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## **2017 Victorian State Budget Submission**

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The Victorian AIDS Council (VAC) is Australia's oldest AIDS organisation, having its origins based in the gay and lesbian rights movement of the early 1980s. VAC is also Victoria's largest lesbian, gay, bisexual, transgender and intersex (LGBTI) health service. In partnership with other organisations, VAC works to improve the lives of all members of the sexually and gender diverse communities. VAC is committed to improving the health, wellbeing, and mental health of all LGBTI people.

VAC acknowledges and congratulates the Victorian Government for its commitment to the LGBTI community and the concrete actions it has taken to improve the lives of LGBTI Victorians. From the funding of a dedicated LGBTI Pride Centre, to the launch of the Victorian PrEPX trial, initiatives supported by the Victorian Government have already begun to make a positive and lasting difference in the lives of LGBTI Victorians. The Andrews Government's commitment to implement all recommendations of the Royal Commission into Family Violence, inclusive of the LGBTI focused recommendations shows great commitment to the lives of our community.

This budget submission highlights many of the needs the LGBTI community still has in regard to health and wellbeing. The submission is set out in three parts - Rural and Regional Health; LGBTI Health (including HIV); and Family Violence.

## **Rural and Regional Health**

### **1. Rural and regional LGBTI support and access**

Regional and rural LGBTI Victorians experience high rates of social isolation and are at greater risk of mental ill health, suicide and other adverse health outcomes. In the instances when these individuals try to access care, they are hindered by poor – or non-existent – referral pathways to appropriate services.

VAC believes that peer-led programs are vital to vulnerable LGBTI Victorians, and can provide the connection to the community and to resources that mainstream services can not. In 2016, VAC established VACountry, a peer-led program based in Bendigo focusing on prevention of blood-borne viruses and sexually transmissible infections. VACountry has identified the need for a peer-based program to build healthcare and support pathways for at-risk LGBTI people in regional and rural settings. This need involves both linking at-risk individuals to services, and building the capacity of existing service providers to deliver safe and appropriate service.

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 region would be an excellent catchment to trial such a model.

***Recommendation:*** Pilot and evaluate a rural and regional LGBTI support and access service for the Macedon Ranges, Hepburn and Loddon Mallee Regions. This would require a government commitment of \$120,000.

### **2. Rural and regional narrowcast health campaigns.**

Isolation and a lack of access to the gay scene has meant that gay and other men who have sex with men (MSM) who live in rural and regional areas have not been exposed to campaigns that highlight the need for regular sexual health testing and treatment. This issue is particularly important for bisexual and married MSM who may not be able to easily access digital resources at home. For these reasons, narrowcast, targeted public

washroom and toilet advertising offers this population the opportunity to access sexual health information they would otherwise not be exposed to. Narrowcast advertising has a strong evidence base and has been used successfully to deliver targeted health campaigns to Victorians over many years. A campaign that was implemented in washrooms, gyms, sporting facilities, public toilets, pubs and clubs would be very effective in getting sexual health messaging to this traditionally hard to reach population.

***Recommendation:*** Pilot and evaluate a rural and regional narrowcast sexual health campaign highlighting sexual health and testing to hard to reach rural and regional gay and other MSM populations. This would require a \$200,000 commitment from government.

### **3. Rural and regional HIV prevention and testing**

The Andrews Government's support of rapid HIV testing in Victoria through VAC's PRONTO! service has resulted in a significant increase in gay men and other men who have sex with men (MSM) accessing HIV testing more frequently, and in detecting cases of HIV earlier. MSM who live in rural and regional Victoria are a difficult to reach population for HIV and STI testing and prevention. There is a lack of targeted sexual health services and higher levels of fear of stigma and discrimination. Viable models are required to build capacity in regional health services to provide appropriate, accessible testing services for gay men and other MSM. Through the VACountry program, the trial and evaluation of a regional peer-led rapid HIV testing for MSM in Bendigo, Daylesford, Mildura and Swan Hill could be easily trialled.

***Recommendation:*** Pilot a regional peer-led rapid HIV testing in partnership with local health providers in Bendigo, Daylesford, Mildura and Swan Hill and evaluate utilising Melbourne University's Centre for Excellence in Rural Sexual Health. This would require a Government commitment of \$100,000.

