ATODA
Alcohol Tobacco & Other Drug Association ACT

Draft ACT Immunisation Strategy 2012 – 2016
Health Protection Service, Health Directorate – ACT Government
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Submission to the Draft ACT Immunisation Strategy 2012 - 2016

To Whom It May Concern:

The Alcohol Tobacco and Other Drug Association ACT (ATODA) is the peak body representing the non-government and government alcohol, tobacco and other drug (ATOD) sector in the ACT.

We would like to thank the ACT Government for the opportunity to comment on the *Draft ACT Immunisation Strategy 2012 – 2016*, please find our submission attached. We commend the ACT Government for its achievements in the previous immunisation strategy, and look forward to working with you on how they can be built upon in the next strategy, including improving communication with consumers regarding the role of immunisation and the targeted provision of immunisation programs within the ATOD sector.

ATODA seeks to promote health through the prevention and reduction of the harms associated with ATOD. This includes preventing and reducing the transmission and effects of hepatitis A and B through supporting immunisation amongst people who inject drugs and who may access ATOD services. ATODA supports the Health Care Consumers Association ACT's submission.

ATODA strongly urges the ACT Government to re-instate people who inject drugs and people who may access drug treatment and support services a priority population in the final strategy and that suggested actions within our submission of how to engage with this population are adopted.

Please don't hesitate to contact ATODA if the Health Directorate would like support to identify stakeholders including consumers and services, engage in consultative processes and provide further information.

Sincerely,

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30 March 2012

ATODA Submission to the Draft ACT Immunisation Strategy 2012 - 2016

Introduction

The Alcohol Tobacco and Other Drug Association ACT (ATODA) is the peak body representing the non-government and government alcohol, tobacco and other drug (ATOD) sector in the ACT.

ATODA works collaboratively to provide expertise and leadership in the areas of social policy, sector and workforce development, research, coordination, partnerships, communication, information and resources. ATODA is an evidence informed organisation that is committed to the principles of public health, human rights and social justice.

ATODA seeks to promote health through the prevention and reduction of the harms associated with ATOD. This includes preventing and reducing the transmission and effects of hepatitis A and B through supporting immunisation amongst people who inject drugs and who may access ATOD services.

We would like to thank the ACT Government for the opportunity to comment on the *Draft ACT Immunisation Strategy 2012 – 2016* (the Strategy). We commend the ACT Government for its achievements in the previous immunisation strategy, for example:

- Supporting primary health care clinics, including non-government organisations, through making available, through a request process to the Health Directorate, influenza and hepatitis vaccinations;
- Making available limited vaccinations/immunisations to staff assisting priority populations to ensure sustainability of support; and
- Positively emphasising hepatitis A, B and influenza immunisation to seek to reduce liver related burdens of disease.

However, we are concerned that the achievements may not have extended to some vulnerable priority populations, such as people who inject drugs and may access ATOD services, and believe they warrant greater attention and action in the next Strategy.

This submission is divided into three sections: general comments; comments specific to areas in the Strategy; and examples of effective vaccination programs for people who inject drugs and access ATOD services.

SECTION 1: GENERAL COMMENTS

Priority population: injecting drug users and people accessing ATOD treatment

The current *Australian Immunisation Handbook* states that injecting drug users are at risk of acquiring hepatitis A and hepatitis B, and should be vaccinated against these infections.[1] Further the *ACT Immunisation Strategy 2007 – 2010* identified injecting drug users as a high-risk group.[2]

ATODA is not aware of any evidence that suggests this group is no longer a high risk or priority population. We therefore question why this target group has not been

included in this draft Strategy and ask that they are re-instated under 'populations at-risk'.

