

Elimination in prisons: where are we now, what are the gaps, what needs to happen next

16th Australasian Viral Hepatitis Conference – Fremantle, WA

Professor Mark Stoové
Head of Public Health
Head of Justice Health Research
Burnet Institute

At the Burnet Institute, we proudly acknowledge the Boon Wurrung people of the Kulin Nation as the traditional owners of the land on which our office is located.



I would like to acknowledge and the Wurundjeri Woi-wurrung people of the Kulin Nation people as the traditional owners of the land on which I live.



I would also like to acknowledge the Whadjuk people of the Nyoongar Nation as the traditional owners of the land we are meeting on today people as the traditional owners of the land on which I live.





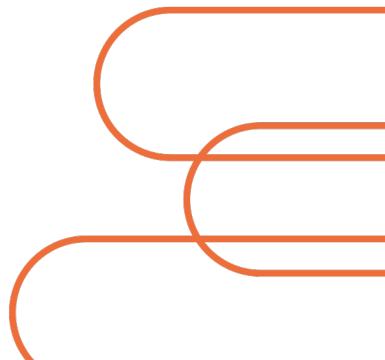
Justice Health

Prison are **complex implementation environments**

- Provision of minimum health standards is seen as necessary
- Security and the “good working order” of prisons takes precedence

Prisons are **complex social and political environments**

- “Community safety” is a priority
- Health & well-being of people who are incarcerated is not
- Support for criminalised populations, even in the context of reducing recidivism, is seen as a political risk
- Leads to evidence-less and recalcitrant policy and risk aversion from bureaucracies, often in the name of “protecting the Minister”





The role of Justice Health Programs in Hepatitis C Elimination

Australia's prison hepatitis C testing and treatment programs are recognised as global best practice



The Minister for Health, the Hon Sussan Ley MP, announced on 20 December 2015, that a number of new medicines would be made available through the Pharmaceutical Benefits Scheme (PBS) from 1 March 2016 for the treatment of chronic hepatitis C. A factsheet for patients and consumers has been prepared as well as a frequently asked questions documents to assist with implementation queries.

New Hepatitis C medicines – Factsheet for patients and consumers

The Turnbull Government has set aside over \$1 billion over five years to subsidise a range of breakthrough medicines on the Pharmaceutical Benefits Scheme (PBS) that could all but eradicate Hepatitis C in Australia within a generation.

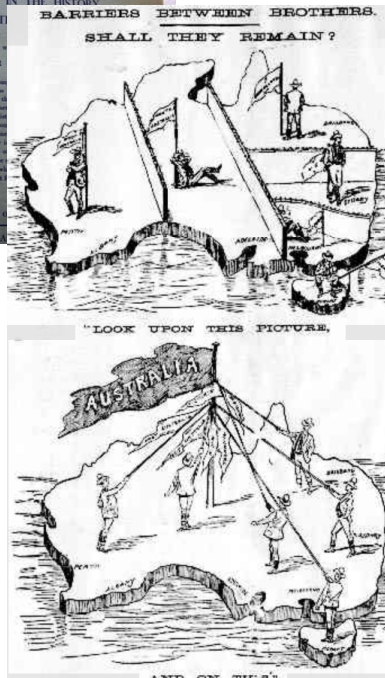
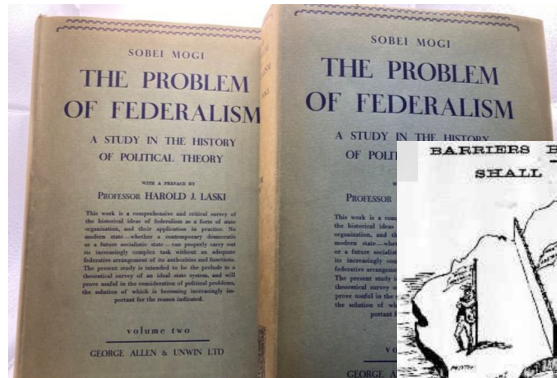
Can prisoners access these medicines?

It is usually a state and territories responsibility to fund the health care of people in custodial settings. However, the Government, recognising that prisoners are a priority population for treatment of Hepatitis C, has agreed to fund the cost of these medicines for prisoners through the PBS. The state and territory health and justice departments will ensure that there are processes in place so that prisoners are prescribed and provided with these medicines.



The role of Justice Health Programs in Hepatitis C elimination

Australia's prison hepatitis C testing and treatment programs are recognised as global best practice



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The role of Justice Health Programs in Hepatitis C elimination

Australia's prison hepatitis C testing and treatment programs are recognised as global best practice



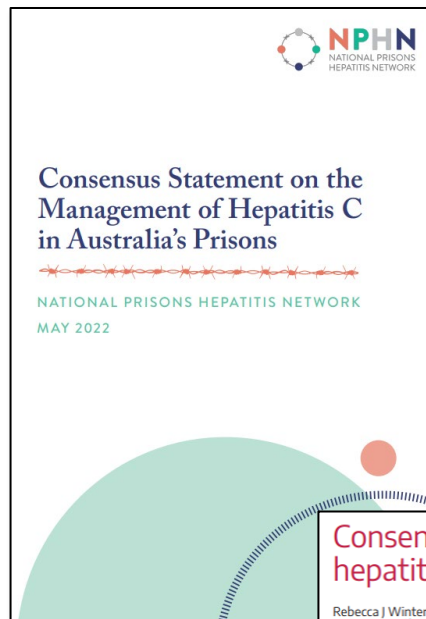
National Prison Hepatitis Network (NPHN) established in 2017 to:

- **Connect key stakeholders** interested or involved in hepatitis C care for people in prison.
- **Promote scale-up of** hepatitis C testing, treatment, and prevention in Australian prisons through knowledge exchange, research, and advocacy.



