



Speech by

Mrs D. PRATT

MEMBER FOR BARAMBAH

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NEEDLE EXCHANGE PROGRAMS

Mrs PRATT (Barambah—IND) (6.13 p.m.): The member for Gladstone has raised an issue that has been of great concern to many members of the general public over a long period. There is a perceived inequality between those who have a need to obtain syringes for what is—or could be—a life threatening condition and those who choose to become drug abusers. These items are essential for the wellbeing of those people who suffer a diagnosed medical condition over which they have absolutely no choice, such as diabetes. The needs of drug abusers and addicts, on the other hand, are seen as a choice, a self-afflicted condition. Although people may not object to the issuing of needles to these addicts, they do question the fairness of the system.

In rising to support this motion, I acknowledge the purpose and intent of why the needle exchange program was brought into being. This program was implemented to combat the growing problems of the transmission of contagious diseases, such as hepatitis and AIDS. Both of these diseases were becoming widespread and continue to be spread by the continual sharing of needles by drug addicts or substance abusers. It is often the case in modern society that those who rebel against society and do not conform, who put themselves in a position of losing all concern for not only their own welfare but also the welfare of others by sharing needles, do need to have available programs such as the needle exchange program. However, I question the volume of syringes that are handed out.

It would be accepted more readily by the community if it was indeed a one-for-one exchange. The reports of discarded syringes on beaches have begun to have everyday beach goers questioning their safety and that of their children. The volume of syringes carelessly discarded by users is often noted by council workers and others around the streets, and it is the aim of a one-for-one proposal to stop the wilful discarding of used syringes which endanger the health of many non-abusers. The wound inflicted by those discarded needles is as devastating emotionally and psychologically as it possibly is physically. I would be surprised if any of these discarded needles were attributed to diabetics or others using syringes as an aid to maintaining their health.

The argument to supply free syringes to addicts is purely a health one. People who access the needle exchange program because of their drug addiction are more often than not recipients of some form of Government payment. It is more than likely that, after buying their drugs or food, they would not have the money to purchase syringes and would, therefore, share any syringe they had and, thus, aid the spreading of disease. That is the reason for the various outlets for the needle exchange program.

People who suffer diabetes or other life threatening medical conditions may also be on Government benefits and have the same amount of money on which to survive. Because these people choose not to squander their finances, they are penalised. Although I understand that they can also obtain access to needle exchange programs at the same venues, they are not necessarily places that those requiring syringes for diagnosed medical conditions would willingly choose to frequent. These venues are frequented by drug users, as is their purpose, and although I do not claim that all are dangerous, research has shown that a percentage of addicts have obtained money or goods through aggressive behaviour. That is not the sort of behaviour that diabetics or any other non-drug abusive person would choose to be confronted with.

The cost of syringes may be considered reasonably small, but over a period of years this cost becomes quite substantial. If a diabetic enrolls as a member of the diabetic association, they can

purchase 100 syringes for \$5 from local chemists, a reasonably small amount. These are the figures that I was quoted in the South Burnett. If they are not a member of the diabetic association, they will pay between 20c and 25c for each syringe. I am informed that the needles that are used in the needle exchange program are too big for small children and, therefore, would not be accessed even if the child's parents were willing to go to the same venue as drug users. The stigma of association would also act as a severe deterrent. The cost of syringes is not the only expense, as mentioned by the member for Gladstone. I believe that the cost of a one litre sharps disposal container, which holds approximately 40 to 50 syringes, is \$6.95.

I find it difficult to understand how anyone could oppose this motion tonight and, therefore, I expect that it will pass with the full support of the House. This motion is pursuing an equal right for a need, whether that need be through medical grounds, such as diabetes, or drug use. I congratulate the member for Gladstone on moving a motion that should receive the support of the House.
