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Dalgarno Drug Briefing:

# Needle and Syringe Programs (NSP)

## An Overview Mapping the Development and Morphing of This 'Harm Reduction' Mechanism.

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*‘Stigma’ is the well-worn phrase appealed to when faced with data that doesn’t fit the harm reduction narrative. The alternative simply does not find any platform in the debate.*

— Dalgarno Institute

# **NEEDLE AND SYRINGE PROGRAMS** (NSP) – AN OVERVIEW MAPPING THE DEVELOPMENT AND MORPHING OF THIS 'HARM REDUCTION' MECHANISM.

THIS IS A BRIEF LOOK INTO THE DEVELOPMENT OF NSPS, INITIALLY INTRODUCED IN NSW AS A NEEDLE AND SYRINGE EXCHANGE PROGRAM[1] FOR THE FRONTLINE DEFENCE AGAINST THE RISE OF HIV/AIDS AND OTHER INTRAVENOUSLY TRANSMITTED DRUG RELATED DISEASES.

Since then, needle exchange has significantly expanded into widespread needle distribution programs reaching far beyond one-for-one needle and syringe exchange. The distinction is important as public perception on NSPs persist as modest and limited services jarring with the reality of their large national distribution along with sizeable of service delivery options. Therefore, ensuring accurate public perception becomes vital in this space as increasingly, social policy pivots around initially seeking the means to shift public perception. Once achieved, this then forms the basis for vested interest social movements to lobby governments for change and subsequently challenge existing laws.

In the case of NSPs, apart from highly organised hub and spoke illicit drug using alliance organisations, the public's impression is in large part shaped through media messaging that often conflates needle exchange with needle and syringe distribution programs, using the terms interchangeably[2]. Added to this, fully realising the general public's resistance, NSPs are framed and rolled out[3] intentionally 'under the radar' as low-key public health initiatives posing no significant threat to broader public welfare.

## NSP DEVELOPMENT

The first needle program opened in 1986[4] in NSW under the popular public view of it functioning as one-for-one needle exchange. However, nearly every source acknowledges that the initial implementation was in fact an NSP[5]. The ambiguity around public messaging seems deliberate in that the notion of needle exchange merely served either as a temporarily measure and/or chosen for PR purposes to soften against well-known public backlash. But the long-term aim has always involved 'scaling up' to unlimited needle distribution and a catalyst for additional 'harm reduction' programs.

All Australian states eventually began NSPs through adopting a similar approach to Dr Alex Wodak's first 'needle and syringe clinic'[6]. Wodak flouted Australian drug laws as an act of 'civil disobedience' but suffered no legal consequences in distributing free needles for illicit drug use largely achieved through operating under the auspices of reducing HIV/AIDS. Wodak did not place a limit on the number of free needles distributed as the sign read,

> *"Free needles here, ring doorbell.. No one rang the doorbell the first day. The next day, they started pressing the door buzzer and they haven't stopped since."*[7]

Insisting NSPs were purely a pro-active health initiative that saved lives and limited the spread of

1 One-for-one needle exchange involves government giving away clean needles for every dirty needle it receives.
2 https://www.abc.net.au/news/2015-02-04/education-also-focus-for-needle-syringe-program/6066578 https://www.ntnews.com.au/news/northern-territory/strategy-helps-prevent-more-than-32000-cases-of-hiv-across-australia/news-story/3aebfac5a61bb04f4aaf3d3b063cae73
3 https://www1.health.gov.au/internet/publications/publishing.nsf/Content/illicit-pubs-needle-return-1-rep-toc~illicit-pubs-needle-return-1-rep-app~illicit-pubs-needle-return-1-rep-app-a~illicit-pubs-needle-return-1-rep-app-a-tas "The biggest barrier that has been faced in Tasmania, like most jurisdictions, is the political sensitivity of needle and syringe programs. As a result, the government has chosen to take a low key, discrete approach to the operation of NAPs."
4 https://creidu.edu.au/policy_briefs_and_submissions/12-syringe-coverage-and-australian-nsps
5 https://www.vice.com/en_au/article/dp9dqa/we-talked-to-the-doctor-who-wants-to-test-pills-at-australian-music-festivals
6 https://pulitzercenter.org/reporting/needle-exchanges-pay
7 Ibid

intravenously transmitted drug related diseases was difficult for politicians or the public to resist. This effectively set the groundwork for legitimising and expanding the existence of NSPs and successfully lobbying government for ongoing funding.

In 1987, the first barrier involved the removal of criminal sanctions for possession of needles and syringes beginning with the NSW government amending the *Drug Misuse and Trafficking Act 1985*.[8] The public sector Needle and Syringe Program commenced in NSW in 1986 with a pilot program. By 1988, the program was rolled out across the state, and in two years across the nation, on an expanded pilot basis with a focus on access, education, consumer involvement and the free supply and exchange of equipment. This also included a subsidised pharmacy program (the Pharmacy Distribution Scheme, later renamed the Pharmacy Fitpack Scheme)[9]. Fitpack is the registered trade name for a personal disposable syringe container. This gives added weight to the argument that NSPs were never intended as a strictly one-to-one exchange at a fixed site, as each container was supplied with five to ten sterile syringes, water capsules, disinfectant swabs and cotton wool balls.

