

PolicyTalk

Your regular update on alcohol and other drug issues

Needle and Syringe Programs in Prison

Welcome to the fourth edition of PolicyTalk from the Australian Drug Foundation. PolicyTalk provides an overview of topical debates to help senior policy makers find the right solutions for the community on alcohol and other drug issues.

This edition examines the difficult issue of protecting prison inmates and prison staff from the transmission of lethal blood borne viruses via the intravenous injection of drugs inside Australian prisons.

Although Australia has a wide network of NSP services in the community, and has diminished the spread of such viruses within the broader population, it has not been able to establish them in prisons where, unfortunately, the need is high.

This PolicyTalk outlines the case for providing needle and syringe exchanges in correctional systems, taking into account the reasonable and understandable concerns held by prison staff.

I look forward to your thoughts and contributions to this and future debates.

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Summary

Australia is known for having successfully kept blood borne viruses and diseases emanating from intravenous drug use to a relatively low level. Providing access to clean needles and syringes to users of intravenous drugs is one of the key initiatives that contributes to that success. Yet, unlike other countries, Australia has failed to provide NSPs in prisons, despite the prevalence of widespread injecting drug use within correctional systems.

Nearly one half of prisoners have injected drugs and many continue to do so in prison, using and sharing degraded contraband equipment. According to recent research about one third of prisoners who continue to inject drugs in prison contract hepatitis C while they are incarcerated and infected prisoners pose a health risk to the broader community upon release.

Correctional systems are obliged to provide for the personal safety of staff and prisoners by promoting their physical, psychological and emotional wellbeing and minimizing and managing all manner of risks in the prison environment. To expose prisoners who inject drugs, as well as prisoners who don't inject drugs, to blood-borne diseases from unsafe syringes, may breach duty of care.

To date prison staff have resisted the establishment of prison based NSPs because the needles could be used as a weapon by inmates. While that is an understandable fear it appears to be misplaced, because several countries have managed prison NSPs for many years without having such an incident, or other adverse outcomes, and some have reported a decline in hepatitis C and HIV among inmates.

Anex has developed protocols to assist the implementation of prison

NSPs in Australia, based on overseas experience and consultations with stakeholders in Australian prisons. Many reputable organisations in the fields of medicine, health, and alcohol and other drugs, and prominent Australians, have offered their support for NSPs in custodial settings as a public health service.

Needle and Syringe Programs in Prison

Needle and syringe exchange programs in the community

Australia's National Drug Strategy hails needle and syringe exchange programs (NSPs) as one of the success stories of the national campaign to reduce alcohol and other drug harms. (1) The injection of drugs is a high-risk activity that is made less so by the availability of clean needles and syringes through publicly funded community health programs. NSPs are estimated to have prevented 32,050 cases of HIV and averted 96,667 cases of hepatitis C between 2000 and 2009. (2) Research that sought to quantify the financial benefits of NSPs found for each dollar invested by government in NSPs the community gained a return of \$27 through health and other savings. (3)

However, while Australia is regarded as a leader in minimising harms from intravenous drug use, it lags other countries in failing to provide NSPs in prisons. Despite the prevalence of widespread injecting drug use within our prisons the principles and policies that underpin the provision of clean needle and syringes in the community have not been translated into the correctional system.

There are broader public health concerns related to unsafe injecting practices in prison. When they are released, prisoners who are infected with blood borne viruses may transmit them among their families, friends and the public in general and thereby undermine existing public health controls.

Drug Injecting inside Australian prisons

Nearly 30,000 people are held in custody in Australia, more than half of whom have been imprisoned in an adult jail before, according to the Australian Bureau of Statistics. (4) The New South Wales Inmate Health Survey, conducted among 996 prisoners in 30 correctional centres in 2009, found 43% had a history of injecting drug use and many claimed they continued to inject while in prison. (5) Thirty two respondents reported having initiated heroin use in an adult prison, not having used it in the community prior to imprisonment. (5)

The health risks associated with prisoners injecting drugs under current circumstances was recognised in the Third National Hepatitis C Strategy 2010-13.