There is clear research evidence from studies such as the Illicit Drug Reporting System (IDRS) that people who inject re-use or share injecting equipment remains unacceptably high and hepatitis remains a concern for this group.[3] This leads to high rates of hepatitis C amongst injectors along with high risk for hepatitis B co-infection. This evidence is also supported by the National Centre in HIV Epidemiology and Clinical Research's *Estimates and Projections of the Hepatitis C Virus epidemic in Australia*.[4]

Further, the Australian Institute of Health and Welfare's *Cancer Incidence Projections* report deals with liver cancer noting:

- Primary causes are hepatitis B virus & hepatitis C virus; and that
- These are projected to increase by 38% from 2007 to 2020.[5]

Hepatitis A

In Australia infection with hepatitis A is more likely in particular locations and amongst specific groups of people, including injecting drug users.[6] *The Australian Immunisation Handbook* recommends hepatitis A vaccinations for injecting drug users and patients with chronic liver disease of any aetiology.[7] People with histories of ATOD use may often have liver damage.

Hepatitis B

Hepatitis B transmission occurs through several ways, including through the unsafe sharing of injecting equipment.[8] Although people who inject drugs constitute a small proportion of the estimated population with chronic hepatitis B, more than 40% of acute hepatitis B cases are attributed to injecting drug use, consistent with low levels of vaccine uptake among this high-risk population.[9]

The first National Hepatitis B Strategy identifies the need to "increase awareness of hepatitis B prevention through integrated health promotion interventions promoting safe sex and safe injecting," as a priority for prevention.[10] Additionally, this strategy identifies people who inject drugs and Aboriginal and Torres Strait Islander people as priority populations.[11]

The evidence shows increasing numbers of Aboriginal and Torres Strait Islander injectors and Aboriginal and Torres Strait Islander people being at high risk for hepatitis A, B and C.

ATODA supports these priority populations being reflected in the ACT strategy.

People with hepatitis C

About 221,00 people live with chronic hepatitis C in Australia. 2500 - 5000 people live with hepatitis C in the ACT.[12] Approximately 90% of all new hepatitis c infections and approximately 80% of all current infections are among people who inject drugs or who have injected drugs. There is no vaccination against hepatitis C. It is recommended that people with hepatitis C are vaccinated against both hepatitis A and hepatitis B.[13]

Hepatitis B and hepatitis C co-infection

Hepatitis B and hepatitis C share common transmission routes. The majority of people who inject drugs and who have chronic hepatitis B will be co-infected with hepatitis C. Co-infection with hepatitis B and hepatitis C increases the risk of liver disease progression, including progression to cirrhosis and liver cancer, and makes clinical management of both viruses more difficult.[14]

Combined Hepatitis A/Hepatitis B vaccines

The National Health and Medical Research Council states that combined hepatitis A/hepatitis B vaccines should be considered for people who inject drugs.[15]

ATODA understands that the Alcohol and Drug Services (ADS) within the ACT Government Health Directorate are currently establishing a Sexual Health Clinic to offer opportunistic vaccinations for hepatitis A (which will be limited) and Hepatitis B. The individual will be offered vaccination for hepatitis A at a cost to the client (on an outside script) or Hepatitis B (funded by the Health Directorate)[16].

We recommend this initiative is further funded and rolled out in the ACT, including in additional ATOD services.

Chronic disease and burden of disease

Throughout this submission we have highlighted areas related to the burden of disease from blood borne viruses (including those that can be immunised against). ATODA will be making a submission to the *ACT Chronic Disease Strategy* consultation to further highlight the health burdens experience by these population groups, and encourage the Health Protection Service to consider linkages across these Strategies.

Influenza

People who inject drugs and may access ATOD services are more likely to suffer from chronic lung conditions, decreased levels of immunity and to have increased prevalence of developing pneumonia.[17]

The ACT ATOD sector seeks to provide opportunities to access hard-to-reach priority populations through innovative ways, for example, ATODA understands:

> The Alcohol and Drug Services, ACT Government Health Directorate in partnership with the Canberra Alliance for Harm Minimisation and Advocacy (the sector's consumer group) trialled an influenza vaccination clinic in 2011 with a 94% uptake of influenza vaccination.
>
> This was conducted, in part, to trial a collaborative, opportunistic immunisation program with a view to providing hepatitis vaccinations in the future.
>
> A recommendation from this trial was to implement an annual influenza immunisation program for clients attending the Opioid Treatment Service and the Withdrawal Unit.

