

## **INQUIRY INTO ISSUES RELATING TO REDFERN/WATERLOO**

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**Date Received:** 30/06/2004

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**Theme:**

**Summary**



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28 June 2004

The Hon. Jan Burnswoods MLC  
Chair, Social Issues Committee  
Legislative Council  
Parliament of NSW  
Macquarie Street  
Sydney NSW 2000

Dear Ms. Burnswoods,

**Re: Social Issues (Legislative Council Committee)  
Inquiry into Issue relating to Redfern/Waterloo**

Anex is a non-government organisation dedicated to the prevention and reduction of drug-related harms to individuals, families and communities. Our membership comprises of community health centres, hospitals, local governments, and other non-government organisations across Australia.

Please find enclosed a copy of our submission to the above inquiry.

Anex is deeply committed to providing an evidence-based approach to the prevention and reduction of drug-related harms. This submission describes a number of issues pertaining to the prevention of blood-borne virus transmission, and in particular the continued operation of the Needle and Syringe Program that services the area.

For further information or detail relating to any part of this submission please do not hesitate to contact me on (03) 9417 4838.

Yours sincerely,

A handwritten signature in black ink, appearing to read "John Ryan".

John Ryan  
CEO

***Inquiry into issues relating to Redfern Waterloo:  
Implications for Needle and Syringe Programs***

***June 2004***

## **Summary of Recommendations**

### **RECOMMENDATION ONE:**

Anex recommends that the NSP service provided through Central Sydney Area Health continues to receive funding to meet the level of demand of sterile injecting equipment, and culturally appropriate health information and education on the prevention of blood-borne virus transmission.

### **RECOMMENDATION TWO:**

Anex recommends that the Committee notes the misassumptions concerning NSPs and the evidence that disproves them.

Anex recommends that a community education campaign be developed and implemented to community members in the Redfern/Waterloo area, which highlight the public benefits of NSPs and address these misassumptions.

### **RECOMMENDATION THREE:**

Anex recommends that mechanisms to ensure the accountability of the media to accurately inform the public of the issues surrounding drug use are enhanced.

### **RECOMMENDATION FOUR:**

Anex recommends that community members are appropriately informed of the real risks in relation to blood-borne virus transmission through a community-acquired needlestick injury. Specifically, Anex recommends that a community education campaign be developed and implemented that provides accurate information regarding the risk of blood-borne virus transmission through this vector, and accurate information on the safe handling of used injecting equipment.

### **RECOMMENDATION FIVE:**

Anex recommends that the NSW Police Force, the relevant local division, and relevant services such as the NSP operated through Central Sydney Area Health continue to develop and implement appropriate policies and strategies to ensure that all members of the police force and injecting drug users are aware that it is not an offence to possess used syringes, and that possession of used syringes will not be used to support a charge for an offence such as "self-administration".

### **RECOMMENDATION SIX:**

Anex recommends that the NSW Government and the City of Sydney Council initiate a review of strategies relating to the management of syringe litter in the Redfern/Waterloo area, and develop and implement further and enhanced strategies to ensure that sufficient numbers of and efficiently serviced syringe bins and chutes are installed.

### **RECOMMENDATION SEVEN:**

That the NSP in the Redfern/Waterloo area be adequately funded to enable it to proactively address syringe litter concerns in the local community. This would include but is not limited to conducting "sweeps" of the area to retrieve used syringes (particularly in the area known as "The Block"), providing community education about safe handling of used syringes, providing community education about the real risks of HIV and HCV infection through community-acquired needlestick injuries.

### **RECOMMENDATION EIGHT:**

Anex recommends the enhancement of projects to improve basic infrastructure in the area such as housing, schools, health services and job training opportunities specifically designed to target Indigenous communities.

### **RECOMMENDATION NINE:**

Anex recommends that funding to the NSP operated by Central Sydney Area Health be enhanced so as to enable it to take advantage of its contact with injecting drug users and

improve its capacity for providing primary health services to clients, including linking clients to the broader health service system.

Further, Anex recommends that strategies to enable better collaboration between the NSP and other relevant agencies and service providers in the area, including local practitioners, nurses, Aboriginal and Torres Strait Islander organizations, be funded to a capacity that will allow for their continuous improvement.