Pilot and trial programs form the successful template for tried-and-tested back-door manoeuvres used to soothe against any initial public resistance for the introduction of all radical drug policy and ensures public funding under health-related 'harm reduction' measures, as outlined below within UNDOC documents.

> *"Broad coverage: Where opposition to harm reduction measures is intense, it may still be necessary to run pilot studies of NSPs; however, the evidence for NSPs is irrefutable and health authorities should establish full-scale programmes wherever possible... Many existing NSPs (Needle and Syringe Programs) also need to expand the services that they offer and greatly increase their coverage..the scaling up of programmes...10"*

But few today realise the breadth of NSPs. They are comprehensive, sophisticated and provide a range of services and equipment including:

- Injecting equipment
- Swabs, vials of sterile water and 'sharps bins' or 'Fitpacks'
- Education and information on reduction of drug-related harms
- Referral to drug treatment, medical care and legal and social services
- Condoms and safer sex education[11]

From 1999 to 2000, the estimated national cost of over 1,500 NSPs (*excluding subsidised pharmacies* that some studies account for over half the nation's needle distribution[12] and other auxiliary services and products), was $22.6million with 32.8 million needles distributed[13].

There is no foreseeable end in sight for NSPs and its auxiliary services. As demand for drug paraphrenia associated with using illicit narcotics increases so do service delivery initiatives. Of course, the flip side to this issue cleverly avoids discussion around the growing illicit drug supply market[14] or the difficulties

8 https://www1.health.gov.au/internet/publications/publishing.nsf/Content/illicit-pubs-needle-return-1-rep-toc~illicit-pubs-needle-return-1-rep-app~illicit-pubs-needle-return-1-rep-app-a~illicit-pubs-needle-return-1-rep-app-a-nsw

9 Fitpacks refers to hard plastic containers designed to enable used syringes to be 'locked-in' for disposal so that they cannot be removed for re-use or cause injury to children. The container can then be safely disposed of in residential waste. In Australian states, Fitpacks containing three or ten needles. https://www.guild.org.au/guild-branches/nsw/professional-services/nsp/information-program-incentives

10 https://www.unodc.org/documents/hiv-aids/NSP-GUIDE-WHO-UNODC.pdf
This manual was prepared by AIDS Projects Management Group (APMG)
The World Health Organization wishes to acknowledge the generous contributions of the Australian Agency for International Development and the Dutch Ministry of Health to the development of this document. The final document was also reviewed by Christian Kroll, Monica Beg and Paul Williams of the HIV department of UNODC.

11 https://www1.health.gov.au/internet/publications/publishing.nsf/Content/illicit-pubs-needle-return-1-rep-toc~illicit-pubs-needle-return-1-rep-2

12 https://www.arts.unsw.edu.au/sites/default/files/documents/2_Pharmacy_needle_and_syringe_survey_NSW_20062008_report.pdf (page 1)

13 https://www1.health.gov.au/internet/publications/publishing.nsf/Content/illicit-pubs-needle-return-1-rep-toc~illicit-pubs-needle-return-1-rep-2

14 "As well as sterile needles and syringes, effective NSPs provide a range of commodities tailored for local needs. This may include male and female condoms, lubricant, filters, swabs, sterile water, cookers or spoons, puncture-proof boxes for used equipment, tourniquets, acidifiers, vitamins, common prescription or non-prescription medications, food, clothing and educational materials (see Section II for detailed discussion.)" https://www.unodc.org/documents/hiv-aids/NSP-GUIDE-WHO-UNODC.pdf

for law enforcement to criminalise drug trafficking while government implicitly permits its use. Essentially a type of policy schizophrenia, destined to neutralise illicit drug criminalisation laws as "a house divided against itself cannot stand". This is the case globally.[15]

And yet fewer still would be aware that since 1990 NSPs include the supply of Syringe-Vending Machines.

> *Syringe-vending machines typically accept coins or tokens (or a used syringe in the case of a syringe-exchange machine) and dispense a "harm reduction pack". In* ***Australia****, this pack includes several needles and syringes, alcohol swabs, cotton wool, sterile water and a spoon. Educational materials are often included in these packs, sometimes as stickers on the packs. The machines are mounted on a wall at a height that makes it difficult for children to reach the coin slot. It is unmarked except with instructions and a needle exchange logo.. The machines are accessible 24 hours a day, seven days a week.* ***The Australian experience of vending machines since 1990 has been described in several studies."***

The process of incrementally introducing publicly funded 'harm reduction' measures for illicit drug users positioned primarily for the purpose of reducing the spread of disease also formed the basis for the first Medically Supervised Injecting Room (MSIR), located in Kings Cross, Sydney. Not unlike the first free needle and syringe dispensary, this too was able to effectively bypass any legal ramifications arising from providing facilities and drug paraphernalia for illicit drug use (fundamentally operating without the prior rigour of proper legal parliamentary process and public endorsement), due to the facility operating as an indefinite 'trial' for the purposes of improving public welfare.

As alluded to earlier, complicating the issue is the management of NSPs that operate within the Sexual Health Branch under the Division of Health Advancement within the Department of Health and Human Services as a measure to reduce blood borne diseases (notably HIV/AIDS and Hepatitis C), rather than the Drug and Alcohol Services within in the Department of Health and Human Services.

