



FOR GENERAL DISTRIBUTION

HIV and Hepatitis C in prisons

People in custodial settings are identified as a priority population in both the National Hepatitis C Strategy and the National HIV/AIDS Strategy. While the prevalence of HIV/AIDS in Australian custodial settings is low, it is higher than in the community as a whole. The prevalence of hepatitis C in custodial settings is high – over 40% in some states. The purpose of this briefing paper is to provide information about HIV and hepatitis C in Australian prisons, as well as current research and policy issues relating to prisons.

The prison population in Australia:

- At 30 June 2006 there were 25,790 prisoners (both sentenced and unsentenced) in prisons around Australia¹. The largest number of prisoners were held in NSW (with 38% of the national total) while the highest *rate* of imprisonment was in the Northern Territory.
- Of the total prisoner population, 24% (or 6,091 people) were of indigenous origin, though the rate of indigenous imprisonment varies significantly between jurisdictions. For example, in the Northern Territory 81% of the prisoner population was indigenous, but in Victoria only 6%.
- Nationwide, only 7% of prisoners were women. In most jurisdictions, female prisoners are more likely to be of indigenous origin. The prison population is also relatively young, with a median age of 33. The majority (71%) of prisoners were aged between 20 and 39.
- Some 22% of prisoners were unsentenced (i.e. on remand). Most (57%) had served a previous sentence in an adult prison. The Australian Institute of Criminology estimates that at least 80% of people in prison are there for drug-related offences.

HIV in prisons:

- Prevalence of HIV among prisoners is low, but higher than among the general community. There were 41,084 admissions to Australian prisons during 2005, of whom 49.2% were tested for HIV. Of these, 46 people (or 0.2%) tested positive¹ - 41 men and five women.
- The level of sexual activity within prisons is difficult to determine. In one survey of NSW inmates, 5% of men reported engaging in consensual sex while in prison. Among women, the rate was higher, with 15% of women having engaged in consensual sex. The level of non-consensual sex was similar between men and women, at about 2%.
- To date there have been four documented cases of HIV transmission in Australian prisons. Male-to-male sex was identified as the likely cause of transmission in only one case.

¹ *Prisoners in Australia, 2006*, Australian Bureau of Statistics.

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- Condoms are provided in prisons in NSW, WA, SA and the ACT. An evaluation of the condom distribution program in NSW prisons estimated that the number of condoms distributed equated to about one per inmate per week¹, though they are often not used for sex. About 28% of respondents reported having obtained condoms from vending machines, of whom 40% reported using them for sex. Of those who said they were sexually active in prison, 59% said they used condoms for anal sex always or often.
 - Fourteen per cent of those responding to the evaluation survey reported engaging in some form of sexual activity while in prison. Sexual activity was more common among those who had been in prison longer, with about 35% of those who had been in prison for seven years or more reporting having been sexually active.
 - Testing for HIV and other blood-borne viruses varies between jurisdictions. Testing rates in prisons around Australia have fallen from a peak of 76% in the early 1990s¹ to 49.2% in 2005. For example, New South Wales operated a compulsory testing regime in the early 1990s but has since moved to voluntary testing, and now operates a targeted screening program, principally for hepatitis C. HIV testing is now compulsory only in Queensland and the Northern Territory. In 2005, the prevalence of HIV in Queensland was 0.04%.
 - There are no available studies on treatment of prisoners with HIV in Australian prisons. Studies of HIV treatment in prisons overseas have found that treatment compliance tends to deteriorate on release from prison. There have been a handful of cases where PEP has been used in Australian prisons; only a minority of patients completed the course of PEP.¹

Hepatitis C in Prisons

- 34% of those admitted to prison had hepatitis C, including:
 - 56% of injecting drug users (83% among women with a history of injecting drug use)
 - 41% of those who had previously been in prison,
 - 16% of those entering prison for the first time.
- Most estimates of the prevalence of hepatitis C in prisons suggest that between 30 and 40% of all prisoners have hep C. Prevalence of hep C among indigenous people in prison is higher, with some studies finding rates of over 50%. Prevalence among women is also higher, with about 50-70% having hep C.
- In the 2001 NSW Inmate Health Survey 48% of men and 49% of women said they used illicit drugs while in prison, most commonly cannabis and heroin. In a Victorian survey, 14% of men and 13% of women reported they had injected drugs while in prison – usually heroin and/or speed. While injecting drug users in prison tend to inject less often, they are more likely to share needles¹.
- A 1996 study of prisoners in NSW found that 21% of men and 32% of women said they had injected drugs while in prison – among the injectors, 69% of men and 64% of women reported having shared needles. Prisons are a major site for the transmission of hepatitis C.
- All jurisdictions use supply-reduction strategies such as urinalysis and drug detection dogs to detect drugs in prisons. Demand reduction strategies such as drug and alcohol counselling and treatment are also available in all states. Harm reduction strategies such as provision of condoms and bleach (but not needles and syringes) are available in most jurisdictions.
- There are methadone programs operating in all jurisdictions except the Northern Territory, though not in all prisons. New South Wales operated methadone programs at 14 of its 28 correctional centres, and Victoria at five of 13 sites. There is significant evidence to suggest that methadone programs reduce the frequency of injecting and hence the risk of transmission of blood-borne viruses.

