



MEDIA RELEASE

18 April 2018

REPORT CALLS FOR NEEDLE & SYRINGE PROGRAMS IN PRISONS TO ADDRESS HEPATITIS C IN AUSTRALIA

The Australian Injecting and Illicit Drug Users League (AIVL) is today releasing a new report, looking at the needs of people living with Hepatitis C after leaving custodial settings in Australia. The report contains a series of recommendations aimed at addressing the spread of blood borne viruses (BBVs) in the Australian community more broadly, including trialling of a Needle and Syringe Program (NSP) in prison and increased focus on transitional arrangements for people returning to the community.

“With the development of new national blood borne virus and sexually transmissible infection strategies currently underway, it is important that people entering and exiting custodial contexts are not forgotten, particularly as they are returning to their families and communities. Ensuring access to the full suite of preventive, harm reduction measures – and ensuring that people are able to continue their engagement with alcohol and other drug and viral hepatitis treatments post-release – are tangible ways that we can protect more Australians from contracting blood borne viruses,” said Melanie Walker, Chief Executive Officer (CEO) of AIVL.

“Ensuring that current policies and practices are implemented at the coal face is also a key priority emerging from this research. A typical experience of what occurs in many jurisdictions is the development of a conceptually very good overarching policy, however it does not always follow that good policy becomes good practice. Inconsistent access to bleach, a refusal to implement a regulated NSP, and management refusal to release staff for BBV-related training often occurs.

“In particular, there is a lack of continuity for people transitioning from custody to community. Some jurisdictions have transition guidelines that are embedded in policies but staff knowledge can vary on these policies. As a result, many prisoners frequently slip through the gaps if they are released without notice, an especially common occurrence for those on parole or following court.

“It is also worth noting that people in prison are currently excluded from MBS and PBS subsidies. One consequence of this is that there is no sustainable, scalable mechanism for supporting in-reach by primary care providers, despite strong evidence that early contact with primary care after release from prison is associated with better health outcomes.

“There is clearly a need for a national approach. The current National Hepatitis C Strategy 2014-2017 identifies people in custodial settings as a priority population and the issues and considerations identified at publication in 2014 remain current. In summary, with 250,000 Australians to treat for Hepatitis C and a disproportionate number of people living with Hepatitis C in prison, it is critical that prisons are part of any national strategy for elimination of Hepatitis C. The report found that there is a real need for a national policy to guide prisons in jurisdictions,” said Ms Walker.

The full report – “A needs analysis for people living with HCV after leaving custodial settings in Australia” - is available at: <http://www.aivl.org.au/resource/a-needs-analysis-for-people-living-with-hcv-after-leaving-custodial-settings-in-australia/>.

AIVL is the national organisation representing people who use/have used illicit drugs and is the peak body for the state and territory peer-based drug user organisations.

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