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Dear Mr Neil McAllister,

AIVL/CAHMA submission: **Healthy prison review of the Alexander Maconochie Centre (AMC)**

Email: ics@act.gov.au

We are writing in response to the call for submissions on the *Healthy Prison Review of the Alexander Maconochie Centre (AMC)*. The Australian Injecting and Illicit Drug Users League (AIVL) and its ACT-based member organisation, the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA), welcome the opportunity to provide comment to the ACT Inspector of Correctional Services in relation to this matter.

AIVL is the Australian national peak body representing the state and territory peer-based drug user organisations in relation to issues of national relevance for people with lived experience of drug use. AIVL's vision is a world where the health and human rights of people who use/have used drugs are equal to the rest of the community. This includes a primary focus on reducing the transmission and impact of blood borne viruses – including for those accessing drug treatment services – through the effective implementation of peer education, harm reduction, health promotion and policy and advocacy strategies.

AIVL is funded by the Australian Government Department of Health.

CAHMA is the ACT-based member organisation of AIVL. CAHMA is a peer-based drug user organisation that provides services such as, but not limited to: peer education workshops, peer treatment support, naloxone training and advocacy. The organisation aims to empower illicit drug users to speak on their own behalf to make informed and positive lifestyle choices. CAHMA is the only service of its kind in Canberra.

CAHMA is funded by ACT Health and the Capital Health Network.

This submission will provide responses on two of the four pillars of the healthy prison framework adopted by the Office of the Inspector of Correctional Services: 1) *Respect* and 2) R*ehabilitation and preparation for release*.

AIVL and CAHMA believe that custodial settings provide the opportunity to improve social and health outcomes for those incarcerated thus helping achieve a reduction in recidivism, which benefits both the individual and community.

Respect: Detainees, staff and visitors are treated with respect for their human rights and dignity

Equivalence of care and stigma

The World Health Organization (WHO) stipulates that the State has a duty of care to provide safety, basic needs and recognition of human rights, including the right to health care for people who are incarcerated. The right to good health should in no way be diminished by being in detention[1].

International guidelines apply the principle of equivalence to the treatment of people in custodial settings. Within Australian custodial settings, healthcare provision is guided by the concept of community equivalence outlined above. This means that in principle, incarcerated people are entitled, without discrimination, to receive the same level of access and quality of health care as the general population, including preventative measures[2] [3].

The Australian Government's *Fifth National Hepatitis C Strategy 2018-2022* states human rights as one of the guiding principles. It acknowledges that people with hepatitis C (HCV) have the same rights to comprehensive and appropriate information and healthcare as other member of the community[4].

A barrier to achieving positive health outcomes within custodial settings owes to the stigma faced by people who inject/have injected drugs.

Addressing stigma within custodial settings is critical to ensure that equivalence of care is achieved. Power relations are produced within the hierarchies that develop in custodial settings. People in custody in Australia who inject/have injected drugs have reported that correctional services officers have been known to label them as 'junkies'[5].

The effect of stigmatising labels like this is that issues of trust can influence a person's willingness to engage with testing and treatment for HCV, which is complicated by and connected with the stigma of injecting drug use. Ongoing work needs to be done to ensure that the AMC and its staff do not reinforce harmful notions of stigma. This can be achieved through appropriate workforce development and training.

[1] Enggist, Stefan, Møller, Lars, Galea, Gauden & Udesen, Caroline. (2014). *Prisons and Health*. *World Health Organization*, Regional Office for Europe.
[2] Plueckhahn, T., Kinner, S., Sutherland, G. & Butler, T. (2015) *Are some more equal than other? Challenging the basis for prisoners' exclusion from Medicare*, Medical Journal of Australia, Vol. 203, No. 9.
[3] Arain, A., Robaeys, G. & Stöver, H. (2014) *Hepatitis C in European prisons: a call for an evidence-informed response*, BMC Infectious Diseases, Vol. 14, Supplement 6.
[4] Australian Government. (2018) *Fifth National Hepatitis C Strategy 2018 – 2022*. Department of Health, Canberra.
[5] Rance, J., Lafferty, L. & Treloaron, C. (2018) '*Behind closed doors, no one sees, no one knows': hepatitis C, stigma and treatment-as-prevention in prison*, Critical Public Health.