## **LGBTI Health**

### **4. Trans and gender diverse community health services**

VAC has established Equinox, Victoria's first community-led, community-based trans and gender diverse health service. The health of trans and gender diverse (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. TGD people report high rates of stigma and discrimination in accessing mainstream services. Despite the encouraging recent progress, significant improvements in care and support are still needed.

VAC would like to recommend a suite of measures to address health inequities suffered amongst the TGD communities including mental health, tackling stigma and supporting people to navigate the health system.

***Recommendation 1:*** Provision of a full-time counsellor at the Equinox service for vulnerable members of TGD community who would benefit from a peer-based counselling service. This would require a \$120,000 per annum commitment from government.

***Recommendation 2:*** Establish a TGD Peer Navigator Support Program to assist vulnerable TGD Victorians to navigate the health system and provide peer support. This would require a government commitment of \$80,000 per annum. This model has been successfully established for TGD people in South Australia.

***Recommendation 3:*** Establish a Victorian TGD Speakers Bureau and Leadership Program to promote awareness and address stigma and discrimination. This initiative would require a government commitment of \$60,000.

### **5. LGBTI community volunteer resource centre**

LGBTI communities comprise many small volunteer run organisations. Many of these organisations report difficulty managing volunteers and stress related to burn out and administration. It is apparent such organisations cannot maximise the outcomes of their resources as a result of their volunteer base being small and unreliable.

At VAC, over 85% 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. For people coming out later in life or seeking the LGBTI community, volunteering is often an easy way to access their community. At VAC, volunteers take up opportunities such as administrative duties, outreach support, peer education, events, finance and IT project work, and the provision of professional psychological counselling and legal advice. Consequently, VAC has acquired substantial expertise and has developed systems and processes that are critical to volunteer engagement and the rewarding volunteer experience.

***Recommendation:*** VAC proposes that it be funded to create a volunteer resource centre for the LGBTI community which will be accessible and welcoming to members of the LGBTI community to register, explore and be matched to a diverse range of volunteer opportunities across small, medium and larger LGBTI support organisations. Modelled on existing local government centres, the hub would provide support in identifying volunteer requirements, facilitate recruitment, police checks, legislative requirements, and provide training and guidance, thereby enhancing the capacity of participating organisations and ensuring a more effective volunteer workforce. Melbourne Queer Film Festival, Midsumma, Switchboard and Joy FM have each expressed an interest in utilising such a service. An initial budget of \$270k is being sought to support two staff members, CRM volunteer management software, and operational expenses.

## **6. 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. They are more likely to report use of tobacco and alcohol, and consequently experience higher rates of cancer and heart disease. LBQ women further report poorer mental health outcomes than the general population, as well as compared to others within the LGBTI community. Access to care poses a significant challenge to LBQ women, as those populations experience discrimination from health care providers, inhibiting their ability to treat a given

condition. Over 600 women attended VAC's LBQ women's health conferences in 2015 and 2016. There is clearly an interest and a need to establish programs that address LBQ women's health needs.

***Recommendation:*** Fund a pilot project identifying barriers to care for lesbian, bisexual and queer women, and developing programs and campaigns to address these. This would require a \$300,000 commitment from government.

