



RE: Submission regarding Moore Report – Implementation of a Needle and Syringe Program (NSP)

Justice Action is a community-based organisation of criminal justice activists. We are consumers, prisoners, academics, and victims of crime, ex-prisoners, lawyers and general community members dedicated to making a change. We believe that meaningful change depends upon the free exchange of information, community involvement and the taking of responsibility by all members of the community. Operating for over 25 years, Justice Action has worked with inmates regarding issues of prisoners' rights, education, women in prisons and health. We represented all Australians held against their will at the 2009 Consultation for the UN Optional Protocol to the Convention against Torture (OPCAT) Treaty and defended the right of prisoners to vote in the Senate in 1997 and 2006.

Engaging in campaigns for the improvement of prisoner health and consistently pressuring the government to control the spread of blood-borne communicable diseases in prisons through the immediate availability of condoms, clean syringes and dental dams, Justice Action has:

- Served as a founding member of the NSW Justice Health Consumer and Community Group
- Represented Australian prisoners to the United Nations Special Rapporteur on Health in 2009
- Held membership of the Blood Borne Communicable Diseases group at ACON for 10 years
- Initiated ex-prisoner Richard Lynott's case against the government for negligence due to their failure to supply clean needles and syringes in prison (1996).

- Published JUST US newspaper (distributed to prisoners across Australia and New Zealand) with full page, front cover feature article regarding HCV issues

We at Justice Action applaud ACT Health in recognising and taking seriously the extent of blood-borne communicable diseases and the role that needle sharing in greatly contributing to this issue. With rates of HCV in correctional facilities up to sixty times greater than the general population, it is imperative that some form of NSP must be implemented to ensure that the duty of care that prison authorities owe to prisoners to protect them from foreseeable harm is fulfilled. With the first case with evidence demonstrating transmission of HCV while incarcerated within the Alexander Moonachie Centre documented, it becomes essential that recognition be granted to the constant accessibility of illicit substances within prisons and the occurrence of injected drug use.

The National Drug Strategy approaches drug policy from the position of harm minimalisation, including the reduction of demand, supply and harm. Yet the strategies employed in prisons are highly inconsistent with approaches to illicit drug use in the community. The rates of HCV infection, transmission and the use of shared needles in correctional facilities also serve to highlight these inconsistencies with rates in the wider community. Why do so few choose to address this?

Prisoners want to feel positive about their futures and to build new lives during their period in prison. Feeling hopeless and helpless with no incentive or opportunity to make these constructive changes to their lives, they look for ways to distract their pain. Drug use serves this purpose, providing a way out. Reducing the demand of illicit drugs by offering incentives and opportunities to undertake health based and other forms of education is a primary necessity of ACT Corrections.

In 1990, the United Nations adopted the *Basic Principles for the Treatment of Prisoners*, at its core is the “principle of equivalence” which ascertains that prison health services must be of the same quality and meet the same standards as those of the outside community. As such, as highlighted by the World Health Organisation and the Joint United Nations Program on HIV/AIDS, the higher the rates of injected drug use and associated risk behaviours becomes in prisons, the greater the urgency for the introduction of needle and syringe programs becomes.

Much to the disgust of certain forms of media commentators, the battle to completely halt the flow of drugs into prisons is one that is akin to trying to contain a flood in a fish tank. Drugs in prisons are a reality that must be addressed. Justice Action applauds the Moore Report’s recommendations to adopt the ‘least-worst’ option in a circumstance where, if the status quo is maintained, no gains can be achieved.

Justice Action concurs with the recommendations drawn by the Public Health Association of Australia’s report into the *Implementation of a Needle and Syringe Program at the Alexander Moonachie Centre* and favours the preferred option of the Report (Model 3B: Contained NSP operated by an external agency within Health Centre) due to its potential for health promotion and education. However, we are quick to highlight that any of the proposed models are favoured over the current policy of inaction and feigned ignorance. Justice Action acknowledges the concern of some groups within prison officer organisations, yet contend that prison officers will achieve greater safety from a properly implemented NSP, due to less tension with prisoners and less risk on the job due to reduced infection levels. The successes of implementation in prisons across Europe speak for themselves in addressing queries as to the potential effectiveness of NPS.

Justice Action urges the ACT Health Directorate to implement the recommendations of the Moore Report in combating the HCV epidemic that continues to spread across the prison population. Prisoners have highlighted the need for the introduction of a NSP to us for decades as they would prefer to avoid infection rather than undertake expensive post-infection treatment strategies and should have the right to control their own health care. As the report highlights, none of the goals of the NDS or the right to adequate healthcare should be lost because a person is incarcerated.