The role of Justice Health Programs in Hepatitis C elimination

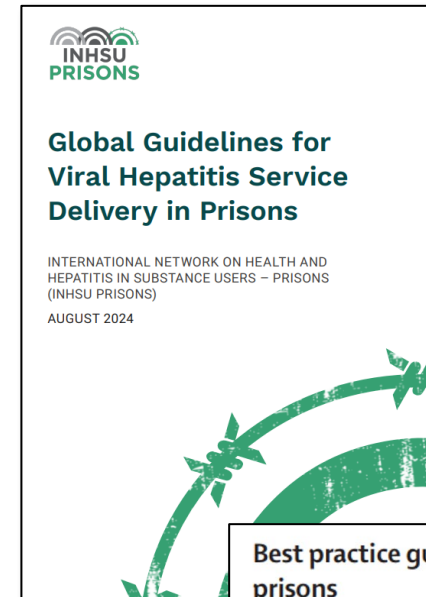
Australia's prison hepatitis C testing and treatment programs are recognised as global best practice



Consensus recommendations on the management of hepatitis C in Australia's prisons

Rebecca J Winter^{1,2,3}, Yumi Sheehan⁴, Timothy Papaluc^{3,5}, Graeme A Macdonald^{6,7}, Joy Rowland⁸, Anton Colman⁹, Mark Stoove^{1,2}, Andrew R Lloyd⁴, Alexander J Thompson^{3,5}

MJA 218 (5) • 20 March 2023



Best practice guidelines for viral hepatitis service delivery in prisons

Yumi Sheehan*, Akhil Garg*, Julia Sheehan, Nonso Maduka, Frederick L Altice, Filipa Alves da Costa, Sean Cox, Ahmed M Elsharkawy, Ehab Salah, Mark Stoove, Lara Tavooschi, Alexander J Thompson, Karla Thornton, Andrew R Lloyd, Joaquin Cabezas, Matthew J Akiyama, Nadine Kronfli

