



Public Health Association
AUSTRALIA

PHAA report on models for the implementation of a Needle and Syringe Program in the ACT's prison

**Presentation for 2011 NSW NSP
Workers Forum**

WHAT did PHAA do?

- PHAA was engaged by the ACT Govt to investigate and report on models for the implementation of a Needle and Syringe Program (NSP) in the Alexander Maconochie Centre (AMC).
- Project entailed assessment of barriers to implementation and broad consultations with key stakeholders.
- Emphasis on seeking to develop **a model that ensures optimal health and safety outcomes for prison staff and the broader community, as well as prisoners.**

WHY does the ACT Govt want this?

- Significant proportions of prison populations inject illicit drugs. Needle sharing among prisoners makes prisons potential incubators of blood borne infections, including HIV and hepatitis C.
- ACT Assembly's Budget Estimates Committee hearing on 17 May 2010 told that among those prisoners tested to March 2010, *"65 per cent had hepatitis C"*, including one prisoner who was the *"first case where there is evidence to support transmission of hepatitis C while in the AMC"*. (Anex, 2010)

WHY does the ACT Govt want this?

- *Prisoner health studies in Australia have estimated the overall prevalence of hepatitis C infections to be between 23% and 47% for male prisoners, rising to between 50% and 70% for female prisoners.*
- *Injecting drug use in custodial settings places inmates at high risk of hepatitis C. About half of Australian prisoners have a history of injecting drug use. About half of all imprisoned people who inject drugs continue to inject drugs in prison.* (Hepatitis Australia, 2011)

WHY does the ACT Govt want this?

- Prisoners return to their communities. The health risks posed by sharing injecting equipment in prisons create a broader public health issue.
- Prison staff have the right to a safe working environment. The risk of contracting a blood borne virus through accidental needle stick injury would be reduced by a **regulated** prison-based NSP that removed dangers associated with unregulated use of illicit equipment.

WHY does the ACT Govt want this?

- A prison-based NSP trial has been endorsed by the Australian HIV, hepatitis C and Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections strategies, which have been agreed to by all State and Territory Health Ministers.

WHY does the ACT Govt want this?

- NSPs have already been established in more than 50 prisons in 12 overseas countries, including in Spain, Portugal and Germany **where the programs are supported by trade unions.**
- Overseas prison-based NSPs have helped to reduce blood borne virus transmission, and have had the following benefits for staff and prisoners:
 - No observable increase in injecting or other forms of drug use;
 - Reduced blood borne virus transmission;
 - Reduced needle sharing and re-use;
 - Reduction in needle-stick injuries for prisoners and staff;
 - **No instances recorded of needles being used as weapons;** and
 - Acceptance by staff and prisoners.

HOW was the project approached?

- PHAA needed to identify potential barriers to implementation and consider how these could possibly be overcome by different program models, in light of examples discussed in the literature and operating overseas.

HOW was the project approached?

- Range of models were considered – obviously these were all quite different to the models for community-based NSPs – **based primarily on the concept of exchange**, rather than free availability of an unlimited number of syringes. Examples of some models considered included:
 - vending machines
 - exchange program operated by health/nursing staff
 - exchange program operated by external community agency
 - contained needle and syringe program model – where the objective would be to contain the provision and use of injecting equipment within a dedicated area in the prison

HOW was the project approached?

- PHAA CEO Michael Moore also visited a number of NSPs in overseas prisons, including prisons in Germany, Luxembourg, Switzerland and Spain.
- Michael's trip was funded by PHAA, **not** ACT Government.

HOW was the project approached?

- Important to have a look at the context of how the models operating overseas work – e.g. operational and cultural differences in prisons etc – as numerous stakeholders have argued that the models currently operating overseas may not be applicable in the Australian context due to fundamental differences in corrections cultures, operations and infrastructure.
- Difficult to get a handle on this via the literature alone, so Michael went to have a look at how some of the models operate and discuss how they work with key stakeholders in those countries.