The ongoing need for a Prison Needle and Syringe Program (PNSP)

Throughout the ACT government-funded needle and syringe programs (NSPs) operate providing people who inject drugs with sterile injecting equipment. This service is evidenced to be a highly effective measure in the reduction of the transmission of blood borne viruses (BBVs)[6]. Whilst NSPs are provided within a community-based setting in the ACT, the same access is not offered to those in custodial settings – a contradiction in terms of the principle of equivalence of care.

Although injecting drug use in custodial settings is less frequent than in the community, each act of injecting carries with it a higher risk of BBV transmission due to higher rates of sharing injecting equipment. International research suggests that the presence of PNSP in custodial settings has a positive impact on transmission rates[7] [8].

Released in December 2018, in the Fifth National Hepatitis C Strategy the Australian Government calls for '*improved equitable access to successful preventative measures for all priority populations, with a focus on sterile injecting equipment through needle and syringe programs'*[9]. People in custody are listed as a priority population. The Strategy goes on the state that the '*absence of this same evidence-based harm reduction service in custodial settings is a policy gap in the hepatitis C prevention effort'*[10]. This call for action to provide sterile injecting equipment within custodial settings is replicated across all five of the National BBV and STI strategies.

Thus, the Australian Government – and all the State/Territory Governments which endorsed the five new National BBV and STI Strategies – have acknowledged that providing sterile injecting equipment within custodial settings is a vital measure to be undertaken in order for Australia to achieve HCV elimination. As long as PNSP is not offered at the AMC, the ACT Government fails to uphold the principle of equivalence of care for people incarcerated and fails to act in line with the relevant National Strategies.

Concerns have been expressed by correctional services staff regarding the perceived risks associated with needles and syringes being accessible within a custodial setting. The World Health Organization has published evidence of evaluations of existing PNSP that has shown that when implemented and managed well PNSP do not endanger staff and serve to reduce risk behaviours associated with injecting[11].

It is unfortunate that industrial relations mechanisms remain a barrier to the timely implementation of the ACT Government's policy on PNSP in the AMC.

Equity of access to life-saving naloxone

Naloxone is a drug that can temporarily reverse opioid overdose. It works by blocking the ability of opioids including heroin and methadone, from attaching to receptors in the brain. In the event that

[6] Heard, S., Iversen, J., Kwon, JA. & Maher, L. (2018) *Needle Syringe Program National Minimum Data Collection: National Data Report 2018*, Kirby Institute, UNSW, Sydney.
[7] Australian Government. (2018) *Fifth National Hepatitis C Strategy 2018 – 2022*. Department of Health
[8] South Australia Department of Correctional Services. (2017) *South Australian Prisoner Blood Borne Virus Prevention Action Plan 2017-2020*, available at: https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/publications+and+resources/plans/south+australian+prisoner+blood+borne+virus+prevention+action+plan+2017+-+2020 accessed on 25 March
[9] Australian Government. (2018) *Fifth National Hepatitis C Strategy 2018 – 2022*. Department of Health
[10] Australian Government. (2018) *Fifth National Hepatitis C Strategy 2018 – 2022*. Department of Health
[11] Enggist, Stefan, Møller, Lars, Galea, Gauden & Udesen, Caroline. (2014) . *Prisons and Health*. *World Health Organization*, Regional Office for Europe.

someone is experiencing an opioid-induced overdose, the administration of naloxone in a timely manner, can be life-saving.

Custodial settings are high risk for overdose. The sad consequence of overdose of illicit drug use has been experienced within the confines of AMC with the unfortunate death of Mr Steven Freeman from an overdose of methadone in 2016.

A recent Australia-wide study by the Australian Institute of Criminology shows that 17% of detainees tested positive to opiates upon entry into prison[12]. As such, it is unsurprising that illicit drugs have always, and will continue to find their way into custodial settings. The use of illicit drugs within the confines of detainment is long-standing and denial of this systemic issue does not serve to improve outcomes.

To deny detainees access to naloxone is a breach of their human rights. It is understood by AIVL and CAHMA that medical staff are not available at the AMC overnight. In the event of an overdose between these hours, due to corrections staff not carrying the injectable form of naloxone, the ambulance service must be called. Response time is approximately 20 minutes. In the situation of an overdose, this could mean the difference between life and death.

A nasal spray version of naloxone, Nyxoid, has recently been reviewed the Pharmaceutical Benefits Advisory Committee (PBAC) and recommended for listing on the Pharmaceutical Benefits Scheme (PBS)[13]. The existence of this form of naloxone means it could be procured by Justice Health and thus provide corrections staff with an easy to administer version of this life-saving drug.

