

# Injecting drug use among Aboriginal people in New South Wales

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The following information is taken from a survey (Bryant, Wilson, Hull, & Treloar, 2010) of almost 600 people who obtained injecting equipment from pharmacies in 2008. The following are points for discussion:

- 20% of respondents self-identified as Aboriginal people
- Among Aboriginal respondents, 35% lived in regional areas of NSW, almost 40% had been in prison in the previous year, 38% reused needles and syringes in the previous month, and 65% shared another's injecting equipment.
- Compared to non-Aboriginal respondents, Aboriginal respondents had significantly more risk factors for the acquisition of hepatitis C, including being more likely to have been in prison in the previous year, inject on a daily basis, share ancillary equipment, and have poorer hepatitis C-related knowledge.
- Importantly, Aboriginal respondents were no more or less likely to have used services such as hepatitis C testing and drug treatment.
- The information reported here is from a descriptive survey of a specific population (i.e., pharmacy needle and syringe program clients). More research is necessary to understand injecting risk behaviours among Aboriginal people in NSW who inject drugs.

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## Fact sheet

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Artwork entitled "marra binya" (cover) and "ganham barra, ngurra" (back cover) created by Connie Ah See, a Wiradjuri migay (woman) from Wellington NSW



## What we know about Aboriginal people who inject drugs

Aboriginal people have a higher prevalence of hepatitis C than non-Aboriginal people. For jurisdictions where there is accurate data for hepatitis C prevalence, rates are almost two times higher among Aboriginal than non-Aboriginal people, and rates of new diagnoses are increasing (The Kirby Institute, 2011). While Aboriginal people who inject drugs have been identified as a population at increased risk for acquiring blood-borne viruses (BBVs), there is currently little information about injecting drug use and risk practices. What is clear is that Aboriginal Australians are consistently over-represented in surveys of people who inject drugs (PWID). While Aboriginal people make up 2.3% of the population (Australian Bureau of Statistics, 2010), they form 7–19% of the samples captured by surveys of PWID (Day, Ross, & Dolan, 2003; Iverson, Wand, Gonnermann, & Maher, 2010; Maher, Chant, Jalaludin, & Sargent, 2004; Roberts & Crofts, 2000),

suggesting a higher prevalence of injecting drug use among Aboriginal people.

Aboriginal people are over-represented in prisons (National Indigenous Drug and Alcohol Committee (NIDAC), 2009), and high-risk behaviours such as injecting drug use, tattooing, physical violence, body piercing and unprotected sex are more prevalent in prisons. Having limited access to sterile injecting equipment is a high concern for the transmission of BBVs within the

prison system and the general Aboriginal population (NIDAC, 2009). Studies have also found that Aboriginal PWID are more likely to share equipment than non-Aboriginal PWID. In 1999 a study of 77 Aboriginal PWID found that 39% had shared a needle in the previous month; among participants under 20 years the percentage increased to 63% (Larson, Shannon, & Eldridge, 1999).

## Our analysis

The Pharmacy Needle and Syringe Survey (Bryant, et al., 2010) is a survey of PWID who obtain sterile needles and syringes from pharmacies. During a one-week study period (usually in November each year) staff at participating pharmacies in New South Wales distribute a self-completion survey to each person who buys or exchanges needles and syringes. In each survey there has been a significant over-

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representation of Aboriginal respondents (16–20%), making it a valuable source of information about the BBV risk practices among Aboriginal people. This analysis uses data collected in 2008 when 120 of the 588 respondents to the survey reported they were Aboriginal people. We compared the demographic profiles, drug use and needle sharing practices in the month prior to the survey,

**Table 1: Characteristics of Aboriginal respondents from the 2008 Pharmacy Needle and Syringe Survey (n = 120)**

Demographics	
Male	58.3%
Average age	34.4 years
Residence	
Metro	65.0%
Regional	35.0%
In prison in the previous year	37.6%
Drug use	
Average number of years injecting	16.9 years
Inject daily or more often	72.7%
Inject in public spaces in previous month	42.5%
Never had drug treatment	39.1%
BBV risk practices in previous month	
Reused another's needles	38.0%
Reused another's ancillary equipment	64.9%

