

Disarming the best weapon in war against HIV - 25 October 2013

Australia's journey with needle and syringe programs for people who inject drugs began a remarkable 27 years ago. It happened at the beginning of what we came to call the HIV epidemic. These programs have protected Australia from a health and economic burden many cannot imagine. 

While only 1% of Australians who inject drugs are now infected with HIV, there are many countries around the world that were too slow or unwilling to act. Consequently HIV infection rates for people who inject drugs in these countries are often in double figures with thousands of their citizens condemned to contract a very preventable and expensive infection.

Of course the suggestion of introducing clean needle programs in 1986 caused outrage at the time. But some courageous health practitioners joined forces with newly formed drug user groups and some pragmatic minded police. They decided not to wait for government action and instead began Australia's first needle and syringe program in Darlinghurst, after two years of discussion. It was by no means an official program, but instead an act of civil disobedience as providing injecting equipment to people who injected drugs was still illegal. This was not part of any radical agenda; rather, it was simply a humane and pragmatic response to the serious threat of HIV becoming entrenched amongst drug users, their sexual partners and the general community. Remembering that in the UK, Prime Minister Margaret Thatcher had already approved a national needle syringe programme to be implemented.

Our distance from the rest of the world, so often a burden, provided the opportunity to implement programs to prevent the tragic toll then being inflicted on what were becoming millions of people and their families in many other countries. Vital partnerships evolved between health, police and drug users. This was the beginning of an approach that endures today and is the cornerstone of Australia's drug and HIV strategies.

Just as the gay community rallied and mobilised to respond to the health threat, so did sex workers and drug users - all seeking to protect the health and well being of their peers. People who inject drugs became organised to ensure that they, as often the most marginalised in our community, were heard in the policy debates that affected them directly. This was the turnaround Australia needed in public health. It became apparent that if you wanted to seriously reduce the harms of drug use then you needed to include the knowledge and experience of those using drugs even though some still believe it's too difficult or wrong to do this; it is to Australia's enduring credit that our policy makers listened.

So here we are 27 years later and needle and syringe programs have more than proven their way. Between 2000 and 2009, they prevented over 32,000 HIV infections and almost 100,000 hepatitis C infections, saving over \$1 billion in healthcare costs. Indeed for every \$1 invested in needle and syringe programs there was a return overall of \$27. But it appears that the success of the needle and syringe programs in reducing these epidemics has now become its greatest vulnerability. Although surveys regularly show that public support for the programs is strong and growing, a vocal minority with little real understanding of drug use have tirelessly campaigned against these programs. Sadly it is a view based on ideology rather than evidence. In response, instead of progressing and evolving the programs to meet the challenges of today, too often they are forced to operate under rules and regulations written over 20 years ago when controversy surrounded their widespread introduction.

Spending on harm reduction services, which includes needle and syringe programs, has declined by 20% over the last seven years from \$44.8 million to only \$36.1 million. This has been despite the Federal Government, originally under Prime Minister John Howard, providing additional financial support to all State and Territory Governments for needle and syringe programs.

When the evidence and results are this strong for any public policy it should be celebrated and supported not suppressed and discounted.

For the record we should thank those prepared to face the challenges and protect Australia's health back in 1986 – Alex Wodak, Julie Bates, Kate Dolan, Alan Winchester, Annie Madden, Ron Penny, Carol Pedersen & Frank Hansen.

Gino Vumbaca is the Executive Director of the Australian National Council on Drugs and also assisted in the operation of Australia's first needle and syringe program.

This opinion piece appeared in the Sydney Morning Herald on 23 October 2013