Undermining progress on Closing the Gap and the elimination of hepatitis C. Hepatitis C inequities: Australia's costly prevention failure

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Needle and syringe programs in prisons ('prison NSPs') are feasible, cost-effective and where available reduce infections and other injecting-related harms, improve prison safety, and increase health-promoting behaviours and human rights. Pre-eminent international bodies and leading Australian health organisations support implementation of prison NSPs on health, human rights, and financial grounds, and because Closing the Gap in hepatitis C and elimination for priority populations by 2030 depend on it.

Eliminating hepatitis C

Australia is committed to the elimination of hepatitis C as a public health threat by 2030. Elimination 'as a public health threat' is defined by the World Health Organization as reduction of disease incidence, prevalence, morbidity or mortality to a level below which the public health burden is considered negligible.[1]

Commitment to elimination is enshrined in the next National Hepatitis C Strategy[2]. Targets include:

- 90% reduction in incidence (new cases)
- 85% of people living with hepatitis C are cured
- 65% reduction in deaths caused by hepatitis C

The Strategy's targets include an 'equity threshold' – considered 'achieved' when targets are met for all priority populations (including Aboriginal and Torres Strait Islander people and people in prisons).

No prison NSP, *no 'Closing the Gap'*

Closing the Gap is a landmark partnership between Australian governments and Aboriginal and Torres Strait Islander people launched in 2008 to improve life outcomes and close gaps in disadvantage (including in health and life expectancy) within a generation.[3]

In hepatitis C "the Gap" is widening. Aboriginal and Torres Strait Islander people:

- Comprised 12% of all people living with hepatitis C in 2015, increasing to 18% in 2020. [4]
- Represent 3.9% of the population nationally but one-third of Australia's prison population[5], imprisoned at a rate of 2,559 per 100,000 adults (far higher than the national rate of 216 per 100,000 adults).[6]
- Experience hepatitis C notification rates six times higher than non-Indigenous Australians but with lower rates of treatment.[7] Hyper-incarceration with no access to sterile equipment in prison is a significant factor.
- Are significantly more likely to be reinfected with hepatitis C in prisons following treatment. [8]

No prison NSP means *significant and ongoing harms*

Without prison NSPs, people who inject drugs in prisons are denied access to human rights (e.g., equivalence of care) and evidence-based means of preventing injecting-related infections. Barriers include misinformation, insufficient political will, and absence of leadership.

In addition to heightened risks of hepatitis C and other blood-borne viruses in prisons, novel outbreaks of *Burkholderia cepacia* (invasive life-threatening infections) have occurred with 63 cases across nine Queensland correctional centres to December 2023 and seven cases in a Western Australia correctional centre. These cases involved serious infections of bones and joints, heart valves and severe limb-threatening soft tissue infections among people who inject drugs, and at least one mortality. Treatment requires prolonged and costly hospital stays, and frequently surgeries.[9]

No prison NSP, no elimination

Australia will not achieve our hepatitis C elimination goals without access to sterile equipment for people who inject drugs in prison. People who use drugs are over-represented in Australian prisons where there is a high risk of hepatitis C transmission. One in seven people injects drugs while in prison, some for the first time.[10]

On any given day in Australia: .

- Around 46,000 people are in prison[11]
- Of all Australians living with hepatitis C, around 5% are in prisons[12]

In contrast:

- Prisons are the primary site of hepatitis C transmission nationally[13]
- 42% of all hepatitis treatment in 2023 was delivered in prisons[14]

In 2015 community organisations implored Government for unrestricted access to newly developed hepatitis C cures, including in prisons because hepatitis C elimination would otherwise be impossible. Unfortunately, unrestricted access to hepatitis C treatment in prisons is sometimes represented as an alternative to prevention measures such as prison NSPs. This is harmful and inefficient with evidence[15] suggesting rates of reinfection following hepatitis C treatment in prison are twice as high as reinfection among people recently injecting drugs in the community.

