

**Submission  
No 16**

## **INQUIRY INTO DRUG AND ALCOHOL TREATMENT**

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# Submission by Dr. Ian Douglas to the Legislative Council Inquiry into Drug and Alcohol Treatment.

## 1. Introduction

This submission specifically addresses three of the Inquiry's terms of reference:

1. The delivery and effectiveness of treatment services for those addicted to drugs and/or alcohol, including naltrexone treatment, with reference to the welfare and health of individuals dependent on illicit drugs and the impact on their families, carers and **the community**;

5. The funding and effectiveness of drug and alcohol education programs, including student and family **access to information regarding the legal deterrents, adverse health and social impacts and the addictive potential of drugs and/or alcohol**;

6. The strategies and models for responding to drug and/or alcohol addiction in **other jurisdictions in Australia and overseas**, including Sweden and the United Kingdom.

This submission contends that the current NSW Health policy of installing needle vending machines in residential neighbourhoods fails to adequately recognise the negative impacts and loss of amenity for the community (1); reduces the opportunity for education and counselling for younger and recent injecting drug users (5); and is inconsistent with policy in other Australian states and the findings of published international research (6).

Australia has very low levels of blood borne infections transmitted by intravenous drug use, and this is validly attributed to interventions including needle and syringe programs, education, and counselling. This submission argues that the current NSW Health focus on expanding needle and syringe distribution through vending machines fails the community in two ways:

- a. Increased access through vending machines reduces the opportunities for intervention and counselling, particularly of younger injecting drug users and,
- b. Increasing the volume of needles and syringes carries a community cost in the increased risk of needle stick injury and reduced community amenity for the neighbourhoods in which vending machines are placed.

## 2. Australia has the highest rate of needle and syringe issue per user

Research into injecting drug use acknowledges that accurate data is difficult to obtain where illegal activity is involved. The number of injecting drug users must be estimated, and estimates used in this submission are drawn from published reports (Wilson et al 2009) and the Reference Group to the United Nations on Injecting Drug Use and HIV (2010).

Using this data, Australia has the highest global distribution of needles per injecting user at approximately 200 per user (Reference Group 2010). In most years approximately 30 million syringes and needles are distributed in Australia, with 9 million of those distributed in New South Wales. This is rate of distribution is three times the rate of issue in Western Europe and around five times the rate in North America. Wilson et al (2010) propose increasing this distribution of needles and syringes to between 38 and 60 million annually (p.9) on the basis that that some syringes and needles in Australia are still reused or shared. In recent informal discussions with NSW Health staff, this intention to double the distribution of syringes and needles was identified.

The Reference Group (2010) data indicates an HIV infection rate in injecting drug users in Australasia below 1%. This is very low by global standards and suggests that the needle distribution strategies adopted up to 2010 have been successful. Table 1 below illustrates the rate of needle distribution by major geographic region.

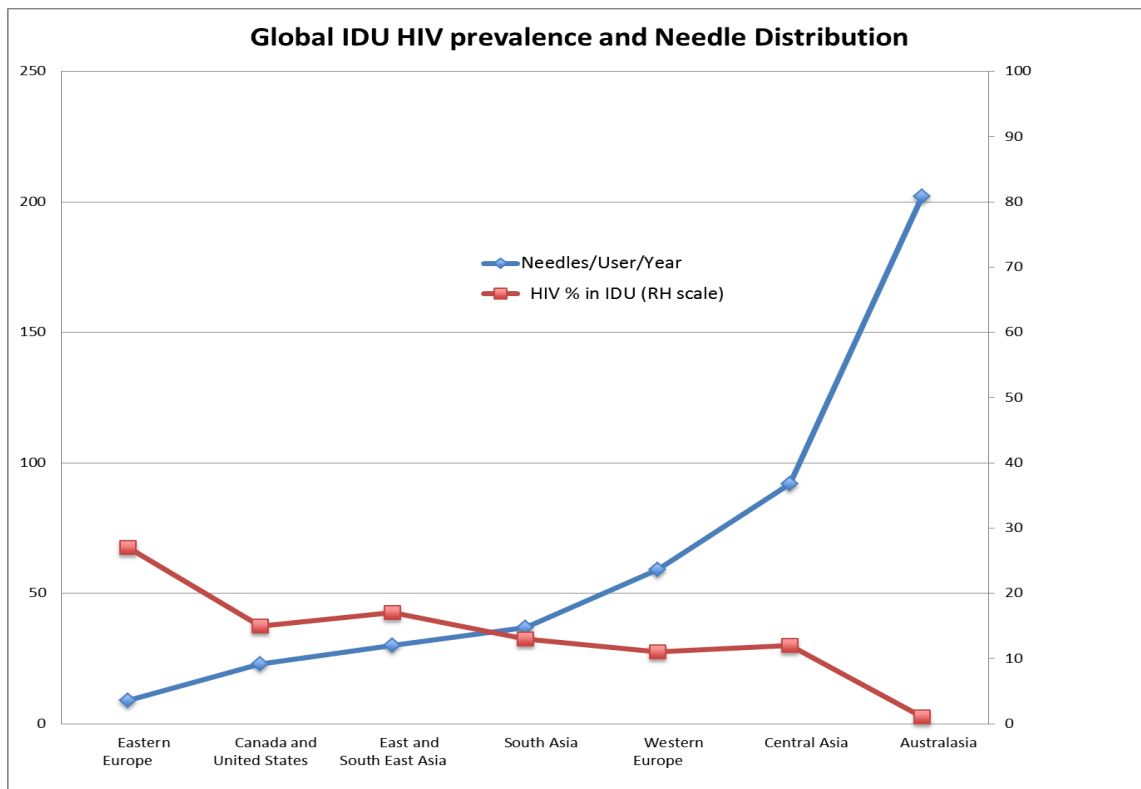


Table 1. Needle distribution and HIV infection rates by Region. Source: Reference Study (2010)

