

## 2018 VICTORIAN STATE BUDGET SUBMISSION

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The Victorian AIDS Council (VAC) is Australia's oldest HIV organisation, and Victoria's largest lesbian, gay, bisexual, transgender, and intersex (LGBTI) health service. In partnership with other organisations, VAC works to support all members of sexually and gender diverse communities, and is committed to improving the health and wellbeing of all LGBTI people.

VAC acknowledges and commends the Victorian Government for its commitment to LGBTI communities. Initiatives such as the funding of a dedicated LGBTI Pride Centre, the launch of the Victorian PrEPX trial, the apology and expungement scheme for historical convictions for homosexual activity, funding for mental health services during the marriage equality postal vote, and a commitment to implement all recommendations of the Royal Commission into Family Violence, including the LGBTI focused recommendations, all attest to the desire and commitment of the Victorian Government to improve the lives of LGBTI Victorians.

Despite many positive strides, this budget submission highlights the unmet needs people from LGBTI communities still have in regard to their health and wellbeing. The submission is set out in two parts: Ending the Impact of HIV, and Promoting LGBTI Health and Wellbeing.

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### ENDING THE IMPACT OF HIV

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The Victorian HIV Strategy 2017-2020 highlights the need to prevent, test, treat and eliminate stigma and discrimination as key to meeting the 90-90-90 targets<sup>1</sup> by 2020. VAC believes the adoption of the following recommendations aligned with each of these key areas is necessary to achieve the 90-90-90 targets.

#### **PREVENT**

##### **1. Continue the PrEPX trial**

Pre-exposure prophylaxis (PrEP) is a proven biomedical prevention tool for HIV. With the Victorian Government's support, many Victorians at risk of HIV have been able to access PrEP through the PrEPX trial. However, the Victorian PrEPX trial is currently scheduled to end in April 2018, and despite positive murmuring, it remains unknown if PrEP will be listed on the Pharmaceutical Benefits Scheme (PBS) by this time. If PrEP is not listed on the PBS when the trial ends, this could lead to a spike in HIV infections in Victoria.

**Recommendation 1:** That the Victorian Government commit to continuing the PrEPX trial until PrEP is listed on the Pharmaceutical Benefits Scheme.

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<sup>1</sup> 90% knowing their status, 90% treatment uptake, and 90% of those in treatment having an undetectable viral load.

## TEST

### 2.1 Expanding peer led rapid HIV screening

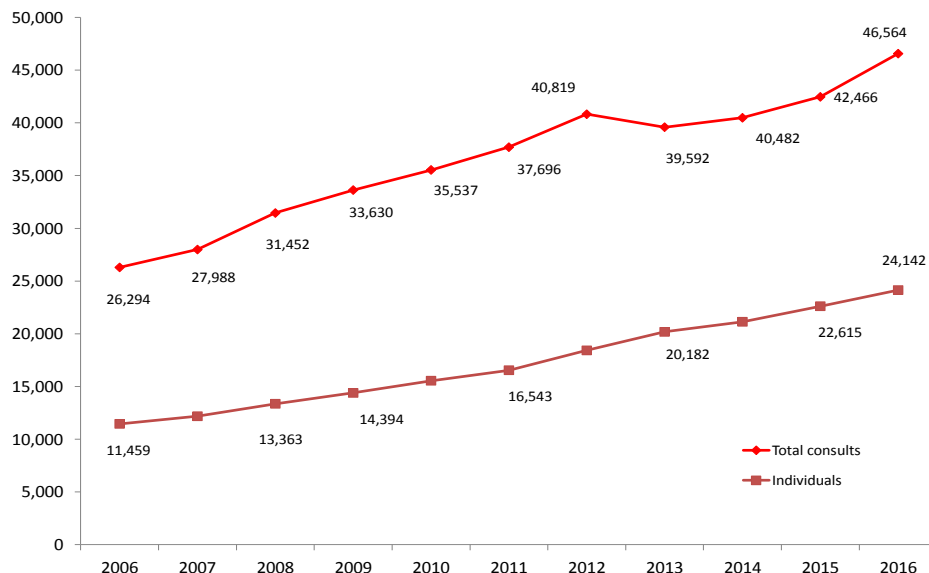
Peer led rapid HIV testing has become an integral feature of the national push to increase HIV testing. Since Victoria opened Australia's first peer led rapid testing site in July 2013, PRONTO! has demonstrated that its peer led model attracts a population that is high risk for HIV and irregular testers. PRONTO! has provided Rapid HIV tests to 6676 individuals and diagnosed 57 confirmed HIV positive clients who have subsequently been referred into care and support services. Evaluation found that clients rated the Peer testing model highly and preferred over clinical settings. Piloted outreach and out posted peer testing have also proved popular.