Lancet Infect Dis 2026;
26: e302-14

Where are we now - hepatitis C testing & treatment



2024 in the community

14,182 HCV RNA tests

8,264 total treatments



2024 in the prisons

19,997 HCV RNA tests

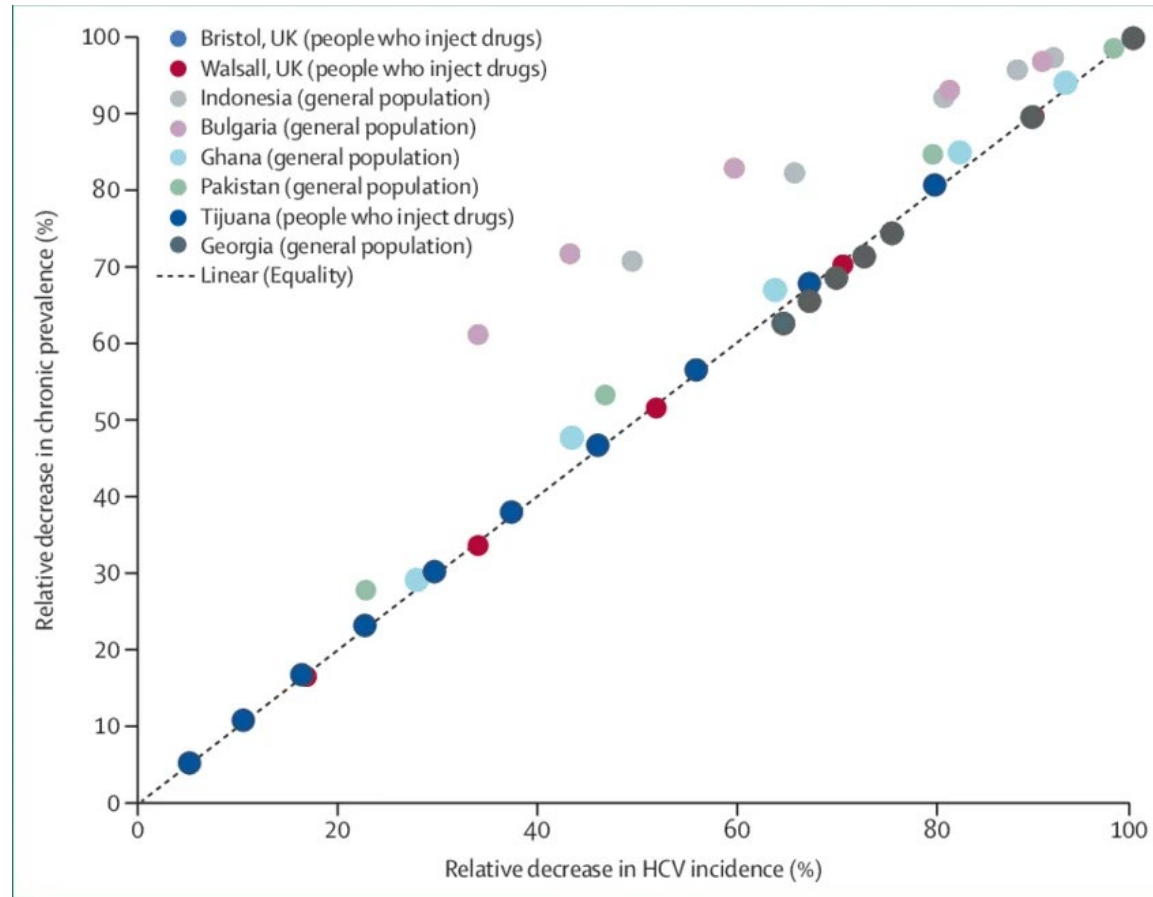
3,425 first or retreatments

- 41% of total treatments

~63,000 people living with chronic hepatitis C remain to be treated



Where are we now - prevalence





Where are we now - prevalence

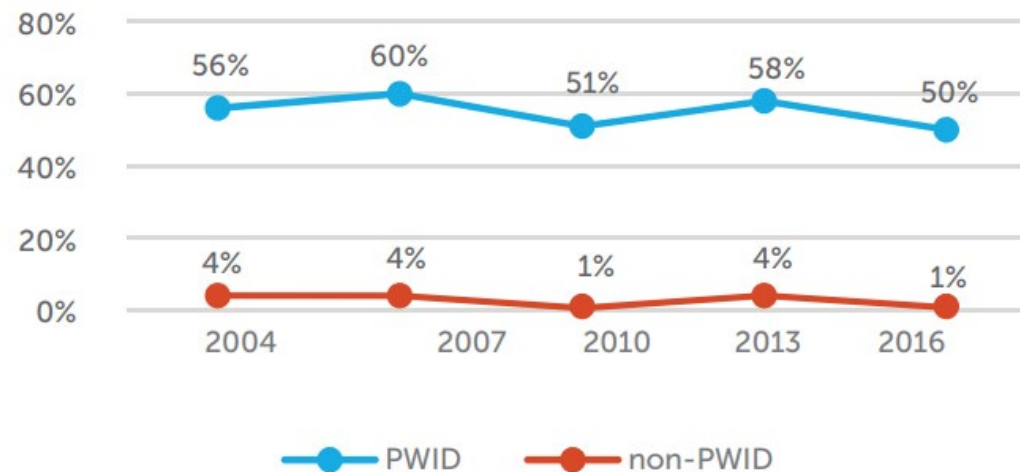
Baseline – 2016*



2016 National Prison Entrants' Bloodborne Virus Survey Bulletin

Caitlin Bennett, Melanie Simpson, Tony Butler (The Kirby Institute, UNSW Sydney) and the NPEBBVS Steering Group.[^]

Figure 1. Prevalence of HCV antibody among PWID and non-PWID, 2004-2016





Where are we now - prevalence

The Australian hepatitis and risk survey in prisons (AusHep) 2022-23*





Where are we now - prevalence

The Australian hepatitis and risk survey in prisons (AusHep) 2022-23*



15%

HCV RNA PREVALENCE IN WA PRISONS



23%

HCV RNA PREVALENCE IN WA PRISONS FOR PWID



9%

HCV RNA PREVALENCE IN QLD PRISONS



15%

HCV RNA PREVALENCE IN QLD PRISONS FOR PWID



7%

HCV RNA PREVALENCE IN NSW PRISONS



15%

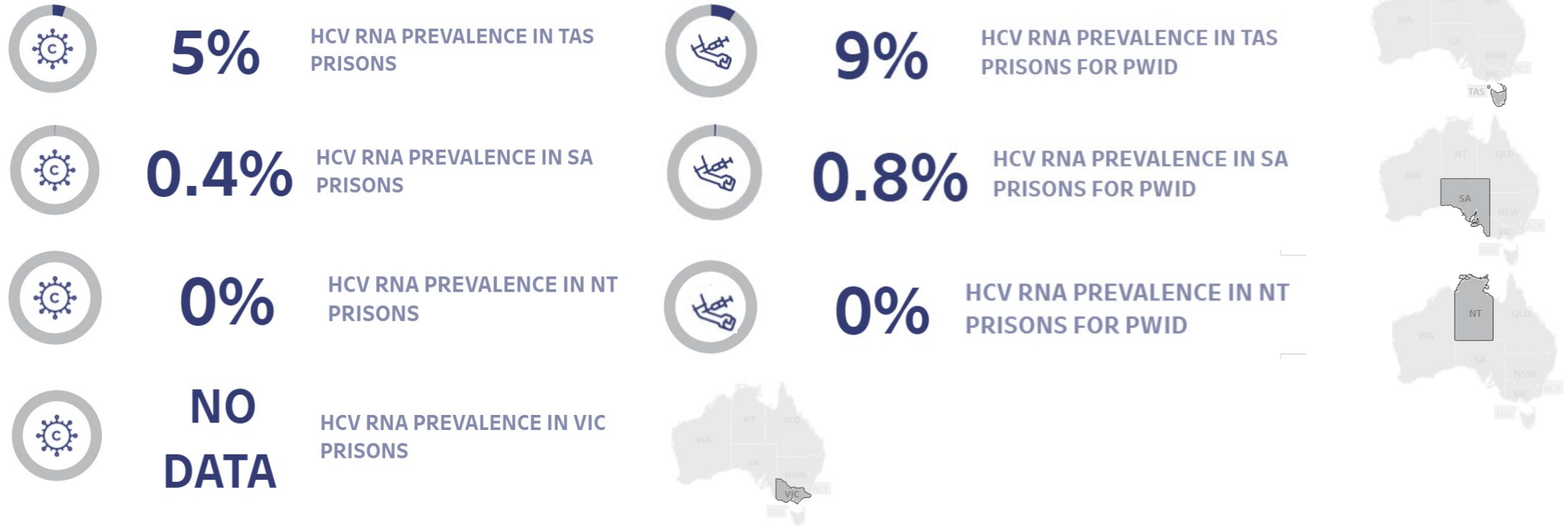
HCV RNA PREVALENCE IN NSW PRISONS FOR PWID





