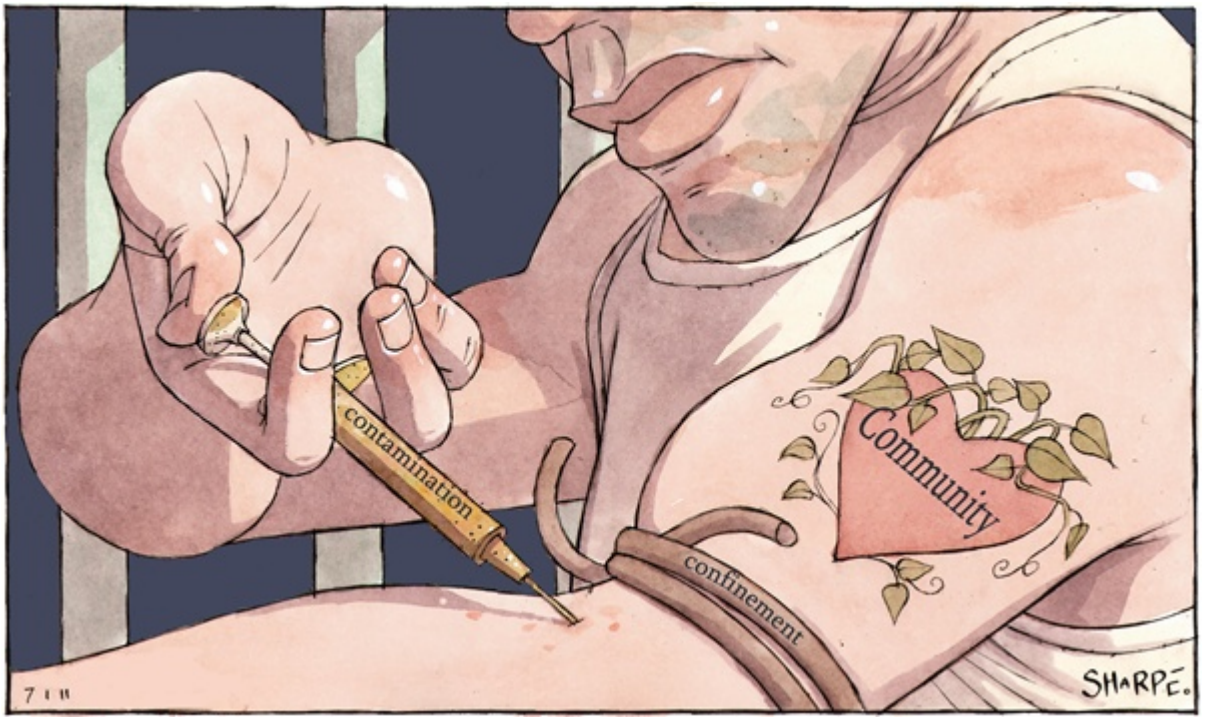
Canberra Times Friday 7 January, 2010

Injecting hope into our prisons

Needle and syringe programs are a success story and one should be embraced at Maconochie argues Lynne Magor-Blatch



The Alexander Maconochie Centre (AMC) was never going to be a Field of Dreams ("build it and they will come"). Unfortunately it has more closely resembled a Field of Nightmares ("build it and they will be sent"). The ACT used to have one of the lowest rates of incarceration, but these rates have increased with the opening of the AMC. This brings a set of problems that requires more than a correctional solution. In 2009, Australia had 27,000 prisoners. Thirty-seven percent reported a mental illness, 71 percent had used illicit drugs in the 12 months prior to incarceration and 52 per cent were drinking at risky levels.

Add to this a myriad of health-related concerns, including HIV and Hepatitis C infection, and it becomes clear that we need to look to health, rather than corrections alone, for solutions. Needle and syringe programs (NSPs) have had an undeniably positive effect on the spread of blood-borne viruses. They are an important part of our Government's harm reduction strategy.

We no longer debate the merit of NSPs in the public arena because we know from evidence that they work.

