Discussion Paper | Prison-Based Syringe Exchange Programs (PSE Programs)

AUSTRALIAN INJECTING AND ILLICIT DRUG USERS LEAGUE (AIVL)

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AIVL dedicates this report to all of the injecting drug users in prison across Australia who are forced every day to place their health and lives at risk.

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Introduction

The Australian Injecting and Illicit Drug Users' League (AIVL) is the national peak organisation representing the State and Territory drug user organisations on issues of national significance for illicit drug users. AIVL is a peer-based organisation, run by and for illicit drug users. The membership of AIVL is comprised of the state and territory drug user organisations, which ensures the organisation truly represents a national perspective on the issues that affect illicit drug users.

AIVL, on behalf of its constituents, is concerned about the gaps in service provision and neglect for the health and human rights of injecting and illicit drug users within the Australian prison systems. Prisoners experience extreme levels of discrimination and marginalisation in society. Australians are routinely led to believe, that the loss of liberty in itself is not sufficient punishment for those convicted of committing a crime. Headlines bombard the general public often stating that prisoners are able to access fabulous services and programs and that some prisons are more like "holiday parks" than institutions of punishment. It is fair to say that the average Australian has limited concern and/or knowledge of day to day reality for prisoners - the individual fight for survival in a system that can be both brutal and inhumane. For the prisoner who is also an injecting drug user (IDU), there are even more issues to contend with. Not only in terms of survival but also the protection of one's health.

> *The laws of the Australian Government recognise that a person's capacity to access health services should not be compromised by reason of imprisonment and that all people should have the basic right to health. This recognition is also evidenced in Australia's international treaty obligations.*[1]

Legal recognition has failed to translate into improved conditions for injecting drug users in Australian prisons. Every day men and women incarcerated in Australian prisons are forced to compromise their lives and health simply because the governments of Australia prevent them from being able to protect themselves. The failure of Australian governments to provide adequate and appropriate services to drug users in prison is contributing to blood borne virus transmission and other drug use related health issues. All of these problems could be minimised, if the governments were committed to meeting their duty of care in the prison context. The provision of holistic services for injecting drug users that include access to sterile injecting equipment will save lives and improve the health of prisoners who inject drugs. This in turn, will protect and improve the health of individuals in the wider community.

As stated in the general principles spelt out in the World Health Organisation (WHO) Guidelines on HIV Infection and AIDS in Prisons:

> *All prisoners have the right to receive health care, including preventative measures, equivalent to that available in the community without discrimination, in particular with respect to their legal status and nationality.*[2]

AIVL believes that such principles, along with other legislation, declarations and charters, that strive to protect prisoner's health, are being overlooked or ignored by Australian prisons and the Australian Governments. Prisoners in Australian prisons do not have access to the same level and quality of healthcare as the general community. This is not a judgment, it is a fact that AIVL believes must be addressed as a matter of urgency.

The provision of needles and syringes in Australian prisons has been an area of debate for sometime and has received significant media coverage. Richard Lynott's action against the State of New South Wales in 1996 increased the media's attention. In the late 1980's Mr. Lynott, who was also hepatitis C positive, contracted HIV whilst in prison. At the time, needle and syringe programs and condoms were available in the wider community but not in NSW prisons. He commenced an action in negligence against the authorities for failing to provide him with access to condoms and sterile syringes while he was incarcerated.[3]

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[1] Justice Action, *Prisoner Health Fact Sheet*, **www.justiceaction.org.au/Health/ndx_hlth.html**

[2] *World Health Organisation Guidelines on HIV Infection and AIDS in Prison*, United Nations AIDS Best Practice Collection, Key Material 1993.

[3] Canadian HIV/AIDS Legal Network, 1997, *Canadian HIV/AIDS Policy & Law Newsletter*, Vol 3 No 2-3 Spring 1997.

In November 1996, Mr Lynott gave evidence to the Supreme Court of New South Wales confirming that he had shared syringes in prison and had engaged in unsafe sexual practices. He also testified that had he had access to clean syringes and condoms he would have used them. Mr Lynott died in December 1996 and his case was abandoned. His efforts to provide access to the means of health protection for all prisoners however were not a failure. Condoms and bleach are now available in some Australian prisons and research and evaluations are being undertaken by Australian researchers into the provision of injecting equipment in prisons overseas.

Blood Borne Viruses

It is well documented that hepatitis C transmission rates are increasing and that this increase is predominantly amongst injecting drug users. It is estimated that there will be between, 321,000 and 836,000 people living with hepatitis C in 2020 depending on future patterns of injecting drug use.[4] Studies undertaken within some prisons show it is estimated that 30-40% of all prisoners have hepatitis C however, for women this is likely to be higher and in the range of 50%-70%.[5] Prisons are an environment in which the transmission of hepatitis C can easily take place, not only for injecting drug users who enter prison without the virus but also for the transmission of other genotypes for those already infected. Given that many injecting drug users serve short sentences in prison, this also raises the issue of increasing infection rates within the community. As Crofts states:

> *Prisons take people from diverse settings who would not otherwise meet, create the opportunity to spread blood borne viruses among them and then send them back to their original social networks as potential sources of infection.*[6]

It is vital that Australia responds appropriately to such data to ensure that injecting drug users can protect their health whilst in prison, and as a consequence protect the health of the wider community.

