



Ms Helene Delany  
Manager  
Alcohol and Other Drug Policy Unit  
Policy and Governmental Relations  
[AODpolicy@act.gov.au](mailto:AODpolicy@act.gov.au)

**Implementing a needle and syringe program in the  
Alexander Maconochie Centre:**

ATODA submission to the ACT Government on the Moore Report consultation

Dear Ms Delany,

The Alcohol Tobacco and Other Drug Association ACT (ATODA) would like to thank the ACT Government for the opportunity to participate in the consultation process regarding implementing a needle and syringe program (NSP) in the Alexander Maconochie Centre (AMC) following the release of the Public Health Association of Australia's report *Balancing Access and Safety: Meeting the challenge of blood borne viruses in prison* (the Moore Report).

NSPs are an effective yet complex area of public health policy. NSPs have been successfully managed and implemented in the ACT since 1989. NSPs have been repeatedly demonstrated to be a cost-effective public health intervention that reduces the incidence and prevalence of infection of hepatitis C, B and HIV.

The Moore Report has found that there is no compelling reason not to implement an NSP in the AMC. Therefore, the next steps are to identify and implement a prison NSP model that is cost-effective, evidence-informed and best suits the unique constraints and opportunities of the AMC.

ATODA acknowledges the diverse views in the ACT community on this topic, but we are also aware that the overwhelming majority of people who are well-informed about the issue are highly supportive of prison NSPs in general, and in particular of introducing one into the AMC.

Most people expressing opposition to this intervention are problematically conflating the need to manage drugs in the prison, on the one hand - and the need to address communicable disease transmission, on the other. The key message of this submission is that the prison NSP should be seen as a public health intervention.

ATODA and its member organisations commend the ACT Government and its agencies for moving ahead on this important initiative.

ATODA and its members, who have close knowledge of the operation of the drug treatment services within the AMC, stand ready to assist the ACT Government in any way we can with the development, implementation, monitoring and evaluation of this important public health intervention.

### **1. NSPs are not about drug use – they are about infection control**

ATODA does not condone drug use. NSPs are not about drug use – they are about minimising the spread of communicable diseases, particularly the hepatitis and HIV. The evidence clearly shows that NSPs do not increase or encourage drug use in the community, and indeed have brought people into the treatment system quicker, and there is no reason to expect it would be different for prisoners in the AMC.

People engaged in policy development on this topic (and particularly the management of Corrective Services) will find their task of communicating government policy to introduce an NSP into the AMC problematic if they continually confront arguments about NSPs condoning drug use. They will need to deal separately with:

1. Clinical disease infection control;
2. Controlling the availability of drugs in prison; and
3. Minimising the diverse risks faced by all the members of the prison community.

### **2. NSPs are core business of the ACT ATOD sector**

The ACT alcohol, tobacco and other drug (ATOD) sector has particular interest and expertise in this area because NSPs are core business of the sector. NSPs are delivered across the ACT in a range of settings, including ACT Government health centres, ATOD services, community pharmacies, etc.<sup>1</sup>

### **3. The AMC doctor is not able to fulfill his statutory responsibilities regarding infection control**

The doctor at the AMC has statutory responsibilities through Section 21 of the *ACT Corrections Management Act 2007*, which states:

- (1) The chief executive responsible for the administration of the Public Health Act 1997 must appoint a doctor for each correctional centre.
- (2) The doctor's functions are-
  - (a) To provide health services to detainees
  - (b) To protect the health of detainees (including preventing the spread of disease at correctional centre)

Under the current workings of the AMC, the doctor is not able to fulfill his statutory responsibilities to prevent and reduce infection of hepatitis C, B and HIV through the provision of sterile injecting equipment.

Insofar as the ACT Government is currently impeding these responsibilities of the doctor, it is the view of ATODA that the ACT Government is breaching its duty of care towards the well-being of detainees, prison officers and other members of the prison community – including ATOD workers who are based at, and in-reach into, the AMC.

ATODA understands that prisoners have asked medical staff of the Hume Health Centre to exchange contaminated needles and syringes for sterile ones. ATODA also understands that these health professionals have not been able to fulfill these requests for medical support despite their knowledge that doing so is in the best interests of the health of the prisoners, their peers and the broader ACT community.

#### **4. The operationalisation of the NSP is an expert health matter best dealt with by the health professionals who will implement the program**

One of the strengths of the Moore Report, in the view of ATODA, is the way the authors have identified a set of criteria against which to assess the large number of implementation modalities that are available. These criteria are:

- Access, anonymity and the absence of negative consequences for participants;
- Ensuring safety;
- Consistency and linkages with existing health and corrections programs;
- Flexibility and adaptability in implementation; and,
- Data collection and ensuring an evidence base for evaluation.

ATODA fully supports these criteria and urges that they be considered when determining which of the recommended models is most apposite.

It is tempting to discuss the details of how a NSP might be operationalised within the AMC. ATODA believes, however, that this detail is beyond the scope of a broad community consultation and for those who do not have detailed knowledge of the day-to-day operations of the Hume Health Centre and other parts of the AMC.

The roll out of the NSP is an expert health matter best dealt with by the health officials and others whose responsibility it will be to implement the program. This is a matter of clinical and health provision integrity - the community would not usually drive or comment on clinical details as it related to any other health matter – such as mental health or HIV treatment. Therefore, the same respect should be allowed to this health intervention.

#### **5. NSPs are key programs delivered in all ACT Government health centres**

NSPs are delivered in all ACT Government run health centres - except the Hume Health Centre. On the grounds of equity, and the ACT Government's responsibility for minimising the spread of communicable diseases, this policy should extend to the Hume Health Centre.