The policy conflict between competing public departments and societal interests become not only glaringly obvious but irreconcilable as one is committed to the reduction of supply and demand of illicit drugs while the other is committed to providing the paraphernalia to use illicit drugs.

The deliberate organised opposition and tension to framing NSP as a drug related criminal issue is openly acknowledged,

> *There have been some suggestions that it should be moved to Drug and Alcohol Services within in the Department of Health and Human Services. This has, however, been resisted, on the basis that the focus of the program must be harm reduction and this is in sometimes in contrast with the philosophy surrounding the Alcohol and Drugs Services' approach to drugs."*[16]

With the UN and WHO providing the clearest instructions to resist police intervention in setting up NSPs,

> ***Do not allow police to block programme:*** *As drug use is a criminal activity in most countries, police can easily limit the coverage of harm- reduction agencies by preventing workers from making contact with drug users, dealers and shooting gallery owners. While police may not support all aspects of harm-reduction, it is often possible to ensure that they do not hinder the daily activities of harm-reduction workers.*[17]*"*

15 https://www.abc.net.au/news/2013-11-15/govt-warned-tasmania27s-syringe-program-needs-immediate-fundin/5095198 and http://atoda.org.au/wp-content/uploads/Needle-and-Syringe-Programs-17-October-2013.pdf
16 https://www1.health.gov.au/internet/publications/publishing.nsf/Content/illicit-pubs-needle-return-1-rep-toc~illicit-pubs-needle-return-1-rep-app~illicit-pubs-needle-return-1-rep-app-a~illicit-pubs-needle-return-1-rep-app-a-tas
17 https://www.unodc.org/documents/hiv-aids/NSP-GUIDE-WHO-UNODC.pdf (pages, 34-35)

While the Australian government recognises the ongoing high costs of NSPs,

> *"As a result of the continual increase in the number of needles and syringes distributed, the costs of running the Program are also increasing. This has led to varying suggestions for strategies including a review of the program and a user-pays program."*

Yet given this wider context there seems to no practical end to ongoing 'harm reduction' measures as governments are now hamstrung through blatant and conflicting policy objectives.

## HEALTH BASED OUTCOMES FOR NSPS

On this point, which is the central issue justifying NSPs, David Murray, director of research for the Statistical Assessment Service in Washington has reviewed the major needle exchange studies. He concludes with these words:

> *"The stronger the studies have been methodologically, the weaker the conclusion has been that HIV is actually being reduced. That's a real warning sign. The best and fairest that can be said is that the case that needle exchanges work has not been made"[18].*

Similarly, the well-known habit of needle sharing that accounts for high BBVI and HCV (Hepatitis C) transmission rates has continued to baffle NSP supporters in Australia,

> *"However, they also reported higher rates of injecting and sharing than previously found in traditionally recruited samples of injectors which suggests there is no room for complacency regarding the potential for BBVI (Blood borne virus infection) transmission in this group."[19]*

Part of the problem revolves around habitual rituals inherent within drug taking[20] that are merely an extension of the same addictive properties as the drugs themselves. This includes needle sharing that often forms part of a social and cultural norm among people who inject drugs and can act as a form of bonding.[21] Because as drugs addicts readily admit,

> *Addiction is not just about drugs. It's like I get addicted to food, I get addicted to TV shows, I get addicted to habits.. and it sounds insane but it's like OCD almost, it's like everything in my life becomes addictive behaviour."[22]*

18 https://www.hoover.org/research/killing-them-softly
"A notable example was the experience in Vancouver, Canada, where the prevalence of HIV among people who injected drugs jumped from about 2% in the late 1980s (Strathdee et al., 1997) to about 30% by the late 1990s (O'Connell et al., 2005). This rapid increase occurred despite the early introduction of a needle exchange program with a high distribution rate (Strathdee et al., 1997) and demonstrates the value of adequate monitoring and appropriate intervention even in settings where resources are plentiful."
https://www.arts.unsw.edu.au/sites/default/files/documents/2_Pharmacy_needle_and_syringe_survey_NSW_20062008_report.pdf (page 7)

19 https://espace.curtin.edu.au/bitstream/handle/20.500.11937/20634/19004_downloaded_stream_96.pdf?sequence=2&isAllowed=y
https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-017-4210-2 (Concluded: "The heterogeneity and the overall low quality of evidence highlights the need for future community-level studies of adequate design to support these results.")

20 For a detailed discussion, see: Exhibit 6-5 The Rituals of Drug Cultures, https://www.ncbi.nlm.nih.gov/books/NBK248421/

21 Thompson, T.L. et al (2011), 'The Routledge Handbook of Health Communication', 2nd Edition, Routledge, New York

22 https://www.hbo.com/documentaries/heroin-cape-cod-usa

It's a concerning practice grudgingly acknowledged by various studies evaluating NSPs,

> *"Since more PWID are injecting with their friend/acquaintance, interventions at needle access programs at pharmacies, hospitals, and needle exchanges should stress the potential to transmit HIV and HCV even in one-on-one sharing situations."*[23]

But the fall-back position is nearly always to increase NSPs even in areas where the services are well-established[24].