Where are we now - prevalence

The Australian hepatitis and risk survey in prisons (AusHep) 2022-23*



* NPHN Surveillance Dashboard – AusHep Study (<https://www.nphn.net.au/dashboard>) - 1599 randomly-selected participants; 23 representative prisons, six jurisdictions (excluding ACT and VIC)

**Shi D. et al (in preparation) HCV Elimination in Correctional Settings Through Point of-Care and High-Intensity Testing Strategies – 2024-26 - 4,173 participants; 5 prisons: 1,952; reception plus “blitz testing”

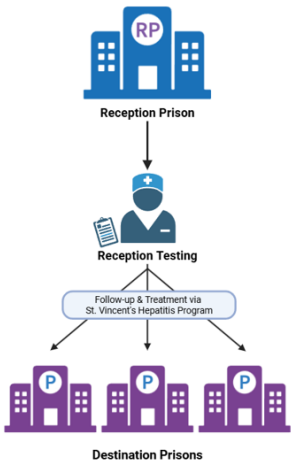


Where are we now - prevalence

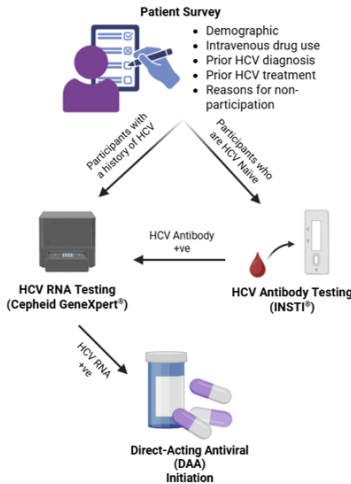
- High-Intensity Testing – 2024-26**
- 4,173 participants
 - 1,952 reception testing
 - 2,221 “blitz testing” across 4 prisons



POC Reception Testing



High-Intensity 'Blitz' Campaigns



1.2% HCV RNA PREVELANCE IN VIC 4 PRISONS “BLITZ” TESTING



2.1% HCV RNA PREVELANCE IN VIC 4 PRISONS “BLITZ” TESTING

2.8% HCV RNA PREVELANCE IN VIC 1 RECEPTION PRISON



6.5% HCV RNA PREVELANCE IN VIC 1 RECEPTION PRISON



**Shi D. et al (in preparation) HCV Elimination in Correctional Settings Through Point of-Care and High-Intensity Testing Strategies – 2024-26 - 4,173 participants; 5 prisons: 1,952; reception plus “blitz testing”



Where are we now – cf community prevalence

Hepatitis RNA prevalence among people who inject drugs in prison (AusHep)
2022-23* vs community (ANSPS)**

NATIONAL



15%

HCV RNA PREVALENCE IN
AUSTRALIAN PRISONS FOR PWID

12%

HCV RNA PREVELANCE IN
COMMUNITY (NSP SURVEY)



WESTERN AUSTRALIA



23%

HCV RNA PREVALENCE IN WA
PRISONS FOR PWID

20%

HCV RNA PREVELANCE IN
COMMUNITY (NSP SURVEY)



QUEENSLAND



15%

HCV RNA PREVALENCE IN QLD
PRISONS FOR PWID

17%

HCV RNA PREVELANCE IN
COMMUNITY (NSP SURVEY)



NSW



15%

HCV RNA PREVALENCE IN NSW
PRISONS FOR PWID

6%

HCV RNA PREVELANCE IN
COMMUNITY (NSP SURVEY)



TASMANIA



9%

HCV RNA PREVALENCE IN TAS
PRISONS FOR PWID

3%

HCV RNA PREVELANCE IN
COMMUNITY (NSP SURVEY)





Where are we now – cf community prevalence

Hepatitis RNA prevalence among people who inject drugs in prison (AusHep)
2022-23* vs community (ANSPS)**

NATIONAL



24%

HCV RNA PREVELANCE IN PRISON
(REPORTING PAST MONTH IDU)

12%

HCV RNA PREVELANCE IN
COMMUNITY (NSP SURVEY)



Contents lists available at ScienceDirect

International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo



Research Paper

A costing analysis of a state-wide, nurse-led hepatitis C treatment model in prison



Anna Palmer^{a,*}, Timothy Papaluca^{b,g}, Mark Stoové^{a,c}, Rebecca Winter^{a,b}, Alisa Pedrana^{a,c}, Margaret Hellard^{a,c,d,e,f}, David Wilson^a, Alexander Thompson^{b,g,i}, Nick Scott^{a,c,i}, on behalf of the EC Victoria Partnership

WESTERN AUSTRALIA



36%

HCV RNA PREVELANCE IN PRISON
(REPORTING PAST MONTH IDU)

20%

HCV RNA PREVELANCE IN
COMMUNITY (NSP SURVEY)

QUEENSLAND



18%

HCV RNA PREVELANCE IN PRISON
(REPORTING PAST MONTH IDU)

17%

HCV RNA PREVELANCE IN
COMMUNITY (NSP SURVEY)

NSW



22%

HCV RNA PREVELANCE IN PRISON
(REPORTING PAST MONTH IDU)

6%

HCV RNA PREVELANCE IN
COMMUNITY (NSP SURVEY)

TASMANIA



32%

HCV RNA PREVELANCE IN PRISON
(REPORTING PAST MONTH IDU)

3%

HCV RNA PREVELANCE IN
COMMUNITY (NSP SURVEY)

