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BLOOD-BORNE VIRUSES IN AUSTRALIAN PRISONS

A community collaboration for an improved policy response

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PROJECT AIM

- Produce a paper which identifies recommended strategies to:
 - Enable improved prevention of BBVs in Australian correctional settings;
 - Support effective management and care for people at risk of and living with BBVs;
 - Ensure equitable access to the latest treatments.
- Promote consistency across all Australian States and Territories

COLLABORATIVE PROCESS

- Initial literature search on BBV prevention in prisons
- Engaged a working group involving other peaks and key experts
- Second literature search on management and treatment of BBVs in prisons.
- Initial drafts of a paper
- Final draft to be signed off by collaboration organisation
- Build further support.
- Public release of paper and recommendations

AUSTRALIA - A WORLD LEADER

- Strong record of bi-partisan government support for BBV responses
- National strategies in place (HBV, HCV, HIV, STIs, Indigenous)
- HIV infections kept low compared to similar countries
- Hep B vaccination programs – incl. among youth.
- Recently leaped ahead in hep C treatment access.
- Funding for community based organisations



BUT...

Have we gone backwards when it comes to our prisons?

- 2014-17 National Strategies have no real focus on prisons.
- The commencement of the proposed NSP pilot in the ACT has been protracted.
- Access to condoms is inconsistent.
- Unsafe barbering and tattooing pose a threat to infection control.
- Access to treatments can be confusing.

NATIONAL HEPATITIS C STRATEGY 2010-2013 STATES:

5.3 “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.”

6.1 – Priority Action “Conduct a feasibility study into providing the full range of hepatitis C prevention interventions in custodial settings throughout Australia, with the view to piloting the provision of prison-based NSP.”

6.4 “Custodial settings have the potential to be a focal point for hepatitis C testing, education and treatment for this priority population group. While hepatitis C treatment services are available for prisoners in some custodial settings, they are not consistently available nationally.”

NATIONAL HEPATITIS C STRATEGY 2014-2017 HAS THIS.

Priority Population	Reasons for Priority Status	Issues and considerations	Additional focus
People in custodial settings	<p>The prevalence of hepatitis C infection among male inmates is estimated to be 35–47 per cent, and 50–70 per cent in women.</p> <p>Increased risk due to systemic behaviours, such as use of non-sterile injecting equipment, and sharing of tattooing and piercing equipment and other blood-to-blood contact.</p>	<p>Access to harm-reduction services and equipment can be limited,</p> <p>There is no systematic surveillance for hepatitis C in custodial settings.</p> <p>Low rates of hepatitis C testing uptake among prisoners at reception and limited uptake of best practice testing algorithms have the potential to contribute to transmissions and act as barriers to appropriate care.</p> <p>Access to treatment is difficult, and exit screening for hepatitis C is not as high as entry screening in people in custodial settings.</p>	<p>Prisoners who inject drugs.</p> <p>Aboriginal and Torres Strait Islander people in custodial settings.</p> <p>Women in custodial settings.</p>

FAIL

PREVIOUS CALLS FOR CHANGE

- 2007 – report recommended a pilot NSP be developed for the Andrew Maconochie Centre in the ACT. Human Rights and Discrimination Commissioner
- 2008 - *Hepatitis C Prevention, Treatment and Care: Guidelines for Australian Custodial Settings*
(Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis - Hepatitis C Subcommittee)
- 2011 –
 - *Consensus Statement: Addressing Hepatitis C in Australia Custodial Settings*
signed by 22 organisations
 - *HIV Australia* feature on prisons (AFAO)
- Numerous reports looking into models of NSPs in prisons.
- 2015 – Inquiry into hepatitis C in Australia – special hearing

HCV INQUIRY RECOMMENDATIONS

Recommendation 8

The Committee recommends that the Department of Health work with State and Territory health and corrections agencies to:

- develop a standard approach to data collection and reporting of prisoner health in custodial settings; and
- give consideration to the provision of support for safe tattooing, barbering and any other legal practices which may present a risk of hepatitis C transmission in custodial settings.

Recommendation 9

The Committee recommends that a national strategy for blood-borne viruses and sexually transmissible infections in prisons be developed. The strategy should accompany and support the five existing jurisdictional strategies and be developed, implemented, reviewed and assessed in the same way.

Recommendation 10

The Committee recommends that the Australian Government raise the issue of hepatitis C in prisons, and the establishment of national standards in prison health delivery as part of the Council of Australian Governments (COAG) Health Council process.

WHY THE FUSS ? IT'S IN THE FACTS

- The National Prison Entrants' Blood-borne Virus and Risk Behaviour Survey, conducted in 2004, 2007, 2010 and 2013 has consistently demonstrated the high prevalence of BBVs in prisons compared to the non-incarcerated community.
- 58% prevalence of HCV among those in prison with a history of injecting.
- Est. HCV prevalence in 2013: 35-47% of males and 50-70% of females
- 8% of those entering did not know they had HCV
- 18% tested positive for HBV
- Only 58% of those who reported be vaccinated showed clinical immunity.
- While HIV prevalence is low it is still double that of the general population.

COMPLEX ENVIRONMENT

- Despite all the previous work there are still many inconsistencies across the country.
- It's a complex environment -
 - Work is done in state and territory silos
 - Mix of public and privately operated prisons
 - Cross-over in government departments (corrections/health)
- Barriers to effective prevention strategies, such as NSPs are based on fear and not current facts.

IN SUMMARY

- The evidence is clear that prisons continue to be a high priority for BBV prevention and treatment but the policy response has been watered down.
- There needs to be strong national leadership.
- There needs to be greater commitment to change across all government jurisdictions.
- We need to think from a public health and human rights perspective.
- We must continue to challenge the fear mongering.

DRAFT RECOMMENDATIONS - 1

The Australian Government raise the issue of BBVs in prisons as a public health priority and calls for the establishment of national standards in prison health delivery as part of the Council of Australian Governments (COAG) Health Council process.

DRAFT RECOMMENDATION - 2

- The 2018-2020 suite of National Strategies for BBVs and STIs includes a separate strategy for responding to BBVs in prisons and other correctional settings, which covers the following:
 - education about BBV transmission for inmates and staff
 - access to confidential and culturally appropriate health services, including services delivered by Aboriginal and Torres Strait Islander people to Aboriginal and Torres Strait Islander people
 - access to best practice BBV testing that is offered and provided by suitably trained health staff
 - access to medicines used to treat and cure BBVs
 - hepatitis B vaccination program for prison entrants
 - ready access to sterile injecting equipment through prison-based exchange programs
 - provision of bleach and disinfectant and education about their use
 - access to opioid substitution therapy (OST) and other drug treatment and counselling services
 - ready access to condoms and lube
 - access to personal hygiene products including razors, toothbrushes and safe barbering equipment
 - infection-control procedures to allow safe tattooing and body art

DRAFT RECOMMENDATION – 3 & 4

- The Australian Government process for developing and approving all national strategies for BBVs and STIs is completed by December 2017.
- The federal, state and territory governments, along with the non-government sector, participate in the development of and commitment to implementation strategies across the life of the National Strategies.

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