> *Canadian studies have found that strict "one-for-one" policies don't work in areas with high numbers of stimulant injectors. People who inject cocaine or amphetamines* ***often do so 10 or more times in a night.*** *These drug users are at high risk, therefore, of acquiring and passing on HIV and require substantially more needles and syringes than opioid users. The explosion of HIV among drug-users in Vancouver (a city with a substantial NSP) in the late 1990s has been attributed to several causes, including a "one-for-one" exchange policy."*[25]

The leading Australian drug user advocacy group (AIVL) admits that even with

> *the relatively high number of NSP in Australia providing free and low cost injecting equipment for drug use, PWID (people who inject drugs) continue to report high levels of re-use of equipment in the annual Australian NSP survey (Australia's main bio-behavioural surveillance cohort study relating to injecting drug use). In 2013 for instance, 24 percent of respondents to this survey reported reuse of needles and syringes, 16 percent of respondents reported receptive sharing of needles and syringes and a further 33 per cent reported receptive sharing of ancillary equipment such as spoons and tourniquets"*

(Iversen et al, 2014).

These figures have remained relatively stable over the past five years and show no signs of shifting. Indeed, AIVL is concerned that there is potential for under-reporting of re-use of injecting equipment in the current measures that are related to the stigma (real and perceived) and sense of shame that can be associated with admitting to the re-use of injecting equipment.[26]

'Stigma' is the well-worn phrase appealed to when faced with data that doesn't fit the harm reduction narrative. The alternative simply does not find any platform in the debate, that is, illicit drug behaviour is at its core characteristically high risk and unsafe. It is embedded within the nature and culture of illicit drugs and it's why they are legally prohibited as dangerous and criminal.

The governments tacit permission for illicit drug use spaces has created its own set of problems. Extracted from within the pages of UN and WHO reports there is a somewhat guarded admission,

> *Despite the benefits [of NSPs], policies that allow unlimited distribution of needles and syringes can pose problems. In some places, unlimited distribution free*

23 https://www.ncbi.nlm.nih.gov/pubmed/26365768 and https://www.ncbi.nlm.nih.gov/pubmed/29999421
24 https://www.cbc.ca/news/canada/ottawa/ottawa-councillors-push-for-stricter-needle-exchange-1.719940
25 https://www.unodc.org/documents/hiv-aids/NSP-GUIDE-WHO-UNODC.pdf, page 19
26 https://web.archive.org/web/20180330103825/http://www.aivl.org.au/wp-content/uploads/No-one-likes-using-the-dirties.pdf (page 8)
https://kirby.unsw.edu.au/report/australian-nsp-survey-national-data-report-1995-2014
https://kirby.unsw.edu.au/sites/default/files/kirby/report/ANSPS-2011-2015-web-final.pdf
Note: of the 1,500 NSP dispensaries (excluding pharmacies), the 2015 surveys on provided data on 47 NSP services throughout Australia participated in the ANSPS and 2,304 NSP attendees completed the survey. The response rate was 41%.

*of charge has led to drug users or drug dealers selling syringes either directly to drug injectors or to pharmacies."*[27]

In other instances, NSP demands compete with other health services requiring syringes. As this reporter found out, it was harder to dispose of his girlfriend's legal insulin syringes than if she had used them for shooting up illegal drugs.

> *"When we moved to London we tried the local GP's surgery – they were the ones who were prescribing the needles, after all. They said it was the pharmacist's responsibility. There followed a deeply odd encounter at the pharmacy, where they said they could take the needles only if they had been used to inject illegal drugs. Seriously?"*[28]

Agencies are often slow to admit that these demand and supply market outcomes are on one level mere common sense. It's what a drug seller describes as the 'honey-pot' effect. Drug pushers will sell their products in the places where most of their clients gather and will even go so far as taking on staff roles within NSPs.[29]

Another case in point is found in Belfast, Ireland where a large pharmacy recently closed the NSP running out of its premises for ten years.

Formally, the pharmacy cites staff safety concerns from 'clients' that were no doubt exacerbated from a doubling of heroin needle distribution visits boosted along from increased and easily accessible illicit drug trafficking.[30]

> *"The once stately park became known as "Zurich's municipal urinal" with thousands of discarded syringes and other litter dumped across its lawns."*

27 https://www.unodc.org/documents/hiv-aids/NSP-GUIDE-WHO-UNODC.pdf (page 20)
28 https://www.theguardian.com/commentisfree/2009/feb/26/drugs-and-alcohol-diabetes-type-1
The Aust Dept of Health advises, "If people with diabetes and other medical conditions do not have access to disposal facilities through Diabetes Australia, community pharmacies or local councils, they can dispose of used needles and syringes at Needle and Syringe Programs." https://www1.health.gov.au/internet/publications/publishing.nsf/Content/illicit-pubs-needle-kit-ques-toc~illicit-pubs-needle-kit-ques-ans~illicit-pubs-needle-kit-ques-ans-15
29 https://7news.com.au/news/vic/richmond-safe-injecting-room-staff-arrested-for-alleged-drug-trafficking-c-520842
30 https://www.bbc.com/news/uk-northern-ireland-50136547 and https://www.bbc.com/news/uk-northern-ireland-45102615

But so far, despite NSPs wide distribution, the evidence does not point to societal scorn as the core determinant for continuing IDU (intravenous drug users) health related problems but rather NSPs disproportionate negative effects in keeping drug user's dependant and, ironically, institutionally oppressed particularly disproportionate within indigenous minorities.[31]

Added to this, the sheer environmental waste created from discarded needles, syringes and other drug paraphernalia is conveniently 'swept away', added to the growing list of government clean-up programs.[32]

NSPs mirror other government backed experiments in open drug use. Public parks as designated areas for drug use with free access to goods and services are not a recent phenomenon.