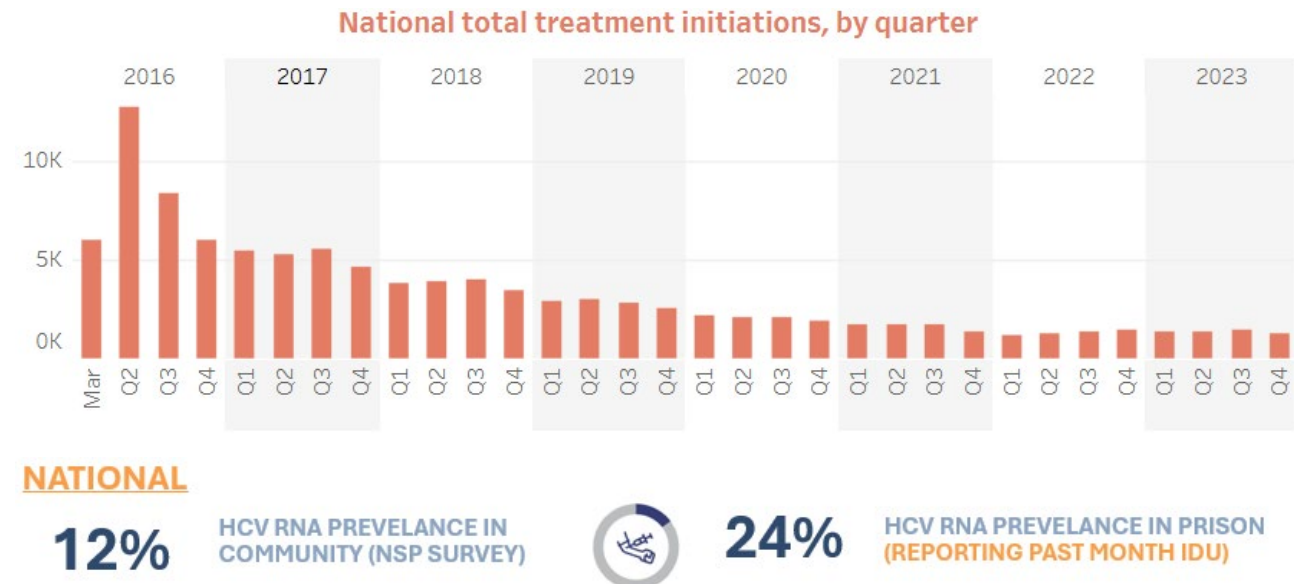




What needs to happen next?

Epidemiological and response snapshot:

- **Broad access to testing & treatment** with some variation in enabling systems.
- **Reduced HCV RNA prevalence** is helping prevent incident infections, but prevalence varies between jurisdictions.
- **Fewer cases detected** is resulting in fewer treatments.
- **HCV RNA prevalence remains higher than in the community**, so prisons remain a crucial part overall HCV elimination strategy.





What needs to happen next?

- **Opt-out screening at reception** – detect infection early and treat to maintain low in-prison prevalence and incidence

Recommendation	GRADE	KPI
Universal, opt-out testing for hepatitis C infection across all prison locations be adopted for all people newly incarcerated.	A1	At least 75% of all people newly incarcerated tested for hepatitis C within 2 weeks.

Rapid testing pathways, including point-of-care where possible, be adopted for all newly incarcerated people, with a maximum turnaround time to provision of results of two weeks.	A1	At least 75% of all people newly incarcerated tested for hepatitis C within 2 weeks.
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- **Periodic retesting** to detect cases missed at reception and intra-prison transmission

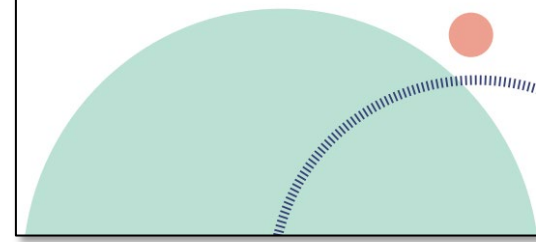
Re-testing be offered at least annually for all those incarcerated and offered at any time for people who disclose risk factors or request testing.	B1	At least 50% of all people imprisoned for 12 months or longer offered re-testing for hepatitis C.
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Consensus Statement on the Management of Hepatitis C in Australia's Prisons



NATIONAL PRISONS HEPATITIS NETWORK
MAY 2022

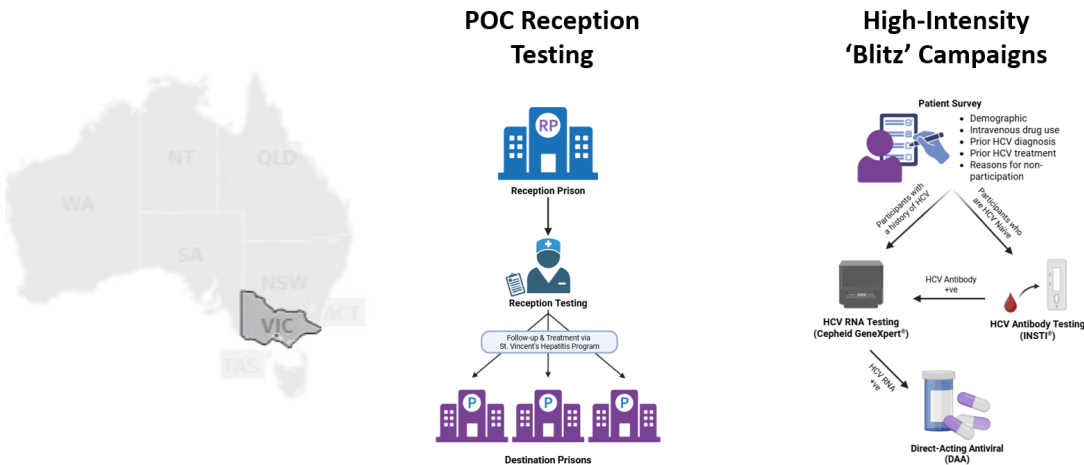




What needs to happen next?