ATODA is not asking for special services for prisoners. We are simply urging that they receive the same opportunities to look after their health as those provided to people who inject drugs in the broader community. This approach is consistent with the ACT *Human Rights Act 2004*.

## **6. The ACT ATOD sector is part of the AMC workforce - we acknowledge and share the workforce's safety concerns**

The ACT ATOD sector is part of the AMC workforce and has been working alongside Correctional Officers, health staff and other service providers since the opening of the prison. All ACT Government Health Directorate ATOD services are contractually required to work with the AMC.

As such, these workers also share concerns about the safety of all people, staff and prisoners, within the AMC. They are aware, however, of the fact that there has not been any security problem related to the availability of sterile injecting equipment, in any prison, anywhere in the world, where a prison NSP is operating.<sup>2</sup>

## **7. Support for all NSP implementation models**

ATODA emphasises that it supports *all* models recommended within the Moore Report. We would be happy to see any of them, or some combinations thereof, implemented.

Preference is given, however, to a NSP exchange by health staff within the Hume Health Centre, referred to in the Moore report, as 'Model 2A: an NSP operated by ACT health staff'. This is described in the report as '...the distribution of needles and syringes on a "one-for-one" exchange basis by the ACT health staff in the Hume Health Centre'.

We base this judgment upon the principle that NSPs are working well in the other ACT Government health centres, and our confidence that the health professionals at the Hume Health Centre have the capacity to design and implement a program similar to that found elsewhere in the Territory, adapted to the special circumstances of the AMC.

Further, it would be a relatively simple, cost-effective and minimally intrusive first step towards the on-going implementation and development of the NSP in the AMC.

We also note that NSPs across the ACT are delivered in partnership with non-government services, which may be a key resource for the implementation of any NSP model within the AMC.

## **8. Staged implementation**

Based on previous years' experiences, we predict that injecting drug use within the AMC will increase over the Christmas / New Year period. In response to this likelihood, ATODA proposes that a staged implementation of the AMC's NSP occurs, commencing in early December 2011.

## 9. Expected delay in uptake

Based on discussions with health professionals and consumers, ATODA understands that there will likely be limited uptake and throughput of the program in its first 6 – 12 months of operation.

This may occur for several reasons, including detainees' suspicion of the program and fear of the possible consequences of accessing it. ATODA therefore urges the program design and evaluation to take this into account, including:

- That the length of the program not be time limited;
- Building in sufficient time for development and implementation;
- Implementing internal and external communication strategies; and
- For flexibility to be built into any model to enable appropriate responses to changing attitudes, responses, and access to the program.

## 10. Evaluation and monitoring

ATODA submits that a monitoring and evaluation strategy for the AMC's NSP be established at the time of program development. This is because data collection for the evaluation will need to commence from the start date of the program (e.g. 1 December 2011).

Furthermore, we submit that the evaluation design should have a formative element, providing information to program managers on program implementation and any desirable changes, as well as an outcome element that would assess, among other things, the degree to which the program achieved its goals and any unintended consequences. This is consistent with the Moore Report, section 4: 'Data Collection and an Evidence Base for Evaluation'.

The evaluation should be external and independent, led by an evaluation expert, preferably based within the ACT so as to provide opportunities for regular contact with the program and to reduce overall program costs. ATODA understands that this expertise exists within the ACT.

## 11. Program governance and reporting

It is suggested that an evaluation reference group be established, which would include at least one external (non-ACT Government) expert and non-government representative.

This group could report or be an expert sub-group of the:

- Newly established *High-Level Joint Health Directorate and Justice and Community Safety Directorate AMC Health Policies and Services Advisory Group*; and / or
- *ACT Alcohol, Tobacco and Other Drug Strategy 2010 – 2014 Evaluation Group*.

## 12. Conclusion

To conclude, ATODA and its member organisations commend the ACT Government and its agencies for moving ahead on this important initiative.

ATODA and our members, who have close knowledge of the operation of the drug services within the AMC, stand ready to assist the ACT Government in any way we can with the development, implementation, monitoring and evaluation of this important public health intervention.

Please don't hesitate to contact ATODA if we can be of further support or provide you with further information.

Yours Faithfully,



Carrie Fowlie  
Executive Officer  
Alcohol Tobacco and Other Drug Association ACT  
[carrie@atoda.org.au](mailto:carrie@atoda.org.au)  
(02) 6255 4070  
[www.atoda.org.au](http://www.atoda.org.au)

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The Alcohol Tobacco and Other Drug Association ACT (ATODA) is the peak body representing the non-government and government alcohol, tobacco and other drug (ATOD) sector in the Australian Capital Territory (ACT). ATODA seeks to promote health through the prevention and reduction of the harms associated with ATOD.

ATODA works collaboratively to provide expertise and leadership in the areas of social policy, sector and workforce development, research, coordination, partnerships, communication, information, and resources. ATODA is an evidence informed organisation that is committed to the principles of public health, human rights and social justice.

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<sup>1</sup> For a full list of NSPs in the ACT see the *ACT Alcohol Tobacco and Other Drug Services Directory (June 2011)* available from [www.atoda.org.au](http://www.atoda.org.au)

<sup>2</sup> For further information related to the evidence and efficacy of NSPs please see ATODA's submission to the ACT Budget Consultation 2011/12 available from: [www.atoda.org.au/policy/nsp](http://www.atoda.org.au/policy/nsp)