“People in custodial settings are at increased risk of exposure to hepatitis C because of the high number in prison for drug-related offences, the high prevalence of hepatitis C in prison populations and the associated use of non-sterile injecting equipment, and the sharing of tattooing and piercing equipment and other blood-to-blood contact. The combination of the transmission of hepatitis C in custodial settings and prisoner recidivism presents a challenge to controlling the infection in these settings and in the broader community”. (6)

As syringes are banned in jail injectors are forced to make do with scarce contraband equipment. Syringes are smuggled in to prisons after being cut down for concealment and are reused many times and by different persons. The NSW Inmate Survey found 97 percent of those who injected in prison had shared needles with other inmates. (5)

Unclean syringes pass blood-borne diseases such as HIV/AIDS and hepatitis C. The 2004 National Prison Entrants' Blood-borne Virus Survey revealed that 56% of people entering prison with a history of drug injecting carried antibodies to hepatitis C. (7) Research in 2010 among NSW prisoners found inmates who shared injecting equipment were being infected at high rates (8). Associate Professor Kate Dolan of the National Drug and Alcohol Research Centre at the University of NSW, said “one third of injecting drug users continued to inject in prison and a third of these went on to contract hepatitis C while incarcerated”. (9)

Duty of Care

Governments and prison authorities are obliged to respect the human rights of prisoners in their care and to protect them from foreseeable harm.

The Standard Guidelines for Corrections in Australia, which were revised in 2004 and endorsed by state and territory corrections Ministers, were developed in accordance with the principle that prisoners are owed a duty of care by the administering department, should be treated with respect, and should not be subject to harsh or degrading treatment or physical or psychological abuse. (10) The Guidelines require prisons to provide for the personal safety of staff and prisoners by ensuring the prison environment protects the physical, psychological and emotional wellbeing of individuals and

that “prisons should identify, minimise and manage risk” ([10](#)).

It can be argued that to expose prisoners who inject drugs, as well as prisoners who don't inject drugs, to blood-borne diseases from unsafe syringes may breach the duty of care, since needle and syringe programs are known to have reduced the spread of HIV/AIDS and hepatitis C in the broader community.

In 1990, the United Nations adopted a set of principles for the treatment of prisoners which stated, “the higher the prevalence of injecting drug use and associated risk behaviour is in prison, the more urgent the introduction of prison-based needle and syringe programs becomes”. ([11](#)) Needle and syringe programs in prisons provide a way to manage and respond to the harms associated with injecting drug use.

International experience

Prison needle and syringe programs have been operating for many years in ten countries overseas, including Switzerland, Germany, Luxembourg and Spain.

No evidence of adverse outcomes associated with those programs has emerged to date. Several beneficial outcomes have been documented in evaluations of NSP programs in prisons. They include: no documented increase in illicit or injecting drug use; significant reductions in reusing and sharing of injecting equipment; no documented attacks or violence associated with prison NSPs; and an acceptance of the program by staff and prisoners.

Spain implemented its first prison syringe exchange in 1997. Following the success of several pilot programs, the Directorate General for Prisons ordered that syringe exchanges be established in all prisons. The NSP service is provided by health care staff, sometimes in collaboration with non-government organizations. Prisoners enrolled in methadone maintenance programs are eligible for syringe exchange; only prisoners with mental illness or who are extremely violent are excluded. As in other countries, correctional officers reported very positive experience with prison syringe exchange and support the program. Spanish authorities have recently evaluated that nation's 10-year-old prison needle exchange program and found the prevalence of HIV infection fell from 21 per cent in 1999 to 8.5 per cent in 2009, while hepatitis C infection fell from 40 per cent to 26.1 per cent. ([12](#))

Safety concerns among prison staff

Discussions about NSPs in prisons have largely focused on preventing the transmission of blood-borne viruses among prisoners and tackling injecting drug use as a health issue. From the perspective of many prison officers, however, it is an issue of workplace safety.

One argument against NSPs in prisons is that syringes would endanger the safety of prison officers and prisoners. A representative of the NSW Prison Officers Vocational Branch stated: ‘‘...needles are weapons and we don’t want to deal with more weapons in the prison system’’. ([13](#))

In NSW in 1991, a prison officer was stabbed with an HIV-infected blood-filled syringe. ([14](#)) Subsequently he died of AIDS. The assailant was an acutely mentally ill prisoner who was in the advanced stages of an AIDS-related illness, and who was not being treated with anti-retroviral medications.

Accidental needlestick injuries are, understandably, a serious concern for prison officers. As syringes are contraband items in prison they are hidden by inmates and officers are at risk of a needlestick injury when searching cells or carrying out other duties. It is not uncommon for prison officers to encounter injecting equipment during searches. A study of needlestick injuries to prison officers was conducted in two Australian jurisdictions between January and May 2006. Of 246 prison officers who completed the survey, two-thirds had found needles and syringes in the workplace. Seventeen officers (7 percent) reported having experienced a needlestick injury and most injuries occurred during searches. Blood tests for blood-borne viral infections following injury were common but fewer than half the injured officers sought help from support services. ([15](#))

While needlestick injuries may be reduced by improved search techniques, a regulated system of provision of injecting equipment such as an NSP might reduce the risk and incidence of needlestick injuries. An NSP would provide a mechanism for monitoring the number of needles in a prison, assisting the storage of injecting equipment and assisting the safe removal of needles and other contaminated equipment. Regulation and control are hallmarks of the prison system and the introduction of prison-regulated and controlled NSPs (as occurs in other parts in the world) would not be at odds with current practice. Moreover it would offer protection to prison officers and prisoners alike.