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- Injecting equipment is classed as contraband in all jurisdictions. For example, in 1998-99, authorities in New South Wales seized 226 syringes in prison and 188 from prospective visitors – among a prison population of about 7,000¹.

Juvenile Detention

- At 30 June 2004 there were 785 young people in juvenile detention centres around Australia. Of these, 723 (92%) were male and 52 (8%) were female. Some 352 (or 44.8%) of young people in detention were indigenous.
- Levels of drug use in juvenile detention centres are difficult to know, as there is little data available. A study of juvenile detainees in Victoria found high levels of drug use among detainees, but did not research drug use specifically in detention. Over 60% reported having injected drugs previously and 20.8% had hep C on admission to detention². On average, young people in detention became sexually active and began using drugs at an earlier age than their counterparts in the general community.
- Similarly, a study of detainees in New South Wales found that 47% had used amphetamines and 20% had used heroin, while 9% had hep C³. Among the young people who had injected drugs, 30% reported sharing needles in the preceding six months (though not necessarily while in detention). Young women in custody were more likely to have injected drugs and have hep C. No juvenile detainees tested positive for HIV.
- Condoms are available in juvenile justice centres in Victoria but not in New South Wales. Bleach is not available in either Victoria or New South Wales.

Needle Exchange Programs in prisons

- There are no needle and syringe programs operating in Australian prisons. Bleach is available to prisoners in Victoria, NSW, Queensland and South Australia.
- Correctional services around Australia continue to support a total prohibition of drugs in prisons and oppose introduction of needle exchange programs in prisons.
- At present there are six countries that operate needle exchange programs within prisons, including Switzerland, Spain, and Germany. A pilot program is also due to commence in a prison in Scotland. Existing prison NSP programs have been extensively evaluated and evidence demonstrates positive outcomes in terms of reducing sharing of needles and consequent transmission of bloodborne viruses. No detrimental effects such as increased drug use or assaults on staff were reported.

Proposed needle exchange program in the ACT

- The ACT is currently building a prison (the first in the ACT), to be called the Alexander Maconochie Centre. It is due to open in 2007-08. The ACT Attorney General, Simon Corbell, has proposed establishment of a needle exchange program at the new prison. The ACT government also commissioned social research on the proposal, which considered the evidence relating to prison needle and syringe programs in other countries. The report concludes saying that ‘provides an ideal opportunity to implement this important intervention’⁴.

² Ogilvie, E. et al (2000) ‘Hepatitis infection among adolescents resident in the Melbourne Juvenile Justice Centre: risk factors and challenges’, *Youth Studies Australia*, 19, 3, 25-30.

³ See Allerton, M. et al (2003) ‘2003 NSW Young People in Custody Health Survey: Key findings report’, NSW Department of Juvenile Justice.

⁴ McDonald, D. (2005) ‘The Proposed Needle Syringe Program at the Alexander Maconochie Centre, Canberra’s new prison: An information paper on the evidence underlying the proposal’, Directions ACT.

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- The former Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) held a public forum on the issue in November 2005. The Australian Injecting and Illicit Drug Users League (AIVL) also supports the establishment of needle and syringe exchange programs in prisons. AIVL produced a discussion paper called *'Prison-Based Syringe and Exchange Programs'*, which includes AIVL's guiding principles for the operation of NSPs in prisons.

Research

- The Australian Institute of Health and Welfare's Prisoner Health Information Group produced a report called 'Towards a national prisoner health information system', in October 2006. The report is designed to address the lack of national data about the health of prisoners. It recommends development of a national minimum data set for prisoners, a clearing house for prisoner health information and introduction of a regular national prisoner health survey.
- The National Centre in HIV Social Research is conducting a major research project about sex in prisons. The project involves both quantitative and qualitative research among prisoners and ex-prisoners in NSW. The project is due to be completed in...
- The Public Health Association has a special interest group on prisoner health. The PHAA ran conferences on prisoner health issues in 1999 and 2003; another conference is due in 2007.
- The Hepatitis C sub-group of the Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis (MACASHH) has produced comprehensive guidelines for hepatitis C prevention, treatment and care in custodial settings. Development of these guidelines is a strategy identified in the Hepatitis C Strategy implementation plan. The guidelines are due to be endorsed by MACASHH in 2007.

Policy initiatives

- People in custodial settings are identified as a priority population in the fifth National HIV/AIDS Strategy and the National Hepatitis C Strategy.
 - Priority action areas in the HIV/AIDS Strategy relating to prisons are:
 - MACASHH to continue to play a central role in monitoring and advocating for best practice standards of care for people living with HIV/AIDS in prisons
 - Establish a collaboration of State and Territory Governments to develop and implement HIV/AIDS education and prevention in custodial settings and to encourage sharing models of care between jurisdictions.
 - Consider the possibility of a national summit of all involved parties and stakeholders to discuss approaches to ensuring quality treatment and care in correctional facilities.
 - The approach identified to achieve these outcomes includes establishing a mechanism to engage with various state and territory Corrective Services Departments through their standing inter-governmental mechanism, the Corrective Services Administrators Conference. The Bloodborne Viruses and STIs Subcommittee of the Australian Population Health & Development Committee has a role to play in progressing these issues. AFAO, ASHM, NAPWA and AIVL are also identified as partners.
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