Despite intensive hepatitis C 'test and treat' campaigns, Australian prisons feature much higher rates of blood-borne viruses (including new cases of hepatitis C and reinfections following cure) than the general population. A key difference is that needle and syringe programs are available in the community for people who inject drugs.[16]

No prison NSP means *prisons are less safe*

Where prison NSPs have been implemented effectively they have been found to improve prison safety. Evaluations have found prison NSPs:[17]

- Are not associated with increased attacks on prison staff or other detainees.
- Contribute to workplace safety.
- Decrease needle sharing and reduce transmission of injecting-related infections between detainees and from detainees to prison staff.
- Facilitate referrals to other drug treatment programs.
- Do not increase drug use.

No prison NSP means *significant government expense*

Prison NSPs are feasible and effective, reducing infection, improving safety, increasing health-promoting behaviours, and improving human rights for detainees. Implementation would save money for Australia's governments.

A recent cost-benefit analysis[18] found that prison NSPs would significantly reduce hepatitis C transmission and injection-related bacterial and fungal infections, saving $2.60 in health care costs per dollar invested in implementation.

Implement prison NSPs

The next National Hepatitis C Strategy commits to exploring the implementation of prison NSPs in partnership with state and territory governments to ensure regulated access to sterile injecting equipment in corrections settings.

Implementing prison NSPs will support:

- Elimination of hepatitis C
- Progress on Closing the Gap
- Safer prisons (for staff and detainees)
- Reduction of significant and ongoing harms
- Reductions in healthcare costs for governments
- Delivery on human rights obligations[19]