Attitudes of police to NSPs

Prison officers' concerns about occupational needle-stick injuries are shared by the police. However police have supported NSPs since the 1980s, to reduce their own risk of infection when dealing with injecting drug users and to contribute to a public health response to the problem while simultaneously enforcing the law.

“Policing that is done in a balanced and constructive way can contribute to better public health programs. It is not our core business . . . we advocate for public health, and a lot of the time the police have been ahead of public opinion on many things including needle and syringe programs. We're not social workers, but there is a role there”. ([16](#))

Implementing NSPs in Australian prisons

The community based harm reduction agency Anex has developed a set of protocols that could assist with the implementation of NSPs in Australian prisons. The protocols were developed after a review of models operating in prisons overseas and consultations with prisoners, corrections staff and health workers to ensure they responded to all the issues faced by people inside correctional facilities in Australia.

A first step would be the training of staff within correctional settings (including prison officers, and prison health staff) on the role of NSPs as a public health intervention, and their proven capacity to prevent transmission of viruses and infections that lead to chronic disease and death. Correctional staff's anxiety about needlestick injuries, and syringes used as weapons, also needs to be addressed satisfactorily.

Three alternatives for the distribution of clean syringes were proposed:

- Supply by prison health staff or external agencies.
- Syringe dispensing machines or
- Inmates who are peer workers or billets may stock and supply prisoners with clean syringes.
- The protocol suggested the necessary equipment should be supplied to prisoners in an impermeable plastic case and comprise, at a minimum:
- 1ml insulin syringes;

- alcohol swabs;
- disposable spoons;
- ampoules of sterile water; and
- storage and disposal containers.

Other issues included balancing control of the number of needles and syringes within the prison without denying prisoners access to them and preserving prisoners' confidentiality and ensuring inmates should not be harassed by targeted searches or drug testing because they have access to sterile injecting equipment. Access to a needle and syringe program also presents opportunities for inmates to make use of other health and therapeutic interventions related to drug use issues.

The Inside Information report can be downloaded at www.anex.org.au/prisons.

Current consideration

While no Australian state or territory government has allowed a needle and syringe program to operate inside a prison there is some interest in the matter. The ACT government is considering whether to proceed with a groundbreaking service at the Alexander Maconochie Centre in Canberra. The Alexander Maconochie Centre is promoted as a prison that emphasises rehabilitation and compliance with human rights principles and in which prisoners, staff and visitors should be safe.

Prominent Australians from both sides of Australia's political divide have lent their names to support the provision of sterile injecting equipment in prisons. They include former Governor General Bill Hayden AC, former Labor Justice Minister Duncan Kerr SC, and former Liberal senator Chris Puplick AM, who has chaired the Australian National Council on AIDS, Hepatitis C and Related Diseases.

In addition many notable organisations have joined in advocating the trialing of NSPs in prisons. They include:

- Alcohol and Other Drug Council of Australia
- Australian Drug Foundation
- Australian Federation of AIDS Organisations
- Australian Medical Association
- Australian Health Ministers Conference
- Australasian Society for HIV Medicine
- Drug and Alcohol Nurses Association

- Hepatitis Australia
- Family Drug Support Australia
- The Pharmacy Guild of Australia
- Public Health Association Australia
- Royal Australian College of Physicians

Support from community leaders across sectors and the political divide signals a growing community acceptance of the need for NSPs to be extended to the prison setting. The introduction of prison regulated and controlled NSPs would be a welcome and essential addition to the range of harm reduction strategies Australia already pursues to create a safer environment for the whole population. The evidence from overseas suggests that prison NSPs would protect the security and health of prison staff without endangering the security and health of those staff who work inside Australian prisons.