Hepatitis C is not the only blood borne virus that poses a risk for injecting drug users. The otherwise excellent harm reduction programs that Australia implemented in response to HIV, including needle and syringe programs and peer initiatives, has ensured that the rate of HIV infection amongst IDU has remained relatively contained. As a result, the general community risk of exposure to HIV is greatly reduced. However, HIV remains a key public health issue and it is vital that we do not become complacent. In the past few years we have begun to see a number of worrying trends in this area. The 2000 HIV statistics from Victoria identified a 100 percent increase in HIV infections amongst injecting drug users. Although these statistics only deal with very small numbers (an increase from five per year to ten per year) the fact remains that we have witnessed a doubling of the HIV figures in one twelve month period after ten years of stability. The 2001 Victorian statistics are continuing to see increased infections amongst injecting drug users. Further investigation has shown that these infections largely relate to injectors from Asian backgrounds being returned to their or their parent's birth country for drug treatment and then returning to Australia and testing HIV positive. Should such trends continue, prisons will act as a vehicle to promote HIV rather than to prevent it.

Hepatitis B also presents as a challenge for injecting drug users. Both in relation to prevention of transmission and the increased health issues that can occur when an individual becomes infected with both hepatitis C and hepatitis B. Providing sterile injecting equipment to prisoners would also ensure that opportunities will become available to both promote and provide vital hepatitis B vaccinations.

General Health Issues

In addition to blood borne virus transmission, lack of clean injecting equipment exacerbates the general health and well being of injecting drug users whilst in prison. Individuals may experience:

- Abscesses;
- Bacterial infections;
- Thrombosis;
- Collapsed veins;

[4] Australian National Council on AIDS, 2002, *Hepatitis C and Related Diseases Hepatitis C Sub-Committee's - Hepatitis C Virus Projections Working Group: Estimates and Projections of the Hepatitis C Virus Epidemic in Australia*.

[5] *ibid*.

[6] Crofts N, 1997, 'A Cruel and Unusual Punishment, Sentencing prisoners to hepatitis infection as well as loss of liberty is a violation of human rights', *The Medical Journal of Australia*, 166: 116.

- Endocarditis;
- Tetanus;
- Septicemia.

Due to the incriminating nature of injecting drug use, many individuals suffer in silence while in prison and delay or do not seek treatment. Relatively simple health problems are often left, as a result becoming more complex and distressing.

Prison-Based Syringe Exchange Programs (PSE Programs)

Terminology

It is important to note that within the prison setting, Needle and Syringe Programs (NSPs) are referred to as Prison-Based Syringe Exchange Programs (PSE programs). While in principle, AIVL does not support needle and syringe provision that is provided on an exchange only basis, AIVL recognises that even in an ideal world, where services in prisons should mirror that of services in the wider community, at times compromise is necessary. As such, AIVL uses the term “Prison Based Syringe Exchange Programs” (PSE) and accepts that for any progress to be made, provision will initially have to be made on a one for one basis. However, AIVL does not support any PSE program that refuses an individual sterile injecting equipment because of a failure to return used equipment. Processes must be put into place to accommodate the occasions that individuals are unable to return used injecting equipment.

Current Programs

Currently, PSE programs exist in various types of prisons in countries including:

- Switzerland;
- Germany;
- Spain;
- Moldova.

The models of distribution of injecting equipment vary from prison to prison and there are several reports that have been written describing them in more detail. In summary, provision is either by:

- Vending machine; or,
- Doctor, medical or NGO staff; and,
- In Moldova they have developed a model of peer distribution.

Each model has its own positive and negative features. The following descriptions outline some of the characteristics for these services.

1. Accessing the Service:

Initial access is varied. Some of the programs require that individuals need to be assessed as drug dependent by medical officers; other prisons ensure that all new prisoners have a dummy syringe and information and/or an injecting “anti-AIDS” kit in their cell (these kits are similar to Fitpacks)

2. Storing and transportation of equipment:

All programs have strict controls on the storing of equipment. Specified containers must be used and these must be stored in designated areas within an individual’s cell. These containers must also be used to transport used injecting equipment within the prison. (Again, these kits are the same as those used in community distribution programs so within the Australian context could be Fitpacks).

3. Who is Excluded?

Unfortunately, the programs are not open to everybody. This is a particular problem as it means that injecting equipment is able to continue as a commodity within the prison environment. Exclusion from accessing clean injecting equipment includes:

- Pregnant women;
- Individuals on methadone treatment;
- Individuals being held in reception;
- Those individuals being held in drug free areas.

