

**Statement of the Sexual Health Society of Queensland on the proposed
closure of Brisbane Sexual Health & HIV Service at Biala, Roma Street
April 2013 By David Bradford**

The Brisbane Sexual Health and HIV Service is looked upon across Australia as a centre of excellence in Sexual Health Medicine (on a par with the Clinics in Sydney, Adelaide and Melbourne), providing a free clinic for people with STIs and HIV and people at risk of these infections in the CBD and surrounding areas. It also is (and has been for many years) an important centre for training and education for generations of medical students, young doctors, GPs and nurses in the field of sexual health. As well it has been a key centre for a multiplicity of research studies, particularly in the area of drug therapy for HIV infection and is part of a network of such clinics across Australia; it is vital that Brisbane continues to be represented in such important research trials and studies. A wealth of expertise and specialist knowledge has been built up amongst the medical and nursing staff at the Clinic in Brisbane and it will be a tragedy if, with the forced loss of these positions, that knowledge and expertise is squandered. It is a bank of expertise which has been built up over many years and once lost it will be virtually irretrievable.

At the end of the First World War a **fundamental public health principle** was established by an expert government committee set up in Britain to address the grave crisis of venereal disease that the country then faced after the turmoil of war. Similar Committees were set up to advise governments in the Australian States, which each faced similar problems with returning soldiers from the battlefronts. The fundamental principle was formulated and established and has been adhered to throughout Britain and in all States of Australia since that time. This principle was that control of venereal diseases (STIs) depended on the provision of **free, easily accessible, anonymous and confidential State-funded specialist clinics** in major centres of population. The whole idea behind this principle was to remove barriers from people with sexual health problems accessing help, and to encourage them to attend for testing and treatment. People affected with or at risk of STIs are often marginalised, often feel shame and embarrassment at having to seek medical advice, are unsure of the sort of reception they will receive from mainstream medical practitioners (including GPs), with the consequence that much STI in the community remains silent until late complications eventuate (and it is these late complications like pelvic inflammatory disease, testicular infection, infertility, late stage syphilis, and the ravages of AIDS) which cause huge costs to the health system for later salvage treatment in hospital. Free, easily accessible, confidential State-funded specialist sexual health clinics are a very cost-effective method of containing costs at source - e.g. it costs next to nothing to test and treat for syphilis in the early stages, whereas the costs of hospital treatment for late stage disease can be astronomic. To close the Brisbane Sexual Health Clinic flies in face of a fundamental principle of public health that has demonstrated its worth over almost one hundred years of medical and public health best practice.

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In this context it is well to remember that Australia is also a signatory of the **1924 Brussels Agreement** which mandates that sea ports must provide a free service for sexually transmitted infections

see whqlibdoc.who.int/trs/WHO_TRS_150.pdf

Every other Australian State or Territory in this country currently complies with this International Agreement by providing a Sexual Health Service in the port cities. If the Brisbane Service is closed, both the State of Queensland and the Commonwealth government will be in breach of the Brussels Agreement

(# See Footnote).

At this time the Minister of Health is on record as being gravely concerned at rising rates of HIV across Queensland, and Brisbane as the major centre of population bears the heaviest burden of this rise. At the same time we at last have a strategy with the potential to prevent the spread of HIV and reduce rates of infection dramatically. **This strategy endorsed and recommended by experts around the world is termed 'Treatment as Prevention'**. The latest treatments for HIV are simple to take (one pill a day), relatively free of side effects and, if adhered to, have been shown to render the patient taking the treatment **no longer infectious to sexual partner(s)**. Thus the simple thrust of this strategy is that if you can get everyone at the remotest risk of HIV tested, and if positive put on treatment at once, you can virtually stop HIV spreading any further (as well as benefitting the positive patient and stopping him or her progressing to the costly complication of an AIDS-defining illness). However the logistics of implementing this simple strategy are obviously complex. To do so, you **need to remove barriers** to testing, you need a **well-trained cadre of doctors and nurses** who are thoroughly conversant with the latest HIV drug therapies, you need to **provide support** for patients so that their compliance with medication is as good as humanely possible, and you need **facilities for regular monitoring** of the patient's progress. **In short you need a centre of excellence** like that already provided by the current Brisbane Sexual Health and HIV Service!

For the above reasons it is crucial for the future public health and sexual health of the people of Brisbane that the Metro North Health and Hospital Service and the State Government rethinks its unwise and unprecedented (in any Australian jurisdiction) decision to close the Sexual Health Clinic at Biala. **The repercussions for a heavy burden of STIs and HIV/AIDS into the future if this proposal goes ahead are far too terrible to contemplate.**

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Footnote (7th May)

The Sexual Health Society of Queensland acknowledge the free public services the Princess Alexander Hospital Sexual Health Clinic provides in the southern metropolitan region of Brisbane. However the SHSQ posit that this service may have limited capacity to absorb the caseload resulting from the closure of the Brisbane Sexual Health Clinic.