In February 2016, PRONTO! expanded services to include STI testing and the provision of Pre Exposure Prophylaxis to clients at risk of HIV. As of June 2017, approximately 350 gay and bisexual men have accessed PRONTO! for PrEP prescriptions as part of the PrEPX Clinical Trial or for self importing purposes. Since STI testing began, over 1150 Peer Testing clients have undertaken gonorrhoea, syphilis and Chlamydia testing.

**Recommendation 2.1:** That funding be provided to establish further PRONTO! sites at other locations. Commitment required from government: \$600,000 per annum.

### 2.2 Review capacity requirements for sexual health service provision through Melbourne Sexual Health Centre

Victoria has been served through a single public sexual health centre since 1912, the Melbourne Sexual Health Centre. Capacity within the centre has not kept up with rapidly increasing population figures and disease rates. Over the last decade, demand for its services has more than doubled (Figure 1), and rates of sexually transmitted infections like syphilis, Chlamydia and gonorrhoea have increased dramatically. The number of individuals seen by its HIV clinic each year has also more than doubled. Victoria's fast growing population, increased diversity and changes in social norms require an urgent review of the centre and its ability to deliver on its purpose within its current budget and single site.



**Figure 1: Number of clinic visits at Melbourne Sexual Health Centre 2006-2016**

**Recommendation 2.2:** That an urgent and immediate review into Melbourne Sexual Health Centre be conducted and additional funding provided to allow it to ensure it is able to continue to provide an appropriate and timely service.

## **TREAT**

### **3. Subsidise S100 co-payments for HIV treatments**

In 2014, the Victorian Government signed an agreement with other State and Territory governments committing to the virtual elimination of new HIV transmissions in Australia by 2020. Among the many strategies for achieving this goal is the widespread uptake of anti-retroviral treatment among HIV-positive people, a step which would improve the health and wellbeing of people living with HIV, and reduce the onward transmission of HIV.

People living with HIV who also experience co-morbidities have the burden of multiple co-payments per month to address other health issues. Recognising the importance of ensuring people with HIV remain on treatment, the New South Wales Government began subsidising co-payments for all Section 100 drugs, including HIV treatments, in 2015. This step has assisted the most vulnerable people living with HIV to access and adhere to treatment.

**Recommendation 3:** That the Victorian Government subsidise S100 co-payments for HIV treatments to improve treatment uptake and retention in care and support, and enable it to meet the Victorian HIV Strategy commitment to reach 90% treatment uptake.

## **END STIGMA AND DISCRIMINATION**

### **4. Support for CALD HIV positive women**

Half of newly diagnosed HIV cases in women in Victoria are in women from culturally and linguistically diverse (CALD) communities. Due to high levels of stigma and discrimination, women from CALD communities are a hard to reach group with lower engagement with HIV services and where traditional community support models may prove ineffective. A multicultural peer support worker could act as an intake point and provide referral to services, as well as identify and train women from CALD communities to act as volunteer peer support. This would create better linkage to care for CALD women living with HIV, as well as raise awareness of HIV and build resilience in CALD communities.