**RECOMMENDATION TEN:**

Anex recommends that the NSW Government and all political parties renew their support and commitment to NSP as a proven public health initiative that has saved billions of dollars to taxpayers through the prevention of HIV and HCV infection.

## **Background**

An Inquiry into Issues relating to Redfern/Waterloo was referred to the Social Issues (Legislative Council Committee) on 26 February 2004. Specifically, the Standing Committee on Social Issues is required to inquire into and report on:

- (a) policing strategies and resources in the Redfern/Waterloo areas;
- (b) other existing government programs in the Redfern/Waterloo areas including local, state and federal programs;
- (c) non-government services and service provision in the Redfern/Waterloo areas;
- (d) strategies under the current New South Wales Government "Redfern/Waterloo Partnership Project", and the effectiveness in meeting the needs of local indigenous and other members of the community;
- (e) proposals for the future of the area known as "The Block"; and
- (f) any other matters arising from these terms of reference.

Since then, newspaper articles detailing findings from other submissions report that the problems in the Redfern/Waterloo area were a result of the illicit drug market. Some articles claim that the Needle and Syringe Program (NSP) situated in the area (and particularly near the area known as "The Block") acts as a "honey pot", attracting drug dealers and drug users to the area.

## **Introduction**

This submission will provide an overview of the Needle and Syringe Program (NSP) in Australia and the role that it has played in preventing and reducing the spread of blood-borne viruses such as HIV and hepatitis C (HCV) among injecting drug users, and from them to the wider community. It will also discuss, among other things, the evidence to show that there is a definite need for an NSP outlet to continue in the Redfern/Waterloo area.

## **About Anex**

Anex is a community-based not-for-profit organization dedicated to the prevention and reduction of drug-related harms to individuals, families and the community. It receives funding from the Victorian Department of Human Services, the Australian Government Department of Health and Ageing, the Drug and Alcohol Services Council in South Australia, and the Queensland Alcohol and Drugs Research and Education Centre.

Anex is governed by a Board of Management comprising of individuals with knowledge and expertise in harm minimization, law, finance and marketing. Its membership comprises of hospitals, community health centers, local government and non-government organizations from across Australia.

Anex works collaboratively with all levels of government, service providers, private business and communities to develop evidence-based solutions to drug-related problems.

## **Needle and Syringe Programs in Australia**

The provision of sterile injecting equipment to people who inject drugs has been proven to be a successful strategy in preventing the spread of HIV and to a lesser extent, hepatitis C (HCV) in Australia. It is estimated that from 1991 to 2000, NSPs have prevented a total of 25,000 HIV infections and 21,000 HCV infections. This has resulted in an estimated saving of \$2.4 billion in treatment costs<sup>1</sup>.

Established during 1986, there are now over 850 outlets in Australia based in a variety of health settings such as hospitals and community health centers.

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<sup>1</sup> Australian Government (2002) *Return on Investment in Needle and Syringe Programs in Australia* (Canberra: Australian Government Department of Health and Ageing)

NSP outlets provide a range of services including:

- Sterile equipment to prevent the spread of blood-borne viruses such as condoms and water-based lubricant, sterile injecting equipment, and disposal containers for used needles and syringes;
- Information and education on preventing and reducing injection-related harms; and
- Primary contact point for injecting drug users to a range of other health services including drug treatment, primary health care and other support for people who would otherwise not access these services.

The evidence suggest that due to the sensitive and often controversial nature of injecting drug use, the success of NSP services is based on an approach that is confidential, anonymous and respectful of service users and which does not judge them for their drug using behaviour<sup>2</sup>. This builds trust and rapport between service providers and service users so as to facilitate better access for users to the wider health service system.

## **HIV and HCV infection associated with injecting drug use**

According to the National Centre of HIV Epidemiology and Clinical Research, a higher proportion of HIV diagnoses among Indigenous Australians were associated with injecting drug use (20 per cent) compared to the wider population (4 per cent). The rate of decline in AIDS incidence has been slower among Indigenous communities compared with the wider community<sup>3</sup>.

