

SPIT HAPPENS: RESULTS OF NAPWHA'S NATIONAL AUDIT OF SPITTING LAWS

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Background: Since 2014, laws mandating HIV testing of people accused of spitting at emergency services personnel have been rolled out in three states. Despite calls for Australian governments “to establish evidence-based protocols that protect the wellbeing of police and emergency workers and the rights of people living with HIV”¹, these anti-scientific and counterproductive laws continue to be promoted, with police unions actively supporting their introduction in other states. Little is known about how these laws are being used or their effect.

Methods: NAPWHA undertook a national audit to better understand how mandatory testing laws have been applied. Methodology included use of Freedom of Information legislation and discussion with public servants to establish frequency and targets of mandatory testing, transmission risk associated with behaviours triggering testing, and whether testing had revealed cases of transmission. Qualitative interviews were undertaken with health care practitioners to better understand their interpretation and experience of the legislation and its application. A cost benefit analysis was also completed.

Results: The national audit revealed hundreds of cases of testing using ‘spitting laws’, however, information regarding use of the laws was extremely difficult to access. Public policy failings included: poor or no record keeping; limited or no monitoring of the application of laws by arms of government; and a disconnect from public health in its role monitoring ethics of HIV testing. The audit also found a lack of alignment between the stated aims of the laws and their application in healthcare settings, with healthcare workers struggling to construct an ethical framework regarding their role. No cases of HIV transmission were identified.

Conclusions: The application of mandatory laws is undermining the ethics and standards guiding Australian HIV policy and practice without scrutiny. The issue requires greater attention from community, healthcare and public health organisations.

Disclosure of Interest Statement: Nil

¹ Resolution of the Australasian HIV & AIDS Conference 2016