**Recommendation 4:** That Positive Women Victoria receive funding for a three-year peer support program, including a full time Peer Support Worker at a cost of \$75,000 per annum, operational costs of \$30,000 per annum, and a one off evaluation of the program at a cost of \$35,000.

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## **PROMOTING LGBTI HEALTH AND WELLBEING**

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The evidence is overwhelming: LGBTI communities experience significantly higher rates of depression, anxiety, substance abuse, self-harm, suicidal ideation and suicide than the general population.<sup>2</sup> LGBTI people are less likely to attend health services or seek help for fear of discrimination. LGBTI people experience these poorer health outcomes not because of their LGBTI status, but because of the stigma and discrimination that results in their ill treatment and social isolation. The following recommendations are aimed addressing the healthcare disparities faced by LGBTI people and promoting their health and wellbeing.

### **5. LGBTI virtual volunteer hub**

LGBTI communities comprise many small volunteer run organisations. Many of these organisations report difficulty managing volunteers and stress related to burn out and administration. These organisations cannot maximise the outcomes of their resources as a result of their volunteer base being small and its availability limited.

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<sup>2</sup> Author unknown. (2016). Snapshot of mental health and suicide prevention statistics for LGBTI people. National LGBTI Health Alliance. <http://lgbtihealth.org.au/wp-content/uploads/2016/07/SNAPSHOT-Mental-Health-and-Suicide-Prevention-Outcomes-for-LGBTI-people-and-communities.pdf> (last accessed 25/10/17).

At VAC, over 70% of service provision is undertaken by more than 700 active, well trained volunteers aged from 16 to 94 years. Volunteering itself has health benefits through providing opportunities for participation, engagement and socialisation.<sup>3</sup> For people who have recently come out and are seeking to connect with LGBTI communities, volunteering is often a supportive way to do so. At VAC, volunteers participate at all levels of the organisation from governance to client services, event facilitation and project work. Consequently, VAC has acquired substantial expertise and has developed systems and processes that are critical to volunteer engagement and rewarding volunteer experience.

For LGBTI organisations to be able to harness the good will of the community, a volunteer resource hub needs to be established to support LGBTI communities to be able to easily engage with LGBTI organisations. In 2017, the idea of a solely physical hub is outdated. Turnout.org, an online hub, has proven successful at reducing volunteer burn out and improving volunteer retention and administration in the United States. A local virtual hub will allow people to explore, and be matched to a diverse range of volunteer opportunities across small to large LGBTI organisations. This digital hub, with back end support, will help identify volunteer requirements, facilitate recruitment, police checks, meet legislative requirements, and provide training and guidance. This will enhance organisational capacity and enable a more effective volunteer workforce. Melbourne Queer Film Festival, Midsumma, Switchboard and Joy FM have each previously expressed an interest in utilising such a service.

**Recommendation 5:** That VAC be funded to establish a virtual volunteer hub for the LGBTI communities. Commitment required from government: initial funding of \$180,000 to support one staff member, CRM volunteer management software, and operational expenses, and \$120,000 thereafter per annum for continued staffing. Additional financial commitment from VAC: \$100,000 per annum.

## 6. Building LGBTI leadership capacity

The lack of visible and healthy LGBTI communities causes social isolation and limits social acceptance of LGBTI people.<sup>4</sup> This in turn contributes to stigma and discrimination against LGBTI people and the negative health impacts associated with them. There is therefore a need to capacity build LGBTI community leaders to increase the visibility of LGBTI people. A leadership program targeted to LGBTI people with leadership potential is one way of building the leadership capacity of LGBTI people and subsequently their visibility in leadership positions where their power to affect positive change will also be increased.

**Recommendation 6:** Establish a Victorian LGBTI Leadership Program, led in partnership by VAC and Leadership Victoria. Commitment required from government: \$150,000.

