



needle and syringe programs

POSITION PAPER

SINCE THEIR INTRODUCTION IN 1987, NEEDLE AND SYRINGE PROGRAMS HAVE MADE A SIGNIFICANT CONTRIBUTION TO THE PREVENTION OF THE SPREAD OF HIV AND OTHER BLOOD BORNE VIRAL INFECTIONS. IN PARTICULAR, THE ROLE OF NEEDLE AND SYRINGE PROGRAMS IN MINIMISING THE RATE OF HIV AND OTHER BLOOD BORNE VIRAL INFECTIONS IN AUSTRALIA IS WELL DOCUMENTED AND ACKNOWLEDGED AROUND THE WORLD.

NEEDLE AND SYRINGE PROGRAMS ALSO PROVIDE AN IMPORTANT POINT OF CONTACT FOR INJECTING DRUG USERS IN TERMS OF THE PROVISION OF INFORMATION, EDUCATION AND REFERRAL TO DRUG TREATMENT PROGRAMS.

Background

While it is difficult to estimate the number of injecting drug users in Australia, the 1998 National Drug Strategy Household Survey found that there were over 130 000 people (0.8 per cent) who had injected illicit drugs at least once in the previous 12 months (recent use). The survey also identified that the proportion of the Australian population who reported injecting at some time in their life was 2.1 per cent, which represents over 350 000 people (1).

Of over 12 000 people diagnosed with HIV in Australia (2), injecting drug users are known to represent around 1.5 per cent, or 180 people (3). Recent seroprevalence studies have estimated that up to 1 per cent of all regular injecting drug users are HIV positive, which means upwards of 1000 injecting drug users (4). Nonetheless, this is substantially lower than most other developed countries, such as Spain and Canada, which are reporting HIV positive rates of 6–8 per cent among injecting drug users (5).

The number of people estimated to be hepatitis C positive in Australia is over 230 000 (6). Of these, over 180 000 people with a history of injecting drug use are estimated to be hepatitis C positive (7). It is further estimated that approximately 50 per cent of all current injecting drug users are hepatitis C positive (8). It should be noted that there is a significantly higher prevalence of hepatitis C infection among opiate injectors than stimulant injectors (9). However, the increasing use of stimulants, and thus of injections in some cases, is of concern, as it may result in an increase in the prevalence of hepatitis C among amphetamine injectors to match levels recorded in opiate injectors.

It is not clear whether this is comparable to other countries due to the lack of available information.

'IT IS ESTIMATED THAT IN 1991 THE AUSTRALIAN GOVERNMENT SPENT \$10 MILLION ON THE NEEDLE AND SYRINGE PROGRAM, PREVENTING AN ESTIMATED 3000 CASES OF HIV INFECTION, WHICH SAVED AT LEAST \$266 MILLION IN HEALTH CARE COSTS IN THAT YEAR ALONE.'

Human immuno-deficiency virus (HIV)

There is overwhelming evidence to illustrate that the provision of sterile injecting equipment has been an important part of Australia's success in containing the HIV epidemic among injecting drug users (10). Even a small increase in the sharing of injecting equipment could lead to a rapid increase in the rate of HIV transmission.

There is further strong evidence to suggest that if HIV becomes endemic in the injecting drug user population, then HIV will spread quickly to their sexual partners, children and to the wider community (11). This makes the continued support of needle and syringe programs essential to the maintenance of low rates of HIV infection in Australia.

RECOMMENDATION

1. That government and community recognise the vital role that needle and syringe programs have played, and will continue to play, in minimising HIV transmission in Australia.

Hepatitis C virus

In contrast to the relatively low level of HIV infection in injecting drug users, the prevalence of hepatitis C infection among injecting drug users in Australia is high (12). There are several reasons for this. Firstly, the hepatitis C virus is far more infectious than HIV; and, secondly, hepatitis C existed in the injecting drug use population as early as 1971, even though it was not identified until 1989 (13). Naturally once a virus becomes established within a population, it is difficult to contain.

Of the 11 000 new hepatitis C infections annually, approximately 90 per cent are thought to occur through the use of shared injecting equipment (14). The prevalence of hepatitis C is likely to have been even higher without needle and syringe programs, and recent research suggests that hepatitis C infection prevalence is beginning to decrease among injecting drug users (15).

