CONTAINING HIV IN NSW: A WORLD CLASS SUCCESS

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Human immunodeficiency virus (HIV), the virus that causes acquired immunodeficiency syndrome (AIDS), first appeared in NSW in the early 1980s. Since then, HIV has had a significant affect on public health, causing over 3,400 deaths from AIDS and 12,500 infections. Within Australia, most cases of HIV infection have been reported in NSW.[1] This article describes the effect that the HIV epidemic has had in NSW and some of the policies that have been developed, in collaboration with affected communities, that have helped stem the further spread if HIV infection.

THE HIV EPIDEMIC IN NSW

The first Australian case of AIDS was diagnosed at St Vincent's Hospital, Sydney, in 1982. In NSW, the incidence of new cases of HIV infection peaked in the mid-1980s with 1,636 diagnoses reported in 1987, and has steadily fallen to 347 cases in 2001. The incidence of AIDS cases peaked in 1994, when 552 new cases were notified. Only 69 new cases of AIDS were reported in 2001, reflecting both the declining incidence of HIV infection since the mid-1980s and the success of combination anti-retroviral therapy.[1] The number of people who have died from AIDS has fallen from a peak of 423 in 1994 to just 36 in 2001. Cumulatively in NSW by June 2002, 12,590 people were reported to have been diagnosed with HIV infection and an estimated 1,592 people were living with an AIDS-related illness. Most people with HIV infection live in inner-Sydney.

Since the beginning of the epidemic, sexual contact between men was the most frequently reported risk exposure category for HIV notifications in NSW. The proportion of HIV infections attributed to injecting drug use has remained low (3.4 per cent), while the proportion attributed to heterosexual exposure has increased—largely as a result of infection in heterosexuals who report sexual contact with other people from countries where HIV infection is endemic. While the majority of HIV and AIDS notifications are in men, the proportion of sero-positive women is gradually increasing as the total number of notifications decrease.

Figure 1 illustrates significant events in the history of the response to HIV and AIDS in NSW along with cumulative notification data of HIV infections and cases of AIDS.

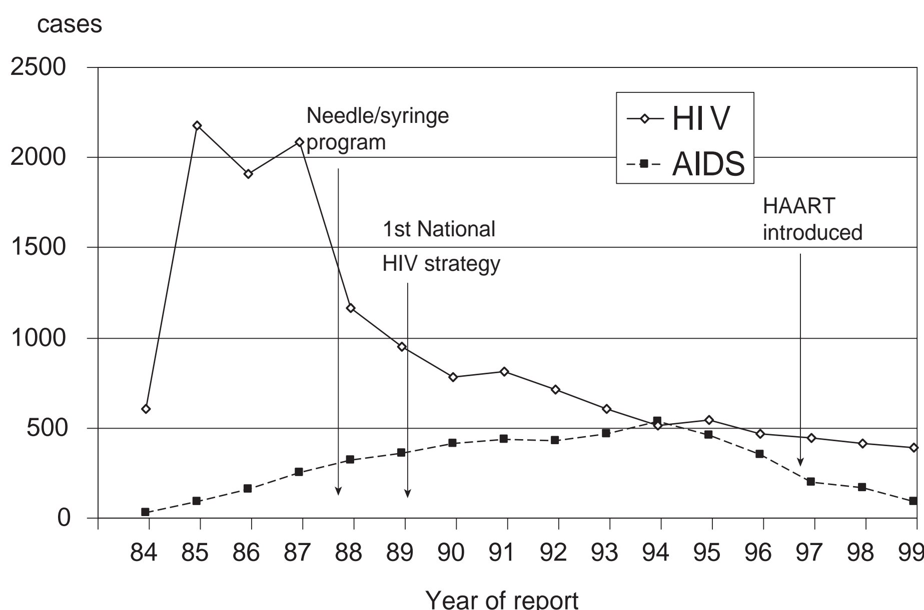
NEW SOUTH WALES: THE RESPONSE

Collaboration

Since 1982 the gay, medical, and scientific communities of NSW have worked with government to develop an

FIGURE 1

HIV AND AIDS CASE REPORTS, NSW 1984–1999 AND SIGNIFICANT EVENTS



Source: NSW HIV database

innovative partnership that has been central to successful national policy development. In May 1983, the AIDS Action Committee was formed by Sydney's gay community; in 1994, this Committee became the AIDS Council of NSW, and received government funding. In June 1983, the NSW Government formed a consultative committee on AIDS, which included representatives from the gay community. During the remainder of 1983, several NSW community sector counselling, support, and welfare groups were formed for people with AIDS, and the National Health and Medical Research Council established its first working party on AIDS.[2,3]

Prevention

In 1983, in response to reports of transfusion-related HIV in the United States,[2] the AIDS Action Committee and the Sydney Red Cross Blood Bank asked homosexual men not to donate blood. In April 1985, Australia became the first country in the world to screen donors for HIV by questionnaire and antibody testing.[3] Funding was directed towards education, support, and counselling services.[2] Education and medical advisory bodies were established. In February 1985,[2] the NSW AIDS community sector launched Australia's first safe sex campaign for gay men, *Rubba Me*, funded entirely from community sources.

Research

In 1983, the NSW Government funded St Vincent's Hospital to establish the first Australian prospective research project on AIDS and a study group commenced for clinicians who were either caring for people affected by AIDS or were interested in the disease. During 1985 Australian clinicians made a series of significant contributions to the international scientific literature on HIV.[3] In February, researchers from St Vincent's Hospital published the first description of HIV seroconversion illness. In April, researchers from Prince of Wales Children's Hospital were the first to report HIV transmission via breast milk, and in September researchers from Westmead Hospital reported the first evidence of transmission of HIV via artificial insemination. NSW contributes to international scientific and social research into vaccines and risk behaviour and participates in clinical trials.