## 7. Lesbian, bisexual and queer (LBQ) women's health project

Compared to the general population, lesbian, bisexual and queer (LBQ) women experience poorer health outcomes across nearly every metric. The 2016 Sydney Women and Sexual Health (SWASH) survey found that:

- 30% of LBQ women are tobacco smokers, a number which is significantly higher than the general population;
- 45% of LBQ women report using illicit substances in the preceding six months;
- 48% consumed more than the recommended amount of alcohol and 19% drank 5 or more drinks weekly or more often in the previous six months.
- Only 11% had ever sought help for a drug or alcohol issue.

As a result of their high levels alcohol and tobacco use, LBQ women experience higher rates of cancer and heart disease. LBQ women further report poorer mental health outcomes compared to the general population. Access to care poses a significant challenge to LBQ women, as those populations

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<sup>3</sup> Yeung, J.W.K., Zhang, Z. and Kim, T.Y. (2017). Volunteering and health benefits in general adults: cumulative effects and forms. *BMC Public Health*, 18(8), 1-8.

<sup>4</sup> Nealy, E.C. (2008). Community practice with LGBT people. In: Social work practice with lesbian, gay, bisexual and transgender people: Third edition. (ed. G.P. Mallon). Routledge, Taylor & Francis Group.

experience discrimination from health care providers, limiting their ability to treat a given condition. Over 1000 women attended VAC's LBQ women's health conferences from 2015 and 2017. There is clearly an interest and a need to establish programs that address LBQ women's health needs. Whilst research and services for same sex attracted men have developed, in a large part due to the focus on HIV, services and research into LBQ women have not and lag well behind those of their male counterparts. Victoria needs to address this disparity and work with LBQ women to ascertain what services and research is required to meet their unique set of needs.

**Recommendation 7:** Commit to establishing an LBQ women's health hub to identify barriers to care for lesbian, bisexual and queer women, and develop programs and campaigns to address these. Commitment required from government: \$300,000 per annum.

## 8. Protecting intersex children

Non-consensual, medically unnecessary intersex genital modifications are carried out in Victoria despite the fact they constitute human rights violations<sup>5</sup> and cause significant harm to the health and wellbeing of intersex children. Forcible sex reassignment is not medicine, it is social engineering, and the intersex community has been vocal about the harms associated with medically unnecessary intersex genital modifications for many years.

**Recommendation 8:** The Victorian Government should impose a three year moratorium on all non-consensual, medically unnecessary intersex genital modifications, and fund an expert review body to develop human rights based standards of care for intersex children. These standards of care must be developed in conjunction with, and supported by, leading members of the intersex community. Additionally, children's hospitals that provide these services should be required to have intersex consumers at Board and Community Advisory Committee levels within the organisation.

## 9. Trans and gender diverse community health services

VAC established Equinox, Victoria's first community-led, community-based trans and gender diverse (TGD) health service. The health of TGD Victorians is often poorer than the broader population across almost all measures including sexual health, mental health and substance use. Up to 50% of TGD Australians attempt suicide in their lifetime.<sup>6</sup> TGD people report high rates of stigma and discrimination in accessing mainstream services. The Victorian Government has demonstrated its commitment to TGD Victorians through its recent review of the TGD service system in Victoria. Despite recent progress, significant improvements in TGD care and support are still needed.

The following recommendations would allow VAC to address health disparities experienced amongst TGD people, by expanding our mental health services to meet demand, and by supporting TGD people to navigate the health system.

**Recommendation 9.1:** Provision of a full-time counsellor at VAC's Equinox service for vulnerable members of TGD community who would benefit from a peer-based counselling service. Commitment required from government: \$120,000 per annum.

**Recommendation 9.2:** Establish a TGD Peer Navigator Support Program to assist vulnerable TGD Victorians to navigate the health system and provide peer support. This model has been successfully established for TGD people in South Australia. Commitment required from government: \$80,000 per annum.

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<sup>5</sup> Meddings, J.I. and Wisdom, T.L.C. (2017). Genital Autonomy. Rationalist Society of Australia.