References

[1] Hepatitis Australia. What does "elimination as a public health threat" mean? Published online 2025. [accessed 2 July 2025]. Available from: https://www.hepatitisaustralia.com/what-does-elimination-as-a-public-health-threat-mean
[2] Australian Government Department of Health, Disability and Ageing. Draft Sixth National Hepatitis C Strategy 2023-2030. Published online 31 May 2023. [accessed 2 July 2025]. Available from: https://www.health.gov.au/sites/default/files/2023-05/draft-sixth-national-hepatitis-c-strategy-2023-2030-for-public-consultation.pdf
[3] Australian Government. National agreement on closing the gap. Canberra: National Indigenous Australian Agency; 2020 [accessed 24 June 2025]. Available from: www.closingthegap.gov.au/sites/default/files/files/national-agreement-ctg.pdf
[4] Kirby Institute. Progress towards hepatitis C elimination among Aboriginal and Torres Strait Islander people in Australia: monitoring and evaluation report, 2021. Sydney: Kirby Institute, UNSW Sydney; 2021. Retrieved 27 February 2025.
[5] Australian Bureau of Statistics. Prisoners in Australia 2024. Published online 19 December 2024. [accessed 2 July 2025]. Available from: https://www.abs.gov.au/statistics/people/crime-and-justice/prisoners-australia/latest-release
[6] Walker, L. Australia's prisoner numbers are at an all-time high, and changing bail laws are playing a part. ABC News. Published online: 29 June 2025. Available from: https://www.abc.net.au/news/2025-06-29/australia-s-prisoner-numbers-hit-all-time-high/105412038
[7] King, J., Kwon J., McManus, H., Gray, R., & McGregor, S., 2024, HIV, viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report 2024, The Kirby Institute, UNSW Sydney, Sydney, Australia. Available from: https://www.kirby.unsw.edu.au/sites/default/files/documents/Annual-Surveillance-Report-2024-HCV.pdf
[8] Wright T, Brown T, Clegg J, Sotomayor-Castillo C, Mcgrath C. Current hepatitis c transmission in NSW prisons: the need to accelerate harm reduction to support elimination efforts and reduce reinfection. INHSU Conference 2024 abstract. [accessed on 2 July 2025]. Available from: Brown T, Clegg J, Sotomayor-Castillo C, Mcgrath C. Current hepatitis c transmission in NSW prisons: the need to accelerate harm reduction to support elimination efforts and reduce reinfection. INHSU Conference 2024 abstract.
[9] Holland C, Slinko V, Quagliotto C, Bergh H, Schlebusch S, Jennison A, Davis C, Beesabathini R, Graham R, Hayliar J, Yarwood T, Playford EG, and Runnegar N. Burkholderia cepacia complex outbreak in prisoners in Queensland. Poster presentation at the ASID Annual Scientific Meeting 2025, Canberra. 3-5 April 2025.
[10] Australasian Society for Infectious Diseases. Needle and syringe programs need in prisons. Published 11 September 2024. [accessed 2 July 2025].Available from: https://asid.net.au/news/needle-and-syringe-programs?rq=needle%20and%20syringe%20programs
[11] Australian Bureau of Statistics. Corrective Services, Australia, March Quarter 2025. [accessed 2 July 2025]. Available from: https://www.abs.gov.au/statistics/people/crime-and-justice/corrective-services-australia/latest-release
[12] Bah R., Sheehan Y., Xiaoying L., et al. 2024, Prevalence of blood-borne virus infections and uptake of hepatitis C testing and treatment in Australian prisons: the AusHep study. The Lancet Regional Health – Western Pacific, Volume 53, 101240. [accessed on 28 February 2025].
Australian Bureau of Statistics. Corrective Services, Australia, March Quarter 2025. [accessed 2 July 2025]. Available from: https://www.abs.gov.au/statistics/people/crime-and-justice/corrective-services-australia/latest-release
[13] Hajarizadeh B, Carson JM, Byrne M, Grebely J, Cunningham E, Amin J, Vickerman P, Martin NK, Treloar C, Martinello M, Lloyd AR, Dore GJ; SToP-C study group. Incidence of hepatitis C virus infection in the prison setting: The SToP-C study. J Viral Hepat. 2024 Jan;31(1):21-34. doi: 10.1111/jvh.13895. Epub 2023 Nov 7. PMID: 37936544; PMCID: PMC10952254.
[14] Burnet Institute and Kirby Institute. Australia's progress towards hepatitis C elimination: annual report 2024. Melbourne: Burnet Institute; Published 2024. Available from: https://www.burnet.edu.au/media/5nzcvmn2/australias-progress-towards-hepatitis-c-elimination-annual-report-2024.pdf
[15] Hajarizadeh B, Carson JM, Byrne M, Grebely J, Cunningham E, Amin J, Vickerman P, Martin NK, Treloar C, Martinello M, Lloyd AR, Dore GJ; SToP-C study group. Incidence of hepatitis C virus infection in the prison setting: The SToP-C study. J Viral Hepat. 2024 Jan;31(1):21-34. doi: 10.1111/jvh.13895. Epub 2023 Nov 7. PMID: 37936544; PMCID: PMC10952254.
[16] Thompson AJ and Levy M. The potential benefits of a needle and syringe program in Australian prisons. Editorial, Med J Aust. doi: 10.5694/mja2.52644. Published online: 21 April 2025. Available from: https://www.mja.com.au/journal/2025/222/8/potential-benefits-needle-and-syringe-program-australian-prisons
[17] United Nations Office on Drugs and Crime. A handbook for starting and managing needle and syringe programmes in prisons and other closed settings. Published July 2014. [accessed on 2 July 2025]. Available from https://www.unodc.org/documents/hiv-aids/publications/Prisons_and_other_closed_settings/ADV_COPY_NSP_PRISON_AUG_2014.pdf
[18] Houdroge F, Colledge-Frisby S, Kronfli N, Winter R, Carson J, Stoove M, and Scott N. The costs and benefits of a prison needle and syringe program in Australia, 2025–30: a modelling study. Med J Aust 2025; 222: 396-402.
[19] Mofokeng T. Drug use, harm reduction and the right to health. Report of the United Nations Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. United Nations. Published online 30 April 2024. Available from: https://www.ohchr.org/en/documents/thematic-reports/ahrc5652-drug-use-harm-reduction-and-right-health-report-special
Australian Human Rights Commission. OPCAT: Optional Protocol to the Convention against Torture [accessed 2 July 2025]. Available from https://humanrights.gov.au/our-work/rights-and-freedoms/projects/opcat-optional-protocol-convention-against-torture
United Nations Office on Drugs and Crime. The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules). Adopted in 2015. [accessed 2 July 2025]. Available from https://www.unodc.org/documents/justice-and-prison-reform/Nelson_Mandela_Rules-E-ebook.pdf