



# NSP IN PRISON - THE MISSING LINK

**In the global context, people who use and/or inject drugs in Australia have relatively good access to evidence-based harm reduction programs and interventions.**

**But there is no room for complacency.**

The Global State of Harm Reduction (GSHR) Report 2022 highlighted that even in countries where harm reduction programs are implemented (such as Australia), availability, accessibility and quality remain significant issues<sup>1</sup>. This includes uneven distribution of harm reduction programs, and what the report calls “great inequalities” in relation to access. In the Australian context, that ‘great inequity’ is most evident in relation to prisons.

## **Harm Reduction in Australian Prisons:**

Currently, Australian prisoners have access to certain harm reduction approaches, such as opioid dependence treatment (ODT), harm reduction information, peer education and, in some settings, limited access to Fincol© (or similar products) that can be used to clean used injecting equipment. It is access to needle & syringe programs (NSP) – the gold standard of evidence-based harm reduction programming – that continues to be ‘the missing piece’ when it comes to harm reduction in Australian prisons.

As Australia’s national harm reduction advocacy organisation, Harm Reduction Australia (HRA) supports the urgent need to significantly improve access to and the scale-up of evidence-based harm reduction programs in Australia’s prisons. ‘The Missing Piece’ advocacy campaign aims to reignite the discussion on NSP in prisons and support strategic action towards filling this critical gap in Australia’s harm reduction response.

---

<sup>1</sup> Harm Reduction International. 2022. Global State of Harm Reduction 2022. <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2022/>

## Why do we need NSP in prisons? Let's break it down...

### 1. HIV

Introducing NSP in the community early in the HIV epidemic resulted in extremely low levels of HIV among people who inject drugs in Australia. Despite this success, there is still a small number of new HIV infections each year among people who inject drugs in Australia<sup>2</sup> and therefore, the risk of HIV transmission in Australian prisons remains real. We need to address the 'missing piece' of HIV prevention in Australia through the provision of NSP in prisons.

### 2. HCV

Levels of HCV remain high in Australian prisons with estimates of 60% among prisoners who inject drugs.<sup>3</sup> Australia has also committed to the World Health Organisation (WHO) HCV elimination targets which aim to eliminate hepatitis C as a public health threat by 2030.<sup>4</sup> Despite significant progress towards elimination through investment in harm reduction approaches and in curative DAA treatment medications, the ongoing lack of NSP in prisons is threatening Australia's HCV elimination landscape. There are still large numbers of people living with hepatitis C<sup>5</sup> and when this is coupled with high levels of incarceration of people who inject drugs, often repeatedly and for very short sentences, into a system without access to sterile needles & syringes, it is actively undermining Australia's HCV elimination goals.

### 3. Effects of Marginalisation

Multiple factors including poverty, disadvantage, failed drug policies, racialised policing practices and stigma and discrimination, all contribute to prisons having a concentration of highly marginalised people, a majority of which will have a history of illicit drug use. This is further exacerbated, by the disproportionate rate of incarceration among Aboriginal and Torres Strait Islander people who use drugs being 13 times higher than non-Indigenous people who use drugs.<sup>6</sup> These factors contribute to high levels of injecting drug use in prisons, with almost half of all Australian prisoners reporting injecting drug use<sup>7</sup>, many while in prison, including prisoners who inject for the first time while incarcerated.

---

<sup>2</sup> Heard S, Iversen J, Geddes L, Kwon JA and Maher L. Needle Syringe Program National Minimum Data Collection: National Data Report 2021. Sydney: Kirby Institute, UNSW Sydney; 2021.