**Table 2: Differences between Aboriginal and non-Aboriginal respondents**

Respondents	Aboriginal (n = 120)		Non-Aboriginal (n = 468)	
	%	95% CI	%	95% CI
Resided in regional NSW	35.0	26.5–43.5	25.6	21.7–29.6
Was in prison last year	37.6	28.8–46.4	16.5	13.1–19.9
Injected daily or more often in the previous month	72.7	64.4–81.1	55.0	50.4–59.6
Reused another's ancillary equipment in the previous month	64.9	55.5–74.4	44.8	39.7–49.9
Believed it was safe to share another's ancillary equipment	72.0	63.5–80.5	87.7	84.6–90.7
Believed that treatment always cures Hepatitis C	47.2	37.7–56.7	67.6	63.2–71.9



hepatitis C testing and self-reported status, and knowledge about hepatitis C among Aboriginal and non-Aboriginal respondents.

## What we found

The average age of Aboriginal respondents was 34 years. Thirty-five percent of Aboriginal respondents who accessed pharmacies to obtain sterile needles and syringes lived in regional areas. The result also indicated that a significant percentage of Aboriginal respondents had been in contact with the prison system in the previous year. The average period that an Aboriginal person had been injecting for was 16.9 years. A higher percentage of Aboriginal respondents inject on a daily basis and reuse another's ancillary equipment than non-Aboriginal respondents. A general perception about it being safe to share another's ancillary equipment was clearly indicated by respondents (see Table 1). Less than half of the Aboriginal respondents believed that treatment always cures hepatitis C (see Table 2).

Compared to non-Aboriginal respondents, we found that Aboriginal respondents had significantly more risk factors for the acquisition of hepatitis C, including being more likely to have been in prison in the previous year, to inject on a daily basis, to share ancillary equipment and to have poorer hepatitis C-related knowledge. Table 2 reports only those variables that were significantly different between Aboriginal and non-Aboriginal respondents. It shows that Aboriginal respondents showed poorer knowledge about hepatitis C than non-Aboriginal respondents despite being more likely to have been in prison in the previous year, which is a setting where health education can and should occur. More education within and outside the prison setting is recommended on the transmission and treatment of hepatitis C.

Importantly, we also found that Aboriginal respondents were no more or less likely to have used services such as hepatitis C testing and drug treatment than non-Aboriginal respondents (data not shown). This suggests that Aboriginal respondents are being tested just as frequently as non-Aboriginal respondents. Similarly, Aboriginal respondents are no more or less likely to have received drug treatment. These findings suggest that individuals are being referred to and are accessing services in equal proportions, regardless of their Aboriginal status. Whilst this study does not provide any information about whether respondents completed treatment, other research evidence shows that Aboriginal people are less likely to have successful outcomes from treatment (Kerr, Marsh, Li, Montaner, & Wood, 2005).

## Project governance

This project was conducted through a research internship offered to the Aboriginal Health & Medical Research Council of NSW and the National Centre in HIV Social Research, and supported by the Consortium for Social and Policy Research on HIV, Hepatitis C and Related Diseases. The internship was taken up by Monique McEwan and was conducted over a six-week period, broken into blocks over a year. Monique was tutored by Dana Paquette and the project was supervised by Joanne Bryant.

For this project, an Aboriginal reference group was also established which comprised key Aboriginal people with expertise in the harm minimisation sector. Members of the group were Kristie Harrison (Aboriginal Drug and Alcohol Network Project Officer at the Aboriginal Health and Medical Research Council of NSW), Peter Patterson (State-wide Aboriginal Sexual Health Coordinator, Hunter New England Local Health District), Peter Waples-Crowe (Healthy Living Team Leader, Victorian Aboriginal Community Controlled Health Organisation Inc.) and James Ward (Program Head, Senior Lecturer, Aboriginal and Torres Strait Islander Health Program, The Kirby Institute [formerly the National Centre in HIV Epidemiology and Clinical Research]).

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### For more Information

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For more information on the original *Pharmacy Needle and Syringe Survey, New South Wales 2006–2008* go to [http://nchr.arts.unsw.edu.au/media/File/Pharmacy\\_needle\\_and\\_syringe\\_survey\\_NSW\\_20062008\\_report.pdf](http://nchr.arts.unsw.edu.au/media/File/Pharmacy_needle_and_syringe_survey_NSW_20062008_report.pdf)