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- **Periodic retesting** to detect cases missed at reception and intra-prison transmission



6.5%

HCV RNA PREVELANCE IN VIC
1 RECEPTION PRISON

7%

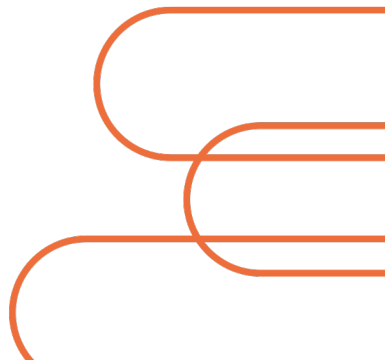
HCV RNA PREVELANCE IN
COMMUNITY (VIC NSP SURVEY)

2.1%

HCV RNA PREVELANCE IN VIC
4 PRISONS "BLITZ" TESTING



What needs to happen next?





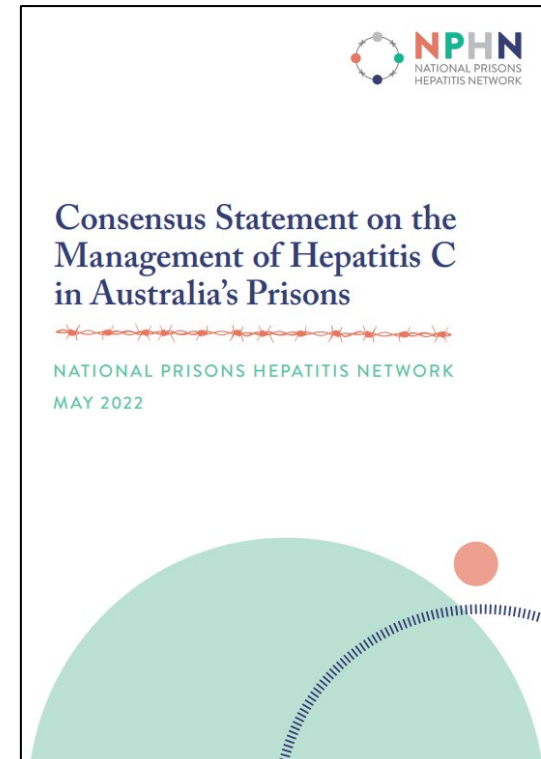
What needs to happen next?

Principle:

People in prison should have access to evidence-based hepatitis C prevention strategies equivalent to those available in the community.

Recommendation	GRADE	KPI
Prison needle and syringe programs should be implemented and evaluated.	B1	A prison needle and syringe program is implemented.

Our success in achieving high treatment coverage has created a substantial pool of people susceptible to reinfection **because there is no evidence-based approach to harm reduction in Australian prisons**



What is harm reduction?

A philosophical position that links directly to a choice of interventions

Harm reduction acknowledges
potentially harmful drug using behaviours ...

... but addressing harmful drug using behaviours by
criminalising drug users and attempting to reduce drug use can increase dangerous drug using behaviours.



How criminalising Drug Use Does Harm

- **Illicit production and manufacture** results in adulteration of drugs with harmful substances creating toxicity and elevating risk of severe health outcomes and overdose
- **Stigmatises drug use** making people reluctant to disclose risk behaviours resulting in missed opportunities for health and social support
- **Drug policing** mean people use drugs in hidden places, increasing overdose risk by decreasing opportunities for people to intervene
- **Incarceration** of people for drug-related offences comes at significant individual, social, and economic costs



Harm reduction is a public health-, social justice- and human rights-based approach

Manifests in policies that focus on minimising health and social harms, recognising that:

There are legitimate reasons why people use drugs – enjoyment or relaxation, or in response to trauma or social and economic marginalisation

That some people are unable or unwilling to cease using drugs

Harm reduction is a public health-, social justice- and human rights-based approach

What we know to be true!

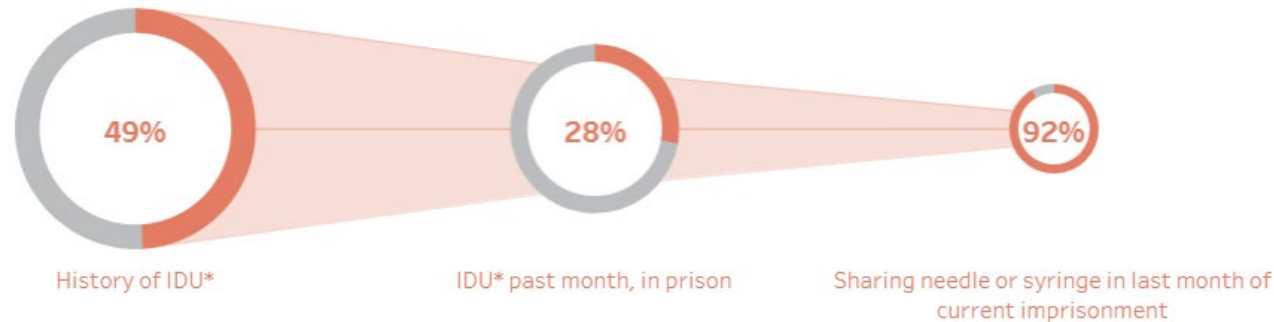


- Many people enter prison dependent on injectable drugs
- Many continue to inject drugs in prison
- Most will share needles and syringes in prison
- In a setting with the highest clustered prevalence of HCV in Australia



Injecting Drug Use in Prison is Ubiquitous in Australian Prisons

Injecting prevalence and behaviours in prison - National



28% of people with a lifetime history of IDU reported past month injecting in prison