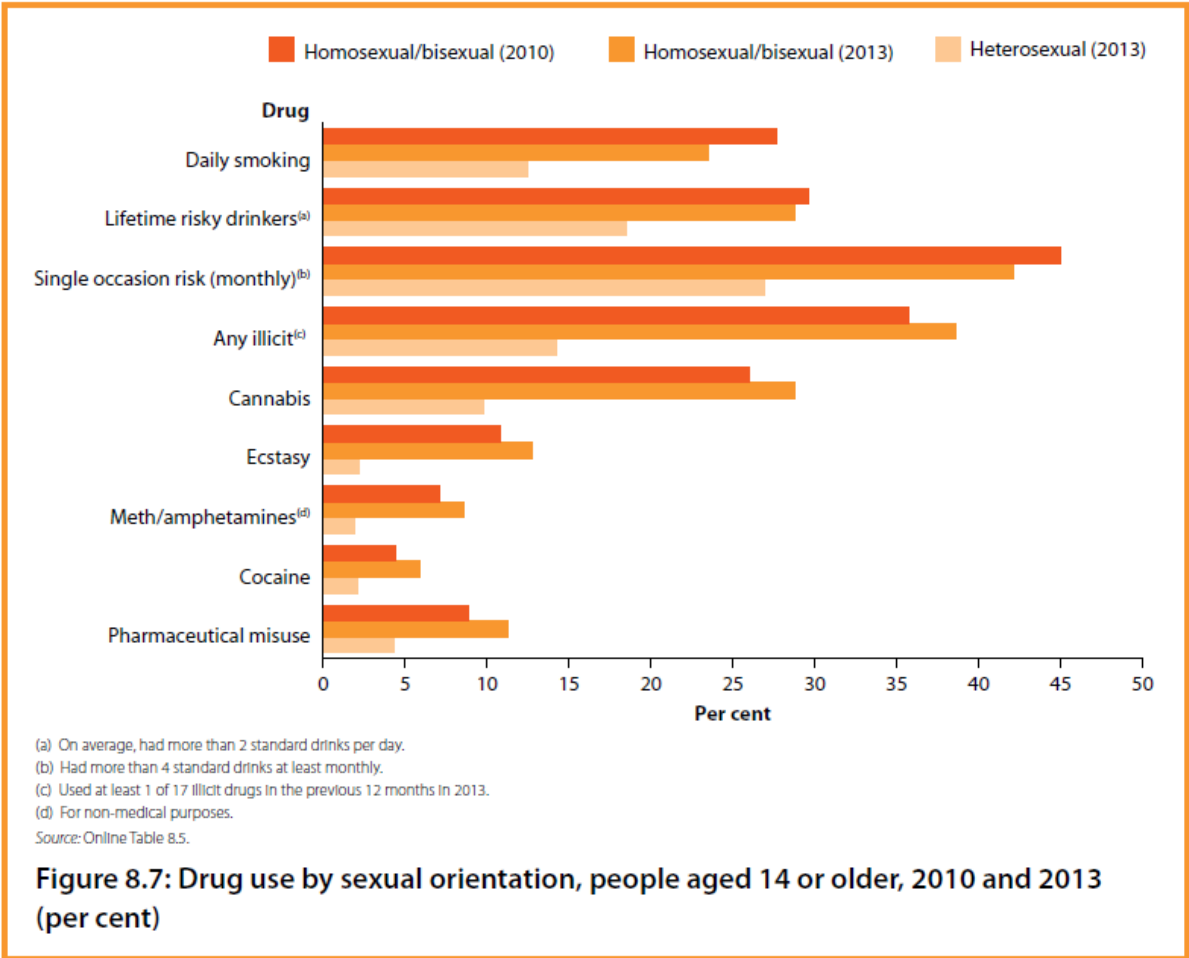
## **7. Bisexual men and their partners**

In June 2014, the Victorian Department of Health and Human Services ceased funding the Gay and Married Men's Association (GAMMA). Gay men and other men who have sex with men are one of eight priority populations in the Seventh National HIV Strategy. Bisexually and homosexually active men who do not identify as gay are explicitly recognised as an important component of this group. After initial discussions by DHHS with VAC and Inner South Community Health Service looking at the incorporation of GAMMA into the existing service spectrum of counselling and support services for the LGBTI community, no service was funded. In 2015-16, the Department commissioned VAC to undertake a needs assessment of bisexually active men and their partners. This report highlighted that this cohort of men is often disconnected from gay men's health information, and recommended the establishment of a specialist service.

***Recommendation:*** Provide funding for this vulnerable group of men and their partners for peer-based support, counselling and online information, and support for bisexually and homosexually active men who do not identify as gay and their female partners. That VAC be funded \$200,000 to lead this program and to work in partnership with existing community health counselling services, such as Inner South Community Health.

### 8. Alcohol and other drugs (AOD)

LGBTI communities consume all drug types at higher rates than the general community.



VAC congratulates the Andrews Government on the ground breaking commitment it made to LGBTI communities in Victoria when it funded VAC to deliver the first alcohol and other drug (AOD) service for the LGBTI community. This commitment has provided the LGBTI community 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, the LGBTI community experiences 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 the LGBTI community experiencing problematic AOD use and should be expanded. This expansion is critically important into regional areas.

