

Needle and Syringe Programs - 2 Nov 2009

Mr Gino Vumbaca - 2 November 2009



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As the seemingly intractable problem of attracting bi-partisan or cross party political support for national responses to a range of serious and complex issues we face today fills the media, it is worth stopping to recognise that for over 20 years a very important response to HIV prevention in this country has been providing an extraordinary return to the community. A study released last week showed that the investments in needle and syringe programs were yielding a twenty seven fold return in health, productivity and other gains. It also meant there were over 30,000 people protected from acquiring HIV and almost 100,000 from acquiring hepatitis C. Yet it had to overcome widespread controversy at its inception to yield this return today.

In the mid 1980's as hysteria about homosexuality and AIDS began to dominate the public debate there was an increasing sense of foreboding amongst some public health and community advocates on the impact HIV could also have on people who inject drugs. The international reports on the growing number of injectors who were testing positive to HIV meant that Australia had to implement strategies and programs very quickly to ensure the same disaster that was unfolding overseas for injectors, their families and sexual partners didn't happen here.

This was the genesis of the needle and syringe program in Australia. Led by a coalition of drug users and health workers a needle and syringe program began as an act of civil disobedience in Darlinghurst in 1986. There is no doubt that some risked their careers and much more by taking such a decision, but with the support of a small band of forward thinking health officials and police officers, and most importantly the courage of some important figures in Canberra, the needle and syringe was not only born but introduced around the country.

The notion of legally giving needle and syringes to people injecting illegal drugs was of course not supported by everyone, including some in the health, political and media spheres. Today their fears have proven to be unfounded.

What is striking is the level of public support for the program. The largest regular survey on drug use issues we have, the National Household Survey on Drugs, now records public opposition to the program at less than 20%. The Hawke, Keating, Howard and now Rudd Governments, as well as a myriad of state and territory governments of varying hues over the past 20 years have all lent their support to the program. For some this was in the face of strident opposition. A truly admirable achievement based on evidence, common sense and humanitarian grounds.

For many people drug use is a transient phase in their lives. For some it becomes an overwhelming presence that at times leaves room for little else, but most drug users move on with the help of treatment, support or of their own volition. As they move on what possible sense would it have made to have greatly increased their likelihood of becoming HIV or hepatitis positive whilst using drugs? The answer is none. The reality is that despite our best efforts there will always be people who use drugs, and for a variety of reasons. During this often brief period for many it is critical that their health is protected.

Today, Australian officials rightfully boast about the very low rate of HIV infection rates amongst injectors. The problem is that this self congratulatory behaviour can lead to a delusion that the needle and syringe program has done its job, when it hasn't. The program needs greater investment to adjust, expand and move to meet the changing trends in drug use, and to help slow the hepatitis C epidemic; it needs to be made far more available and accessible with governments needing to look at removing the unnecessary barriers that were put in place when the program was introduced at the height of controversy.

In particular prisons are a real blind spot in Australia's response to HIV and hepatitis C. Prisons have over 30,000 people pass through their gates each year, often for less than 6 months, much higher hepatitis C rates than we see in the broader community, extremely risky injecting practices with at time dozens sharing the same old needle and syringe repeatedly, a high level of sexual assault and other violence and a large number of people with drug problems.

After leading the world for so long on preventing HIV, no prison in Australia has a needle and syringe program operating, or has even trialled one. This is despite such programs already operating in other countries including Spanish, Swiss and even Iranian prisons.

The opposition in Australia to a prison needle and syringe program generally focuses on two areas. First, just stop the drugs getting in. The reality is that there probably isn't a prison in the world where drugs are unavailable. Huge numbers of people go in and out of prisons every day other than prisoners, such as staff, contractors, legal officials and visitors. Drugs are so easy to hide that it would require a full body cavity search every man, woman and child every time they entered a prison to find them. The second strand of opposition is the understandable fear by staff. Again, the reality is that there are already many needles and syringes in prisons, they are just hidden throughout the prison. Addressing staff fear is vital but surely this is not beyond a country with the needle and syringe program record of Australia.

Australia has one of the most effective HIV prevention programs in the world – it's just a pity that our humanitarian and common sense approach to HIV hasn't extended across the prison walls yet.

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