Cohort studies of people who inject drugs who experience incarceration:

The Prison and Transition Health (PATH) Cohort Study: Study Protocol and Baseline Characteristics of a Cohort of Men with a History of Injecting Drug Use Leaving Prison in Australia

Amy Kirwan • Michael Curtis • Paul Dietze • Campbell Aitken • Emma Woods • Shelley Walker • Stuart Kinner • James Ogloff • Tony Butler • Mark Stoové 

J Urban Health (2019) 96:400–410
<https://doi.org/10.1007/s11524-019-00353-5>

40% reported injecting during their current sentence (65% reported ever injecting in prison)

Longitudinal injecting risk behaviours among people with a history of injecting drug use in an Australian prison setting: The HITS-p study

Evan B. Cunningham ^a , Behzad Hajarizadeh ^a, Janaki Amin ^a, Neil Bretana ^{a b}, Gregory J. Dore ^a, Louisa Degenhardt ^c, Sarah Larney ^c, Fabio Luciani ^{a b}, Andrew R. Lloyd ^{a b 1}, Jason Grebely ^{a 1}, on behalf of the HITS-p Investigators ²

International Journal of Drug Policy
Volume 54, April 2018, Pages 18–25

38% reported injecting during their current sentence

Injecting Drug Use in Prison is Ubiquitous Globally



Injecting drug use in prison is documented in all 10 European Union countries that collect and report this data

The screenshot shows the EUDA (European Union Drugs Agency) website. At the top left is the EUDA logo. To its right is a language selector set to 'English' and a search bar. Below the header is a dark blue navigation bar with links: Data, Countries, Topics, Best practice, Activities, Publications, Events, News, and About. Below this is a breadcrumb trail: Home → Data → Statistical Bulletin 2025 → Drug use and prison. On the left side of the main content area, there is a button labeled 'Statistical Bulletin 2025 main page' with a left-pointing arrow. The main heading reads 'Statistical Bulletin 2025 — drug use and prison'.



POLITICAL WILL IS KEY

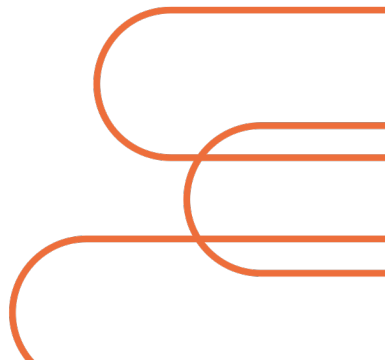
Politicians need to understand that no prison system in the world is drug-free. *Drugs in their prisons is not their political failure.*

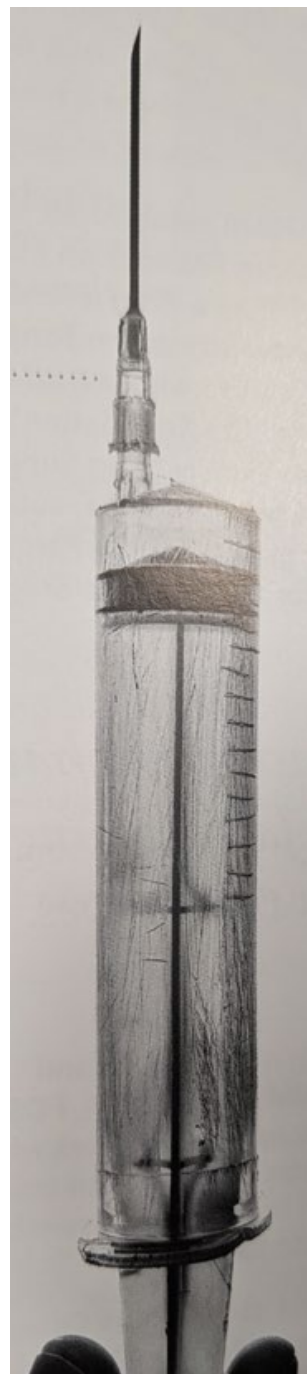
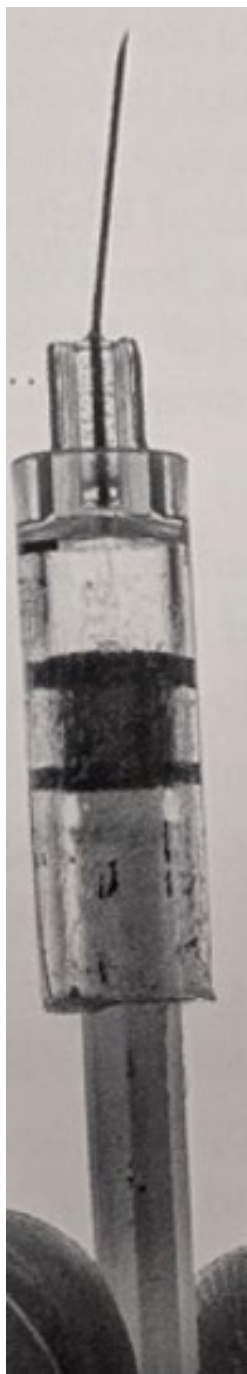
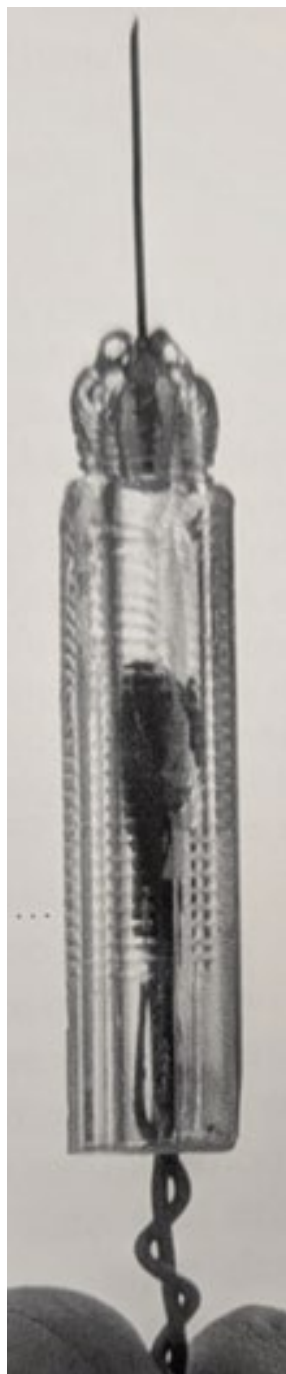
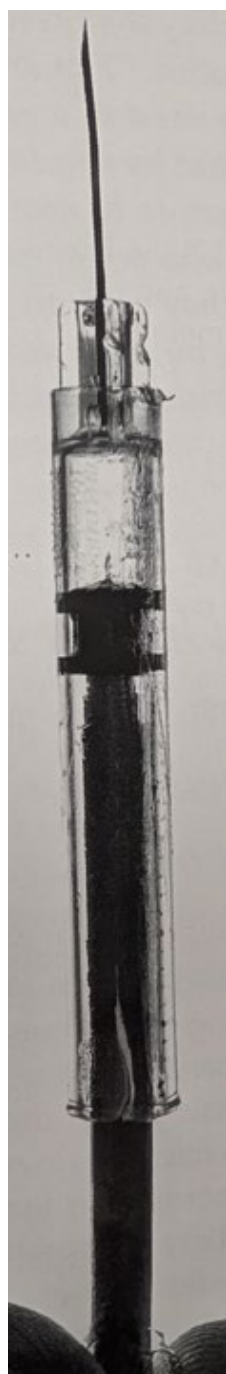
Political recognition that drugs in prison are *an inevitable product of criminalising drug use and incarcerating drug users* is a precondition to a mature conversation about how to reduce drug harms in prison.