Using a needle and/or syringe that has been used by someone else represents the most efficient method of HIV and HCV transmission. Ensuring that sterile injecting equipment is used for each injecting episode is therefore vital in preventing the spread of these viruses among injectors, and from them to their partners, friends and family.

While the evidence suggests that sharing of injecting equipment has decreased since 1995 from 31 per cent to 19 per cent<sup>4</sup>, this risk practice continues to occur. People of Asian and Aboriginal and Torres Strait Islander origin are more likely to report re-use of someone else's syringe in the past compared to injecting drug users of other backgrounds<sup>5</sup>.

Difficulties in accessing sterile injecting equipment such as the location and hours of operation of NSPs, and operational policies that limit the amount of equipment that may be distributed per visit, have been cited as reasons for the sharing of injecting equipment<sup>6</sup>.

The evidence from other countries suggest that HIV epidemics can spread very rapidly through injecting drug using communities, and from there to the wider community when sterile injecting equipment is inaccessible<sup>7</sup>.

The world's fastest growing HIV epidemics, and the majority of those identified as "next wave" epidemics are fuelled by injecting drug use. For example, HIV cases in Russia tripled between 2000 and 2003. As of 2002, 90 percent of HIV infections in Russia were associated with injecting drug use<sup>8</sup>.

<sup>2</sup> See for example, Coleman, L. and Ford, N. (1996) "An extensive literature review of the evaluation of HIV prevention programs." *Health Education Research* 11(3), pp. 327 – 338.

<sup>3</sup> National Centre in HIV Epidemiology and Clinical Research (2003) *HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia: Annual Surveillance Report 2003* (Sydney: University of New South Wales)

<sup>4</sup> MacDonald, M. and Zhou, J. (2002) *Australian NSP Survey National Data Report 1995 – 2001* (Sydney: University of New South Wales)

<sup>5</sup> Australian National Council on Drugs (2003) *Dealing with Risk: a multidisciplinary study of injecting drug use, hepatitis C and other blood borne viruses in Australia*. (Canberra: Australian National Council on Drugs)

<sup>6</sup> See for example, Dwyer, R., Fry, C., Carruthers, S., Bolleter, A., Dolan, K., Donald, A., Byrne, J. and Loxley, W. (2002) *ABRIDUS: The Australian Blood Borne Virus Risk and Injecting Drug Use Study – A study of hepatitis C risk practices and contexts in Melbourne, Perth and Sydney* (Fitzroy: Turning Point Alcohol and Drug Centre Inc.)

<sup>7</sup> See for example, Strathdee, S. and Poundstone, K. (2003) "The International Epidemiology and Burden of Disease of Injecting Drug Use and HIV/AIDS." in *Reducing the Risk, Harms and Cost of HIV/AIDS and Injection Drug Use: A synthesis of the evidence base for development of policies and programs*, ed. J. Rhem, B. Fischer and H. Emma (Toronto: Health Canada).

<sup>8</sup> Central and Eastern Europe Harm Reduction Network (2002) *Injecting drug users, HIV/AIDS treatment and primary care in Central and Eastern Europe and the former Soviet Union: Results of a Region-wide survey* (Vilnius: Central and Eastern Europe Harm Reduction Network).

In Vancouver during 1995, HIV prevalence tripled in an 18-month period despite the presence of the largest-volume NSP on the North American continent that distributed an estimated two million needles and syringes a year<sup>9</sup>. In this instance the operational policy for the service that restricted the number of equipment provided to six sets of needles and syringes per visit was cited as a contributory factor<sup>10</sup>.

Given the threat of HIV and HCV among injectors, it is submitted that the provision of NSP services in the Redfern/Waterloo area through Central Sydney Area Health remains a vital frontline defence.

#### **RECOMMENDATION ONE:**

Anex recommends that the NSP service provided through Central Sydney Area Health continues to receive funding to meet the level of demand of sterile injecting equipment, and culturally appropriate health information and education on the prevention of blood-borne virus transmission.

### **Controversies surrounding the NSP**

Despite its proven success in maintaining the health of injectors and the wider community through the prevention of blood-borne virus infection, NSPs remain controversial in the eyes of some community members and are often blamed for many of the issues surrounding illicit drug activity. This section will identify some of these controversies and provide evidence in answer.