<https://www.kirby.unsw.edu.au/research/reports/needle-syringe-program-national-minimum-data-collection-2021-national-data-report>

<sup>3</sup> <https://www.kirby.unsw.edu.au/research/projects/stop-c#:~:text=There%20is%20a%20close%20relationship,among%20those%20who%20inject%20drugs>

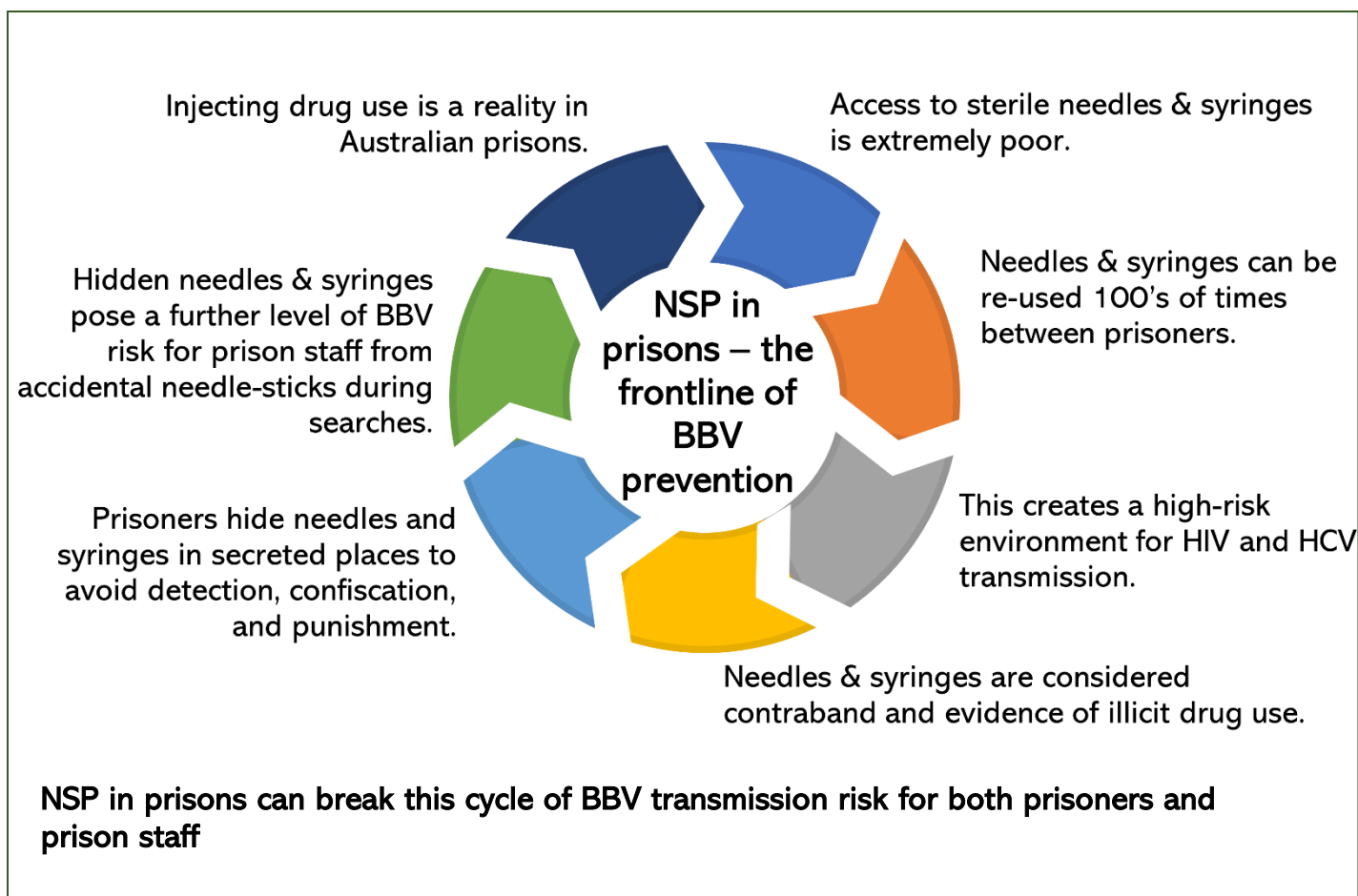
<sup>4</sup> World Health Organization. Global health sector strategy on viral hepatitis 2016–2021. Geneva, Switzerland: WHO; 2016.