4. Other service provision:

Additional services exist such as methadone treatment; support groups; education sessions; general health care; counselling and access to bleach and condoms. Switzerland is also piloting a heroin prescription program. This service has strict criteria and, not surprisingly always operates to maximum capacity. In these programs the individual is able to access and self administer their prescribed amount of heroin under a nurse’s supervision up to three times per day.

Evaluations

Some of the PSE programs have been evaluated. While the results are specific to each program they include:

- Between 98.3% to 100% syringes returned;
- Acceptance by staff and prisoners of the program;
- No increase in illicit drug use;
- Reduction in sharing equipment;
- No increased sanctions for example for being in possession of illicit drugs;
- No attacks or violations;
- No increase in overdose;
- No seroconversion for HIV or hepatitis;
- Decrease in abscesses;
- No effect on individuals seeking drug treatment;
- No increase in injecting drug use.[7]

Retractable Syringes

The Federal Government is currently exploring the possible implementation of retractable needle and syringes through community-based NSPs. As a result, such technology needs to be considered when discussing PSE programs. Within the current PSE programs overseas, retractable syringes are not distributed. AIVL believes that this should also be the case within Australian PSE programs. It is tempting for professionals within the field to see retractable syringes as having a place within prisons as they:

- May act to minimise needle stick injury for prisoners and prison staff and;
- Appear to be a safer option for storage and transportation within the prison.

Conversely, retractable syringes have the potential to create many more health problems and increased risk of the transmission of blood borne viruses for prisoners:

- It is vital that services within prisons reflect those provided in the community. Currently retractable syringes are not available within the community and it is unclear if and when they will be introduced
- Should retractable syringes be introduced within prisons it would require intense training for individuals who will not be clear on how to use such equipment. Seeking out this information affects confidentiality and may dissuade people from accessing the PSE program;
- The problems retractable syringes present to injecting drug users in the community remain so for those in prison:
  - The unit may be re-used but is not functional enough to be cleaned sufficiently well;
  - There may be an inclination to share syringes, due mainly to concerns about being able to clean and reuse the unit;
  - There is likely to be an increase in the injecting of and assisting of others to inject as individuals will struggle with the retractable syringe mechanisms;
  - Underground syringe provision will remain in prisons as individuals will prefer to use standard injecting equipment;
  - An environment of desirable and undesirable injecting equipment will arise and many of the benefits from the PSE program will be lost. In many ways a retractable syringe PSE program will be of little, if any, benefit with black markets remaining.
- Retractable syringes will not reduce the perceived risk of needle stick injury for prison staff as they can be reconstructed and the needle itself can remain exposed.
- Retractable syringes increase any likelihood of needle stick injury for prison staff as prisoners are more likely to have to hide the non retractable syringes outside of the storage guidelines for fear of being caught with “unauthorised equipment.”

AIVL’s Approach to Needle/Syringe Programs in Australian Prisons

In developing these principles, it is AIVL’s aim to shift the debate about NSPs in prisons away from a debate about ‘whether’ we should have PSE programs to ‘how’ we should go about implementing them. We

[7] Rutter et al, 2001, *Prison - Base Syringe Exchange Programs, A Review of International Research and Program Development*, National Drug and Alcohol Research Centre Technical Report No 112.

acknowledge that achieving our aims and objectives in this area of our work will take time. For us to succeed in being able to trial a PSE program in just one prison in Australia we will require unprecedented support from all relevant stakeholders, including the wider community. We have no illusions about the enormity of this task but we remain absolutely committed to doing everything in our power to address this health and human rights injustice for prisoners.

Illicit drugs and drug users continue to be demonised within the community and this is even more pronounced within a prison setting. The prison system at times tries to hide the topic of illegal drug use, hoping that it will disappear and extreme measures are taken to stem the availability of illicit substances within the prison system. It must be acknowledged that it is impossible for any prison to completely eradicate these substances while they remain illicit. Given that the prison population has a significant proportion of illicit drug users within it, demand will remain high especially when appropriate drug treatment is hard to access and/or is not available.

AIVL believes that we cannot address PSE programs in isolation and that there are a range of other issues that need to be addressed concurrently such as:

- Reducing the number of people in prison for drug related offences;
- Reducing the periods of remand;
- Reducing the lengths of sentences;
- Improving drug treatment in the community to reduce and minimise criminal activity;
- Looking at alternatives to custodial prison sentences for drug and drug related offences; and
- Drug Law Reform.

As it stands however, current laws inevitably mean that injecting and illicit drug users will continue to be incarcerated. PSE programs are not just an issue for prisons and injecting drug using prisoners. It is an issue for the entire community. The majority of injecting drug-using prisoners are sentenced to short periods of detention. Some continuously go through the revolving door from the community to custody and back again. We must be responsible and approach this from a public health perspective which is grounded in basic health and human rights.