RECOMMENDATION

2. The ANCD believes that the hepatitis C epidemic requires a greater concentration of effort in regard to education and information through existing needle and syringe program services in order to decrease its incidence within the injecting drug user population, particularly among those injecting stimulants and among younger injectors.

Cost-effectiveness

The cost-effectiveness of preventative health projects has been well documented and represents significant savings to the government and the community, particularly when compared to the costs of treatment and care.

Needle and syringe programs, in particular, have demonstrated that the availability of injecting equipment decreases the likelihood of sharing it (16), which in turn reduces exposure to blood-borne viral infections for injecting drug users, and subsequently for the community.

Based on a 1991 estimate of the direct and indirect costs (treatment, care, loss of productivity etc) of HIV, the current cost to the community of existing HIV infections in Australia now exceeds \$1 billion (17).

In addition, the direct and indirect costs (treatment, care, loss of productivity etc) of current hepatitis C infections in Australia are estimated to exceed \$100 million each year (18).

In contrast, the total cost of the needle and syringe programs is estimated to be just over \$17 million each year (19).

RECOMMENDATION

3. That the distinct health, social and economic effectiveness of needle and syringe programs be more widely reported and promoted.

Access to needle and syringe programs

There are currently over 3000 needle and syringe programs, of varying types, across Australia. 'Primary outlets' are specifically designed and established as needle and syringe programs, and in some cases also provide primary medical care. 'Secondary outlets' provide needle and syringe program services within an existing agency that provides a range of other services, such as community health centres or emergency departments in hospitals. In addition, some areas have mobile services, outreach services and vending machines (20).

Pharmacies are the other significant component of needle and syringe programs in Australia. Many pharmacies offering needle and syringe program services are able to provide extended hours of service in a wide range of locations, as well as a degree of anonymity to clients.

RECOMMENDATIONS

4. That needle and syringe programs continue to be established in a variety of community-based locations in order to further increase accessibility and to reduce the likelihood of over-concentration of injecting drug users in one location or service.
5. That more pharmacists be encouraged to provide needle and syringe program services to further increase accessibility and to reduce the likelihood of over-concentration of injecting drug users in one location or pharmacy. Pharmacists should also be provided with education programs to allow them to direct people to relevant services in the local area.

Services provided

Research suggests that one-third of the client group accessing needle and syringe programs are chronic drug injectors who do not generally have access to other services (21). Needle and syringe programs are thus in a unique position to make contact with and advise people using drugs, including acting as a gateway to treatment and counselling when requested or appropriate. Currently, needle and syringe programs offer a range of important services to drug injectors along with the provision of sterile needles and syringes, swabs, sterile water and appropriate 'sharps' containers for the safe disposal of used equipment. These additional services include:

- referral to treatment and counselling services
- facilitation of entry into treatment
- counselling and education
- distribution of educative material including posters and pamphlets
- contact information regarding health, social, legal and welfare services
- provision of primary health care.

The ANCD supports the role of needle and syringe programs as an integral component of an overall harm minimisation approach to drug use, and has recently endorsed the commitment to expand and enhance these programs, and to further strengthen and create linkages between needle and syringe programs, treatment, counselling, education and other support services.

RECOMMENDATIONS

6. It is important to note that many services are generally provided only at primary needle and syringe program outlets. While it is unreasonable to expect that all needle and syringe programs can provide this comprehensive level of service, the ANCD believes that all staff responsible for distributing injecting equipment should be trained to a level that enables them to provide important health and referral information to clients, as well as brief intervention, where appropriate.
7. The ANCD believes it is important that needle and syringe programs recognise the unique position they occupy, specifically in relation to the opportunity for intervention with injecting drug users, as well as the need to create greater linkages with treatment and support services.

Prisons

Recent studies conducted in New South Wales prisons have shown that approximately one-third of all male prisoners are hepatitis C positive. Among female prisoners the rate is almost double, with approximately two-thirds being hepatitis C positive (22).

Due to the nature of the virus it is difficult to ascertain the levels of transmission that occur within prison or in the community, though there is strong evidence to link imprisonment with hepatitis C infection (23).