Given the success of this trial it is hoped that activities such as this can be supported, continued, expanded and specifically funded by the ACT Government and included within the strategy.

Low rates of vaccination

Despite the extremely high risk of hepatitis B exposure among people who inject drugs, only a minority of these people have received a hepatitis B vaccination. This is largely the result of an absence of funding for hepatitis B vaccination programs for people who inject drugs in most areas.[18,19]

In addition, poor access to primary health care services among people who inject drugs, as well as social marginalisation, often make a three-injection course of vaccination over a 6-month period problematic. Strategies such as more-rapid hepatitis B vaccination schedules (e.g., over 6 weeks) have been assessed among people who inject drugs in an attempt to improve uptake. [20]

Provision of free vaccinations

The ACT is behind other jurisdictions as universal free vaccinations for people with ATOD issues and people who inject drugs are not provided. In South Australia and the Northern Territory, for example, they are provided for free.[21] The ACT, Queensland and Tasmania are now the only States / Territories that do not do this. [22]

ATODA understands that the Health Protection Service may be able to provide free influenza vaccines to the Alcohol and Drug Services, ACT Government Health Directorate. ATODA strongly support this and asks that it be extended to non-government ATOD services, including primary care and residential services.

ATODA understands that the hepatitis B vaccination, which costs approximately $9, is not fully funded by the ACT Government across ATOD services.

ATODA recommends that existing programs and services are better utilised and funded within the Strategy, particularly those who already employ or work with General Practitioners, to support priority populations to access joint hepatitis A/B vaccinations via a script and seek to off-set the high cost (approximately $70).

ATODA understands that the difference in cost between the hepatitis B vaccination and the joint hepatitis A/B vaccination is minimal when purchased in bulk.

We call on the Strategy to commit to making hepatitis A and B and influenza vaccinations free for people accessing ATOD services, particularly for people who inject drugs.

Vaccination programs in all ATOD services

ATODA recommends the expansion of current vaccination programs to include provision of free vaccination in services most frequently accessed by people who inject drugs and people accessing drug treatment and support including: peer-based drug user organisations (e.g. Canberra Alliance for Harm Minimisation and Advocacy), opioid maintenance therapy clinics (e.g. Alcohol and Drug Services based at Building 7 at The Canberra Hospital), ATOD specific primary care services (e.g. Althea Wellness Centre, DIRECTIONS ACT), needle and syringe programs (NSP), residential services and other ATOD services.[23]

For example, the experience of Althea Wellness Centre's medical staff is that immunisation/vaccination is often opportunistic rather than planned when engaging with ATOD clients. Therefore, vaccines need to be available on-hand when people access the service and as many people as possible need to be trained to deliver vaccinations(as per the *ACT Government Health Directorate Standard Operating Procedure* and *Australian Immunisation Handbook*).[24]

Example: Needle and syringe programs

Needle and syringe programs (NSPs) are a fundamental component of the ACT and Australian response to preventing the harms caused by injecting drug use. NSPs are an effective means of facilitating access to appropriate health and social interventions and reducing the spread of blood-borne viruses (e.g. HIV/AIDS, hepatitis C and B) among people who inject drugs and the broader community.

Over 80% of all newly acquired hepatitis C infections in Australia and the vast majority in most Western countries are associated with injecting drug use.[25] Sharing injecting equipment is the primary manner in which blood-borne viruses are spread in this population.

