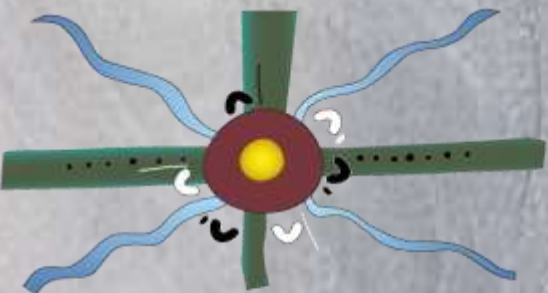




Needle Syringe Programs in WA Prisons: Enablers and Barriers



NGALA KAADITJ WADJUK MOORT KEYEN KAADAK NIDJA BOODJA
We acknowledge Noongar people as the original custodians of the land on which our office sits



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Needle Syringe Programs

2000-2009

32,050 HIV infections averted

96,667 Hepatitis C Infections averted

\$1.28 billion in health care costs saved

\$4 saved for each \$1 invested

Hepatitis C Prevalence

1% in General Population (~230,000)

33% in Male prisons

66% in Female prisons

Study

Feasibility of Needle Syringe Programs in WA Prisons

Knowledge of Needle Syringe Programs

Experience working with prisoners/prison staff

22 invited, 7 participated – Research/NGO/Government

Methodology

Semi-structured interviews – 39-72 mins

Topics - Illicit Drugs / BBV prevention initiatives / Attitudes to NSPs

Electronically recorded - Transcribed verbatim

Thematic Analysis – Four main themes and 13 subthemes



Several of the following points
are based on Anecdotes



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Illicit Drugs in Prisons

Lack of sterile injecting equipment in prisons

Makeshift equipment – Hollow chicken bones / Ballpoint Pens

Illicit drugs are available in prisons – reluctant recognition from DCS

Provide income for people who participate in smuggling

How contraband gets into prisons

“Through visitors and... officers... the staff.”
[Key Informant 3]

“Anecdotally, you’ve got large organised groups like bikie gangs who have both people inside and outside working together... No one admits that this happens, but there are prisoners standing over prison officers and saying, we know where your family lives, bring x y and z in for us.”
[Key Informant 7]

Black Market Economy

In the absence of sterile injecting equipment

“...essentially there’s a roaring trade in smuggled equipment... If you can get a good syringe into a prison it’s enormously lucrative. You can rent it out for a shot of heroin, who knows how many people have used it, but again you can keep yourself supplied in drugs for a long time...A good quality, unused syringe can be worth hundreds of dollars.”

[Key Informant 7]