#### Controversy One: NSPs encourage drug use and add to drug users' addiction

One of the myths that continue to surround NSPs is that they encourage drug use and add to the addiction of current drug users.

The evidence suggests otherwise. A study conducted in Sydney examining the impact of the establishment of an NSP concluded that an increase in the availability of sterile injecting equipment did not lead to any increases in the frequency of injecting drug use. Others suggest that NSPs can contribute to a reduction in levels of drug use<sup>11</sup>.

For example, Hagan *et. al.* found that comparing injectors who do not attend an NSP, and those who do attend the NSP, the attendees were:

- 2.5 times more likely to report a substantial reduction in injection frequency;
- 3.5 times more likely to have stopped injecting;
- 5 times more likely to enter methadone maintenance programs; and
- 1.55 times more likely to enter and remain in a drug treatment program<sup>12</sup>.

#### Controversy Two: NSPs attract drug users to a given area and act as a "honey pot"

NSPs are established in areas where people who inject drugs congregate so as to improve the accessibility of the service. The evidence suggests that this is critical to the prevention of blood-borne virus transmission.

While members of the community often attribute increases in drug activity in a given area to the existence of an NSP in the area, the evidence suggests that it is initiatives such as increased security measures and policing that exert the most impact in the migration of drug

<sup>9</sup> Ashton, M. (2003) "Hepatitis C and needle exchange: part 2 case studies" in *Drug and Alcohol Findings* 2003:9, pp. 24-32.

<sup>10</sup> Strathdee, S (1997) "Needle exchange is not enough: lessons from the Vancouver injecting drug use study" in *AIDS* 1997:11, pp. F59 – F65

<sup>11</sup> See for examples, Australian National Council on AIDS, Hepatitis and Related Diseases (2000) *Needle and Syringe Programs: A Review of the Evidence* (Canberra: Australian National Council on AIDS, Hepatitis and Related Diseases) and Gwydish, J., Bucardo, J., Young, M. (1993) "Evaluating needle exchange: Are there negative effects?" in *AIDS* 7: 871 – 876.

<sup>12</sup> (2000) "Reduced injection frequency and increased entry and retention in drug treatment associated with needle exchange participation in Seattle drug injectors" *Journal of Substance Abuse* 19:3, 2000, pp 247 – 252.



scenes<sup>13</sup>. Some recent examples include the experience in Cabramatta, Sydney, and in Fitzroy, Melbourne.

A study in the US by Broadhead *et. al.*<sup>14</sup> documented the aftermath of the closure of an NSP outlet. The findings showed that despite the closure of the NSP, there were no changes in the number of drug users in the area, there were no changes in the demographics of drug users in the area, and that the closure of the NSP had no effect on the visibility of the illicit drug scene.

#### Controversy Three: NSPs contribute to syringe litter

Among the controversies surrounding NSPs is the presumption that they contribute to the inappropriate disposal of injecting equipment. Once again, the evidence suggests otherwise. Studies conducted by Fitzgerald *et. al.*<sup>15</sup>, Aitken *et. al.*<sup>16</sup>, and Maher *et. al.*<sup>17</sup>, suggest that some drug users are more likely to throw away their injecting equipment because they fear that the police may use the equipment to charge them with an offence such as "self-administration".

During 2002, Ryan and Voon consulted with over 100 NSP staff and stakeholders to map the situational context, service types and issues of concern for NSPs in Australia. From these consultation, the authors report that encouraging appropriate disposal of used injecting equipment among service users is an area of priority for NSPs<sup>18</sup>.

Disposal containers that are approved by the relevant health department in each Australian state and territory jurisdiction, and which comply with the Australian Standards, are handed out to service users. Furthermore, facilities for the retrieval of used injecting equipment are provided at most, if not all, outlets. Practitioners also provide information and education on the issue – including addressing the fears of service users in relation to police prosecution.

Broadhead *et. al.*<sup>19</sup> in documenting the aftermath of the closure of an NSP outlet showed that there was no decrease in the numbers of needles and syringes discarded in public places. In fact, there was an increase in the numbers of inappropriately discarded syringes.