Drug users where directed to the once beautiful Platzspitz park (Zurich), later dubbed the "Needle Park", where open drug sales and use were tolerated. An AIDS prevention program was established with free needle and syringe distribution. Social workers sought to guide users into 'treatment programs' and volunteers provided free lunches. Because of the number of drug overdoses—an average of twelve a day, sometimes as high as 40 per day—doctors had to be stationed in the park.

Numbers swelled as the park attracted drug users throughout Europe eventually resulting in its closure in 1992 and then sealed behind a ten-foot iron fence. Tensions at the parks closure rose ending with more violence including smashed windows of a Chanel store and a central branch of Credit Suisse, as well as the shooting of an unidentified man. The once stately park became known as "Zurich's municipal urinal" with thousands of discarded syringes and other litter dumped across its lawns. Rhododendrons and many other trees died, with most of the grass reduced to mud, leaving the soil so depleted that successful future planting remained uncertain.

The problem of what to do with the surging drug market and the tens of thousands of addicts was to shift business to half-mile away to a little-used railway station. Somewhat predictably, under the same policy of tolerance this area experienced increasing violence, including the murder of four dealers. In 1995, this too was closed off with razor wire and steel fencing.[33]

And within the detailed, colourful history of the modern mass drug movement the open drug user space forerunners are also found within the 1967 Summer of Love in which mass drug use played an indispensable part. It was the outdoor music festivals of the 60s that sprang out from the emerging countercultural hip movement, luring tens of thousands of teenagers, turning their backs from their monotonous, ordinary suburban lives to descend upon the Haight-Ashbury district of San Francisco in search of unimpeded sexual delights, heightened through the haze of psychedelic drugs and lost in the mind-scrambling sounds of eclectic music such as Jefferson Airplane's, *White Rabbit.*

31 https://www1.health.gov.au/internet/publications/publishing.nsf/Content/illicit-pubs-needle-indig-toc~illicit-pubs-needle-indig-2~illicit-pubs-needle-indig-2-2~illicit-pubs-needle-indig-2-2-1 (Australian indigenous use high)
32 https://ottawa.ctvnews.ca/city-asks-for-more-help-to-clean-up-discarded-needles-1.289827
33 https://www.nytimes.com/1992/02/11/world/amid-growing-crime-zurich-closes-a-park-it-reserved-for-drug-addicts.html

# DRUG USER INTEREST GROUPS RUNNING NSP

But the legacy of the counterculture movement was not a mere historical footnote but would frame the beliefs of thousands baby boomers who would take these ideas and experiences into their respective professions, remembering these events nostalgically and fondly. As Dr Ian Webster, reminisced during the opening of the 1995 Annual Symposium for The National Drug Strategy: The 10 Year and beyond.

> *"In Kings Cross and the universities young people let their hair down, as Jesus Christ Superstar played in the Capitol Theatre. There was flower power and pot smoking and the Vietnam War. There were R and R men in the Cross. New and disturbing experiences for our community at the time. These events and the young people involved were threatening to the older generation, yet these young people were acting out the fantasies of freedom and non-conformity which their parents held. Ted Noffs started the Wayside Chapel and the drug referral centres and proclaimed his idea that the "polluters should pay". It was fertile ground for aspiring politicians and police inspectors as they convinced the media there was a crisis in our midst, and that society faced its Armageddon.. They got nowhere, except they had to admit that demand reduction was the way drug problems had to be tackled."*[34]

In part, Dr Webster rightly identified the ideological-cultural dimension to drug policy. But in many others, he was completely off the mark. HIV/AIDS disproportionately affects sex workers, illicit drug users and the gay community.[35] Simply, high risk lifestyles are at higher risk of blood borne diseases. And it is the reason why these groups formed close knit alliances to influence drug policy. It was not the failure drug demand reduction strategies but the steady, organised opposition against it.

This is essential to understanding why drug prevention and recovery organisations cannot sufficiently influence these initiatives.

It lies in the singular fact that illicit drug users and their proxy industries are pushing NSPs and related services all at taxpayer expense. This is formally referred to as "peer-led best practice", (not to be confused with academic peer-reviewed research) that seeks as its primary goals to make illicit drug using safer and remove drug user stigmatisation.

Paradoxically and rather astoundingly, this is not well-known and runs in direct opposition to the initial aims and work created through NDARC (National Campaign Against Drug Abuse) – ironically the organisation hosting Dr Webster where he gave his opening speech – in conjunction with law, education and health government agencies to produce Australia's National Drug Strategy (1985). Principles created under the harm minimisation framework encompasses three pillars:

- Supply reduction - to prevent, reduce or disrupt the production and supply of prohibited drugs.
- Demand reduction - to prevent the uptake and/or delay the onset of harmful drug use, including abstinence orientated strategies and access to treatment to reduce drug use.
- Harm reduction - to reduce the adverse health, social and economic consequences of drug-related harm on individuals and communities.

The involvement of illicit drug users (and therefore the drug and sex trade) into national drug strategy began early in Australia's NSP campaign. VIVAIDS (Victorian Drug User Group) found the means to influence drug policy, arguing they felt a particular

34 https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/Mono.27.pdf (page 1)
35 https://www.avert.org/professionals/hiv-social-issues/key-affected-populations/sex-workers
https://www.avert.org/professionals/hiv-social-issues/key-affected-populations/people-inject-drugs
https://www.avert.org/professionals/hiv-social-issues/key-affected-populations/men-sex-men

identification with the drug using population and claimed cultural insider knowledge, language and expressions, something that apparently medical, health, social and law professionals lacked. VIVAIDS was said to have baulked at the funding of NSPs to pharmacies and government agencies. The result of that struggle was at end of the 1980s, the Prostitute's Collective of Victoria (PCV) also uncovered the opening and consequently operated the third largest needle-and-syringe exchange (actually NSP) program in the world.[36]

Presently, AIVL (Australian Injecting and Illicit Drug Users League) is the leading Australian national peak organisation representing the state and territory peer-based drug user organisations and issues of national relevance for people with lived experience of drug use.

As AIVL expressly states,

> *"[It] works to represent the interests of illicit drug users in order to improve access to health services and enhance their human rights. We do this by engaging in a range of activities. Amongst them is contributing toward the production of high-quality research and knowledge on topics of importance to PWID (People Who Inject Drugs)."*[37]

The nexus between drug users, sex workers, HIV/AIDS is clearly established from the overlapping common aims and organisational ties.[38] Preventable high disease prevalence within these demographics has allowed them to legitimise their practices under the funding and the protection of government health departments[39] but also form firm associations with high level corporate and not-for-profit organisations as well as academia.

AIVL, APC (Australian Prostitutes Collective) and NUAA (The NSW Users and AIDS Association)[40] all conduct their own research[41] that is positively skewed toward its enormous vested interest bias to inform drug, health and even planning policy.[42]

Legal legitimacy also permits their continual lobbying for protection of human rights.[43] While separately these appear benign, when viewed as a cohesive strategy, they have profound effects on social and legal policy.

36 Sendziuk, P. (2009), Harm reduction and HIV-prevention among injection drug users in Australia: An international comparison. Canadian bulletin of medical history, 24 (1), 133-29.
PCV also ran its own information services. "RhED, previously Prostitutes Collective of Victoria (PCV) was the first sex worker organisation in the world to receive government funding to work in HIV prevention. Back in 1987, the Victorian Department of Health funded the AIDS Prevention Program (for sexual health education to brothels.) To this day, RhED receives ongoing funding from the Department of Health. In the early 1990s, PCV ran the first needle exchange in the southern hemisphere, as a rapid response to HIV prevention. Condoms were also distributed. A Needle and Syringe Program still operates from 10 Inkerman Street."
http://sexworker.org.au/wp-content/uploads/2014/05/Times-have-changed.pdf

37 https://aivl.org.au

38 Julie Bates was a foundation member of both the Australian Prostitutes Collective NSW (forerunner of the Sex Workers Outreach Project NSW (SWOP)) and the NUAA, served on the Australian National Council on AIDS and contributed to the first National HIV/AIDS Strategy. In 1986, Julie was employed as the first in-house manager of the Australian Prostitutes Collective NSW and in 1989 was employed as the first manager of the NUAA (The NSW Users and AIDS Association). https://www.harmreductionaustralia.org.au/julie-bates/

39 https://www.abc.net.au/news/2019-10-29/nt-politician-boycots-sex-work-hearings-opposes-decrim/11649142

40 "Our organisation is governed, staffed and led by people with lived experience of drug use. We provide innovative harm reduction services for people in NSW who use drugs, as well as for those that advocate for improved service delivery and a more rational approach to drug use."
https://nuaa.org.au/?doing_wp_cron=1572490635.1904320716857910156250

41 "The APC's 15,000-word History and Manifesto of The Australian Prostitutes Collective declared their ambitions for the immediate future: 'The APC as a group is in a key position to offer the world some of the most important analyses in prostitution ever produced in this hitherto shadowy subculture' (Perkins 1985). As we argue below, this rhetoric was not totally hyperbolic, as the APC was indeed a pioneering force." https://www.researchgate.net/publication/333525130_How_Sex_Worker_Activism_Influenced_the_Decriminalisation_of_Sex_Work_in_NSW_Australia (page 55)