### 3. A focus on injecting drug use misses sexual transmission risks

The Inquiry's terms of reference (6) invites benchmarking with other jurisdictions. United States studies (see Kral et al, 2001; Strathdee and Sherman, 2003) address the likelihood of unsafe sexual activity rather than shared needles as the prime cause of HIV transmission amongst injecting drug users. The Kral et al study is particularly interesting as it was conducted in San Francisco where harm minimisation approaches are similar to those adopted in Australia. The discussion of the study's results leads with:-

*Our results show that the main risk factors for IDUs are sexual behaviours. The strongest predictor of HIV-1 seroconversion for men was having sex with men, whereas among women the strongest predictor was trading sex for money. These risk factors were reported by 53% of seroconverters. Strathdee and colleagues also showed that sexual risks among IDUs were associated with seroconversion. These results suggest that HIV-1 prevention should be concentrated on sexual risk among IDUs.*

Seemaan et al (2012) identify extensive research that underlines the role illicit drugs (regardless of the form of consumption) play, through the impairment of judgement, in individuals undertaking risky sexual behaviour.

### 4. Access to effective education on the risks and social impacts of injecting drug use.

This Inquiry's terms of reference (5) call for investigation of the effectiveness of education programs. This submission contends that further increasing the rate of needle distribution in New South Wales through the modality of vending machines reduces access to education and counselling. Providing needles through modalities that do not provide opportunities for contact effectively eliminates a prime opportunity for education on both the risks and the social impacts of injecting drug use. Counselling and education also address the risks of the sexual transmission of diseases to/from or between injecting drug users.

In a Scandinavian study (Amundsen et al 2003), an increased focus on counselling and testing rather than syringe and needle provision was found more likely to reduce rates of HIV infection in injecting drug users. The study's abstract concludes:-

*A comparison of HIV prevention strategies in Denmark, Norway and Sweden suggests that a high level of HIV counselling and testing might be more effective than legal access to needles and syringes/needle exchange programmes. Sweden and Norway, with higher levels of HIV counselling and testing, have had significantly lower incidence rates of HIV among IDUs than Denmark where there was legal access to needles and syringes and a lower level of HIV counselling and testing. In Sweden there was no legal access to drug injection equipment.*

The focus on education and counselling is particularly important for younger and more recent injecting drug users. This is identified in NSW Health's strategy. These younger and more recent users are also identified in the literature as the ones most likely to use an anonymous vending machine if it is provided.

## 5. Community costs

Wilson et al (2010) include economic analysis supporting the provision of needles and syringes. This economic analysis is based principally on health care costs avoided, and years of life extended for injecting drug users.

The terms of reference (1) call for analysis of the effectiveness of treatment services *inter alia* for the community. This submission contends that inadequate consideration is given to the economic and social impact on communities where used injecting equipment is irresponsibly discarded.

Front gardens, bus stops, children's playgrounds, and public parks become unsafe and unattractive when syringes and needles are discarded after use. Modalities that do not require the return of used equipment for replacement increase the volume of needles that need to be disposed of. Sharps disposal bins alongside vending machines are no guarantee of safe disposal as the equipment is used away from the vending machine. A submission to the City of Sydney by a Redfern resident on the issue of discarded syringes sums up this problem quite succinctly:-

*After all, junkies who are prepared to pull their trousers down in a public park in broad daylight so that they can find a vein in which to inject are not really likely to suddenly develop a "clean up Australia" attitude once the drugs are in their system.*

The motivation for this submission was the recent installation of a needle vending machine in Redfern Street, Redfern. The installation took place in the face of strenuous objections from many in the generally well informed local community. The Redfern vending machine is not supported by the Redfern Police, nor is it supported by leaders of the local indigenous community. Residents, retailers, the new adjacent school, and the nearby child care centre all carry the economic cost of reduced amenity.

## 6. Recommendations

This submission urges the Inquiry to consider the following recommendations:-

- i. That NSW Health rebalance its funding of needle and syringe provision to more strongly emphasise modalities that encourage education and counselling,
- ii. That vending machines not be located within 400 metres of primary or secondary schools, kindergartens, or child care centres,
- iii. That vending machines currently installed that would not comply with recommendation (ii) be removed or relocated, and
- iv. That future study of the economic impact of needle and syringe programs be required to give adequate weight to the loss of community amenity from discarded syringes and needles.

## 7. References

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Redfern, February 2013.