Failure to deliver on harm reduction in prisons is harmful, costly and undermining progress on Closing the Gap and the elimination of hepatitis C

Authors:
Campbell M[1], Didlick J[2]

[1] National Aboriginal Community Controlled Health Organisation (NACCHO)
[2] Hepatitis Australia

Background:

Australia has committed to Closing the Gap (including in health and life expectancy) for Aboriginal and Torres Strait Islander people within a generation and eliminating hepatitis C (HCV) by 2030.

Progress to HCV elimination has slowed and some populations are being left behind. The 'HCV Gap' for Aboriginal and Torres Strait Islander people is increasing.

Of all people living with HCV in Australia, 5% are in prison. Whilst 42% of all treatment nationally is now delivered in prisons, they remain the primary site of transmission.

Prison NSP is national policy aligning with Australia's obligations under international agreements.

Argument:

Failure on prison harm reduction:

- Is a barrier to Closing the Gap and eliminating HCV
- Represents denial of human rights
- Causes significant harms and health sector expense.

Aboriginal and Torres Strait Islander people:

- Comprised ~12% of the 2015 HCV prevalent population but ~18% in 2020
- Experience HCV notification rates six times higher
- Are 3.9% of the population but one third of prisoners
- Are over-represented in HCV reinfections.

Results:

Prison NSPs:

- Are feasible, affordable, safe, effective
- Increase health promoting behaviours
- Improve prison health and safety
- Are cost-effective.

Australia's obligations under the *United Nations Standard Minimum Rules for the Treatment of Prisoners* and the *Operational Protocol to the Convention against Torture and Other Cruel, Inhumane or Degrading Treatment or Punishment* include ensuring 'equivalence of care' with that available in the community.

Conclusions:

The targets of the next National Hepatitis C Strategy contain ‘equity thresholds’ and are considered ‘achieved’ when met for all priority populations (including Aboriginal and Torres Strait Islander people and people in custodial settings).

Experts are recommending implementation of NSPs in Australian prisons and other places of held detention on health, human rights, and financial grounds, and because Closing the Gap and elimination of HCV depend on it.

Disclosure of Interest Statement:
The authors receive funding from a range of sources including the Australian Government (through the Commonwealth Department of Health and Aged Care) – the custodians of the National BBV/STI Strategies within which Aboriginal and Torres Strait Islander people, detainees and detention settings are identified priorities and strengthening harm reduction in prisons is a priority action. The authors acknowledge the critical funding through which governments support the national response and that of other partners supporting professional and research activities. We recognise the need for transparency in disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations.