



Speech by

**BONNY BARRY**

**MEMBER FOR ASPLEY**

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### **NEEDLE AND SYRINGE AVAILABILITY PROGRAM**

**Ms BARRY** (Aspley—ALP) (6.30 p.m.): I rise to support the amendment moved by the Minister for Health. Clearly, anyone who has seen needles lying around in public places would be concerned, and it is most certainly a concern that this government shares. However, the government recognises that there is not a quick-fix solution and we have been focused on dealing with the facts and working for positive outcomes.

It is a fact that the fundamental purpose of the needle availability and support program is to prevent the spread of infectious diseases in this community. Needle availability programs in Australia have, as a number of speakers have already noted, been highly successful in reducing the transmission of diseases such as HIV-AIDS and hepatitis C in people who inject drugs and in the wider community. In fact, they are some of the lowest rates in the world and are the envy of other countries' health services. In addition to these programs, they have the added benefit of allowing health workers the opportunity to give advice about treatment—for example, things such as drug detox—to those people who may not access mainstream health services. They do this while discussing the needle exchange and availability program.

The program established in Queensland during the 1980s was one of the strategies to deal with HIV-AIDS. I am delighted to acknowledge that Queensland has developed and implemented the most comprehensive training package in Australia. It is a fact that our policy is to encourage the safe disposal of needles, including the returning of them to their point of issue. This training reinforces the importance of safe disposal to both distributors and users. Queensland Health works closely with local councils, which are responsible for waste and needle collection, to determine the best sites for disposal units. A puncture-proof container is provided with the packs supplied under the Queensland needle availability support program, and limits have been placed on the maximum number of needles to be issued at any one time to ensure that there is no wastage.

It is a fact that the introduction of government supplied retractable needles will not stop all injecting equipment from being disposed of in an unsafe manner in the community. One of the simple reasons for this is that approximately 30 per cent of syringes are supplied by non-government sources. The focus on safety in our community is to ensure that all users and all suppliers should be concentrating on the safe disposal of syringes rather than asking, 'Is this a safe needle to be left lying around?' The fact is that no needle should be left lying around outside a disposable unit, whether it is retractable or not. It is also important to recognise that of all the needles and syringes distributed it is estimated that less than one per cent are disposed of in an unsafe way. It is not acceptable that any needle is disposed of in an unsafe way. But those figures indicate that education on safe disposal is effective within our community. Queensland Health has reviewed and trialled alternative syringes in the past and will continue to do so as new models are introduced to the market. The minister has indicated that if new evidence comes to hand the government would be happy to look at it. The fact is that the feedback from people on the ground is that current retractable needles that have been looked at are not attractive to users; they are simply deemed to be not practical. The advice that is received is that the size is inappropriate for illicit drug injections because of the large bore barrels and that that is not consistent with illegal drug use. Injecting drug users are less likely to use them, because they would be losing half their dose. The facts are that drug users will not use any type of syringe that reduces drug dosage, irregardless of its properties—large bore, small bore, retractable or not.

Thirdly, I restate that the syringes proposed are dependent upon manual retraction. That means that they can be reused and can be left unretracted. It defeats the purpose of those who propose their immediate introduction. I have told members on many occasions about my nursing history. Needle-stick injuries are caused in the majority of cases by user action and error at a time of preparation and administration. In critical incidents, it is rarely the equipment that is the problem and most often the user. Until these types of concerns are resolved, this government's preferred priority is to focus on education, rehabilitation and prevention programs.

I recently dropped my 10-year-old off at school. He stepped out of the car and told me that there was a needle in the gutter. There was no curiosity to touch it and no reaction other than to let me know. As children around him gathered, they all sounded the same warning: 'Don't touch!' Sporadic partial introduction of retractable needles puts at risk a successful public health message.

Time expired.