

# CREIDU Colloquium

The complexities of harm reduction in  
custodial settings

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# Context – service delivery in prisons



# Hot Topic

## There is patchy support for nicotine-starved prisoners among heraldsun.com.au readers

IT is a mad idea and is forcing people to do something they don't wish to do. It will never work as the black market will be as strong as ever.

**James**

THEY riot because they're denied the luxury of smoking? Maybe that's the type of person we should be locking up.

**Brett**

IT'S really cruel and typical of out-of-touch public servants.

**Harry**

MAKE them go cold turkey. I pay for this riff-raff to use these patches and I no longer want to subsidise their perks. They are in prison, so let them do it hard.

**Anthony**

I DON'T care about criminals, but I do care about taxpayers having to foot the bill for any riots or disturbances. It is such a simple thing to fix, if it weren't for the PC lot that have a grip on most things these days.

**Joe**

WHO was the bright spark to come up with that idea?

**Mike**

I WORK in a hospital. Pretty sad when you come across a patient sucking on a cigarette through his trachea tube. Good on the Government for making a stand.

**Janet**

GIVE them hard labour, that will take their mind off smoking.

**Jeff**

# What is the harm reduction approach taken in Victoria's prisons?



# Prevention & harm reduction in Victorian prisons

- Strategies used to reduce the risk of transmission of bloodborne viruses in prison include:
  - Harm minimisation education (particularly for injecting drug users) on entry to prison and prior to release
  - Opioid substitution therapy programs (OSTP), which reduces the demand for injecting drug use of opioids and the harms caused by their use
  - Access to bleach for the purposes of sterilising unclean injecting equipment
  - A comprehensive range of alcohol and other drugs (AOD) services and programs



# What is the gold standard for harm reduction in prisons?



# WHO / UNODC / UNAIDS

The WHO/UNODC/UNAIDS comprehensive package of evidence based interventions for HIV prevention and treatment among people who inject drugs contains nine key measures.

1. Needle and syringe programmes (NSP)
2. Opioid substitution therapy and other evidence-based drug dependence treatment
3. HIV testing and counselling
4. Antiretroviral therapy
5. Prevention and treatment of sexually transmitted infections
6. Condom programs for people who inject drugs and their sexual partners
7. Targeted information, education and communication for people who inject drugs and their sexual partners
8. Prevention, vaccination, diagnosis and treatment for viral hepatitis
9. Prevention, diagnosis and treatment of tuberculosis

## 2. Opioid substitution therapy and other evidence-based drug dependence treatment

- Victoria has a well established OSTP available in all prisons bar one
  - ◆ aim is to reduce the demand for opioids (particularly among injecting drug users) and the harms caused by their use
    - 18% of prisoners on OSTP
    - induction and maintenance available
  - ◆ OSTP Guidelines 2015
  - ◆ Pharmacy dispensing fee for 30 days post-release paid by Justice Health
    - over 80% of prisoners who commenced the subsidy program received all 30 doses



## 2. continued

- A comprehensive range of alcohol and other drugs (AOD) services and programs offered
  - ◆ Health stream – all prisoners
  - ◆ Criminogenic stream – related to offending behaviour and matched to risk and need

### 3. HIV testing and counselling

- Primary care provider at each prison delivers screening, pre and post-test counselling and management for HIV
- The Justice Health Quality Framework requires that prisoners are offered screening, counselling and monitoring for communicable diseases (including HIV):
  - On reception
  - On transfer to a new custodial site
  - As clinically indicated / on request

## 4. Antiretroviral therapy

- Antiviral therapy is available for prisoners who are HIV positive
  - managed by the primary care provider in each prison

### Note

- In Victoria Hepatitis C the biggest BBV challenge
  - ◆ New Statewide Hepatitis Program commenced in June this year
  - ◆ Hepatitis Victoria Infoline is being set up as free call number for prisoners to access additional information and support

## 5. Prevention and treatment of sexually transmissible infections

- Prisoners are offered screening for sexually transmissible infections on reception, on transfer and on request.
- Treatment is provided for prisoners with a positive test result.
- Condoms and dental dams are available in all prisons to reduce transmission of sexually transmissible infections.

6. Condom programs for people who inject drugs and their sexual partners
  - Condoms been available in all male prisons since 2013
  - Dental dams available in all female prisons since 2013

8. Targeted information, education and communication for people who inject drugs and their sexual partners
  - Harm minimisation education (particularly for injecting drug users) on entry to prison and prior to release
    - ◆ Prison related harm reduction program is run for all prison entrants by the AOD service provider – compulsory to attend within the first 10 days of reception
    - ◆ For remandees who are likely to be released shortly, the session is followed with a release related harm reduction program
    - ◆ For sentenced prisoners, a voluntary release related harm reduction program is offered within six weeks of release date
    - ◆ Peer education program in all public prisons
    - ◆ AOD case review by the AOD service provider following a positive drug test, and harm reduction discussed, referral to health care and/or AOD treatment where appropriate



## 9. Prevention, diagnosis and treatment of tuberculosis

- Screening for all prisoners at risk of TB
  - Screening is generally more targeted given it is not highly prevalent in Australia
- If TB is diagnosed, treatment is provided as clinically indicated
  - Treatment is managed by the primary care provider

- # 1. Needle and syringe programmes (NSP)
- Community-based needle and syringe programs in 82 countries globally, including Australia
  - As of 2011, 8 countries had prison needle and syringe programs (PNSP)
    - ◆ Germany, Krygyzstan, Luxembourg, Moldova, Romania, Spain, Switzerland and Tajikistan
    - ◆ Evaluations suggest that PNSP do not result in an increased number of people who inject drugs, an increase in overall drug use, nor an increase in the amount of drugs present in institutions
  - Not government policy, not available in Victoria's prisons
  - Why?

# Can not implement PNSP without the support of prison staff and management



# Value clash?

- Criminal justice system
  - fundamental tenant personal responsibility
    - ◆ responsible for the consequences that flow from your actions
    - ◆ ‘What Works’ literature re: reducing re-offending – encourage responsibility taking
    - ◆ Security, good order, containment
- Social justice
  - Society itself can be the bad guy
    - ◆ recognises role of disadvantage and seeks understanding of actions in this context
  - Focus on equality and fairness - community equivalence of outcomes in prison context
  - Assigns duties to institutions

# The challenge

- Unless those that want change seek to genuinely understand the values and perspectives of those that work in and lead prisons then the discussion won't progress
  - need to connect on values, rather than convince on evidence