Rehabilitation and preparation for release

Improved continuity of healthcare

Continuity of care is a crucial element of custodial settings healthcare. Although a person may be released from incarceration, any treatment they commenced whilst in custody should not be jeopardised. The World Health Organization states that to provide the best health outcomes, continuity of care is essential[14].

AMC staff should be making arrangements to ensure uninterrupted care for prisoners during transfers or upon release. This should be supported and facilitated by management and the appropriate policies. The cost-effectiveness of treatments provided in custody and the broader public health impacts are affected by how well continuity of care is undertaken and efforts should be made to strengthen such transitions[15].

[12] Patterson, E., Sullivan, T. & Bricknell, S. (2019) *Drug use monitoring in Australia: Drug use among police detainees, 2017*, Australian Institute of Criminology, Canberra.
[13] Brooker, C. (2019) *PBAC reveals the latest raft of new recommendations made on PBS drugs,* AJP, available at: https://ajp.com.au/news/keeping-up-to-date-2/?utm_source=AJP+Daily&utm_campaign=c83968b2a3-EMAIL_CAMPAIGN_2019_04_28_11_32&utm_medium=email&utm_term=0_cce9c58212-c83968b2a3-110166601, accessed on 29 April 2019
[14] Enggist, Stefan, Møller, Lars, Galea, Gauden & Udesen, Caroline. (2014). *Prisons and Health*. *World Health Organization*, Regional Office for Europe.
[15] Martin, N., Vickerman, P., Brew, I., Williamson, J., Miners, A., Irving, W., Saksena, S. … Hickman, M. (2016) Is increased HCV case-finding combined with current or 812 week DAA therapy cost-effective in UK prisons? A prevention benefit analysis, *Hepatology*, Vol. 63, No. 6, pp. 1796 – 1808

In relation to HCV transmission, ensuring linkages between care provided in custody and the community is therefore essential. If appropriate hepatology care is organised at the time of release it has been found that a higher proportion of individuals achieve a sustained virologic response to the virus[16].

The AMC should work in close collaboration with community-based organisations to ensure that direct-acting antiviral (DAA) treatment is not interrupted when people enter, leave prison or are transferred within the system. Interventions, such as peer-led programs, which support linkages to care following release are important if the cascade of HCV care is to continue.

In late 2018, AIVL held consultations with its member organisation, including CAHMA who advised that anecdotal feedback from their service users indicated issues with the transition from custody to community. Feedback received indicates that there is a high degree of inconsistency between established protocols and their enforcement – meaning what is written on paper does not always translate into real life practice.

Issues for those who were on treatment included medical history not being passed onto community-based GPs as well as the need for the releasee to organise their own medical appointments. Requiring a releasee to organise their own continuity of care is bound with risk.

The cost effectiveness of treatments provided in custody and the broader public health impacts are affected by how well continuity of care is ensured and efforts should be made to strengthen such transitions[17].

Continuity of care is associated with the principal of equivalence of care, ensuring that no one's health worsens as a direct result of their period of incarceration.

Peer-based programs to support those exiting custody

Transitioning back to community is considered a high-risk period and has important health implications for detainees. The vulnerability of this process is contextualised by a person's increased risk of death from overdose in the initial weeks following release from custody[18]. This highlights the need for additional support to ensure people make a meaningful transition back into community life.

The importance of peer-to-peer education and support is recognised and well documented. Peer education has been adopted in health promotion owing to its effectiveness over clinically delivered services in terms of messaging and cost benefits[19]. The effectiveness of peers is due to others seeing them as a credible source of information and being able to build rapport and make connections that other professionally delivered services struggle to achieve. Furthermore, it is known that stigma and

[16] Kronfli, N., Linthwaite, B., Kouyoumdjian, F., Klein, M., Lebouché, B., Sebastiani, G., Cox, J. (2018) Interventions to increase testing, linkage to care and treatment of hepatitis C virus (HCV) infection among people in prisons: A systemic review, *International Journal of Drug Policy*, Vol. 57, pp. 95 - 103

[17] Kronfli, N., Linthwaite, B., Kouyoumdjian, F., Klein, M., Lebouché, B., Sebastiani, G., Cox, J. (2018) Interventions to increase testing, linkage to care and treatment of hepatitis C virus (HCV) infection among people in prisons: A systemic review, *International Journal of Drug Policy*, Vol. 57, pp. 95 - 103

[18] Australian Medical Association. (2012) Position Statement in Health and the Criminal Justice System 2012, available at: https://ama.com.au/position-statement/health-and-criminal-justice-system-2012, accessed on 1 March 2019

[19] Crowley, D., Van Hout, M., Lambert, J., Kelly, E., Murphy, C. & Cullen, W. (2018) Barriers and facilitators to hepatitis C (HCV) screening and treatment – a description of prisoner's perspective, *Harm Reduction*, Vol. 15, No. 62

fear typically drives people who use/inject drugs away from accessing essential healthcare[20]. As such, peers can provide moral support and help overcome this barrier.