NSPs that provide sterile injecting equipment, have been successfully managed and implemented in the ACT since 1989,[26] and have been cost-effective at preventing the spread of blood-borne viruses, including hepatitis C and B and HIV.[27]

Each case of hepatitis C infection costs the Australian community and health services between $798 and $18,835 per year.[28] However, the substantial savings from NSPs in the community can be compromised by lack of accessibility for certain population groups or in certain geographical areas, such as the north Canberra region.

Primary NSPs provide preventive care as well as primary health services to people who inject drugs, who as a group "often experience poor general health and medical problems associated with injecting".[29] A primary NSP distributes a wide range of free specialist injecting equipment, provides wound care, and provides education, referral and support.[30]

Two primary NSPs, in Civic and Phillip, service people who inject drugs in the ACT. While sterile injecting equipment is available from secondary outlets located throughout the ACT, such outlets do not provide targeted health and social support to this population.

These are highly utilised services with, for example,

- 7550 consumers accessing the Civic primary NSP.
- More than 50,000 individual syringes and almost 9,000 wheel filters were distributed to clients residing in the Civic/central area.[31]

These settings, for example, provide optimum opportunities to engage injecting drug users in vaccination programs.

Stigma and discrimination

The *NSW Anti-Discrimination Board Inquiry into Hepatitis C Related Discrimination* and the *Senate Community Affairs Reference Committee on hepatitis C and the*

Blood Supply in Australia found that hepatitis C is a highly stigmatised condition, with negative associated social, economic and health effects.

We refer you to the stigma and discrimination report undertaken by the Australian Illicit and Injecting Drug Users League (AIVL) which found that "stigma and discrimination associated with people who inject drugs is both institutionalised and pervasive and that AIVL and its member organisation are aware of many individual drug users who live with painful, debilitating and even life-threatening conditions rather than seek treatment from health services, including blood borne virus prevention and treatment services".[32]

The *Barriers and Incentives to Drug Treatment for Illicit Drug User National Research Project* reported that participants experienced discrimination in a range of setting including; pharmacy staff (63%) doctors and nurse (54%) and health workers other than doctors, nurses and pharmacy personnel (36%). This level of discrimination translates into vulnerable populations missing out on essential health services.[33]

Therefore, ATODA recommends that the Strategy's principles include seeking to reduce and prevent stigma and discrimination and that immunisation strategies do not require a person to self-identify as an ATOD user to access free or subsidised vaccinations.

Peer based services

Effective promotion through peer education for people who inject drugs would assist in increasing awareness about the availability of the vaccines, including for hepatitis B.[34]

Additionally, peer based services and services that current and past injecting drug users frequently access, such as NSPs and the Opioid Treatment Service, are ideal environments where people feel comfortable and the information and health services are tailored to their needs.

Evaluation and monitoring

ATODA supports the inclusion of progress indicators within the Strategy; however, believe it could be strengthened if evaluation and monitoring where more clearly described, including:

- Articulating clear reporting processes;
- Providing specific indicators related to the ATOD sector, including injecting drug users; and,
- Evaluating specific strategies for engaging priority populations, including measuring the effectiveness of hepatitis A/B vaccinations for injecting drug users.

Consultation and engagement with the ATOD sector in implementing the Strategy

ATODA requests that as part of the implementation of the Strategy a consultative workshop is held with the ATOD sector to identify the immunisation resources available and the most effective ways of rolling out programs within the sector. ATODA can work with the ACT Government to undertake this workshop.

SECTION 2: Comments specific to areas in the draft Strategy

Acknowledgement of the alcohol, tobacco and other drug sector as a key partner (p. 4)

We support the draft Strategy's reference to the ATOD sector as a key partner in immunisation within the introduction; however, further detail is required including in the sections on focus area actions, progress indicators, roles and responsibilities and stakeholder list.

