

Hepatitis Victoria urges the adoption of legislative measures to reduce harms associated with illicit drug use through:

- 1. Increased access to needle and syringe programs;**
- 2. Piloting clean needle access in prisons; and**
- 3. Piloting supervised injecting centres.**

CONTEXT:

Hepatitis Victoria welcomes the Parliamentary Inquiry into Drug Law Reform and supports legislative and policy changes to minimise drug related health, social and economic harms to Victorians.

Viral hepatitis incurs a high burden of disease on the affected individuals and the Victorian community at large. Almost 500,000 Australians (over 100,000 Victorians) are living with chronic viral hepatitis B or hepatitis C. Untreated chronic viral hepatitis can lead to serious liver complications such as cirrhosis and liver cancer. Four Victorians die every week as a consequence of viral hepatitis.

People who inject illicit drugs or have a history of injecting make up 90% of new hepatitis C diagnoses.¹ People who inject illicit drugs are also a priority population for hepatitis B, comprising 5.7% of those affected.²

Over 40% of male prisoners, and up to 70% of female prisoners, have hepatitis C. 18% of people entering Australian prisons test positive to hepatitis B.³

HEPATITIS VICTORIA POLICY FRAMEWORK:

Hepatitis Victoria has been operating for nearly 25 years and is the peak organisation in Victoria representing the interests of people living with viral hepatitis. Our mission is a state free from viral hepatitis, and where those living with the condition are able to maximise their health and well-being.

Hepatitis Victoria operates from a social model of health, and is committed to harm minimisation.

Hepatitis Victoria supports evidence based service models and options, both internally and external to the organisation, that most effectively minimise (health, social and economic) harm to at-risk populations, including individuals involved in substance use and the broader community.

EXISTING VICTORIAN GOVERNMENT POLICY:

The Victorian Government has committed to [Viral Hepatitis Strategies 2016-2020](#) in relation to Hepatitis B and Hepatitis C. These aspire to the elimination of both viruses by 2030 through a combination of prevention, testing and treatment.

The elimination of viral hepatitis in Victoria, particularly for hepatitis C, will require innovative evidence based approaches to the reduction of transmission, including a reduction in the harms currently associated with illicit drug use.

An investment in harm minimisation strategies, as an alternative to criminal penalties, would also have the benefit of providing opportunities for access to education, increasing treatment access and retention in treatment, and reducing the crimes associated with drug dependency.

RECOMMENDATIONS:

Drawing from its understanding of the harms associated with the current arrangements regarding illicit drug use, particularly in relation to risk of transmission of viral hepatitis, Hepatitis Victoria recommends the following changes:

1. Needle and syringe programs

The Victorian Needle and Syringe Program (NSP) is a long-standing public health initiative that aims to minimise the spread of blood-borne viruses such as HIV, hepatitis B and hepatitis C among people who inject drugs and the wider community. Australian research indicates that harm reduction approaches have prevented thousands of cases of infection among people who inject drugs, and in turn protected the wider community.⁴ In turn the NSP program has achieved wide community acceptance.

Difficulties in accessing sterile needles and syringes are a major reason why injecting equipment is shared, and so increases the risk of HIV and hepatitis infection.

Hepatitis Victoria seeks increased access to needle and syringe programs in the community across Victoria. This includes an extension to the current program through the provision of injecting equipment through appropriately located syringe vending machines which provide 24-hour access to safe injecting equipment. In regional and rural areas where there are fewer NSPs operating and where users may have practical concerns over anonymity, vending machines have considerable potential to reduce harmful behaviours.

2. Safe injecting in prisons

Hepatitis C is the most prevalent communicable disease in prisons, and is six times more prevalent in Australian prison than in the general community. Additionally, hepatitis B is a growing concern within custodial settings. Imprisonment is an independent risk factor for hepatitis infection: the concentration of high-risk groups in prisons, particularly people who inject drugs, combined with lack of access to safe and sterile injecting practices inside prison, make imprisonment a social determinant of the transmission of viral hepatitis.⁵

Hepatitis Victoria currently offers a number of programs and services to Victorian prisons and acknowledges the concerns expressed by prison staff in relation to illicit drug use in prisons. However, as well as having to ensure safe workplaces for staff, the State has a duty of care to safeguard the welfare of prisoners, and to provide them with access to health care commensurate with that available in the broader community. These apparently competing interests cannot be resolved by achieving the duty to one party to the exclusion of the duty to the other party. It is in the community's interest that the duty to both parties be met.

