards the use of amphetamine-type substances and other stimulants.[7]

In the PICTs, harm reduction services are generally not available. Additional research is needed to ascertain levels and determinants of drug use and its related harms. An initial step is the strengthening of data collection and surveillance mechanisms both regionally and nationally for the purpose of informing funding allocation, policy priorities, programme development and future research.[7]

Developments in harm reduction implementation

Needle and syringe exchange programmes (NSPs)

Across Australia, there are over 1,372 NSP sites operating, including vending machines and those within pharmacies.[2] An additional 2,563 pharmacies provide needles and syringes for sale. Australia has the world's highest rate of needle/syringe distribution with on average 213 syringes distributed per person injecting drugs per year.[2] Despite this, a recent study estimated that less than half of all injecting incidents in Australia involve using a new needle and syringe.[8]

Stigma and discrimination from medical and pharmacy staff, limited working hours and a lack of culturally appropriate services, particularly for drug users from Aboriginal, Torres Strait or Asian backgrounds, continue to limit access in Australia.[5] Other challenges reported by the Australian Injecting and Illicit Drug Users' League (*AIVL*) include site relocations affecting accessibility and limits on the amounts and types of injecting equipment available at NSPs.[5] In addition, there are concerns from civil society organisations that new short-term funding rules for NSPs in Australia may have an impact upon service delivery in the long term.[5]

In New Zealand, there are reported to be 199 NSP sites, mostly based in pharmacies, equating to 9.5 sites per 1,000 people who inject drugs.[2] The New Zealand Drug Foundation reports that the number of dedicated drop-in centres offering NSP services has increased slightly since 2008,[6] however, the average syringe distribution per person who injects drugs per year is 122[2] and therefore does not reach the threshold of 'high coverage' as defined by WHO, UNAIDS and UNODC.[9]

There is no evidence of NSPs operating in any of the PICTs and it is not known whether needles and syringes can be purchased from pharmacies. Where they exist, health interventions targeting drug use are generally situated within mental health services.[7]

The region's only safer injecting facility (SIF) is based in Sydney, Australia and celebrated its tenth anniversary in May 2009.[10]

Opioid substitution therapy (OST)

In Australia, approximately 35,850 individuals are receiving OST from 2,132 sites.[2] The costs associated with OST in Australia remain a barrier to effective service delivery and a reason for dropout.[11] While OST is subsidised in the country, treatment providers require dispensing fees and OST clients pay from AUD 40 to 85 per week, with take-away doses being charged at a higher rate than in-house doses.[5] An emerging issue in the Australian context is the case of ageing people who inject drugs, who may need increased access to alternative pharmacotherapy options such as heroin prescription and pain management.[5]

In 2008 it was reported that between 3,000 and 3,500 persons in New Zealand were receiving OST;[12] there is no updated data on OST coverage available. There have been recent proposals to transfer OST provision from specialist OST sites to primary care settings. The New Zealand Drug Foundation states that the success of this major change to treatment policy will rely on, among other factors, the capacity of primary care providers to manage an increasing number of potentially long-term

clients with ongoing drug and alcohol issues, including other ailments specific and associated to opioid dependence; to ensure continuity of care; and to provide affordable OST services. Most OST and associated health services are currently free to the individual receiving treatment.[6]

OST remains unavailable in the PICTs. Little data are available with respect to treatment options for people who use drugs. Where treatment is offered, it is largely abstinence-based.[7] Fiji and Timor Leste provide detoxification and some form of counselling or psychosocial support for users of illicit and licit substances, including alcohol and cannabis, although the nature, comprehensiveness and reach of such programmes are unknown.[13]

Antiretroviral therapy (ART)

Australasia was recently found to have the second highest regional level of ART coverage among people who inject drugs in the world, behind Western Europe.[2] In Australia, twenty-two in every 100 people who inject drugs and are living with HIV are receiving ART; this is more than five times the estimated worldwide ratio of four in every 100.[2]

Among the PICTs, three countries – Papua New Guinea, Fiji and Timor Leste – provide some level of antiretroviral treatment: from two sites in Timor Leste to fifty-two sites in Papua New Guinea.[14] However, there is no data available on how many people who use drugs are accessing these services.

