ADCA
Alcohol and other Drugs Council of Australia

Submission to ACT Government Health Directorate

Response to *Balancing Access and Safety: Meeting the challenge of blood borne viruses in prison*

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Balancing Access and Safety:
Meeting the challenge of blood borne viruses in prison

A report by the Public Health Association of Australia into a trial of a Needle and Syringe Program (NSP) at the Alexander Maconochie Centre

ADCA welcomes the opportunity to respond to the report by the Public Health Association of Australia called *Balancing Access and Safety,* regarding the implementation of a trial of a Needle and Syringe Program (NSP) at the Alexander Maconochie Centre (AMC). ADCA is the national peak body representing the interests of the Australian non-government sector for alcohol and other drugs. It works collaboratively with the government, non-government, business and community sectors to promote evidence-based, socially just approaches aimed at preventing or reducing the health, economic and social harm caused by alcohol and other drugs to individuals, families, communities and the nation.

Harm minimisation

The sector that ADCA represents works to minimise the harm associated with the use of alcohol and other drugs. Policy in this area is challenging. On the one hand, there are a range of drugs that are illegal and the use of which is not condoned. On the other hand, despite all the best efforts, these drugs continue to be used and cause enormous harm. The dilemma then is what to do about it. From ADCA's perspective, and from the perspective of Australia's *National Drug Strategy* since the 1980's, the best approach is to minimise the harm associated with their use. It is worth noting that this approach applies not only to the use of illegal drugs such as heroin and cocaine, but also for legal substances such as alcohol and tobacco.

Apart from the obvious social and economic benefits, the harm minimisation approach provides the opportunity to save lives, improve public health, redirect people into treatment, and support individuals to re-establish themselves as contributing members of society.

Australia implements NSPs as a significant public health measure

Australia's *National Drug Strategy 2010-2015* is based on the three pillars of harm minimisation - demand, supply and harm reduction, with harm reduction applying not only to the community but also to the family and the individual. Established in 1987, the NSP has played an important part in Australia's harm reduction strategy. Evidence based, NSPs aim to protect the health, social, and economic wellbeing of the community and are well established across Australia. Currently, there are roughly 3,550 NSP service outlets in Australia (*National Needle and Syringe Programs Strategic Framework 2010 – 2014*) which are accessible through a mix of models and service modalities. NSPs have been endorsed by the WHO, the UNAIDS, and the UNODC as an essential public health response to ensure "that drug users have their

own injecting equipment and do not share it with others, that the circulation time of used needles and syringes is reduced, and that used equipment is disposed of safely" (WHO, 2004).

The NSP in Australia has proven to be successful in preventing higher levels of HIV/AIDS infection, however according to the *National Needle and Syringe Programs Strategic Framework 2010 – 2014*, the prevention of Hepatitis C amongst intravenous drug users has proven more difficult. There are a number of reasons for this, one of which relates to the high prevalence of Hepatitis C in the intravenous drug user community prior to the commencement of the Program. Australia's NSP therefore seeks to facilitate access for intravenous drug users to preventive care as well as primary health services, to reduce the spread of Hepatitis C. This is a particularly important role within the prison setting given the increased risk of becoming infected with Hepatitis C and other blood borne viruses than in the general community (RACP).

NSPs do not condone or provide access to drugs

Harm reduction strategies already exist within prison environments, and the AMC is no exception. These strategies do not condone the use of drugs or provide access to them, they are there as part of the duty of care required by the prison to reduce harms in the prison community. Best practice requires a process of continuous improvement and as with other operational matters, it is important to explore options for doing things better.

A trial of an NSP would support the overall harm minimisation strategy at the prison and therefore contribute to existing efforts within the prison to reduce the supply of, demand for and harm from drugs. It should be clearly understood that the program would provide access to clean and safe injecting equipment only, not to the drugs themselves.

Benefits of an NSP in a prison environment

It is particularly important to trial an NSP in the prison environment because of the extent to which needle-sharing occurs and the number of people involved. Apart from the general risk associated with using needles that aren't clean (such as bacterial infections, abscesses, and collapsed veins), needle sharing increases the risk of sharing blood borne viruses.