<sup>5</sup> Kwon JA, Dore GJ, Hajarizadeh B, Alavi M, Valerio H, Grebely J, et al. (2021) Australia could miss the WHO hepatitis C virus elimination targets due to declining treatment uptake and ongoing burden of advanced liver disease complications. PLoS ONE 16(9): e0257369. <https://doi.org/10.1371/journal.pone.0257369>

<sup>6</sup> Heffernan, E., Davidson, F., Andersen, K. et al. Substance use disorders among Aboriginal and Torres Strait Islander people in custody: a public health opportunity. *Health Justice* 4, 12 (2016). <https://doi.org/10.1186/s40352-016-0044-8>

<sup>7</sup> <https://www.kirby.unsw.edu.au/research/projects/stop-c#:~:text=There%20is%20a%20close%20relationship,among%20those%20who%20inject%20drugs>.

## The Cycle of BBV Transmission:



## Does introducing needles & syringes into prisons increase the risks?

Needles & syringes are already circulating in Australian prisons as part of an informal and illegal economy<sup>8</sup>. NSP in prisons will therefore NOT result in needles & syringes being introduced into prisons. Even though introducing NSP in prisons would increase the overall number of needles & syringes in the system, it would also significantly reduce and/or eliminate the need for prisoners to re-use, share or trade needles & syringes or to hide them to avoid detection and/or confiscation. As a result, this would significantly reduce the likelihood of BBV transmission both from injecting drug use itself, and from any accidental needle-stick injuries. In short, it is a health and safety benefit for both prisoners and prison staff.

<sup>8</sup>Treloar C, McCredie L, Lloyd AR. The Prison Economy of Needles and Syringes: What Opportunities Exist for Blood Borne Virus Risk Reduction When Prices Are so High? PLoS One. 2016 Sep 9;11(9):e0162399. doi: 10.1371/journal.pone.0162399. PMID: 27611849; PMCID: PMC5017673.

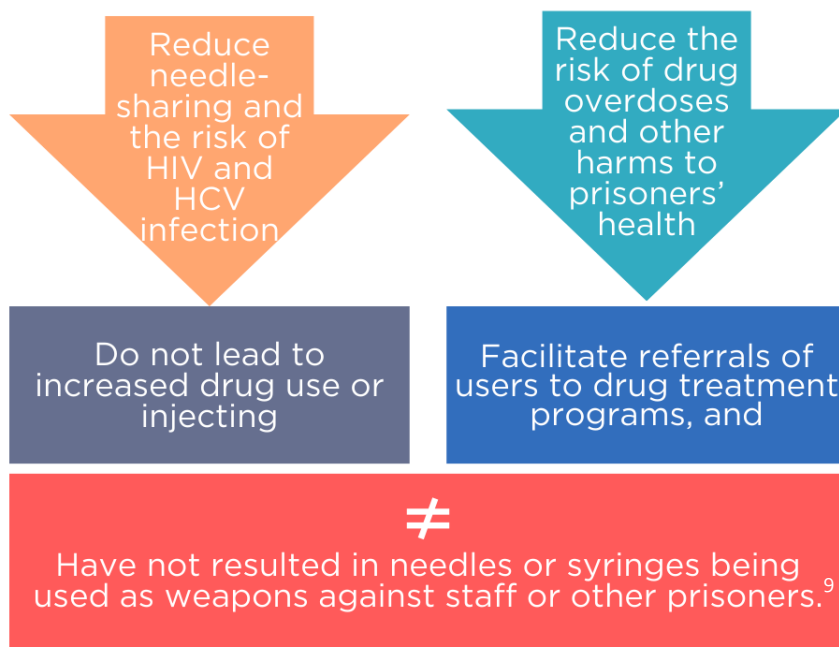
## What is the evidence to show that NSP in prisons is safe and effective?