42 "Not only are sex worker voices included in the report, they are heavily relied upon. For example, Debbie Homburg, a founding member of the APC, interviewed female sex workers in eight Sydney and one Canberra brothel during this period. Her research revealed that each worker paid shift money to police with the remainder split fifty-fifty with the parlour (brothel) management (Homburg 1983, 1).
The APC proved savvy in representing its research findings to media. It selectively chose to present new data that challenged myths and preconceptions about sex workers. Chapter 9 of the report is reflective of all chapters—it relies upon individual interviews and submissions by the APC and the Task Group on Prostitution to provide research and context of the needs and working conditions of sex workers."
https://www.researchgate.net/publication/333525130_How_Sex_Worker_Activism_Influenced_the_Decriminalisation_of_Sex_Work_in_NSW_Australia (page 58)
"The Task Group on Prostitution had insisted on the repeal of all laws that affected sex workers (Perkins et al. n.d., 5). This required no further restrictions on street-based workers and no special zoning or regulation of brothels. Brothels and parlours were to be permissible under the same conditions as other businesses (under planning and council zoning); individual sex workers who accepted clients in their own homes should be left alone. Nevertheless, the Committee was keen to know the type of regulatory control or zoning recommendations the APC would accept— especially as it applied to street-based sex work. After repeated and sustained questioning by the Committee about a compromise, Perkins responded: **Our role here is to support the prostitutes' view and their position.** (Select Committee Upon Prostitution NSW 1983, 138)."
https://www.researchgate.net/publication/333525130_How_Sex_Worker_Activism_Influenced_the_Decriminalisation_of_Sex_Work_in_NSW_Australia (page 59)

43 https://digitalcommons.uri.edu/cgi/viewcontent.cgi?article=1116&context=dignity

The following example highlights this interplay. For instance, what are the real figures for STDs or drug related diseases within the sex industry?[44] It's nearly impossible to accurately determine.

Due to their selectively shielded status, often each organisation uses their own staff or has oversight to conduct research from within their client base. This is about as effective as a pimp surveying their employees on job satisfaction. Further, any legal requirements for regular disease-related testing and screening may be dispensed with as an unnecessary intrusion upon human rights.[45]

In light of this, the UN endorses the practice of "presumptive treatment" irrespective of disease presence. Which of the participants from these demographics has a disease before treatment commences is not necessarily known. Therefore, no significant data correlation can be accurately determined.

> *"Presumptive treatment of all sex workers and drug users attending a health facility or in a particular area is another strategy that can be used to rapidly bring down a high STI prevalence in a short period. In this approach, no screening, clinical or etiological diagnosis is required prior to giving treatment."*[46]

Once again, the UN and WHO both highly favour Australia's peer-led (not academically peer-reviewed) illicit drug user run policy.

## "DEVELOPING NSPS WITH DRUG USERS: AUSTRALIA'S EXPERIENCE:

Effective needle and syringe programmes engage their clients in many aspects of planning and development. The involvement of drug users, however, can be difficult. Their lifestyles often make it difficult to sit through three-hour meetings, for instance. What often occurs is that one "safe" injecting drug user (i.e., one who does not make too much trouble) **gets invited to advisory group meetings, and this leads to token involvement of drug users rather than an inclusive approach. A genuinely inclusive approach might entail arranging regular meetings of local injecting drug users (over pizza or some other attractive food) to discuss issues that two or more members of this group can take forward to the advisory committee.** A productive feedback loop is then established in which representatives of drug users report back to the larger group on each committee meeting and gather input for the next committee meeting... Each state and territory has at least one drug users' organization funded mostly from government sources to ensure that the viewpoint of injecting drug users is expressed on any proposed change to policy or practice, especially where these concern needle and syringe programmes.

The AIDS Projects Management Group (APMG) is another key player even organising drug user by identifiable 'tribes'.[47]

> *"The annual 'Tribes' campaign of the New South Wales Users and AIDS Association in Sydney (Australia) gains the trust of specific groups of drug users through a comprehensive system for targeted education. The campaign is based on the theory that our societies are so fragmented that each drug user may be considered a member of a complex group of 'tribes'.. Members of a 'tribe' share similar preferences in their choice of drugs,*

44 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6278845/ (There has been an apparent increase in sex workers reporting condomless penetrative sex with clients in Western Australia compared to a previous cross-sectional study. An **increase in private sex work and client demand for condomless sex together with an economic downturn leading to increased competition for clients** may be important contributing factors.)
45 https://www.theage.com.au/national/victoria/monthly-sex-worker-tests-are-ridiculous-health-experts-say-20110530-1fctn.html
46 https://www.unodc.org/documents/hiv-aids/NSP-GUIDE-WHO-UNODC.pdf (page, 28)
47 The Gathering of the tribes or the Human Be-In was also a term used for mass music festivals beginning in San Francisco, January 1967. Mind altering substances such as LSD and marijuana were in high use and distributed widely as part of the perceived collective opening of the human consciousness. https://theweek.com/articles/713202/sex-drugs-summer-love

*recreation, hair- styles and clothes. They also tend to have their own slang and to live in the same area. The organization invites drug users or people with good contacts with groups of drug users to write proposals for grants, which are used to provide HIV education and injecting equipment to a specific group of drug users. Examples of the groups targeted, and the materials used include:*

- *Video cards and leaflets for gay men in inner-city Sydney who go to gay rave parties;*
- *A motorcycle painted with images and slogans about safer sex exhibited at shows where "out- law" motorcyclists are likely to attend;*
- *A set of paintings using traditional materials and methods for addressing HIV and drug use in a specific Aboriginal group;*
- *Murals painted in toilets of drinking places where particular types of rock bands play."*

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While these efforts are more reminiscent of music festivals endorsing 'safer' drug use than evidence-based drug strategy, it also exposes the conflicting double discourse within UN-WHO drug strategy. UNODCs theme for 2014 boldly asserted: *A message of hope - Drug use disorders are preventable and treatable.*

This included:

- First. Sustained success against illicit drugs requires a balanced, cooperative, and integrated approach founded on the conventions that addresses both supply and demand reduction;
- Second. A balanced approach includes comprehensive measures focused on prevention, treatment, rehabilitation and social protection and cohesion; and
- Third. Science holds the key. UNODC is bridging the gap between science and practice by fostering a dialogue between policy makers and the scientific community.