#### Controversy Four: NSPs send the "wrong message" to young people about drug use

NSPs were established as a public health initiative to prevent and minimize transmission of blood-borne viruses such as HIV and HCV. To do this they provide preventative equipment such as sterile injecting equipment, as well as information and education to injecting drug users so as to reduce the incidence of syringe sharing. An open, non-judgmental attitude to drug use (though not necessarily condoning drug use) has been shown to be a critical factor in the success of the program – encouraging contact with an often marginalized and vulnerable group of people.

For some this may be perceived as sending a "wrong message", which tacitly condones illicit drug use and contradicts anti-drug messages. Some may contend that NSPs indirectly and unwittingly encourage experimentation with drugs among young people.

While no comparable study has been conducted in Australia, a US study by Marx *et. al.*<sup>20</sup> examined the association between young people's understanding of and exposure to NSPs

<sup>13</sup> Fitzgerald, J., Broad, S. and Dare, A. (1999) *Regulating the Street Heroin Market in Fitzroy/Collingwood* (Parkville: University of Melbourne).

<sup>14</sup> Broadhead, R., Yael Hulst, M., Heckathorn, D. (1999) "The Impact of a Needle Exchange Closure." In *Public Health Report* vol. 11, (1999) pp. 439-447.

<sup>15</sup> (1999) *Regulating the Street Heroin Market in Fitzroy/Collingwood* (Parkville: University of Melbourne).

<sup>16</sup> (2002) "The impact of a police crackdown on a street drug scene: evidence from the street" *International Journal of Drug Policy* 13(2002) 189-198.

<sup>17</sup> (2001) "The cost of crackdowns: policing Cabramatta's heroin market" *Current Issues in Criminal Justice* 13(1) 5 – 22.

<sup>18</sup> Ryan, J. and Voon, D. (2002) *Report on the National Consultations* (Melbourne: Anex Inc.)

<sup>19</sup> (1999) "The Impact of a Needle Exchange Closure." In *Public Health Report* vol. 11, (1999) pp. 439-447.

and their perception of its affect on drug use decision making among peers. The study found that the majority of adolescents did not perceive that seeing drug users utilize NSP promotes illicit drug use. In fact, almost half perceived seeing drug users utilize NSP as actually deterring drug use.

**RECOMMENDATION TWO:**

Anex recommends that the Committee notes the misassumptions concerning NSPs and the evidence that disproves them.

Anex recommends that a community education campaign be developed and implemented to community members in the Redfern/Waterloo area, which highlight the public benefits of NSPs and address these misassumptions.

## **Irresponsible Media Reporting**

Related to the controversies surrounding NSPs is sensationalised and inaccurate portrayals of the service and drug-related issues by the media. This has fuelled community anxieties, and contributed to a lack of understanding and support of a frontline defence against the explosion of HIV and HCV epidemics in the community.

To the extent that public attitudes are influenced by media reporting of these issues, the media must take responsibility for ensuring that the community is properly informed about drug-related issues. Moreover, it must take responsibility for ensuring that the public is not unduly afraid or vengeful toward drug users due to inaccurate or inappropriately sensationalist stories. Assistance and acceptance of drug users will provide greater opportunity for drug users to access services including NSPs and from there, drug treatment centres. The vilification of drug users is often counter-productive to this process.

The Australian National Council on Drugs recommends the following strategies to address media issues in relation to NSP:

That media organizations 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<sup>21</sup>.

**RECOMMENDATION THREE:**

Anex recommends that mechanisms to ensure the accountability of the media to accurately inform the public of the issues surrounding drug use are enhanced.

## **Management of Syringe Litter**

As indicated, NSPs do not contribute to syringe litter; instead they are assisting in informing and educating injectors about appropriate disposal of used injecting equipment as well as providing a point for the retrieval of used injecting equipment.

The presence of syringe litter can generate fear and anxiety for community members, and detracts from the amenability of a given area. While there is no evidence of the transmission of HIV and HCV through a needlestick injury sustained by a member of the public<sup>22</sup>, nonetheless many community members continue to believe that there is real risk.

<sup>20</sup> (2001) "Impact of Needle Exchange Programs on Adolescent Perceptions about Illicit Drug Use." in *AIDS and Behaviour*, vol.5 no. 4.