Scope of ACT Immunisation Strategy 2012 – 2016 (p. 6 – 7)

We note that the principles of the Strategy read like potential objectives. We recommend that the principles could be expanded and refer you to the *National Hepatitis B Strategy* for further examples, such as its reference to the Ottawa Charter for Health Promotion,[35] including the active participation of affected communities and individuals (such as drug users). This also includes peer education and community ownership, to increase their influence over the determinants of their health.[36] Further we suggest principles regarding:

- Research, data, surveillance and applying evidence informed policy;
- Harm minimisation;
- Human rights, social justice and public health;
- Reducing stigma and discrimination; and,
- Partnerships, collaborations and ownership.

Vision (p. 6)

ATODA suggests the following additions to the vision (in blue):

To protect the Canberra community from vaccine preventable diseases by ensuring the affordable and accessible provision of effective, safe and timely vaccinations and taking specific actions to engage priority populations that are at-risk of vaccine preventable diseases.

Focus areas for strategy (p. 7)

It would be useful to list the objectives alongside the focus areas at the beginning of this section, as it is difficult to get a full picture of the objectives otherwise. We also suggest numbering the actions against the focus areas and objectives for easier reading, referencing and reporting.

Focus area one: Childhood immunisation (p. 8)

Objective 1: Ensure all neonates have access to hepatitis B vaccine at birth &

Objective 2: To ensure that all children in the ACT have timely access to vaccines as per the National Immunisation Program

ATOD services engage families within their services, including the provision of childcare. Many of these families and the children of parents accessing ATOD services may have missed the mainstream vaccination programs. As such, it would

be useful to utilise these services for immunisation opportunities. Some examples of programs include the childcare programs at Karralika Programs Inc and Toora Women Inc.

Focus Area Two: Adolescent and adult immunisation (p. 10 – 11)

Objective 1: To ensure that all adolescents in the ACT have timely access to vaccines

Young people accessing drug treatment:

As well as promoting the vaccination broadly, opportunistic hepatitis B testing and vaccination in young people should be considered, particularly for young people with multiple risk factors or who may have missed childhood vaccinations.[37] This could be incorporated into health checks on entry into rehabilitation services and the juvenile justice system.

We recommend that the Ted Noffs Foundation ACT, Gugan Gulwan Youth Aboriginal Corporation and the Alcohol and Drug Services, ACT Government Health Directorate (all services who work with young people under 18 years with ATOD issues and work in Bimberi Youth Justice Centre) are engaged as key stakeholders and potential vaccination points for young people 'at-risk'.

Young people accessing youth services:

ATODA understands that several youth centres have / will be closing under the new Children, Youth and Family Program funded by the Community Services Directorate.

We, therefore, suggest that the Health Protection Service engage in specific consultations with the youth sector, including the Youth Coalition of the ACT, so as to ascertain the best mechanism and potential alternative actions (and therefore progress indicators) to engage with 'at-risk' young people due to service closures. Further, ATODA understands that within this restructure there has been a loss of services for young people aged 18 – 25 and alternative actions may also need to be identified to engage this age group.

Objective 2: To ensure that adults in the ACT have timely access to all appropriate vaccines.

ATOD services:

We strongly support the immunisation actions lead by the Alcohol and Drug Services, ACT Government Health Directorate. However, we note they have experienced significant challenges, which should be addressed in this next Strategy, including:

- Access to free vaccinations for ATOD service clients; and
- Sponsoring health promotion activities to promote immunisation.

It is also important that immunisation is embedded within all ATOD services, including routine testing, screening and immunisation as part of entry.

We request that a specific progress indicator be included regarding ATOD programs.

Alexander Maconochie Centre (AMC):

We note that "Corrections Services" (p.11) would not be administering vaccinations, as they don't deliver health services. We suggest this be amended to reflect that Justice Health as part of the Health Directorate would primarily undertake this work.

In addition to improved immunisation at the AMC, ATODA reiterates the need for improving uptake of blood-borne virus (BBV) screening/testing upon admission and at regular intervals and pre-release. This would inform a better understanding of BBVs prevalence and rates of transmission in this complex setting and potentially leading to increased immunisation.