The Reality of Prison Culture

In Australian prisons, sterile injecting equipment can be worth more than illicit drugs themselves. Syringes are rented out from person to person and reused many times. It is common place for needles to be sharpened on match boxes and other suitable surfaces and if one is lucky enough to have clean injecting equipment then it is heavily guarded and is often the focus of stand over tactics.

It is important to recognise the level of risk that people are being forced to endure in an attempt to protect their lives and health. One of the ways in which users get injecting equipment into prisons is by swallowing syringes attached to for example dental floss so that they can be pulled back up later in private. This is a high risk activity and potentially dangerous action. However, when there are so many other risks at play people balance risks off against each other. Too often people using these types of strategies are seen as "people with a death wish." In reality they are people desperate to survive, using the only ways they know how to achieve this.

Injecting drug users want to protect their lives and their health and desperately need the resources to do so. Prison culture can be scary and threatening. The rules by which we live in the community often mean nothing in the prison environment. The only way that we can really protect injecting drug user's lives and health is by providing the resources they need. The recently released Commonwealth Government report: *Return on Investment in Needle and Syringe Programs in Australia* shows clearly that "NSPs are effective in reducing the incidence of both HIV and Hepatitis C and that they represent an effective financial investment by Government."[8] AIVL believes that such success would be duplicated if NSPs were implemented in the prison setting.

AIVL's Guiding Principles for PSE Programs

AIVL opted to develop a set of guiding principles for PSE programs in prisons rather than to develop a specific model, this is because:

[8] Drummond M Prof, Commonwealth Department of Health and Aging, *Return on Investment in Needle and Syringe Programs in Australia – Health Outcomes International PTY Ltd*, The National Centre for HIV Epidemiology and Clinical Research.

- Each prison environment is different;
- The size of the prison, population levels, security issues and incidence of violence need to be considered
- Much of the literature on current programs stress the importance of prisons developing models that work for all stakeholders (including injecting drug using prisoners);
- It is impossible to expect that one specific model can be implemented across all prison settings;
- Consultation is paramount to the success of PSE programs and it is vital that all stakeholders have ownership of the PSE program in their prison setting. AIVL's principles can however play an influential role in such consultations and PSE program development.

These guiding principles are the result of consultation with injecting drug users who have been in prison within the last year and corrections health personnel. AIVL's principles are informed by current and effective, overseas models.

AIVL believes that the **key principles** for the successful implementation of a PSE Program in an Australian prison include:

1. Involvement of all stakeholders:

For any PSE program to become reality, it is vital that all stakeholders are included in every stage of the development and implementation. There will clearly be differing views held by the varying stakeholders with conflicting levels of support for such an initiative. PSE programs require commitment and support for them to succeed. A PSE program remains vulnerable to sabotage and this can result in failure. While challenging, it is crucial that all stakeholders be involved to reach consensus. It can be better to not have a PSE program at all rather than operate one that lacks support and is badly run. Stakeholders may include, but are not limited to:

- Injecting drug using prisoners;
- Non drug using prisoners;
- Government representatives from relevant departments;
- Prison staff and union representatives;
- Corrections health representatives;
- The State or Territory drug user organisations representatives;
- Local Non Government NGO's;
- Local prisoner advocate organisation representatives. Including former prisoners

2. The PSE program should be made available to all prisoners:

AIVL does not support the exclusion of any individual from accessing PSE programs. Within the community, individuals are not excluded from accessing sterile injecting equipment and this should remain the case in the prison setting. Excluding individuals will result in a continuation of an underground "illegal" system which is counterproductive to the aims of any PSE program

3. Initiation to the service should be by way of all new prisoners having a blood borne virus kit (eg Fitpack) placed in to their cell:

As has been described, there are various ways in which prisoners are initiated into PSE programs in the current models overseas. AIVL however believes that this approach is most beneficial because:

- It does not require an admission of being an injecting drug user by the prisoner;
- It is more confidential and is better able to protect prisoners' anonymity;
- It provides greater protection to prisoners from being targeted by prison staff;
- It promotes greater accessibility and availability of equipment and assists in the process of removing the currency value of injecting equipment;
- The kit can include additional information such as safer injecting, overdose prevention and blood borne virus transmission as well as other drug using paraphernalia;
- Placing the kits in such a way also demonstrates that the prison is committed to protecting all prisoner's health and removes many of the power dynamics that can be seen in prison settings

4. The provision of needles and syringes must be through both vending machines and external Non Government Organisation (NGO)staff:

Both mechanisms for distribution have costs and benefits however, when they are combined, they have the potential for providing a more encompassing and holistic service that will increase health outcomes:

- Staff can play a role that machines alone cannot. This can include referral to other health services

within the prison system; on the spot information and advice; monitoring of the PSE program; provision of additional equipment that cannot be provided through the machine, drug management strategies; referral to drug treatment and act as a reassurance for prisoners particularly should the vending machine become inoperable;
- Machines provide a low threshold mechanism of distribution for those prisoners who do not wish to have any contact with staff. This is crucial in ensuring that access is as easy and non-threatening as possible. Regardless of the commitment that each prison may have to the PSE program, there will be individuals who for an array of reasons are not comfortable or trusting of it;
- The two mechanisms working together also provide "insurance" to minimise the likelihood of never being able to access sterile equipment. For example if the machine is broken then, there is the option of accessing the staffed arm of the program. Should a lockdown have prevented access to the staffed arm then the machine remains an option.