<sup>21</sup> Australian National Council on Drugs (2001) *Position Paper on Needle and Syringe Programs* (Canberra: Australian National Council on Drugs).

<sup>22</sup> See for example, O'Leary, F. and Green, T. (2003) "Community acquired needlestick injuries in non-health care workers presenting to an urban emergency department" in *Emergency Medicine* (2003) 15, 434-440; Kermode, M., Harris, A. and Gospodarevskaya, E. (2003) "Introducing retractable needles into needle and syringe programmes: a review of the issues" *International Journal of Drug Policy* 14 (2003) 233 – 239.

#### **RECOMMENDATION FOUR:**

Anex recommends that community members are appropriately informed of the real risks in relation to blood-borne virus transmission through a community-acquired needlestick injury. Specifically, Anex recommends that a community education campaign be developed and implemented that provides accurate information regarding the risk of blood-borne virus transmission through this vector, and accurate information on the safe handling of used injecting equipment.

Mention has already been made in a previous sub-section that fear of police persecution may deter injecting drug users from appropriately disposing of their used injecting equipment. Fitzgerald *et al.*<sup>23</sup> suggest that fear of police can make the injecting process rushed and harm reduction strategies such as appropriate disposal take a lower precedence than the consumption of the drug and escaping interrogation or arrest by police. Hence some drug users may be more likely to throw away their injecting equipment because they fear that the police may use the equipment to charge them with an offence such as "self-administration".

#### **RECOMMENDATION FIVE:**

Anex recommends that the NSW Police Force, the relevant local division, and relevant services such as the NSP operated through Central Sydney Area Health continue to develop and implement appropriate policies and strategies to ensure that all members of the police force and injecting drug users are aware that it is not an offence to possess used syringes, and that possession of used syringes will not be used to support a charge for an offence such as "self-administration".

Another contributor to syringe litter is the lack of appropriate facilities for the disposal of used injecting equipment, and inadequate servicing of these facilities so as to ensure that disposal bins are emptied regularly and frequently to prevent their becoming over full.

Responsibility for dealing with syringe litter varies in each state and territory. Many have adopted a partnership approach to this issue. For instance in the City of Melbourne, the Council has adopted a comprehensive syringe management plan for 2001 – 2003, and subsequently for 2004 – 2006. Some of the key achievements of its *Syringe Management Plan 2001 – 2003* include:

- Provision of private property response syringe disposal service for local businesses and community members;
- Provision of daily syringe clean-ups in the Central Business District;
- Expansion of syringe clean-up services to "hot spot" areas within the municipality;
- Installation of syringe disposal units in every cubicle of Council's public toilets;
- Increased strategic installation of syringe disposal bins throughout the municipality;
- Community education campaigns to promote safe disposal in public toilets; and
- Continuous improvements through data collection.

A review of the *Syringe Management Plan 2001-2003* showed that it was regarded as having made important contributions towards decreasing community and trader concerns about inappropriately discarded syringes.

A similar syringe management strategy was developed by the City of Brisbane Council in partnership with the Queensland Government and other interested groups. Components of the strategy include:

- Installation of more than 500 sharps disposal bins in public toilets and other public spaces in the city – these bins are only located where discarded syringes have been discovered;
- "Sharps sweeps" throughout the city;
- Working with the Needle and Syringe Programs to encourage injecting drug users to dispose of their needles safely; and

<sup>23</sup> (1999) *Regulating the Street Heroin Market in Fitzroy/Collingwood* (Parkville: University of Melbourne).

- Business safety trials where the Council provides safety audits to businesses experiencing problems with discarded syringes.

**RECOMMENDATION SIX:**

Anex recommends that the NSW Government and the City of Sydney Council initiate a review of strategies relating to the management of syringe litter in the Redfern/Waterloo area, and develop and implement further and enhanced strategies to ensure that sufficient numbers of and efficiently serviced syringe bins and chutes are installed.

In regard to community perceptions of NSP, practitioner experience suggests that where NSP outlets undertake syringe management services over and above what they currently provide, such as conducting street "clean ups" and retrieval services for used syringes, community members are more likely to perceive the outlet as providing a direct service to the community. This in turn leads to an improved perception of the NSP and as a result, better NSP-community relations.