Policy developments for harm reduction

In Australia, the Labor Party government has remained silent on harm reduction since coming to power in 2007. However, the vast majority of drug policy investment in recent years has been allotted to supply reduction via law enforcement (55%) followed by demand reduction, including drug prevention and treatment (40%), leaving less than 5% to fund harm reduction approaches. Civil society organisations point to the need for national leadership and innovation on harm reduction issues, including the harmonisation of drug control policies with harm reduction, as well as the mainstreaming of human rights-based approaches within national drug policy and the prioritisation of consumer participation in policy making.[5]

In February 2010 the government of New Zealand and the national Law Commission completed a two-year review of the country's thirty-five-year-old Misuse of Drugs Act.[15] Recognising that the focus of the existing Act was largely on controlling drug supply through law enforcement, the government emphasised the need to expand health approaches to drug use, including harm 'minimisation', in order to enhance an effective national response.[15] The closing date for civil society submissions on an Issues Paper, produced as part of the review, is 30 April 2010.[16]

The Pacific Regional Strategy on HIV and Other STIs 2009–2013 and its predecessor, The Pacific Regional Strategy on HIV/AIDS (2004–2008), do not mention illicit or injecting drug use or harm reduction.[17] New research commissioned by the Burnet Institute and the Australian National Council on Drugs reported that drug legislation in the PICTS has generally focused on illicit drug cultivation, trafficking and related offences.[7] A strong law enforcement approach to reduce supply of illicit drugs reinforces an imbalanced response in the region to emerging issues such as the use of amphetamine-type stimulants. This situation is exacerbated by weak health systems and inadequate institutional implementation capacity to sustain programmes. However, there are indications that broader commitment to a public health approach to drug use is emerging across the region.[7] Advocacy and support from WHO's Western Pacific Regional Office, the Secretariat of the Pacific Community and the Pacific Drug and Alcohol Research Network have pushed for the development of national-level alcohol policies, increased research activity in this area and the appointment of advisers to support programme development in the region.[7]

Civil society and advocacy developments for harm reduction

Australia's partnership approach to policy on HIV and injecting drug use has continued to result in the effective representation of civil society partners in national advisory structures. In the second half of 2009, for example, AIVL contributed to the revision of new national strategies on HIV, hepatitis B and C and STIs, including a strategy specific to Aboriginal & Torres Strait Islanders, placing a stronger emphasis on harm reduction and increased peer education support for drug users of culturally and linguistically diverse backgrounds. In May 2010 AIVL is due to launch a new online resource, 'Trackmarks', to document the contribution made by Australian drug user organisations to drug policy in Australia.[5]

Australian Injecting and Illicit Drug Users' League (AIVL)

AIVL is a peer-based Australian organisation that represents the issues and needs at the national level of people who use and inject drugs. Formed in the late 1980s, and formally incorporated in 1992, AIVL now comprises nine networks, regional organisations and programmes across Australia. Activities undertaken by the national body include the development of peer education resources, training and campaigns around injecting drug use and drug policy issues, researching key concerns affecting marginalised groups of drug injectors to inform interventions, disseminating information on hepatitis C and HIV and advocating for policy change by consulting with the media and policy makers on drug-related issues.

A majority of AIVL's funding comes from the Australian government's Department of Health and Ageing. In recent years AIVL has received additional funding from AusAID to build partnerships with peer-based drug user groups in South East Asia. For instance, AIVL contributed to the establishment of the Asian Network of People Who Use Drugs (ANPUD) in 2008 and continues to support ANPUD's ongoing activities through the three-year Regional Partnership Project. In 2010 AIVL, in partnership with the Nossal Institute for Global Health, plans to conduct a five-week Australian study tour for seven peers from Asian drug user organisations.

In New Zealand, the majority of civil society advocacy activity since 2008 has focused on the Misuse of Drugs Act (MODA) review. In February 2009 the New Zealand Drug Foundation, a leading civil society voice in drug policy and harm reduction debates in the country, hosted the International Drug Policy Symposium. The symposium provided an open platform for organisations and community members to address the development of inclusive drug policy and to offer input to the Law Commission's Issues Paper.[6]

There is potential for PICT civil society organisations to support, engage with and enhance their response to substance use issues in the region. The Pacific Regional Rights Resource Team has established a major presence in the region, providing technical assistance and advice on human rights and supporting civil society strengthening.[7] [d] However, a robust civil society coordinating mechanism with substantial resources and technical expertise to support the response across the region is yet to emerge. The Pacific Islands Association of Non-Governmental Organisations, an umbrella organisation composed of NGO representatives from all countries in the region, previously sought to fulfil this role but faces uncertainty as of 2009 due to funding issues.[7]

