

Australian Federation of AIDS Organisations Discussion Paper

Peer education and needle & syringe provision

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Needle and syringe provision measures in Australia can be judged reasonably successful as HIV prevention measures. In all Australian capital cities, access to needles and syringes is easy, at least during the day in at least some areas. However, the strategy of providing access to needles and syringes as a separate activity from peer education among injecting drug users (IDUs) needs to be re-considered in the light of the widespread epidemic of hepatitis C.

A survey by the Australian Federation of AIDS Organisations (AFAO) in February 1995 (described in Burrows 1995) of all community-based organisations providing needles and syringes found that there are many gaps in services and other problems with needle and syringe provision (NSP)*. These problems may not have severely diminished the effectiveness of NSP to prevent HIV infection. But they mean that current NSP measures in Australia have not prevented and probably are still not preventing Hepatitis C transmission among IDUs. NSP needs to be re-conceptualised as a public health activity which assists in preventing a range of infections, as well as helping injecting drug users to improve their overall health by improving their health knowledge and their injection technique. This re-conceptualisation needs to place NSP measures as a subset of peer education and community development activities among IDUs. Collectively these strategies aim to optimise health and health choices by providing a healthier environment and increased knowledge among current injectors and so address needs of new IDU initiates at a cultural level .

The AFAO survey found that the major factor hindering NSP from operating more effectively is the lack of governmental/bureaucratic support for NSP programmes. This lack of support is manifested in silence and a reticence to defend NSP programmes and workers when they are attacked by police, residents, media and politicians. It is also manifested in the legal uncertainties under which NSP operate in every State and Territory, and in the lack of appropriate funding for both injection equipment and education. This lack of support leaves NSP programmes and workers feeling vulnerable, and increases stress and staff turnover. It adds to IDUs' feelings that services for drug users are "second-rate", and not as important as health services for other members of the community.

In addition, NSP can no longer continue to be seen as a separate activity to peer education among injecting drug users. Peer education is universally regarded (by respondents to this survey) as successful in promoting use of new needles and other equipment and providing other appropriate health education. Needle provision is ineffective as an infection prevention strategy without appropriate education. Yet there is no funded national IDU group, nor do funded groups exist in WA, Tasmania or the NT. Requests for information and support around Hepatitis C is placing great strain on IDU groups, as well as on Hepatitis C Councils and AIDS Councils in some areas.

* NSP is used as an abbreviation of needle and syringe provision throughout this document. "Needle and syringe exchange programme (NSEP)" is no longer an adequate description of many NSP services, as they only provide syringes rather than exchange them.

Formal peer education programmes and community development to facilitate informal or everyday peer education is also mainly occurring in capital cities with mainstream groups such as heroin users, older users and people on methadone. Identified gaps for peer education are young IDUs (especially speed users), Aboriginal IDUs, IDUs in non-metropolitan or rural areas, gay and lesbian IDUs, IDUs from Non-English Speaking Backgrounds, specific geographic/subcultural groups which often cross State borders (eg, fishermen in northern Australia). A related issue is that there is little or no input from IDUs into NSP service delivery, planning and evaluation in many areas

The availability of needles and syringes in rural areas, outer suburbs, at nights and on weekends continues to be problematic across Australia. In most parts of Australia, there are small zones in which needles and syringes are easily accessible any time, and are either free or inexpensive (eg, 10c each). A related issue is the lack of availability of, or limited access to, a full range of injection equipment, including a variety of needles and syringe barrels, butterflies, filters, swabs, sterile water and spoons. Each jurisdiction has different rules or traditions about what is supplied by pharmacists or government or non-government agencies. Most jurisdictions have "capped" budgets for one or more of these items, leading to an inability to meet demand.

The other major category of hindrance to effective NSP operation could be labelled simply "userphobia": the hostile attitudes towards IDUs of pharmacists, health care workers, some needle exchange workers (especially those in secondary outlets such as community health centres, accident and emergency centres, etc.), police, media and the general community.