It would be useful if this work aligned with other preventative measures, including blood borne virus management strategies such as the provision of a one-for-one needle exchange between an inmate and the Medical Officer.

Further, it would be useful if immunisation information was included as part of through and aftercare initiatives in place and under development.

ATOD sector workforce:

The *Australian Immunisation Handbook* acknowledges that the risk to workers differs considerably from setting to setting, but it is recommended that all staff directly involved in patient care, embalming, or in the handling of human blood or tissue, be vaccinated. In addition, standard precautions against exposure to blood or body fluids should be used as a matter of routine.[38] The ACT ATOD workforce's client group often has poor health status, low vaccination rates and high rates of transmissible infections. Therefore, it is recommended that this occupational group, alongside police and prison staff, be considered a priority for the promotion of vaccination programs.

Focus Area Three: Populations at risk (p. 12 – 13)

Objective 1: To ensure that all Aboriginal and Torres Strait Islander people have timely and cost appropriate access to vaccines.

ATODA strongly supports the inclusion of Aboriginal and Torres Strait Islander people as a priority population within the strategy. We note that there are three Aboriginal and Torres Strait Islander services in the ACT that receive ATOD funds and may be useful in reaching Aboriginal and Torres Strait Islander people with ATOD issues (noting the increased risks identified throughout this submission):

- Winnunga Nimmityjah Aboriginal Health Service
- Gugan Gulwan Youth Aboriginal Corporation
- Ngunnawal Bush Healing Farm (due to open in 2013)

Objective 2: To ensure that all people medically at risk of severe complications from vaccine preventable diseases have timely access to all appropriate vaccines

We believe that people who inject drugs should be included as a target group within this objective, particularly in regards to co-infection with hepatitis C and hepatitis B. As this group does not have the same level of access to health services as the general population they are at risk of hepatitis B and hepatitis C. As there is no vaccination for hepatitis C the cost-effective and healthier option would be to provide

free hepatitis B vaccinations to this group who already experience poor health due to hepatitits C and other complex physical and mental health conditions.

Objective 3: To ensure that all persons socially at risk of severe complications from vaccine preventable have opportunity and timely access to recommended vaccines

Please see our comments above regarding youth centres.

We question the use of the term "socially at risk". Terms that are frequently used by the ACT Government include "vulnerable" or "disadvantaged".[39] We note that the 'risks' experienced by the target groups identified in this objective can be multifarious and include economic, social, health, etc.

We strongly support the inclusion of ATOD services, and note that these extend beyond the ACT Government provider and therefore recommend that the broader sector is referred to here.

Further we request a progress indicator to be included regarding ATOD.

Focus Area Four: Communication and Education (p. 14 – 15)

Objective 1: To ensure that the ACT community are aware of immunisation requirements and recommendations and have accurate and reliable information to inform their choice.

Access to accurate and tailored information:

ATODA recommends that information and resources are tailored and accessible to people who inject drugs and use ATOD services, particularly in regards to ATOD specific issues such as safe injecting practices, co-infection of hepatitis C and B, etc.

There is a lack of consistency between jurisdictions in the level of public information through departmental websites about accessing funded hepatitis B vaccination, resulting in at-risk communities not being aware of the availability of funded vaccination.[40]

ATODA recommends that a review be undertaken of materials currently available on hepatitis B and A to people who inject drugs to determine their suitability, in consultation with user groups such as the Canberra Alliance for Harm Minimisation and Advocacy and in reference to national resources in consultation with the Australian Illicit and Injecting Drug Users League. It would be essential that consumers and relevant government and non-government agencies are involved in the review and development of these materials.

Linkages with other education campaigns:

It is also important to ensure that the education associated with the Strategy links with other education campaigns (such as those related to international travel and BBV transmission).

Objective 2: To ensure that immunisation providers are knowledgeable about all aspects of immunisation and are up to date with any changes to schedules or recommendations

It is also important to ensure that ATOD workers and services are aware of immunisation programs and resources. As stated previously, ATODA can support the ACT Government in reaching the ATOD sector.