However, many services are not adequately resourced to proactively address syringe litter concerns in their local area.

**RECOMMENDATION SEVEN:**

That the NSP in the Redfern/Waterloo area be adequately funded to enable it to proactively address syringe litter concerns in the local community. This would include but is not limited to conducting "sweeps" of the area to retrieve used syringes (particularly in the area known as "The Block"), providing community education about safe handling of used syringes, providing community education about the real risks of HIV and HCV infection through community-acquired needlestick injuries.

## Health Promotion and Primary Health Care

There is evidence to suggest that there is a high concentration of social disadvantage within Indigenous communities. Major socioeconomic indicators reveal that most Indigenous Australians live a life with fewer assets, lower income, less regular and permanent employment, fewer educational qualifications, and lower quality housing compared to the broader population.

The findings from a study conducted by the Aboriginal Drug and Alcohol Council in South Australia suggest that these may be contributory factors to the use of drugs by some members of the Indigenous community<sup>24</sup>. As a key informant in the study observed:

*"It's bigger than just a drug problem – social equity starts with Centrelink breaching, not enough housing etcetera ... the increase in drugs [use] is a symptom of increased difficulty of living in this society."*

According to the Aboriginal Housing Company Community Social Plan 2001, the issues and problems that act as a contributory factor to and which exacerbates drug use exist in the Redfern community, including:

- Inappropriate and inadequate housing;
- Substandard buildings and the ill-effects of health;
- Social disadvantage such as unemployment, low income, lack of skills and education;
- Cultural misunderstandings and intolerance; and
- Transients/drop-ins and homelessness.

**RECOMMENDATION EIGHT:**

Anex recommends the enhancement of projects to improve basic infrastructure in the area such as housing, schools, health services and job training opportunities specifically designed to target Indigenous communities.

<sup>24</sup> (2003) *Responding to the needs of Indigenous People who Inject Drugs: Community Report*. (Adelaide: Aboriginal Drug and Alcohol Council (SA))

Several studies have shown that aside from contributing to the uptake of drug use, these issues can also contribute to risk practices in relation to HIV and HCV transmission<sup>25</sup>. Strategies that are aimed at preventing and reducing the transmission of these viruses must address these issues. Providing primary health services to injecting drug users is therefore good HIV and HCV prevention practice.

While good health in a population comes from adequate provision of resources and general services, this does not necessarily always include those members whose activities are illegal. In common with disadvantaged and disenfranchised populations everywhere, access to and utilization of primary health services is poor for many people who use illicit drugs. One of the reasons for this lies in the discrimination and stigma experienced by injecting drug users when accessing these services, hence deterring further contact.

As one of the few parts of the health service system where injecting drug users are not negatively judged for their drug use, NSPs are therefore an important point of access for this population to a range of health and welfare services, including drug treatment.

**RECOMMENDATION NINE:**

Anex recommends that funding to the NSP operated by Central Sydney Area Health be enhanced so as to enable it to take advantage of its contact with injecting drug users and improve its capacity for providing primary health services to clients, including linking clients to the broader health service system.

Further, Anex recommends that strategies to enable better collaboration between the NSP and other relevant agencies and service providers in the area, including local practitioners, nurses, Aboriginal and Torres Strait Islander organizations, be funded to a capacity that will allow for their continuous improvement.

## **Political Leadership**

Since its establishment during 1986, NSPs have received bi-partisan political support as an evidence-based public health initiative aimed at preventing the spread of blood-borne viruses. However in recent years, there has been an erosion of this support.

During recent years, NSP outlets have been forced to close due to negative community sentiment without any attempts made to address this. NSPs have become vulnerable to political electioneering and sensationalist media reporting.

**RECOMMENDATION TEN:**

Anex recommends that the NSW Government and all political parties renew their support and commitment to NSP as a proven public health initiative that has saved billions of dollars to taxpayers through the prevention of HIV and HCV infection.

<sup>25</sup> See for example, Australian National Council on Drugs (2003) *Dealing with Risk: a multidisciplinary study of injecting drug use, hepatitis C and other blood borne viruses in Australia*. (Canberra: Australian National Council on Drugs)