Conclusions and recommendations

The strategy of providing access to needles and syringes as a separate activity from peer education among injecting drug users (IDUs) needs to be re-considered in the light of the widespread epidemic of hepatitis C.

Recommendation 1:

That the AIDS and Infectious Diseases Branch of the Commonwealth Department of Human Services and Health provide funding for a consultation among organisations working in needle and syringe provision and peer education and community development activities among IDUs to report on strategies to assist these sectors to work more effectively to continue HIV prevention and increase their ability to prevent Hepatitis C infection.

Political and bureaucratic support must be increased if NSP programmes are to succeed in the medium to long term: continuing success of NSP services under the current difficult conditions is by no means certain.

Recommendation 2:

That the Inter-Governmental Committee on AIDS develop strategies to assist all jurisdictions to increase political and bureaucratic support for NSP programmes.

The lack of funding of IDU groups in WA, Tasmania, the NT and nationally means that Australia's ability to undertake formal peer education programmes and facilitate informal peer education programmes is limited. The new demand for peer education among IDUs about hepatitis C add urgency to the need for funding these groups.

Recommendation 3:

That IDU groups in WA, Tasmania and NT and AIVL be funded as a matter of urgency, and that funding for existing IDU groups be reviewed to ensure it is appropriate to the current level of work required.

Both formal peer education programmes and community development activities to facilitate informal peer education need to be widened to meet identified gaps.

Recommendation 4:

That formal peer education programmes and community development activities be developed to target young IDUs (especially speed users), Aboriginal and Torres Strait Islander IDUs, IDUs in non-metropolitan or rural areas, gay and lesbian IDUs, NESB IDUs, specific geographic/subcultural groups which cross State borders.

There continues to be little or no input from IDUs into NSP service delivery, planning and evaluation in many areas

Recommendation 5:

That all NSP services and authorities supervising NSP programmes increase the level of involvement by programme participants in all areas of service delivery, planning and evaluation.

Access to needles and syringes and a full range of injection equipment when they require them continues to be a problem for most injecting drug users in Australia. At the same time that plans to prevent hepatitis C infection are calling for each drug user to use a new set of injecting equipment for every injection, most jurisdictions are placing restrictions on NSP programmes, and cost recovery is now being discussed as a method of reducing the level of expenditure needed for consistently growing NSP programmes.

Recommendation 6:

That all jurisdictions identify ways to improve access to needles and syringes outside "office hours" and outside inner city areas, and that AFAO supports the use of vending machines to increase access, as long as peer education and other types of education (eg, of residents' groups, community groups, health workers) are maintained or expanded.

Recommendation 7:

That AFAO supports users' access to a full set of injection equipment for every injection. If this equipment is not able to be provided to all IDUs free of charge, measures must be taken to limit the cost of these items to a minimum. Strategies are also needed to ensure that poor or disadvantaged IDUs retain free access to the full range of injection equipment.

Recommendation 8:

That AFAO is not opposed to cost recovery for NSP programmes in that AFAO believes efficiencies can be achieved across government and non-government HIV/AIDS activities, and AFAO is committed to assisting the achievement of these efficiencies. However, whether to proceed and how to proceed with cost recovery schemes will require extensive consultation with all affected groups, in particular injecting drug user groups, before any action is taken. If changes are required, community and government representatives must work together to develop viable strategies that will address infection prevention goals as well as budgetary goals.

Userphobia, the discrimination against and stigmatisation of injecting drug users continues to interfere with HIV and Hepatitis C prevention activities

Recommendation 9:

Education campaigns are needed to address userphobia among health care workers, in the media and the general community. Ongoing training is also needed for NSP workers, especially those for whom needle distribution is only a small part of their work.

References

Burrows D 1995

The state of needle and syringe provision measures in Australia: A view from community-based organisations. Paper presented at the Window of Opportunity Conference - Dealing with Drugs: Ethics, Economics and Efficiency 10-14 July Brisbane