Roles and responsibilities (p. 18 – 20)

ATODA recommends that the Division of Mental Health, Justice Health and Alcohol and Drug Services, ACT Government Health Directorate is included as a stakeholder within the strategies roles and responsibilities.

Link with other plans and policies (p. 21)

ATODA recommend listing and aligning the Strategy with:

- *ACT Alcohol, Tobacco and Other Drug Strategy 2010 – 2014.*[41]
- HIV/AIDS, Hepatitis C, Sexually Transmissible Infections: A Strategic Framework for the ACT 2007 – 2012. [42]

Key stakeholders in ACT immunisation (p. 22 - 23)

We recommend expanding the stakeholder list to include the ACT ATOD services and sexual health / BBV services and stakeholders, including:

- ACT Hepatitis Resource Centre
- ACT Ministerial Advisory Council on Sexual Health, HIV/ AIDS, Hepatitis C and Related Diseases
- Alcohol Tobacco and Other Drug Association ACT (ATODA)
- Althea Wellness Centre, DIRECTIONS ACT
- Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
- Canberra Sexual Health Service
- Health Care Consumers Association of the ACT (HCCA)
- Justice Health (part of the ACT Government Health Directorate's Division of Mental Health, Justice Health and Alcohol and Drug Services)
- Karralika Programs Inc.
- Sexual Health and Family Planning ACT
- The Liver Clinic

We note the correct name for the ACT Government's ATOD services is 'Alcohol and Drug Services' (see various pages). Further, this service is not under mental health rather part of the Division of Mental Health, Justice Health and Alcohol and Drug Services (p. 13), and this needs to be amended within the draft Strategy.

SECTION 3: Examples of effective vaccination programs for people who inject drugs and access ATOD services

The components of an ideal vaccination program for ATOD users have been identified by consumers. It would need to include:

- An organisation with the capacity to deliver a vaccination service, including funding, physical space and staff expertise;
- An accelerated vaccination schedule (0, 1 and 3 weeks);
- Free vaccination;
- An environment in which people who inject drugs are comfortable and

confident, for example a peer-based drug user organisation;
- A system of follow up to maximise the number of people receiving the full vaccination schedule of three injections;
- Medical staff that have an understanding of and sympathy for people who inject drugs and who have no prejudices towards drug users;
- A professional and comprehensive pre- and post-test discussion service;
- Time for discussion of other issues relevant to the person being vaccinated (if such issues arise); and,
- The provision of information about blood borne viruses, their transmission, prevention and treatment.[43]

Example: Hepatitis B vaccination program tailored for people who inject drugs[44]

The Canberra Alliance for Harm Minimisation and Advocacy (CAHMA), a peer-based drug user organisation in the ACT, implemented a model that involved the administration of hepatitis B vaccination to people who inject drugs at their premises. A General Practitioner and nurse were recruited to perform the immunisations on site and appropriate equipment was purchased. The days/times of vaccination sessions were advertised at CAHMA and through networks accessed by the injecting drug using population.

When providing vaccinations through mainstream medical services, a very large percentage of people who inject drugs do not complete the three-injection course of immunisation. This was alleviated to some extent in the CAHMA model due to people who inject drugs regularly accessing the service and therefore being reminded of the date and time of their next injection. A rapid schedule (0, 7 and 21 days) was utilised to further offset loss to follow up. 20% of those receiving hepatitis B vaccinations finished the three injection course and 39% had at least two injections. These completion rates were found to be comparable to those found in other immunisations programs and even exceeded completion levels for some of these community immunisation programs.

When compared to GP surgery delivery of hepatitis B vaccination, the CAHMA model proved cost effective. To provide on-site vaccination cost $80 per person compared with $111 if the vaccine had been provided in a GP's rooms.