Indeed, high levels of infection are found in prisons (Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis, Hepatitis C Subcommittee 2008; Hepatitis Australia 2011; Dolan et al 2005) and this poses both a health and safety risk to prison staff and a public health risk once prisoners return to the community (UNODC 2006). The risk is compounded by the relatively short sentences received by many prisoners which result in a high number of prisoners passing through the corrections

system and returning to the community each year. By providing clean needles and syringes, NSPs in prison environments have the potential to reduce the transmission of blood borne viruses within the prison and to the broader community. A trial would help to determine how well such a program would work in the prison environment, identify the opportunities and challenges, and possibly suggest future action in this area.

Protecting public health

A trial of an NSP at the AMC offers a number of other benefits. In addition to protecting the health, social and economic wellbeing of the community, a prison based NSP will provide the opportunity to redirect intravenous drug users into treatment programs and address other health issues at the same time, and then link prisoners with external NSPs and other health providers upon release from prison. Significantly, it will contribute to overall objectives for the AMC to uphold the human rights of prisoners and to focus on prisoner welfare and rehabilitation. Ultimately, it will prevent communicable diseases from spreading to the general public and protect public health in the longer term.

Successful outcomes

Where NSPs are operating in prisons overseas, NSPs have demonstrated that the availability of clean injecting equipment decreases the likelihood of sharing (WHO 2004) which leads to a reduction in the exposure to blood borne viruses among intravenous drug users and ultimately in the community as a whole. Other benefits seen in prison based NSPs overseas include greater self esteem, better relationships between prison staff and prisoners, and the chance to establish transitional arrangements as prisoners complete their terms and move back into society (Moore 2011).

Drugs, and more specifically the associated equipment, are already available in prisons despite best efforts to keep them out, and therefore pose a much greater risk to prison staff, visitors and other prisoners than if they existed in a regulated environment. With roughly 3,550 NSP service outlets in Australia (Victorian Department of Human Services), there have been positive changes in behaviour amongst intravenous drug users in the general community. Unfortunately, there has been little change in the risky behaviours of intravenous drug users in prisons where NSPs are not available.

Support for an NSP trial in the ACT

Established by the ACT government within the framework of the *ACT Human Rights Act 2004*, the AMC makes a logical choice for such a trial. The Act states that people deprived of their liberty must be treated in a humane way and with respect for their dignity. Furthermore, the ACT's own *Corrections Management Act 2007* states that

prisoners should have access to the same public health programs as everyone else in the ACT, a principle supported at the national (eg *Standard Guidelines for Corrections in Australia,* 2004) and international level (eg WHO, 1993). Just as NSPs form part of a comprehensive program to ensure appropriate health care services are available to individuals in the community, an NSP within the prison environment would ensure that appropriate health care services are available to individual prisoners.

ADCA supports the trialling of an NSP at the AMC and the principles identified in the PHAA report that would underpin such a trial. The concerns of the CPSU (Canberra Times 30 Aug 2011) about the difficult position in which prison staff would be placed if they were required to escort prisoners to and from a site where the NSP was located are acknowledged. Indeed, having consulted with prison staff, the models presented in the PHAA Report were designed *specifically* to address their concerns. The principle remains that a trial of an NSP should be conducted in a prison setting and at the AMC in particular.

The trial of an NSP would require significant education and training for the community, the prison staff and the prisoners themselves. ADCA has previously called for a National Minimum Standard of training for staff providing NSPs. In the case of the AMC, all staff should be given training so that they understand the rationale for NSPs, why they are important in the prison setting and the purpose of trial. In establishing the trial, planning would need to incorporate ongoing monitoring and evaluation to look at issues such as progress, the effectiveness of the trial, unintended consequences, and cost effectiveness.

Harm reduction strategies already exist within the AMC and therefore it makes sense to trial a strategy that has been proven to be successful, is available and effective in the broader community, does not increase the risk to staff, and is cost effective (WHO 2007; Dolan et al 2005; Jurgens et al 2009; WHO 2004). To reject this opportunity to trial a program that has proven to be successful in improving the health of intravenous drug users and reducing the transmission of blood borne viruses, is to accept that it is okay to have high levels of infection in a prison setting and to deny the relationship between prison health and that of the general community.

Queries in relation to this Submission should be directed to Meredythe Crane on 02 6215 9808 or at **meredythe.crane@adca.org.au**.

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