Currently, 9 countries operate NSPs in prisons:



### Benefits of NSP in Prison

Evidence from these programs and their evaluations over more than two decades have demonstrated the clear benefits of NSP in prisons and importantly, have also helped to dispel many myths and misconceptions including demonstrating that they:



Put simply, NSP in prisons protect the health of the entire community and must be recognised as an urgent public health priority.

<sup>9</sup> <https://www.hivlegalnetwork.ca/site/news-release-prison-needle-and-syringe-program/?lang=en>

## Why the Model of Care Matters

Over 25 years of providing NSPs in prisons in a diverse range of countries has also highlighted the fundamental importance of the model of care or service delivery that is used in these settings. Prisons are highly regimented environments where security is prioritised, and movements are closely monitored. Further, although it commonplace, injecting drug use is strictly prohibited, and injecting equipment is considered contraband. Similar to the general community, injecting drug use is also highly stigmatised making prisoners even more reluctant to access services and support. All these factors contribute to a unique environment for the provision of harm reduction programs.

Although they operate on a variety of different models including facility-operated, externally operated, peer-based, dispensing machines, etc., existing NSPs in prisons all demonstrate that regardless of the model adopted, an effective NSP in a prison context must:

- be easy to access with no or few barriers.
- provide safe and confidential access to injecting equipment.
- ensure prisoners are not punished for accessing the program.
- not force or coerce prisoners accessing the NSP into drug treatment.
- provide referral and access to BBV testing and treatment.
- include peer education and support.
- link prisoners with appropriate health care.

## What is HRA seeking?

The issue of NSP in prisons has been vigorously debated for decades. There have been multiple reports, strategies, and recommendations from all levels of government including statements in the National BBV/STI Strategies<sup>10</sup>. There has also been, a wide range of public health experts and organisations publicly advocating NSP in prisons<sup>11</sup>. Yet today, as of mid 2023, no Australian prison has an NSP. Worse still, the discussion on 'the missing piece' of our harm reduction response has effectively fallen silent. This needs to change.

Australia is a signatory to the International Covenant on Economic, Cultural, Social Rights (ICESCR) which under Article 12 enshrines in Australian domestic law the right to the highest attainable level of physical and mental health for ALL people including the right of prisoners to an equivalent standard of health as the general community.<sup>12</sup> The ongoing lack of NSP in Australian prisons is both a public health and human rights disaster as it fails to protect the right to health and to ensure equivalence of care in Australian prisons.

---

<sup>10</sup> <https://www.health.gov.au/resources/collections/national-strategies-for-bloodborne-viruses-and-sexually-transmissible-infections>

<sup>11</sup> <https://www.ama.com.au/media/needle-and-syringe-programs-needed-prisons#:~:text=%E2%80%9CThe%20AMA%20supports%20NSPs%20as,use%20or%20overall%20prison%20security,%E2%80%9D> and <https://www.smh.com.au/opinion/needle-and-syringe-program-opportunity-lost-for-the-act-20150415-1mljfy.html> and

<sup>12</sup> <https://humanrights.gov.au/our-work/rights-and-freedoms/right-health>

HRA believes addressing this failure is paramount and is calling on Australian governments at the federal and state/territory levels to take all necessary steps to implement NSP in prisons as a matter of urgency.

## What Can You Do?

Support HRA's #TheMissingPiece advocacy work by:



- Disseminating this advocacy statement through your networks.
- Following HRA on our social media platforms.
- Liking and re-posting #TheMissingPiece advocacy posts on social media.
- Joining HRA as a member to receive updates on #TheMissingPiece.
- Donating to HRA to allow us to maintain our #TheMissingPiece advocacy.

---

Harm Reduction Australia (HRA) is a leading national, not-for-profit advocacy organisation with a primary focus on reducing the potential harms associated both with illicit drug use and our drug laws and policies.

[www.harmreductionaustralia.org.au](http://www.harmreductionaustralia.org.au)



@harmreductionau



#harmreduction