Legislative reforms

Legislative reforms in NSW, in response to HIV, have led to:

- the decriminalisation of homosexuality in June 1984;
- HIV and AIDS becoming notifiable conditions in August 1984;
- the requirement for informing sexual partners of infectious status;
- the protection of confidentiality in the event of a positive HIV test result;
- the management of infected people whose behaviour may place others at risk of infection;
- the prohibition of vilification, and expansion of the *NSW Anti-Discrimination Act* to protect against discrimination on the grounds of HIV infection or sexuality;
- the decriminalisation of prostitution;
- the establishment of the Needle and Syringe Program in November 1987.

Case management

In August 1984, treatment services dedicated to AIDS commenced in NSW with an Outpatient Clinic established at St Vincent's Hospital. In 1985 the range of HIV services expanded when the Albion Street Centre was established as a major HIV testing and counselling service and St Vincent's Hospital opened the first ward for HIV and AIDS.

The antiretroviral AZT was first made widely available in NSW in June 1987 following a cost-sharing agreement between the Commonwealth and the states and territories.[2] In the early 1990s, NSW developed a system of accreditation and continuing medical education for general practitioners to enable them to prescribe highly specialised drugs, ensuring both widespread access to HIV treatments and a high quality of care. Other states and territories have subsequently adopted this system.

NSW produced the first detailed HIV and AIDS care and treatment plan in Australia, and a specialist sexual health service was established in each area health service. This recognised the important role of such services in the prevention of HIV.

Prisons

NSW has led the national response to HIV in prisons. Confidential HIV testing was introduced in NSW prisons in 1989; prisoners have access to a range of health services, including specialist HIV treatment and peer education programs; methadone and other drug substitution treatments are available in the correctional setting; and condoms and bleach have been available since the mid-1990s.

Future challenges

There is a diversity of views in the general community regarding key aspects of the response to HIV. This creates a complex environment for political leaders and policy makers. In the early years of the HIV epidemic, there was a willingness within the community to accept measures, that were at times controversial, to prevent the spread of HIV; examples include sexually-explicit education materials and the provision of sterile injecting equipment to those who inject illicit drugs. Bipartisan political support, and a willingness on the part of governments to provide strong leadership, has been critical in achieving community acceptance of these measures.

One of the key challenges that remains is the need to further reduce transmission rates. Meeting this challenge depends on the capacity to continue to reach those who

engage in activities that expose them to risk. Because HIV infection rates have stabilised, there is evidence of reduced HIV morbidity and mortality as a result of advances in treatments, and a climate of greater optimism has arisen. Yet there is significant uncertainty about the long-term effects of new treatments. As the epidemic is changing, so too is the way HIV is perceived and understood by affected communities, the broader community and by government. These changes have the potential to undermine the community's capacity to sustain an effective response to HIV and AIDS.

Currently, rates of gonorrhea and of other sexually transmissible infections that may enhance HIV transmission are rising, both here in Australia and overseas. There is a need to explore new measures for encouraging safe sex behaviours in order to enhance the control of HIV and other sexually transmissible infections.

While much has been achieved in NSW, much remains to be done in pursuing reforms and ensuring appropriate responses to the changing epidemic. This includes a willingness to trial new interventions, develop clear communication strategies and address the tensions between strategies for harm reduction and those for use reduction for drug use.

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MAY 1999 NSW DRUG SUMMIT

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In late 1998 there was a widespread perception that the problem of illicit drugs was not being adequately addressed through existing resources and policies. The Premier of New South Wales made the commitment that, if re-elected in the March 1999 election, there would be a summit on the drug problem. This article describes that drug summit, the purpose of which was to make a fresh start and achieve bipartisan agreement on major strategies to address illicit drugs.

The NSW Drug Summit was held in May 1999. All NSW state government politicians were invited, as were approximately 100 members of the public who were selected to represent the widest possible range of expertise and experience. The agenda of the summit covered many aspects of the illicit drug problem including: education, prevention, treatment, young people, regional and rural NSW, and the role of the police and the criminal justice system. Ministers and experts facilitated group discussions that reported back to plenary sessions. In these plenary sessions, resolutions were put to a vote, which resulted in a consensus on 20 general principles and 172 resolutions that covered a wide range of issues.

These resolutions formed the framework of the NSW *Government Plan of Action* on drugs,[1] and was supported with a financial commitment of $176 million over four years.

THE STATEWIDE DRUG TREATMENT SERVICES PLAN

For NSW Health, the first step was the development of a statewide Drug Treatment Services Plan to guide subsequent initiatives. This was a major opportunity to rethink the delivery of services. The central themes of the plan are access, quality and integrated care.

Access

A geographical imbalance of treatment services existed, with most resources concentrated in the metropolitan areas. Drug treatment services were overstretched, especially the methadone program. Following the Drug Summit, many projects specifically targeted rural and regional communities. These include:

- The appointment of drug and alcohol counsellors and drug and alcohol nurses in each of the rural area health services;
- Multi-purpose drug and alcohol facilities established in the Mid North Coast and New England Area Health Services;
- A newly-constructed inpatient detoxification service at Lismore, to complement new detoxification services situated at Wyong and Penrith;
- The General Practitioner (GP) Program, designed to increase the ability of GPs both to recognise problems arising from drug misuse by their patients and to respond appropriately. The program has been extended from 11 to 17 area health services.