

Bold trial brings success to needle exchange program - 18 Nov 2006

Gino Vumbaca, 18 November 2006



Article from: [The Australian](#)

THIS week marked an important 20-year milestone in the history of Australia and its response to HIV and drug use. In 1986 Australia's first publicly declared needle and syringe exchange program for injecting drug users opened its doors in Darlinghurst.

It was a courageous act of civil disobedience instigated by the Director of the Drug and Alcohol Services at St Vincent's Hospital, Alex Wodak. With the support of some of his staff (myself included), local activists and local drug users, and very importantly the tacit support of the Sisters of Charity who operate St Vincent's Hospital, the fight to protect Australians from HIV opened on a new and controversial front.

The decision of NSW Police to treat the service as an "unofficial trial" and not take action against the staff or users attending the exchange was also both sensible and vital.

From the early 1980s there were increasing reports from around the world that HIV was spreading among injecting drug users. It was also being reported that this was providing a new avenue of HIV infection into the young sexually active heterosexual population.

Despite these reports there was an overwhelming reluctance for leaders in Australia, as in many other countries, to take the necessary step of providing sterile equipment for injecting drug users.

Their rationale was that there was insufficient evidence that needle exchanges work; and that needle exchanges would send the wrong message about illicit drug use.

However, significant injecting drug use had existed in Australia since the Vietnam War, long before needle exchanges, and we knew that no one was going to choose to inject simply because they could get a needle, any more than anyone would choose to jump from a plane because a parachute was available.

The imperative for those concerned about public health was the need to start doing something urgently before HIV infection reached a point of critical mass among injecting drug users and then inevitably spread to the general community.

Armed with strong convictions, the desire not to see people needlessly infected forever by sharing a syringe, and the need to start the government and public journey to understanding needle exchange programs, Wodak took the step of opening the doors publicly to Australia's first unofficial needle exchange program – after numerous unsuccessful attempts to get permission to start an official pilot program.

The NSW Government of the day was thrown into a panic by the decision.

Could they really arrest health officials for trying to stop the spread of HIV infection?

To be fair, this day represented a real public shift in the approach to drug use in Australia. The goal of achieving abstinence was still just as valid but there was now also a complementary goal: to protect the health

of people while using illegal drugs, even if they had not reached the point of stopping.

Eventually common sense won out and the program was given trial status by the government to allow it to operate legally. In time all eight governments in Australia were able to see that needle exchanges actually saved lives and resources by keeping our HIV rates to one of the lowest in the world. This has meant that in Australia, HIV infection is very rare among both injecting drug users and the wider community.

In some countries, where needle and syringe programs were not established in time, HIV spread rapidly among injecting drug users and to the wider community through sexual contact. Here the level of HIV infection among injecting drug users is now only 1 per cent, compared to rates of up to 80 per cent in other countries.

Indeed, in 2003 it was estimated that the rate of HIV infection in the general community in the US was up to 23 times greater than in Australia. Injecting drug use has not increased as a result of needle and syringe programs, and for the first time the health system was able to make early contact with many injecting drug users.

Recently, a World Health Organisation review concluded that needle and syringe programs do not encourage or increase the recruitment of new injecting drug users. It also concluded that injecting drug users who attend these programs are more likely to reduce or stop injecting drugs.

The contribution from needle and syringe programs across Australia are now estimated in government commissioned reports to have saved thousands of lives and prevented thousands of HIV infections and other diseases.

As many as 25,000 cases of HIV and 21,000 cases of hepatitis C were avoided between 1990 and 2000 in Australia. As a result, the savings to the health system were estimated to have been between \$2.4 and \$7.7 billion.

The evidence is unambiguous: needle and syringe programs are a huge success and although the level of support among many in positions of power and influence can be limited, this week's 20-year anniversary celebration of needle and syringe programs will hopefully mark the beginning of new era of acceptance.

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