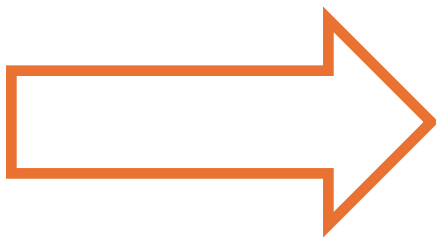
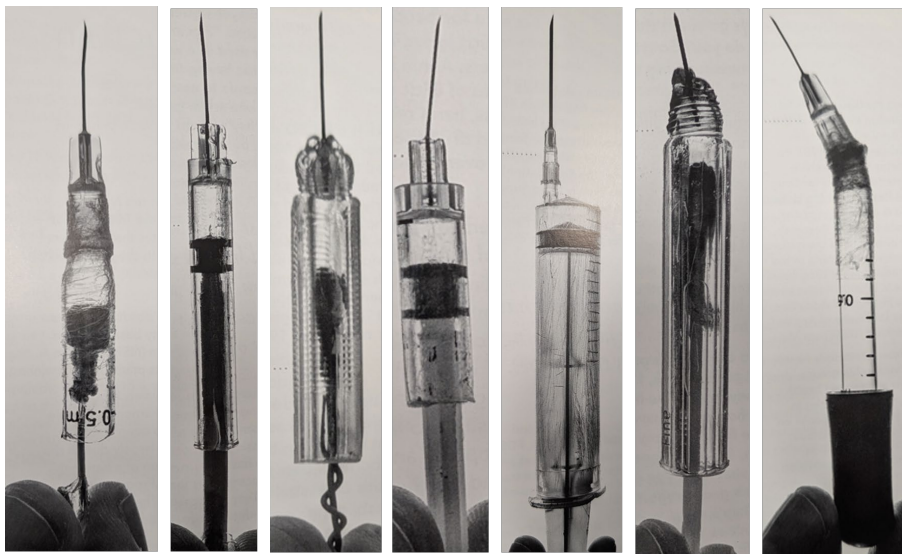
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2010 International AIDS Conference, Vienna







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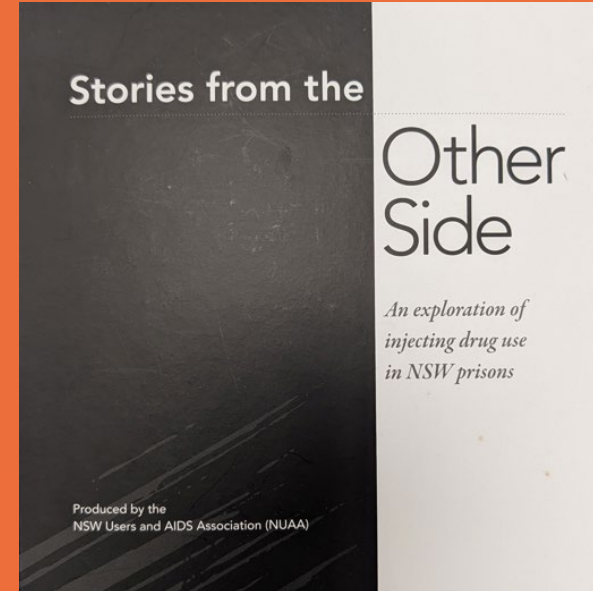
Jason Grebely

Justice Health NSW:

Tom Wright

NT Health:

Kelly Hosking
Megan Hughes





Thank you

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40 | YEARS OF
IMPACT
1986-2026