<sup>6</sup> Rosenstreich, G. (2011). LGBTI people mental health and suicide. National LGBTI Health Alliance, Sydney, p.3. <[http://lgbtihealth.org.au/sites/default/files/Biefing\\_Paper\\_FINAL\\_19\\_Aug\\_2-11.pdf](http://lgbtihealth.org.au/sites/default/files/Biefing_Paper_FINAL_19_Aug_2-11.pdf)> (last accessed 17/10/17).

## 10. Rural and regional LGBTI support and access

While further research is needed, current evidence suggests that rural and regional LGBTI people experience higher rates of distress and mental ill health, suicide and other adverse health outcomes than those in urban areas.<sup>7</sup> Despite the clear need for health services, in many instances LGBTI people living in rural and regional Victoria trying to access care are hindered by inadequate or non-existent referral pathways to appropriate services.

VAC believes that peer-led programs are vital to improving the health outcomes of LGBTI Victorians, as they provide connection to community and to resources that mainstream services cannot. That's why in 2016 VAC established VACountry, a peer-led program based in Bendigo focused on the prevention of blood-borne viruses and sexually transmissible infections.

VACountry has identified the need for a peer-based program to build support and referral pathways for at-risk LGBTI people in regional and rural settings. This need involves linking at-risk individuals to services and building the capacity of existing service providers to deliver safe and appropriate services for this population. There is an opportunity to transform regional services through a model of regional LGBTI support and access workers. Given the presence of VACountry in Bendigo, the Macedon Ranges, Hepburn and Loddon Mallee regions would be an ideal catchment to trial such a model.

**Recommendation 10:** Pilot and evaluate a rural and regional LGBTI support and access service for the Macedon Ranges, Hepburn and Loddon Mallee regions. Commitment required from government: \$120,000.

## 11. Alcohol and other drugs (AOD)

LGBTI communities consume drugs at higher rates than the general community.<sup>8</sup> VAC congratulates the Andrews Government on the ground-breaking commitment it made to LGBTI communities in Victoria when it funded VAC to deliver Australia's first alcohol and other drug (AOD) service for LGBTI communities. This commitment has provided LGBTI communities in Melbourne's inner north and inner south access to specialist AOD treatment and support. However, demand for LGBTI community-led AOD services is high and accessible counselling and care recovery coordination services in other geographical areas is desperately needed.

In the context of stigma and discrimination, people from LGBTI communities experience a greater burden of poor outcomes associated with AOD use than the general population, and significant barriers to accessing treatment. VAC's model has proven successful in reaching people from LGBTI communities experiencing problematic AOD use. The expansion of this successful model is of critical importance to meet its high demand and extend services to LGBTI people living in regional areas.

**Recommendation 11.1:** (Metropolitan services) Expand LGBTI-led AOD counselling and care and recovery coordination services into Melbourne's west and east. The provision of one full-time counsellor in each of these catchments, plus 0.5 EFT Care Recovery Coordination is needed. Commitment required from government: \$350,000 per annum.

**Recommendation 11.2:** (Rural and regional services) Trial the delivery of LGBTI-led AOD counselling and care and recovery coordination services in the Loddon Mallee and Western Districts, based in Bendigo and Ballarat. The provision of one full-time counsellor in each of these areas, plus 0.5 EFT Care Recovery Coordination is needed. Commitment required from government: \$350,000 per annum.

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<sup>7</sup> Lyons, A., Leonard, W. and Bariola, E.m (2015). Mental health and resilience among rural Australian lesbians and gay men. *Rural Society*, 24(3), 244-265; Morandini, J.S., Blaszczyński, A., Dar-Nimrod, I. and Ross, M.W. (2015). Minority stress and community connectedness among gay, lesbian and bisexual Australians: a comparison of rural and metropolitan localities. *Australian and New Zealand Journal of Public Health*, 39(3), 260-266.

<sup>8</sup> Author unknown. (2017). Substance use and SUDs in LGBT populations. National Institute on Drug Abuse. <<https://www.drugabuse.gov/related-topics/substance-use-suds-in-lgbt-populations>> (last accessed 17/10/17).

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