Based on costs for treatment, quality of life and productivity loss, it is estimated that the return for investment on NSPs is between $2.4 billion and $7.7 billion – ie $1 returns $33. In terms of lives saved, between 1991 and 2000, an estimated 25,000 cases of HIV infection and 21,000 cases of Hepatitis C infection had been prevented. By 2010, an estimated 4,590 lives had been saved.

So let's follow the logic. NSPs save lives and reduce the cost to the community. Prisons are part of our community. Some people in prison have HIV and Hepatitis C and will move back into the community on release. Significant numbers in prisons are injecting drugs. These people are increasing the chance of contracting blood borne viruses and will move back into the community on release.

Australian prisons are part of the wider community and as such need to remain consistent with the Australian Drug Strategy of Demand, Harm and Supply Reduction. Treatment within a harm reduction philosophy encompasses a wide continuum which includes NSPs and a range of treatment options.

Prisons go to great lengths to reduce supply. This includes drug detection systems, staff, prisoner and visitor searches, urinalysis and sniffer dogs. Nevertheless, drugs find their way inside. A 2009 survey of NSW prisoners found 43 percent had used an illicit drug while in prison.

A 2010 study found 33.6 per cent of NSW male prisoners continued to inject while in prison, and at 90 per cent, the rate of needle sharing was far higher than within the general community. This makes prisons incubators of disease.

Switzerland was the first country to provide a prison-based NSP in 1992. Since then, programs have been established in more than 50 prisons in 12 countries. This doesn't mean that authorities have become lax on drug supply reduction.

In fact, results of these programs have not found an increase in injecting or other drug use. They have, however, found decreased rates of blood borne viruses, reduced needle sharing and even a decrease in needle stick injuries. There is no evidence that a controlled NSP within the prison would threaten correctional staff safety. Rather, there is evidence that safety will be increased with a significant reduction in risky behaviours and a safer prisoner return on release to families and the community.

In April 2010 the Australian Health Ministers Advisory Council (AHMAC) released three related Hepatitis C and HIV Strategies. In relation to prison-based needle and syringe programs, all three noted the appropriateness for governments "to identify opportunities for trialling the intervention in Australian custodial settings".

Some would like to stick with the NIMBY principle (not in my backyard) and ask why the ACT should be first. Well why not? We are the nation's capital and we should be prepared to show leadership.

Others ask if this will be "sending the wrong message" and "what about rehabilitation and drug treatment?" All these strategies are needed – NSPs, pharmacotherapy treatment, education and rehabilitation.

The Australasian Therapeutic Communities Association (ATCA) largely comprises members that are providing abstinence-based treatment – which means programs do not permit alcohol and drug use while people are in treatment. They do not exclude medications, which are part of the treatment continuum and a growing number include people on methadone.

Therapeutic communities (TCs) within prison settings have had a high rate of success overseas and are now being established in Australia. However, as with any drug treatment option, people cannot be forced into them. Providing a range of treatment options which are suited to the person at the point they are at, is the key.

Within a prison setting, any TC needs to be separated from the main prison and provide safety and support to those who have made the decision to change their drug using behaviours.

In Victoria, the Marngoneet Prison operates as a therapeutic community – but it is not an 'entry-in' prison. In the UK, the 200-bed TC at Dovegate is separated from the main prison by a very high brick wall and there is no interaction between those in the TC and others in the main prison.

People apply to enter it from all over the UK, and are accepted in when they have made a commitment to stop all illicit drug use. The New Zealand Government has found prison-based TCs to be so successful that they have recently released more tenders to ATCA members CareNZ and Odyssey House Auckland. ATCA members are now operating 12 TCs in prisons in Australia and New Zealand.

However, ask anyone who moves through a TC how they came to be there and they will tell you about their journey. A journey which has typically included an NSP, possibly the Medically Supervised Injecting Centre in Kings Cross, methadone and other medications, support groups and 12-step fellowships, counselling, detoxification and quite possibly a number of admissions to treatment services, including therapeutic communities.

Just as problematic drug use doesn't happen as a one-off event but is underpinned by a myriad of psychosocial issues, drug treatment and recovery is the result of many different interventions. NSPs are vital in this process and often provide the first opportunity for brief intervention. It is high time we considered this as an imperative within the prison setting.

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