And in another keynote address, former WHO Director-General, Dr Margaret Chan told attendees:

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> *"Instead of diseases vanishing as living conditions improve, socioeconomic progress is actually creating the conditions that favour the rise of noncommunicable diseases. Economic growth, modernization, and urbanization have opened wide the entry point for the spread of unhealthy lifestyles.. Today, getting people to lead healthy lifestyles and adopt healthy behaviours faces opposition from forces that are not so friendly. Not at all."*

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Efforts to prevent noncommunicable diseases go against the business interests of powerful economic operators. In my view, this is one of the biggest challenges facing health promotion.

As the new publication makes clear, it is not just Big Tobacco anymore. Public health must also contend with Big Food, Big Soda, and Big Alcohol...They include front groups, lobbies, promises of self-regulation, lawsuits, and industry-funded research that confuses the evidence and keeps the public in doubt.

Tactics also include gifts, grants, and contributions to worthy causes that cast these industries as respectable corporate citizens in the eyes of politicians and the public.[48] They include arguments that place the responsibility for harm to health on individuals and portray government actions as interference in personal liberties and free choice.

48 "Julie Bates — a founding member of the Sex Workers Outreach Project in New South Wales — an officer of the Order of Australia, the Queen gives a cloak of legitimacy to the brutally exploitative sex trade." https://www.feministcurrent.com/2018/06/20/queens-endorsement-exploitation-women-devastating/

This is formidable opposition. Market power readily translates into political power. Few governments prioritize health over big business. As we learned from experience with the tobacco industry, a powerful corporation can sell the public just about anything."[49]

Yet the doctor was curiously silent on drug, pornography and sex trade mega industries that dwarf all others mentioned and have infiltrated every layer of academic and government departments. In Victoria, Fiona Patten, Member of the Legislative Council for the Northern Metropolitan region and founder and leader of the Australian Sex Party (now The Reason Party), before entering politics was a sex worker employer[50] and the CEO of Australia's national adult industry, Eros Association. In 2015, Pattern won the XBIZ Progressive Business' Award.[51]

For now, we can only expose the contagion that has spread and fortified itself within myriads of likeminded illicit drug lobby groups into a worldwide network, finding support from the highest levels including the IDPC (International Drug Policy Consortium) funded from one of the largest private donors for illicit drug legalisation, George Soros.[52]

Finally, the real tragedy from illicit drug industry involvement in policy making is not only that it obscures and glosses over disease related data that would lead to far better prevention and treatment but it also supresses the longer established and well documented darker elements of these industries including human and child trafficking, pornography, illicit drug and arms trafficking (narco-terrorism).

But instead, these nefarious illicit adult industries are strengthened as they operate behind or alongside legal fronts, continuing to supress millions and delegitimise the horrors of their abuses.[53]

Drug policy in the 21st century has emerged not only as a David and Goliath struggle but the new battlefield for the modern-day abolition of slavery.

NSPs are but one example dispelling the popular rhetoric that the so-called lost war on drugs has failed but rather it has never been effectively fought. Because in the long history of illicit drugs, governments have either explicitly or implicitly supported its trade or lacked the political will to consistently apply sound policy.

**Dalgarno Institute Communications Liaison**

49 https://www.who.int/dg/speeches/2013/health_promotion_20130610/en/
50 Patten was kicked out of WISE (Workers In Sex Employment) years and years ago – seeing as how she was a sex shop OWNER, and sex worker employer. https://the-riotact.com/public-servants-make-poor-madams/50499
51 https://www.afr.com/politics/federal/sex-party-s-fiona-patten-on-her-journey-from-parlour-to-parliament-20141227-12k7l2
https://www.youtube.com/watch?v=FApxDCr9es4
XBIZ is an American publisher of business news and business information for the sex industry
One of the 'dirty dozen' porn stars for XBIZ includes to Jillian Janson. Her "porn career started when she was in high school, a rarity even in this industry. She began appearing as a Webcam model on MyFreeCams, but was recruited by an agent and began shooting three months after her 18th birthday. She dropped out of school after word of her career choice spread and she was harassed."
52 https://idpc.net/publications/2018/04/needle-and-syringe-programs-in-australia-peer-led-best-practice
53 https://www.survivorsupport.net/porn-dark-deviance

*Instead of diseases vanishing as living conditions improve, socioeconomic progress is actually creating the conditions that favour the rise of noncommunicable diseases.*

– Doctor Margaret Chan,
Former WHO Director-General

Coalition of Alcohol and Drug Educators

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