5. Vending machines need to be well placed and secure (but, not under surveillance), regularly stocked and protected from vandalism. Where possible the machine should also provide other resources such as soap and condoms to protect confidentiality:

Vending machines provide a level of confidentiality and anonymity and are, if positioned correctly and maintained an expensive yet efficient way to distribute sterile injecting equipment. The condom program in NSW prisons is a good example of vending machine distribution. While there were initial concerns about this program, there have been no problems reported over the five years they have been in existence. There are however issues with this modality that also need to be considered, vending machines must adhere to the following principles:

- The positioning of the machine must not place users at risk of exposure; neither should it be placed in an insecure environment where it can easily be vandalised. This is a difficult principle to follow and is a criteria that requires careful consideration, deliberation and possible compromise;
- The machine must remain stocked and fully functioning. Failure to do this will result in loss of faith by prisoners in the PSE program and it is likely that prisoners will revert back to an underground system which is detrimental to all stakeholders. AIVL believes that where possible management of the vending machines is best placed with the NGO staff;
- Where possible, the machine should also contain other items such as soap or condoms. This adds to the confidentiality and anonymity for prisoners accessing the PSE program it also makes the machine of value to non drug using prisoners and is therefore less likely to be vandalised by either prisoners or prison staff.

Staffed PSE programs are able to offer a fuller range of services and interventions such as health promotion and referral to other services for example drug treatment. Staffed PSE programs also remain as a back up should machines become a target of vandalism. There are many components to staffed PSE programs and AIVL recommends these guiding principles:

6. Staff operating the program should be from an external NGO who are less likely to gain personally from prison culture and systems and should have a good working relationship with direct access to the prison's Governor:

Difficulties with trust within the prison system between prisoner and prison staff are well documented and recognised. Whilst the prison service is working hard to rectify this dynamic, it must be recognised that a PSE program run directly by prison staff will be ineffective and unsuitable. Models overseas of both NGO run PSE programs and drug treatment show better outcomes than those developed by prison staff. These are effective models that demonstrate that partnership initiatives can work well and that by working together great health outcomes can be achieved. (A good example of this is the work being done by various AIVL member organisations in relation to peer run overdose prevention workshops being held in some prisons.)

As has been mentioned, trust is vital and from the focus groups that AIVL undertook, former prisoners felt that the best management system for the staffed PSE program would be for the PSE program to be run directly by the Governor. Within prison culture, the Governor is most trusted and respected individual and this management structure would enhance the operations of the staffed PSE program. Effective policy and procedures need to be developed that promote

and sustain supportive work environments, clear lines of management, transparent communication networks and evaluation and monitoring.

7. In female prisons, the PSE program staff should be women

As with services in the community there is a need for the PSE program to be able to be gender specific. Whilst AIVL recognises that female staff have capabilities to abuse and oppress female prisoners, focus groups reported that gender specific services were preferred and more readily trusted. Female ex prisoners reported feelings of vulnerability when having to be reliant on male staff and this could potentially act as a deterrent to using the PSE program.

8. Staff must be well trained and supervised and may include people with previous drug using experience and who have first hand experience of prison culture

It is vital that all staff involved in the PSE programs are properly trained and training packages are developed and delivered as a condition of employment. Working within the prison setting is challenging and difficult. Many individuals who have not been in the prison environment may find it alienating, emotionally draining, personally challenging and oppressing. Staff need to be able to cope with and manage an environment where the culture can be frightening. AIVL believes that staff with personal experiences of prison culture and drug use will be more effective as they will be more able to empathise with the other prisoners, be more aware and alert to the prison culture. Such people have a greater understanding of the pressure and challenges that injecting drug users face in prison and will have an investment in making the PSE program a success because of their personal experiences. It is vital that staff receive and participate in supervision with an experienced supervisor. Supervision should remain confidential and readily available. AIVL recommends that, at a minimum, staff should receive monthly supervision.

9. Staff should rotate so that they cannot become entrenched in prison culture and attend regular team meetings to be able to debrief:

Everyone employed in the PSE program remains at risk of being exploited both by prisoners and prison staff to the detriment of the PSE program. AIVL therefore recommends that staff work on a rotational basis so that such opportunities are minimised. This will ensure greater protection for all stakeholders and a more successful initiative. This system also protects staff from burn out and high stress from working continually in such a demanding environment. In addition, AIVL recommends that regular team meetings take place to enable staff to debrief in a safe learning environment. As required, feedback to the Governor on any agreed issues should be undertaken.