References :

1. Ministerial Council on Drug Strategy 2011. National Drug Strategy 2010–2015 Canberra: Commonwealth of Australia.
2. Iversen, J, Deacon, R and Maher, L. Australian NSP survey: prevalence of HIV, HCV and injecting and sexual behaviour among IDUs at needle and syringe programs. National data report 2003–2007. Sydney: National Centre in HIV Epidemiology and Clinical Research, 2008.
3. Wilson D, Kwon A, Anderson J, Thein R, Law M, Maher L, et al. Return on Investment 2: evaluating the cost-effectiveness of needle and syringe programs in Australia. Sydney: Australian Government Department of Health and Ageing, National Centre in HIV epidemiology and clinical research (University of Sydney). 2009
4. Australian Bureau of Statistics 2011, Prisoners in Australia; Canberra: ABS - [Website link](#)
5. Indig D, Topp L, Ross B, Mamoon H, Border B, Kumar S and McNamara M. 2009 NSW Inmate Health Survey: Key Findings Report. Justice Health Sydney 2010.
6. Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis, Hepatitis C Subcommittee, 2008, Hepatitis C Prevention, Treatment and Care: Guidelines for Australian Custodial Settings.
7. Butler, T, Boonwaat, L and Hailstone, S. National prison entrants'

bloodborne virus survey 2004. Sydney: Centre for Health Research in Criminal Justice and National Centre in HIV Epidemiology and Clinical Research, 2004.

8. Dolan K, Teutsch S, Scheuer N, Levy M, Rawlinson W, Kaldor J, et al. Incidence and risk for acute hepatitis C infection during imprisonment in Australia. *European Journal of Epidemiology*. 2010.

9. Bucci N, Stockman D. Hep C could infect one in three injecting prisoners: expert. *Canberra Times*, 2012 May 19.

10. Department of Justice, WA, Corrective Services, NSW, Correctional Services, SA, Corrective Services, ACT, Department of Justice, Tasmania, Department of Justice, Victoria, and Department of Justice, NT. Standard guidelines for corrections in Australia. 2004. - [Website link](#)

11. Jurgens, R. Evidence for action technical papers. Interventions to address HIV in prisons: needle and syringe programmes and decontamination strategies. Geneva: World Health Organization, 2007, p 18.

12. Ferrer-Castro V, Crespo-Leiro M. R, Garcia-Marcos, Alonso-Conde A, Garcia-Fernandez I, Lorenzo-Guisando A, Sanchez-Fernandez J L, Seara-Selas M, Sanjose-Vallejo R. Evaluation of needle exchange program at Peireiro de Aguilar prison (Ourense, Spain): Ten years of experience *Revista Espanola de Sanidad Penitenciaria* Vol 14 No. 1 Mar-Jun 2012

13. Prison health: special report. *Australian Doctor*, 27 July 2007, p 40. - [Website link](#)

14. Jones, PD. HIV transmission by stabbing despite zidovudine prophylaxis. *Lancet* 1991, 338: 884.

15. Larney S, Dolan K. An exploratory study of needlestick injuries among Australian prison officers, *International Journal of Prison Health* 2008 Sep:4(3):164-8.

16. Anex. Anex bulletin, 2006, 4(2).

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News from the ADF

Expansion of Good Sports funded by Australian National

Preventive Health Agency

Sporting clubs are a key social and recreational hub for communities across the country. They bring people together to watch or play sport and to enjoy each other's company. Many clubs provide alcohol for their participants, members and spectators. While most clubs manage alcohol responsibly, research shows that excessive drinking and its associated harms is still a big problem for many sporting clubs. The ADF's Good Sports Program works to address this problem.

Good Sports strives to make community sporting clubs healthier and safer places. The Program focuses on supporting clubs to introduce policies and practices that create a culture of responsible drinking within the club. It puts the emphasis back on people and sport rather than alcohol.

The Good Sports Program is a proven success. Research shows that Good Sports helps to reduce alcohol consumption, risky drinking, aggressive behaviour and drink-driving among participating clubs. From its modest beginnings in Victoria in 2000, the Good Sports has grown to become a high-performing, nation-wide program (except WA) involving over 5,000 community sporting clubs and reaching over 1 million people. The Australian Drug Foundation is therefore very pleased to announce a major funding boost to the Program.

The Australian Government, through the Australian National Preventive Health Agency, is providing Good Sports with \$8.9 million to continue and to extend the Program over the next two years. The funding will be used to:

- Increase the number of community sporting clubs across Australia that are participating in Good Sports to at least 6,500 clubs by June 2014;
- Support existing Good Sports clubs to progress through the Good Sports accreditation system;
- Expand Good Sports into Western Australia in partnership with Healthway, the Western Australia Health Promotion Foundation;
- Extend Good Sports focus to include young people aged 12-17, through the development of Good Sports Junior;
- Develop on-line delivery and support systems to improve access for clubs in remote areas and the program's cost-efficiency.

The Minister for Mental Health and Ageing Mark Butler announced the new funding at the Program's launch at Manuka Oval on 28 May 2012. The Australian Drug Foundation would like to thank the Australian Government for its continued support.