

Hepatitis C – Still a Cruel and Unusual Punishment

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Background:

The National Strategies' principles of "prevention", "equity", "human rights", "harm reduction" and "evidence-informed policy" remain aspirational for people most at-risk of hepatitis C (HCV). In 1997 Professor Nick Crofts AM warned:

- "Sentencing prisoners to hepatitis infection as well as to loss of liberty is a violation of human rights",
- "Prison authorities and governments must realise that the responsibility for the infection of a prisoner with a bloodborne virus, because means for prevention were not available within the prison, rests with them".

Not enough has changed. Prisons remain high risk yet prison needle and syringe programs (PNSP) remain unavailable.

In addition to guiding principles and ethics, the case for PNSP in Australia includes:

- Government commitments (National BBV Strategies, Closing the Gap, and international human rights agreements)
- Ongoing in-prison transmission, seeding community transmission
- Evidence of PNSP effectiveness in comparable countries, and
- Expert advice from credible national and international organisations, including the World Health Organization whose Operational Guide for Needle and Syringe Programmes recommends comprehensive harm reduction in prisons, including PNSP.

Argument:

PNSPs are feasible yet remain absent in the national response:

- An ongoing denial of human rights
- Hindering HCV elimination and Closing the Gap
- Causing significant harms, and
- At great financial cost to governments.

Results:

Half of Australia's prisoners have ever injected, one in five in the past month. HCV prevalence is 28% for those recently sharing injecting equipment.

Of those living with HCV in Australia ~5% are in prisons on any given day. Yet 41% of HCV treatment initiations (and 19% of people treated) nationally in 2024 were in prisons. Prevalence remains higher than in community.

Prison NSPs:

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

Conclusions:

Not implementing PNSP is expensive and inefficient. Current policy settings are unsustainable.

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