10. The service needs to be non-judgmental, accessible yet confidential, not under surveillance and well monitored and evaluated

PSE programs must be delivered to quality standards and need to be regularly evaluated. As within the community, PSE programs should be delivered in a non judgmental way with good accessibility. While there is an expectation that PSE programs will indeed be run well, it is vital that they are run in a way that maximises transparency and accountability. It is imperative that prisoners who use the PSE are consulted upon in relation to the functioning and development of the program. Prisons operate in closed environments and it would be easy for ineffective PSE programs to operate. External evaluation of the programs is vital for there to be a confidence in their provision not only for those using them, working within them, managing them and coordinating them, but also for the wider community.

11. A full range of injecting equipment needs to be made available within the PSE program as is available within the community. Other services should also be available such as referral to health services, drug treatment and peer education/support initiatives.

Equipment availability from PSE programs should be equitable to that within community based Needle and Syringe Programs. As with the other functions of NSPs in the community, PSE programs must be able to refer prisoners to other health, welfare and social services available within the prison. It is important that prisons are encouraged to develop services internally with external partners to provide holistic drug services.

12. Equipment should be kept in a designated container and area within each cell

It is common practice overseas for prisoners to be expected to store injecting equipment in a designated container and area. This is a safety mechanism for

prison staff and for other prisoners as the containers are puncture proof. In Bilboa prison in Spain, the staff provide prisoners with the same packs that they would get in the community. Within Australia it is likely that such packs could be for example Fitpacks. By agreeing an authorised area of storage, with appropriate protecting policy for the prisoner, safety is increased for all parties. For this model to be successful prisoners must be confident that having injecting equipment visible in the designated area of their cell will not result in unfair actions or sanctions. The Swiss PSE program has noted that they may have decreased chances of needle stick injury, with many staff stating that with this model in place, needle and syringes have become easier to control. Finally this container will also ensure safe disposal and transportation of used injecting equipment within the prison.

Prison Staff require intensive training to increase their knowledge of the many aspects of injecting drug use and to increase their capabilities in providing services to prisoners that is based on a model of health and human rights. AIVL believes that:

13. All prison staff should undertake as part of their induction training program sessions that address all aspects of injecting/illicit drug use and models of health promotion and human rights.

Such training must include injecting drug users who have experienced the prison system and the extreme difficulties that are encountered in protecting one's health. In addition, the training should include input from NSP providers, alcohol and drug treatment programs and drug user organisations. The training should cover issues such as harm reduction; drug treatment options; health and human rights; peer education/support and space for the staff to explore their own discrimination and morals in relation to injecting/illicit drug users.

14. Training should be offered on a regular basis and attitudes to prisoners, particularly injecting drug users, monitored through staff appraisals

As within any organisation, prison staff must be supported in order to competently carry out their work. It is important that regular training sessions be made available to staff so that they remain up to date on drug trends, health issues and treatment options. In addition, the values and attitudes of staff should be monitored via staff appraisals. Feedback should be sought from PSE staff on individual prison staff in relation to the PSE program. It is important that prison staff are able to carry out their work and that personal views are kept in check so that the PSE has a greater chance of success.

Costs and Benefits

The following are some of the perceived benefits and costs associated with the implementation of NSPs in prison from the drug user's perspective. These perspectives came from a series of gender specific focus groups conducted at AIVL member organisations. The criteria for inclusion in the groups was; to be an injecting drug user who had been in prison within the past year:

Benefits

- Increased knowledge of blood borne viruses – individuals reported no information in the prisons that they had been in and hoped that the PSE programs would be able to provide written information as well as good up to date information face to face;
- Reduced vein damage;
- Reduced dirty hits;
- Reduced violence, this was due to the removing of injecting equipment as a currency and tool by which to gain power;
- Less pressure on visitors and staff to bring in injecting equipment;
- Reduced transmission of blood borne viruses and re-infection with blood borne viruses;
- Encourage a healthy shift in power relationships amongst prisoners – Removal of a currency was perceived as an opportunity to create less power and more equality amongst people particularly peers;
- End to dangerous practices to access clean fits;
- Increase in self esteem and self respect – Authorised access to injecting equipment would end behaviour that was seen as demeaning and degrading;
- Decreased tension – saturation of injecting equipment within a prison makes it so that the currency rate of injecting equipment becomes nil. In addition, the ability to know that one can access sterile equipment and to no longer be dependant on others contributes to a decrease in tension;

- Improved environment, prisoners will be able to focus on other areas of their lives, knowing that PSE programs are there to protect their health;
- Reduced need for "own made syringes."

Costs

- Known users of such a service may come under more scrutiny from prison staff if the program is implemented poorly;
- Perception that visitors may be given a "harder time" as staff may implement harsher regimes for example: visitors to a prisoner who is known to be using the PSE program may be forced to undertake harsher body searches and more closely monitored visits ;
- Increased tension between users and non users (however in some of the overseas prisons there is evidence that non users and staff were supportive of PSE programs);
- The removal of this particular form of 'prison currency' may cause tension. This is because, some individuals will loose an immense power base, they will no longer have the ability to control and rule certain individuals. In addition, they will loose income as injecting equipment will no longer have any monetary value. However, once the PSE program is established tensions should decrease.