**Recommendation 1:** (Metropolitan services) Expand LGBTI-led AOD counselling and care and recovery coordination services into Melbourne's inner west and inner east. The provision of one full-time counsellor in each of these catchments, plus 0.5 EFT Care Recovery Coordination in each area could be delivered for \$350,000 per annum.

**Recommendation 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 in each area could be delivered for \$350,000 per annum.

## **9. HIV Treatment**

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 minimise the chance of new HIV infections. People living with HIV who also experience co-morbidities have the burden of multiple co-payments per month to address other 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 treatment. This step has assisted the most vulnerable people living with HIV in accessing and adhering to treatment.

**Recommendation:** That the Victorian Government examine options to address poor retention in treatment due to the burden of S100 co-payments for HIV treatments.

## **10. Post Exposure Prophylaxis (PEP)**

Gay men and MSM represent up to 80% of HIV notifications in Victoria. Although condom use, Pre Exposure Prophylaxis (PrEP) and regular testing are currently the first line defences against HIV, PEP provides an important secondary defence against accidental HIV infection. Unfortunately though, it can be hard to access. We are concerned that gay men and MSM, and others at high risk of non-occupational exposure to HIV, who have been eligible for PEP have not been able to access it. Studies have also shown that people who have gone on to contract HIV reported not using PEP as they



were uncomfortable disclosing their sexual behaviour to health clinicians out of a fear of being judged. The most common barriers include distance, opening hours of providers and perceived provider prejudice.

A participant in a study on HIV seroconversion remarked of PEP:

*"On my previous two occasions I was grilled to a point I felt like I was begging. I would rather have just bought them [PEP] over counter even if \$400."*

**Recommendation 1:** Commit to developing a PEP Strategy that would increase the distribution points for PEP ensuring that no-one in Victoria lives more than 50km from a PEP dispensing point. This should include making PEP available throughout Victoria's hospital network.

**Recommendation 2:** Commit to working with the Therapeutic Goods Administration to make PEP available for purchase through pharmacies; and

**Recommendation 3:** Fund a public awareness campaign that encourages gay men and other high risk populations, to have the PEP hotline phone number in their mobile phone contacts.

## **LGBTI Intimate Partner and Family Violence**

The lack of appropriate, safe responses to LGBTI intimate partner and family violence within our community has been highlighted by the Royal Commission into Family Violence. VAC commends the Victorian Government for its commitment to implementing the Commission's recommendations and for its clear commitment to LGBTI intimate partner and family violence.

LGBTI intimate partner and family violence has been characterised as a 'silent epidemic'. Sometimes underreported and frequently misunderstood there is a need in the community for a targeted community-led social marketing campaign to highlight LGBTI intimate partner and family violence as stated in recommendations 142 & 168 of the Royal Commission into Family Violence Report. However, to date there has not been properly targeted education that would alert the LGBTI community to service and care pathways for those experiencing family and intimate partner violence, in addition to services that seek to address violent behaviours in relationships.

VAC has been a provider of men's behaviour change programs to same-sex attracted male perpetrators of intimate partner and family violence for over ten years. Working with community partners, VAC is well-placed to develop and deliver integrated services in Victoria to respond to LGBTI community members experiencing intimate partner and family violence.

**Recommendation 1:** VAC, in partnership with a community service provider, to receive ongoing funding of \$300,000 for the development and delivery of specialist behaviour change programs suitable for all LGBTI Victorians perpetrating intimate partner and family violence.

**Recommendation 2:** Provide \$400,000 for the delivery of counselling and case management support programs for LGBTI victims/survivors of intimate partner and family violence to an appropriately trained consortium of LGBTI community based organisations, including:

- Partner follow-up for partners of those in behaviour change programs
- Case management support for victims/survivors including those with children
- Flexible support package funding for victims/survivors and their children

**Recommendation 3:** Fund an appropriate consortia of LGBTI providers \$60,000 to implement Royal Commission recommendation 168 to develop and maintain a legal and support resource for LGBTI communities to support the identification and reporting of family violence, along with information about safe, accessible sources of support.

**Recommendation 4:** Provide \$600,000 for the creation and delivery of a culturally sensitive family violence community awareness and prevention campaign specifically for the LGBTI community.

**Recommendation 5:** Provide \$245,000 to establish two state-wide LGBTI family violence justice liaison officers to help LGBTI victims of intimate partner and family violence navigate the justice system.

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