HOW was the project approached?

- A key objective of this project was working with a range of stakeholders to ensure that any model developed was both **consistent with existing health and corrections program measures** and designed to improve health outcomes for all staff and the broader community, as well as for prisoners.

HOW was the project approached?

- As part of the consultations, we asked stakeholders for their views on factors such as: barriers to implementation; safety issues for staff and prisoners; and the workability of a variety of models in this context.

The report & recommendations

- The ACT Chief Minister, Katy Gallagher MLA, released the PHAA report entitled *'Balancing Access and Safety: Meeting the challenge of blood borne viruses in prison'*, to coincide with World Hepatitis Day on 28 July 2011.
- The report puts forward a plan for the introduction of an NSP at the AMC.

The report & recommendations

- World Hepatitis Day provided an excellent context for the release of the NSP in AMC report, given the need to develop new and innovative approaches to reducing the spread of blood borne viruses (BBVs) in the community.
- It is vital that consideration of the NSP concept is understood within the broader framework of public health responses to BBV prevention.

The report & recommendations

- The report identifies key themes emerging from the consultation process, and uses these to assess models for implementation of an NSP in the AMC.
- Despite the differing views of the very broad range of stakeholders consulted, there was a surprising level of consensus with regard to the main considerations and characteristics necessary to guide implementation.
- The analysis identifies the key considerations for AMC staff, prisoners and community stakeholders regarding barriers to introducing an NSP and outlines how these could be addressed by various model options.

The report & recommendations

- The models explored in detail all demonstrate the potential and the capacity to address the agreed criteria.
- Hence a contingency process has subsequently been proposed for implementation of an NSP in the AMC, which would begin with the introduction of an initially preferred model, acknowledging that another two models also represent viable fall-back options.

The report & recommendations

The models proposed – in order of preference - are:

- **Model 3: Contained NSP (the initially preferred model)**

Models 3A and 3B in the report are in effect variations on the same model option, but would be delivered by different agencies and staff.

Models 3A and 3B entail a contained needle and syringe program model – where the objective would be to contain the provision and use of injecting equipment within the Hume Health Centre area within the AMC.

The report & recommendations

- **Model 2: One for one NSP**

As with Model 3, Models 2A and 2B in the report are also variations on a single model option, but would be delivered by different agencies and staff. Both models involve the operation and delivery of a face-to-face NSP by staff within the Hume Health Centre, on an exchange basis. Injecting equipment (a syringe and necessary related items such as filters, swabs etc) would be provided to individuals at an initial consultation, and thereafter used syringes (and related items) could be exchanged for clean ones via contact with staff located in the Health Centre.

The report & recommendations

- **Model 1: 'One for One' Exchange (Vending Style) Machines**

This model involves the installation of vending style machines that enable prisoners to obtain clean injecting equipment on an exchange basis i.e. used injecting equipment is inserted into the machine, enabling the prisoner to obtain clean injecting equipment.

The report & recommendations

- Additional recommendations in the report relate to: recruitment of a dedicated Aboriginal Health Worker; installation of secure syringe disposal bins; consideration of future developments in retractable syringe technology; and possible legislative amendments to protect staff from potential civil and criminal liability.

The report & recommendations

- The options for the implementation of an NSP in the AMC put forward in the report, along with the complementary recommendations in relation to key supporting measures, demonstrate that implementation of an NSP in the AMC is capable of delivering significant health benefits for prisoners, staff working within the prison and the broader community.

Subsequent submissions process

- In September 2011 the ACT Government concluded a public consultation process on the report and recommendations with a view to informing the development of its formal response.
- A decision will be made by Christmas.
- The report is available on the PHAA website at: www.phaa.net.au .

THANK-YOU!

- AOD sector input was invaluable to ensuring that our report took into account the full range of considerations and perspectives.
- Thanks to everyone for their time and effort in contributing to both the PHAA and subsequent ACT Govt consultation processes for this important project.