It is important to note however, that the users consulted agreed that any negatives would be outweighed by the positives and that in time PSE programs would just be "the norm" in prisons. Management of these costs will require planning and management so that the success of the PSE program is not undermined.

Barriers to implementation

A prominent issue used to prevent the implementation of PSE programs is the potential for a syringe to be used as a weapon. In 1991, Mr. Geoff Pearce was stabbed with a syringe filled with blood by a prisoner who was HIV positive. Mr. Pearce became infected with HIV, developed AIDS related complications and died. In response, New South Wales Corrective Services carried out various legislative changes relating to the possession and supply of injecting equipment in prisons which resulted in prison riots. The *Prisons Syringe Prohibition Amendment Act 1991* (NSW) was passed which forbids introduction of syringes into NSW prisons with a maximum penalty of two years imprisonment. However, there does remain a clause which states that distribution of syringes can take place:

> *If the Governor of the prison has consented to the persons introducing the syringe into the prison.*[9]

Legislative action along with support from the unions and the media has ensured that prison staff remain a significant hindrance to implementing PSE programs in Australia[10]. It is important to note that the evaluations of the PSE programs overseas have shown that there has been no increase in violence or any incidence of a syringe being used as a weapon in the prisons that have PSE programs. There has been one case of needle stick injury by a prison staff member overseas however, this was due to them emptying a machine without wearing the required protective clothing. The staff member did not experience any negative health consequences.

AIVL understands and acknowledges that everyone has the right to feel safe in their workplace however, we need to balance this with the health and human rights of prisoners. It is interesting to note that the Australian incident occurred in the absence of a controlled and well regulated needle exchange program. While we are unable to specify the exact number of needle and syringes in Australian prisons, it must be accepted that they exist. Each and every day, individuals are accessing injecting paraphernalia be it, used, own made, a personal set purchased from another prisoner, corrections staff or brought in by a visitor, stolen from a prison clinic, shared, rented etc. To debate the feasibility of PSE programs in a context that does not acknowledge that injecting equipment is currently available is misleading. The current illegal, unsafe and insufficient provision that is occurring is a much greater safety issue to all concerned. Without a legitimate PSE program in place, there is insufficient equipment to meet demand, forced re use of

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[9] *Prisons Syringe Prohibition Amendment Act 1991* (NSW) s37A(2)

[10] Above n 7.

equipment, sharing and unsafe disposal and storage. It is the latter that is of greatest risk to others. It is unsafe disposal and being forced to hide injecting equipment that will and does cause avoidable needle stick injuries.

Evaluation shows that some prison staff struggle with the dilemma that drug use in prison is punishable and yet such provision of injecting equipment occurs. From the literature, it appears that this has resulted from ongoing consultation and for the most part staff believing that they have a duty to protect prisoners.

However the majority of the prison staff overseas support having PSE programs and see them as a necessity. Some of the benefits for staff are:

- They had not experienced any conflicts due to the program.
- Prisoners had at no time used needles as weapons.
- They considered the program positive.[11]
- There were no new infections of any blood borne viruses.
- It was considered an important part of prison work with one staff member from Lingen prison stating, “We cannot in all conscience deny prisoners the possibility of avoiding Hepatitis C infection just because they have been convicted of a criminal offence.”[12]

There are of course other barriers; legislation, politicians, bureaucrats, the wider community and financial implications. For the latter however there is sufficient evidence to show that there are major financial benefits to investments in NSPs for the entire community.[13]

Another misconception that is used to hinder the implementation of PSE programs in Australian prisons is that providing injecting equipment either encourages or increases injecting drug use. This argument has historically been used for discouraging the establishment and expansion of needle and syringe programs. Both within the community and within prison settings there is evidence to show that this is not the case. In San Francisco, California, the effects of NSPs were studied over a five-year period. The NSP did not encourage drug use either by increasing drug use among current injecting drug users, or by recruiting significant numbers of new or young injecting drug users. On the contrary, from December 1986 through June 1992, injection frequency among injecting drug users in the community decreased from 1.9 injections per day to 0.7, and the percentage of new initiates into injection drug use decreased from 3% to 1%[14]. The Hindelbank women’s prison evaluation of the first year produced some interesting results. The initial fears of increased drug consumption showed that these fears were unfounded. No women began using drugs for the first time whilst in prison.[15] In addition, the evaluation of the Bilboa PSE program (Spain) showed that drug consumption had not increased and that risk behaviours had been reduced.[16]

The financial cost of developing and implementing PSE programs is also an issue that may be a barrier to implementation. AIVL believes that the Commonwealth Department of Health and Ageing, *Return on Investment in Needle and Syringe Programs in Australia*[17] shows the health and financial gains that are reaped from community provision of needle and syringe programs and this can only be duplicated in the prison setting.