Multilaterals and donors: Developments for harm reduction

In the PICTs, bilateral funds from Australia and New Zealand remain key sources of financial support.[7] A recent report from the Burnet Institute identified potential for harm reduction interventions to be incorporated into existing assistance initiatives around health systems strengthening and capacity building delivered by New Zealand, WHO, SPC and the World Bank in several countries and territories of the region, including Papua New Guinea, the Solomon Islands, Samoa, Tuvalu, Tonga, Vanuatu and Nauru.[7]

In Australia, civil society organisations involved in drug use and harm reduction programming have experienced a gradual decline in federal government funding commitments. National organisations traditionally funded through multi-year agreements were presented with one-year funding agreements for 2009 and 2010, creating some uncertainty in the sector.[5]

In New Zealand, there have been no significant changes to funding for harm reduction since 2008.[6] However, it is possible that the proposed move to provide OST through primary care settings may have an impact on harm reduction funding in the future.

d Other examples include the Pacific Concerns Resource Centre; the Pacific Network on Globalisation; the Ecumenical Centre for Research, Education and Advocacy; and the Tonga Human Rights and Democracy Movement. However, few of these organisations have specifically focused on drug use.

References

1. Mathers B et al. (2008) for the 2007 Reference Group to the UN on HIV and Injecting Drug Use. Global epidemiology of injecting drug use and HIV among people who inject drugs: A systematic review. *Lancet* 372(9651): 1733–45.
2. Mathers B et al. (2010) HIV prevention, treatment and care for people who inject drugs: A systematic review of global, regional and country level coverage. *Lancet* 375(9719): 1014–28.
3. Burnet Institute and Fiji School of Medicine (2009) Investigating the role of drug and alcohol use in the spread of HIV and other sexually transmitted infections in the Pacific (unpublished).
4. National Centre in HIV Epidemiology and Clinical Research (NCHECR) (2009) *HIV/AIDS, Viral Hepatitis and Sexually Transmissible Infections in Australia: Annual Surveillance Report 2009.* Sydney: NCHECR, University of New South Wales.
5. Australian Injecting and Illicit Drug Users' League (AIVL) (2010) Global state of harm reduction information response.
6. New Zealand Drug Foundation (2010) Global state of harm reduction information response.
7. The Burnet Institute (2010) *Situational Analysis of Drug and Alcohol Issues and Responses in the Pacific 2008–09*. Canberra: Australian National Council on Drugs and The Burnet Institute.
8. NCHECR (2009) *Return on Investment 2: Evaluating the Cost-Effectiveness of Needle and Syringe Programs in Australia*. Sydney: NCHECR, University of New South Wales.
9. WHO, UNODC, UNAIDS (2009) Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users. Geneva: WHO.
10. IHRA blog (2009) Ten-year anniversary for Sydney's 'Tolerance Room': www.ihrablog.net/2009/05/ten-year-anniversary-for-sydneys.html (last accessed 1 April 2010).
11. Rowe J (2008) *A Raw Deal? Impact on the Health of Consumers Relative to the Cost of Pharmacotherapy*. Melbourne: The Salvation Army and RMIT University.
12. Cook C and Kanaef N (2008) *Global State of Harm Reduction 2008: Mapping the Response to Drug-Related HIV and Hepatitis C Epidemics*. London: IHRA.
13. Devaney M et al. (2006) *Situational Analysis of Illicit Drug Issues and Responses in the Asia-Pacfic Region*. Canberra: Australian National Council on Drugs.
14. WHO (2009) *Towards Universal Access: Scaling Up Priority HIV/AIDS Interventions in the Health Sector. Progress Report 2009*. Geneva: WHO.
15. Australian National Council on Drugs (2010) *Controlling and Regulating Drugs: A Summary of the Law Commission's Issues Paper on the Review of The Misuse of Drugs Act 1975*. Wellington: Law Commission.
16. Law Commission (2010) Review of Misuse of Drugs Act 1975: www.lawcom.govt.nz/ProjectIssuesPaper.aspx?ProjectID=143 (last accessed 1 April 2010).
17. Regional Strategic Reference Group – HIV & STIs (n.d.) *The Pacific Regional Strategy on HIV and Other STIs 2009–2013*: www.unaids.org.fj/attachments/160_PRSIP2009.pdf (last accessed 1 April 2010).