Needle and syringe programs have been available in custodial settings in some countries for over 12 years, including: Switzerland, Germany, Spain, Moldova, Belarus and Kyrgyzstan. Spain implemented its first prison syringe exchange in 1997. Following the success of several pilot programs, the Directorate General for Prisons ordered that syringe exchanges be established in all prisons. Correctional officers reported positive experiences with prison syringe exchange and support the program. The Spanish program was evaluated after 10 years, finding that the prevalence of HIV infection fell from 21 per cent in 1999 to 8.5 per cent in 2009, while hepatitis C infection fell from 40 per cent to 26.1 per cent.⁶

In January 2017, the Australian Medical Association called for needle and syringe programs to be introduced in prisons and other custodial settings in order to reduce the spread of blood borne viruses, including hepatitis B and C and HIV. Launching their 'AMA Position Statement on Blood Borne Viruses 2017' the AMA President, Dr Gannon, made the connection between BBVs in prisons, the fact that many people are in custody for drug-related offences, and the need for a range of harm minimisation measures including regulated needle and syringe programs. Specifically the AMA stated that "Prison-based NSP trials have been shown to reduce the risk of needle-stick injuries to staff, and increase the number of detainees accessing drug treatment, while showing no adverse effect on illicit drug use or overall prison security".⁷

Hepatitis Victoria is advocating for access to sterile injecting equipment in prison based on the evidence from overseas that access this reduces viral hepatitis rates and represents best practice care for people in prison.

3. Supervised injecting centres

Evidence from both Australia and overseas indicates that supervised injecting facilities are an effective way of reducing some of the harms associated with injecting drug use. The harms shown to be reduced include the number of overdoses (both fatal and non-fatal); the physical harm from injecting such as skin abscesses and damaged veins; healthcare costs including ambulance call-outs and hospital admissions; and social amenity concerns such as petty crime and littering of injecting equipment. The evidence also shows a reduction in infection rates of transmissible diseases such as hepatitis C.⁸

Evaluation of the Sydney supervised injecting facility found that up until 2015 it had:

- successfully managed more than 6,089 drug overdoses without a single fatality;
- reduced the number of publicly discarded needles and syringes in the Kings Cross area by approximately half;
- decreased the number of ambulance call outs to Kings cross by 80%, and;
- generated more than 12,000 referrals to health and social welfare services.⁹

The Victorian Coroner, in investigating a recent heroin overdose death in Richmond, recommended in February 2017 that the Victorian government endorse a trial of a medically supervised injecting centre in Victoria, similar to the one in Kings Cross.¹⁰

Hepatitis Victoria supports the Coroner's recommendation for a pilot of a medically supervised injecting centre, not only to save lives by preventing overdoses, but also to reduce the risk of transmission of hepatitis through access to sterile injecting equipment and accompanying education regarding risk and transmission. Hepatitis Victoria acknowledges that the successful establishment of a supervised injecting centre pilot would benefit from local community support and therefore would recommend a process of community consultation and engagement as an important component of the success of such an initiative.

CONCLUSION:

Hepatitis Victoria believes that applying a harm minimisation approach to illicit drug use would achieve a reduction in both overdose rates and in the transmission of viruses including hepatitis B and hepatitis C that are of significantly greater prevalence amongst people who inject drugs than the broader community. Hepatitis Victoria would welcome the opportunity to be involved in supporting the development and piloting of these initiatives.

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- ¹ Australian Government Department of Health, *Fourth National Hepatitis C Strategy 2014-2017*, Commonwealth of Australia, Canberra, ACT, 2601.
- ² McLachlan J.H. et al, *Australian and New Zealand Journal of Pacific Health*, Melbourne, 3000.
- ³ Australian Institute of Health and Welfare 2015, "The health of Australia's prisoners", Cat. No. PHE 207, Canberra, 2061.
- ⁴ Australian Department of Health "Return on investment 2: evaluating the cost-effectiveness of needle and syringe programs in Australia", 2009, Accessed 2016 at: <http://apo.org.au/node/19432>.
- ⁵ Awofeso, N. "Prisons as Social Determinants of Hepatitis C Virus and Tuberculosis Infections", *Public Health Reports*, 2010, vol 4, pp 25-33.
- ⁶ Needle and Syringe Programs in Prison, *Australian Drug Foundation*, 2012, Accessed 2014 at: <http://www.adf.org.au/policy-advocacy/policytalk-june-2012>.
- ⁷ "AMA says needle and syringe programs needed in prisons to prevent spread of hepatitis B and C", 9 January 2017, Accessed 2017 at: <https://ama.com.au/media/needle-and-syringe-programs-needed-prisons>
- ⁸ Palumbo de Vel, M, et al, 2013, 'Supervised Injecting Facilities: What the literature tells us', DPMP Bulletin Series No. 22, National Drug & Alcohol Research Centre, Sydney.
- ⁹ Uniting, 2016, "Medically Supervised Injecting Centre – Get to know our story", Accessed February 2017 at: https://uniting.or/_data/assets/pdf_file/0005/139370/Uniting-MSIC-Brochure-.pdf.
- ¹⁰ *Finding of the Inquest into the Death of Ms A* [2017] CCV 241816 (Coroner Hawkins, 20 Feb 2017).