In terms of HCV treatment in custodial settings, peer-based programs have been shown to be effective in increasing awareness[21]. Participants in a study identified peer educators as potential facilitators to engaging them in HCV screening and treatment. Within custodial settings, the trust of peers, especially those who have already completed HCV treatment is recognised[22].

If peer-led programs are effective within custodial settings it is reasonable to consider them plausible in the context of continuity of care. Community and peer-led programs have played a key role in the Australian community-based response to HCV and HIV[23]. These responses have been effective not only due to the rapport and trust between peers and participants, but also the ability of peer-led programs to adapt quickly to the continually changing service delivery, social welfare and primary healthcare environments.

In the Fifth National Hepatitis C Strategy, the Australian Government acknowledges that case management during the post-release transition period has positive implications for treatment adherence and preventing HCV reinfection[24]. Moreover, it is specified that such work would be enhanced through collaborations with peer-based services and peer-based support models should be developed which allow HCV peers to act as navigators for diagnosis, treatment and care[25].

Whilst the Australian Government has made this explicit as a 'key area for action' to address for the priority area of action of 'equitable access and coordination', this must be translated into the process, policies and operations at a jurisdictional level. State and Territory governments need to embed connections with such programs in their processes and peer-based organisations need to be adequately resourced to provide the services required.

With the above information in mind AIVL and CAHMA make the following recommendations to the ACT Inspector of Correctional Services in relation to operations at the AMC:

Recommendations

1. Life-saving Nxyoid to be made easily accessible and available to all corrections staff, supported by appropriate workforce training in correct administration of the drug
2. Addressing the current industrial relations barriers which prevent implementation of the ACT Government's policy on prison needle and syringe programs
3. Developing and implementing policies and processes which provide improved continuity of healthcare for people being released from custody

[20] Global Commission on Drug Policy. (2013) The negative impact of the war on drugs on public health: The hidden hepatitis C epidemic, available at: https://www.globalcommissionondrugs.org/wp-content/uploads/2016/03/GCDP_HepatitisC_2013_EN.pdf, accessed on 1 March 2019

[21] Bielen, R., Stumo, S., Halford, R., Werling, K., Reic, T., Stover, H., Robaeys, G., & Lazarus, J. (2018) Harm reduction and viral hepatitis C in European prisons: a cross-sectional survey of 25 countries, *Harm Reduction Journal*, Vol. 15, No. 25

[22] Crowley, D., Van Hout, M., Lambert, J., Kelly, E., Murphy, C. & Cullen, W. (2018) Barriers and facilitators to hepatitis C (HCV) screening and treatment – a description of prisoner's perspective, *Harm Reduction*, Vol. 15, No. 62

[23] Brown, G., Reeders, D., Cogle, A., Madden, A., Kim, J. & O'Donnell, D. (2018) A systems thinking approach to understanding and demonstrating the role of peer-led programs and leadership in the response to HIV and hepatitis C: Findings from the W3 project, *Frontiers in Public Health*, Vol. 6, Article 231

[24] Australian Government. (2018) *Fifth National Hepatitis C Strategy 2018 – 2022*. Department of Health

[25] Australian Government. (2018) *Fifth National Hepatitis C Strategy 2018 – 2022*. Department of Health

4. Linking soon to be released detainees with peer-based support services in the community which can help releasees to navigate the social, welfare and healthcare systems to provide a better chance at successful reintegration into community

In summary, the AMC and the ACT Government have the opportunity to improve the social and health outcomes of detainees. The AMC presents the opportunity for goals within the five BBV and STI National Strategies to be achieved - this could include the ACT being the first jurisdiction in Australia to achieve hepatitis C elimination. To achieve this the principle of equivalence of care must be applied consistently so that a detainee's health is in no way adversely affected as a direct result of being incarcerated.

The recommendations outlined above require political will and commitment but are achievable and would result in improved outcomes for the entire ACT community.

Yours sincerely,

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