In contrast to the positive changes in risk behaviours that have occurred with injecting drug users in the community during the past 10 years, there has been little change in the risk behaviours by injecting drug users within prisons. It has been estimated that approximately half of all prisoners incarcerated in New South Wales have a history of injecting drug use (24). A recent study reported that 10 per cent of prisoners injected for the first time in prison (25). The high prevalence of hepatitis C infection in prison and the continued use of shared injecting equipment pose a significant threat to prisoners, correctional staff and the community. This threat is further exacerbated by the relatively short sentences served by many prisoners and, thus, the high number of persons who pass through the prison system and return to the community each year.

The failure to reduce the risk of hepatitis C and other blood-borne viral infection transmission in prisons severely undermines the work being conducted in the community with injecting drug users.

Currently no Australian prison provides access to sterile injecting equipment, though some jurisdictions do make bleach (which can be used to sterilise some injecting equipment) available (26). Although there is still some question regarding the efficacy of bleach in regard to decontaminating injecting equipment of the hepatitis C virus, it remains a far safer alternative to not cleaning used injecting equipment before its re-use, particularly in the prison environment.

While there are strong and sometimes valid concerns surrounding the safety of prison-based needle and syringe programs, international evidence shows that there are now 19 officially sanctioned needle and syringe programs operating in prisons. Within these prisons there have been no reported incidents involving the use of injecting equipment to harm staff or other prisoners. The needle and syringe programs are operated in a variety of culturally appropriate ways, with community-based health and welfare agencies being responsible for the program in at least one country (27).

While the ANCD acknowledges the tragic incident in a New South Wales prison in 1991, resulting in the deliberate HIV infection of a custodial officer by a prisoner with a needle and syringe, needles and syringes continue to be available illicitly in Australian prisons and used by multiple prisoners. Accordingly, the introduction of a trial needle and syringe program should provide an opportunity to reduce the movement and use of an unknown quantity of illicit needles and syringes in prisons, and hopefully improve the occupational safety of all persons working in, visiting or living within the prison system.

The ANCD notes that the issues affecting the adult prison system within Australia are just as applicable and relevant, if not more so, to the juvenile justice system, particularly in view of recent reports concerning the increasing level of stimulant and other drug injecting within Australian juvenile detention centres.

RECOMMENDATIONS

8. That all States and Territories continue to expand the range of non-custodial sentencing options for persons convicted on drug use and, where appropriate, related charges.
9. That comprehensive and appropriate education and information programs on drug use, hepatitis C and other blood-borne viral infections be provided to all prisoners and juvenile detainees, with an emphasis on new entrants, in all Australian prisons and juvenile detention centres.
10. That appropriate drug use and related education programs for families of prisoners and juvenile detainees be introduced in each jurisdiction.
11. That bleach be made freely available and accessible in all Australian prisons and juvenile detention centres, as a matter of urgency.
12. That each jurisdictional department responsible for the management of prisons and juvenile detention centres, in consultation with staff, health authorities and relevant community-based organisations, develop occupationally safe and culturally appropriate policies, protocols and procedures regarding the introduction of trial needle and syringe programs within at least one of its prisons and juvenile detention centres.

Specific communities

Research suggests limited use of needle and syringe programs by Indigenous injecting drug users and by those of non-English-speaking background (28). The development and introduction of culturally appropriate programs that have the support of these communities are vital to prevent blood-borne viral infections disproportionately affecting these communities.

Communities in rural and regional Australia also confront difficulties in ensuring they are not placed at greater risk of blood-borne viral infections through the lack of accessible and appropriate needle and syringe programs. The issues of stigma, fear of being identified and limited program availability, which reduce the likelihood of injecting drug users in rural and regional communities being able to access important information, education and sterile injecting equipment, all need to be addressed.

The ANCD notes that there is a level of misperception among injecting drug users that needle and syringe programs primarily exist to service the needs of heroin users. As users of amphetamines, methadone, some prescription drugs and steroids may also adopt the injection method, there is a need for needle and syringe programs to identify all injecting drug users. The ANCD acknowledges the difficulty in providing injecting equipment for drugs that are not intended for injection (such as methadone and some prescription drugs), but consideration must be given to both the public health risks associated with the unavailability of injecting equipment for those determined to inject drugs and the difficulty in identifying these users.

RECOMMENDATIONS

13. That representative organisations for Indigenous people, particularly for health matters, be given the opportunity to support the development and introduction of culturally appropriate needle and syringe programs in Indigenous communities.
14. That representative organisations for people of non-English-speaking background, particularly for health matters, be given the opportunity to support the development and introduction of culturally appropriate needle and syringe programs in communities of non-English-speaking background.
15. That needle and syringe programs encourage all sub-groups and members of our community involved in the injection of drugs to access services.