Why have NSPs in Prisons

Strong evidence supporting NSPs in prisons internationally

Reduces risk of needle stick injury among prison guards

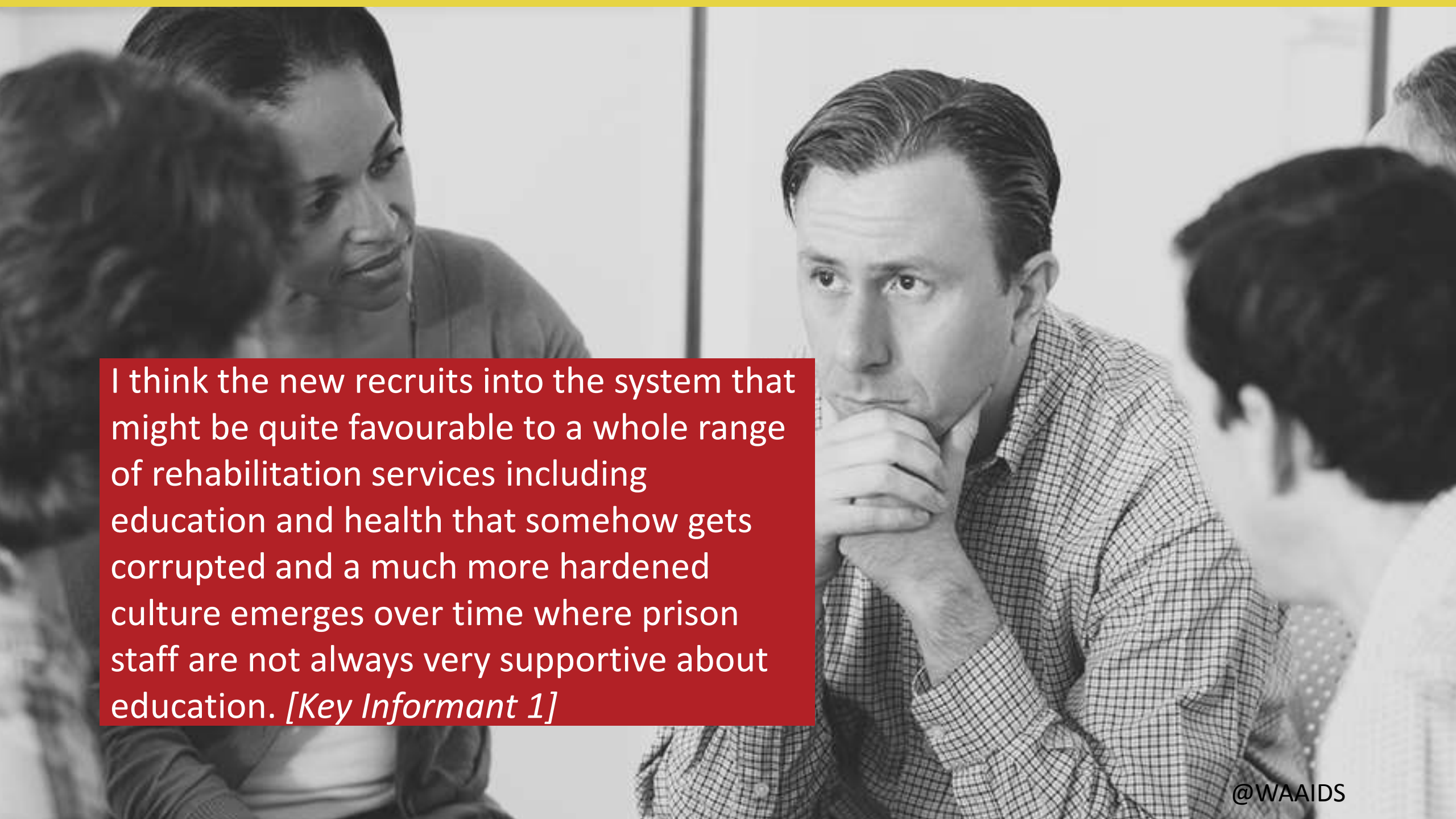
Have large impact on black market economy

Unlikely to be implemented in WA prisons anytime soon


Prison Officers

Unquestionably it's the voice of the prison union, prison staff union. Well my understanding is that they have always consistently put up a very strong argument against it. *[Key informant 5]*

...what they say is if they facilitate the needle syringe exchange program then they're condoning and assisting in an illegal activity. *[Key informant 1]*



I think the new recruits into the system that might be quite favourable to a whole range of rehabilitation services including education and health that somehow gets corrupted and a much more hardened culture emerges over time where prison staff are not always very supportive about education. *[Key Informant 1]*



Australia's in the somewhat unique position where in the nineties a prison officer in Sydney was attacked with a dirty syringe and did in fact contract AIDS and died. And that's...the prison officer's union are in a very intractable position about the attitude to needle exchange. *[Key informant 7]*

Prison Health Services

Run by Corrective Services – Nurses and Doctors are prison staff

Issues of confidentiality – information shared with Prison Officers

Supportive of NSPs, but not without consent of Prison Officers

Moving on

International Prison Officers well received in WA – Peer Approach

Turnover of staff – New generation of Prison Officers needed

Introduction of new Hepatitis C treatments

Conclusion

No reason why NSPs would not be feasible in WA prisons

Onward transmission of BBVs into communities

How do we engage with prison officers/union

Advocacy on all levels

Prisoner Rights

All prisoners have the right to receive health care, including preventive measures, equivalent to that available in the community without discrimination, in particular with respect to their legal status or Nationality”

WHO guidelines on HIV infection and AIDS in prison



Thank you



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