

## **Symposium: Community perspectives on ageing amongst people who use drugs – Jurisdictional updates and perspectives from the AIVL National Network**

**Chair:** Ele Morrison

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**Aim:** In Australia there is a well-recognised ageing cohort of people who inject drugs and people who are accessing pharmacotherapy programs. There are many issues for this cohort in accessing aged care and associated services and this panel seeks to explore what these issues are from the perspective of lived experience and drug user organisations, who utilise a human rights based approach when discussing health equity. Issues which have already been identified include stigma and discrimination, lack of understanding about the needs of the cohort from service providers and from government, access to pain relief and lack of staff understanding about cohort needs.

This panel will be chaired by Australian Injecting and Illicit Drug Users League, and the panel will consist of League member organisation representatives from different jurisdictions. This panel aims to check-in with Australian drug user organisations and see what has happened since the 2019 Hidden Population report and grant funding, whether improvements have been made to health equity and access for people who inject drugs and people utilising pharmacotherapy programs and what the key issues are in the different Australian jurisdictions today.

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### **Detailed Description of Topics to be Discussed**

In 2019 the Australian Injecting and Illicit Drug Users League Ltd. released *A HIDDEN POPULATION: Supporting healthy ageing for people who inject drugs and/or receive pharmacotherapies*. The report looked at issues people who inject drugs and people on pharmacotherapy programs face as they get older and start interacting with aged care and related service providers. Broadly, the report noted that aged care services are not sufficiently resourced, trained or equipped to support people who inject drugs health and

social wellbeing needs in a stigma and discrimination free environment. Issues of note included: issues with premature ageing in people who inject drugs and eligibility criteria being too narrow, issues with access to pharmacotherapy providers and other clinical in-reach services including hepatitis C virus testing and treatment, issues with accessing pain relief and lack of training in caring for people who inject drugs and people on pharmacotherapy programs. Recommendations from the report include: hepatitis C prevention, testing and treatment services should be available and offered in aged care settings; eligibility requirements for aged care services require greater flexibility to accommodate the premature ageing of this cohort; funding for in-reach capacity for specialist alcohol and other drug and palliative care services; and addressing the lack of access to clinical staff through the utilisation of innovative models of care.

The Australian Injecting and Illicit Drug Users League followed this up in 2020 by providing a small, one-off grant opportunity to member organisations interested in progressing work in this area within their own jurisdiction. Although small, in the range of \$70,000-80,000. Successful applicant member organisations progressed a variety of work including front-line service delivery (provision of ageing peer-counsellor service), Aboriginal peer education and outreach, development of resources for older people who use drugs, and education and advocacy with health clinics, emergency departments, and law enforcement in remote and rural communities.

It is hoped that the grants have stimulated work in this important area and progressed understanding and health equity for this cohort. Four years on from this once off funding we will take another look at where Australia is up to with this important set of issues from a lived and living experience perspective.

**Discussion Section:** One of the ongoing issues which is stifling progress in this area is the increase in technological advancement and complexity which often excludes people who are ageing and are not familiar with new technologies. For this reason, the panel will concentrate on in-person engagement and questioning from the audience and will not use technology to facilitate discussion. Instead, the chair will ensure that the voices of people with living experience of ageing are prioritised.

**Disclosure of Interest Statement:** None.