Public attitude

The attitude of the public to needle and syringe programs is an important component of the continued operation and success of these programs.

The ANCD understands the public concern over inappropriately discarded needles and syringes and a perception that drug use is increasing as a result of increased access to needles and syringes. The evidence is, however, clear that needle and syringe programs do not increase the levels of drug use (29) (some overseas evidence even suggests that they can result in reductions (30)). There are also no cases, either in Australia or internationally, of transmission of HIV or hepatitis as a result of a needle-stick injury from an inappropriately discarded needle and syringe (31).

‘THERE IS OVERWHELMING EVIDENCE THAT INTERVENTIONS TO MINIMISE THE HARMFUL EFFECTS ASSOCIATED WITH ILLICIT DRUGS HAVE BEEN AND CONTINUE TO BE HIGHLY EFFECTIVE IN CONTAINING THE SPREAD OF HIV AMONG PEOPLE WHO INJECT DRUGS.’

Department of Human Services and Health, 1995 (see NSP Kit)

The ANCD acknowledges the recent work of the Ministerial Council on Drug Strategy in regard to the commissioning of further investigation into retractable needles and syringes. This is a measure that could, if introduced in a cost-effective manner, significantly reduce public anxiety.

Nonetheless, public attitudes are heavily influenced by the media reporting of needle and syringe programs. This is particularly the case in regard to local media. The public needs to be better informed by media on not just the costs and possible disadvantages of needle and syringe programs, but also on the real health, social and economic benefits they provide to the community.

The media must take responsibility for ensuring the public is not unduly afraid or vengeful towards drug users due to inaccurate or inappropriately sensationalist stories. Assistance and acceptance of drug users will provide a greater opportunity for drug users to access services including needle and syringe programs and drug treatment centres. The vilification of drug users is often counter-productive to this process.

RECOMMENDATIONS

16. That media organisations commit to providing balanced and accurate reporting of drug use issues, specifically in relation to the costs and benefits of needle and syringe programs, and recognise the harm of unduly sensationalising the topic.
17. Public concern over inappropriately and especially publicly discarded needles and syringes needs to be addressed. Accordingly:
 - (a) All agencies involved in a needle and syringe program (including pharmacies) should consult with client groups to develop and introduce strategies and policies that actively encourage and support the minimisation of improper disposal of needles and syringes at the point of exchange/distribution, including the use of incentives, if appropriate.
 - (b) All governments should consider the introduction of an appropriate community education program on the risks associated with used injecting equipment.
 - (c) While recognising the difficulties in achieving uniform legislation across a number of jurisdictions, all governments, in consultation with appropriate community-based organisations, should consider the removal of legislative impediments to the proper disposal of used injecting equipment, specifically offences related to self-administration and possession of injecting equipment.

'WHILST THE PRACTICE OF INJECTING DRUG USE CONTINUES, THE PROVISION OF STERILE INJECTING EQUIPMENT THROUGH NEEDLE AND SYRINGE PROGRAMS IS AN IMPORTANT HARM REDUCTION STRATEGY FOR PREVENTING THE SPREAD OF BLOOD-BORNE VIRUSES, SUCH AS HIV AND HEPATITIS C. THE AIM OF NEEDLE AND SYRINGE PROGRAMS IS TO MINIMISE THE HARM ASSOCIATED WITH DRUG USE TO THE DRUG USERS THEMSELVES AS WELL AS TO THE WIDER COMMUNITY.'

Ministerial Council on Drug Strategy, 1998

Summary of recommendations

1. That government and community recognise the vital role that needle and syringe programs have played, and will continue to play, in minimising HIV transmission in Australia.
2. The ANCD believes that the hepatitis C epidemic requires a greater concentration of effort in regard to education and information through existing needle and syringe program services in order to decrease its incidence within the injecting drug user population, particularly among those injecting stimulants and among younger injectors.
3. That the distinct health, social and economic effectiveness of needle and syringe programs be more widely reported and promoted.
4. That needle and syringe programs continue to be established in a variety of community-based locations in order to further increase accessibility and to reduce the likelihood of over-concentration of injecting drug users in one location or service.
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