As has been achieved overseas we must work together to develop a model that addresses the needs and concerns of all stakeholders and helps resolve some of these barriers and areas of concern. AIVL believes that it is possible to achieve this aim.

Plan of Action

AIVL has shown that there is a great deal of work that needs to be carried out, to make PSE programs a reality. Over the coming year AIVL intends to:

- Seek dialogue and partnerships with all stakeholders;

[11] Menoya C, Zulaica D, Parras F, 2000, ‘Needle Exchange Programs in Prisons in Spain’, *Cancadia HIV/AIDS Policy and Law Review*, vol 5 No 4.

[12] Veit F, 2001, *To study syringe exchanges in European prisons*, The Winston Churchill Memorial of Australia.

[13] Above n 8.

[14] Watters JK, Estilo MJ, Clark GL, et al, 1994, ‘Syringe and needle exchange as HIV/AIDS prevention for injection drug users’, *Journal of the American Medical Association*, 271:115-120.

[15] Sexual Health Exchange, 1996 - No 1

[16] Above n 11.

[17] Above n 8.

- Work with legal advisers to clarify and address legislative and regulatory barriers to implementation;
- Establish a national working group with representatives of all stakeholders to establish an achievable work plan to move forward on this issue;
- Where possible influence research agendas to include PSE program issues;
- Investigate suitable environments for a pilot PSE program.

Conclusion

There is injecting equipment in Australian prisons today, it is an underground system and it is inadequate and dangerous. There is an abundance of evidence to show that legitimate PSE programs can provide enormous benefits to the entire community. Duty of care is duty of care, and currently, there is not one prison in Australia that can say that they are completely fulfilling their responsibilities.

In the debate about NSP's in prisons, there is considerable opposition and some genuine concerns. There was also a lot of opposition and fear prior to the provision of condoms in prisons. Then, as now, some prison staff were very concerned about the condoms being used as weapons. In reality this has not occurred and the provision of condoms in prisons has been highly successful. Ultimately, the only way we were able to confirm or deny the fears about condom provision was to pilot them in prison and evaluate their impact.

AIVL believes it is time to take the same approach to the provision of PSE programs. The only way that we can answer some of the legitimate questions about the potential benefits and costs of PSE programs is to conduct proper trials or pilots. It is time to take this next step. Pilots are the only way to provide the evidence, answer the questions and give us a road map to move forward.

Australia has the benefit of being able to learn from the overseas programs and avoid some of the obstacles that they experienced. The AIVL approach put forward in this paper has tried to build on and take the best aspects of the overseas programs while still addressing the specific needs and issues for the Australian prisons context.

This paper and the AIVL approach have been developed in the hope of encouraging constructive and genuine dialogue on this important and urgent issue. We are keen to establish working partnerships with interested stakeholders to work together to identify issues and barriers and to develop solutions that work for everyone concerned.

AIVL believes that PSE programs can deliver real and tangible benefits for prisoners, prison staff and the broader community. There is little doubt that prisons are central to the hepatitis C epidemic in Australia. The current situation in relation to hepatitis C in Australia is nothing short of a disgrace. PSE programs present the opportunity to make a positive contribution to stemming the transmission of Hepatitis C, both within prisons and the wider community.

Summary of the Australian Injecting and Illicit Drug Users League's Guiding Principles for PSE Programs

1. Involvement of all stakeholders.

2. Initiation to the service should be by way of all new prisoners having a blood borne virus kit (eg Fitpack) placed in to their cell.

3. The provision of needles and syringes must be through both vending machines and external Non Government Organisation (NGO)staff.

4. Vending machines need to be well placed, regularly stocked and protected from vandalism. Where possible the machine should also provide other resources such as soap and condoms to protect confidentiality.

5. Staff operating the program should be from an external NGO who are less likely to gain personally from prison culture and systems and should be managed directly by the prison's Governor.

6. In female prisons, the PSE program staff should be women.

7. Staff must be well trained and supervised and where possible should have drug-using experiences and first hand experience of prison culture.

8. Staff should rotate so that they cannot become entrenched in prison culture and attend regular team meetings to be able to debrief.

9. The service needs to be non-judgmental, accessible yet confidential and well monitored and evaluated.

10. A full range of injecting equipment needs to be made available within the PSE program as is available within the community. Other services should also be available such as referral to health services, drug treatment and peer-education/support initiatives.

11. Equipment should be kept in a designated container and area within each cell.

12. All prison staff should undertake, as part of their induction, training program sessions that address all aspects of injecting/illicit drug use and models of health promotion and human rights.

13. Training should be offered on a regular basis and attitudes to prisoners particularly injecting drug users be monitored through staff appraisals

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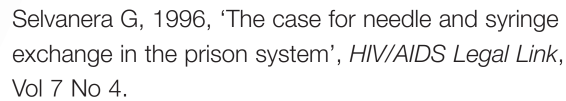

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