The following benefits of the drug user organisation-based model were identified:

- People are accessed in their own environment, therefore reducing fear and incidences of stigma and discrimination;
- As nurses from the ACT's Opioid Treatment Program were employed, it provided opportunities for people to discuss pharmacotherapies;
- Opportunities were available to discuss other issues with peer workers, GP and nurse and to make referrals;
- Experiences for GPs and nurses outside of their usual work environment; and,
- Establishment of trust and collaboration between all parties involved.

Example: Hepatitis B vaccination program tailored for young people with ATOD issues[45]

An accelerated hepatitis B vaccination schedule was offered at the Youth Substance Abuse Service (YSAS) in Melbourne, Victoria. Utilising the 0, 1 and 3 week schedule, this program successfully administered a full 3-injection schedule to 71% of young

people who participated, with only 18% being lost to follow up after the first injection.

A report on the project was written which stated that "the removal of structural barriers through... removing vaccination costs, shortening the time course of the vaccination schedule and providing follow up and reminder services, clearly assisted in the high level of completed vaccinations... The removal of attitudinal barriers, such as stigma and discrimination, by offering vaccinations within a non-clinical support service using experienced and specialist nursing staff, as well as providing preventive education and counselling, may also have contributed to the high vaccination rate."[46]

Successful hepatitis B vaccination programs have also been run by peer-staffed drug user organisations in Western Australia and Queensland.

Reference:

[1] Department of Health and Ageing (2009). *The Australian Immunisation Handbook 9th Edition* - 2.3 Groups with special vaccination requirements. p18. Available online at: http://www.health.gov.au/internet/immunise/publishing.nsf/Content/65BF44D8607619C5CA2574E2000F9A03/$File/2.3%20Vaccination%20of%20persons%20with%20Special%20needs.pdf

[2] ACT Government. (2007). *ACT Immunisation Strategy 2007 – 2010*. Available online at: http://health.act.gov.au/c/health?a=dlpubpoldoc&document=948

[3] National Drug and Alcohol Research Centre. (2011). ACT Drug Trends 2012: Findings from the Illicit Drug Reporting System. Available online at: http://ndarc.med.unsw.edu.au/resource/act-drug-trends-2010-findings-illicit-drug-reporting-system-idrs.

[4] National Centre in HIV Epidemiology and Clinical Research. (2006). *Estimates and Projections of the Hepatitis C Virus Epidemic in Australia 2006*, Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis, Hepatitis C Sub-Committee. Department of Health & Ageing, Canberra, Australia. Available online at: http://www.med.unsw.edu.au/nchecrweb.nsf/resources/hcvpwg2006/$file/hcvpwgrepaug06.pdf

[5] Australian Institute of Health and Welfare. (2012). *Cancer Incidence Projections Australia 2011 to 2020.* p.47. Available online at: http://www.aihw.gov.au/publication-detail/?id=10737421461

[6] Hepatitis Australia. (2012). *Hepatitis A.* Available online at: *http://www.hepatitisaustralia.com/about-hepatitis/other-types-of-hepatitis/hepatitis-a*

[7] Department of Health and Ageing. (2009). *The Australian Immunisation Handbook 9th Edition* - 3.5 Hepatitis A. p145. Available online at: http://www.health.gov.au/internet/immunise/publishing.nsf/Content/67F0D8AB3EA91E98CA2574E2000F99F0/$File/3.5%20Hepatitis%20%20A.pdf

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[9] National Hepatitis B Alliance. (nd). *Hepatitis B in Australia: Responding to a diverse epidemic.* p7. Available online at: http://alliance.hepatitis.org.au/uploads/ACT_HBV.pdf

[10] Department of Health and Ageing. (2010). *National Hepatitis B Strategy 2010 – 2013*. Available online at: http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-national-strategies-2010-hepb/$File/hepb.pdf

[11] ibid.

[12] Personal correspondence with the ACT Hepatitis Resource Centre. (February 2012).

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