Inside Information:

Prison Needle and Syringe Program Protocols
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Executive Summary

Anex was funded to investigate the legislative and/or regulatory considerations underlying the introduction of Needle and Syringe Programs (NSPs) in prisons in Victoria, Australia; and to develop model protocols for their successful operation in these settings.

The project found that legislation relating to workplace health and safety, and the provision of reasonable medical treatment and care to prisoners establish the duty of care underlying the provision of prison-based NSPs. This duty of care is reinforced by the Charter of Human Rights and Responsibilities Act 2006 (Vic). To establish NSPs in prisons, compliance with the Corrections Regulations 2009 (Vic) will be required and consent must be obtained from the Governor of the prison. Additionally, steps are required to ensure that the NSP is properly authorised and Gazetted pursuant to the Drugs, Poisons and Controlled Substances Act 1981 (Vic).

From a review of international examples of prison-based NSPs and consultations with relevant stakeholders, including corrections staff, corrections health staff and prisoners, it was evident that a framework that allows for the flexible establishment of NSPs that takes into account the specific contexts for each setting would be more appropriate. Accordingly, the operational protocol developed for the project recommend that prison-based NSPs should be provided through a variety of service delivery models as appropriate within each prison setting. A number of models are described which could be tailored according to the needs of each prison and ensure maximum coverage, i.e. sterile injecting equipment is provided across the widest range of hours and access points possible. The protocol also recommends that service delivery models to be implemented in each prison should be determined in consultation with corrections staff and inmates to maximise the effectiveness of the initiative.

The protocol for the operation of prison-based NSPs addresses a number of considerations including: by whom and how sterile injecting equipment is provided; which are available; how prisoner confidentiality and privacy is to be maintained; and workplace health and safety considerations. In summary, the protocol recommends that the type of equipment provided will depend on the common drugs that are used in each prison. At a minimum, the NSP should provide 1ml insulin syringes, alcohol swabs, disposable spoons, ampoules of sterile water, and storage/disposal containers. While it is important that used injecting equipment is returned so as to minimise their circulation within correctional settings, it is equally important to ensure that access to sterile injecting equipment is not unreasonably withheld.
According to the *Revised Standard Guidelines for Corrections in Australia 2004*, prisoners are to be treated with respect as human beings, and not subjected to harsh or degrading treatment, or physical or psychological abuse. Accordingly, the protocol recommends that prison officers exercise discretion and common sense to ensure the effective operation of the NSP and that persons wishing to access the sterile injecting equipment are not deterred. Prison officers should ensure that persons in possession of sterile injecting equipment should not be unreasonably and unduly targeted for searches and urinalysis. The protocol also recommends that injecting equipment should be provided in an impermeable plastic case to optimise health and safety, and inmates should be encouraged to inform prison officers that they are in possession of injecting equipment in the event of being searched.
Background

Australian Drug Policy and the Effectiveness of Needle and Syringe Programs

The harm minimisation framework that characterises Australia’s approach to drug use is enshrined in the *National Drug Strategy 2010–2015*. The framework comprises three integrated and interrelated strategies of:

(i) **supply reduction**: prevent, disrupt and/or reduce the production and supply of illegal drugs, and regulating the availability of legal drugs.

(ii) **demand reduction**: prevent and/or delay the uptake of drug use, reducing the misuse of drugs, and supporting people to recover from drug dependence and reintegrate with the community.

(iii) **harm reduction**: reduce the adverse health, social and economic consequences of drug use.

Within the framework of harm minimisation, Needle and Syringe Programs (NSPs) are recognised as a key feature of Australia’s approach to drugs (Commonwealth of Australia, 2011). NSPs were introduced in Australia in 1987, and the evidence of their effectiveness in reducing the harms associated with drug use is substantial. For example, 30 years after the beginning of the HIV epidemic, its prevalence among injecting drug users remains very low (approximately 1 per cent; Iversen, Topp, & Maher, 2011). Between 2000 and 2009, an estimated 32,050 potential HIV and 96,667 potential hepatitis C virus (HCV) infections in Australia were averted by making sterile injecting equipment available through NSPs (National Centre in HIV Epidemiology and Clinical Research; NCHECR, 2010). Savings from treatment costs avoided for HIV and HCV are estimated to be up to $1.28 billion during this period (NCHECR, 2010).

NSP services are provided in all Australian states and territories in metropolitan, regional, rural, and remote settings. They are the most common source of needles and syringes for injecting drug users in Australia, followed by pharmacies (Iversen et al., 2011). Nationally, in excess of an estimated 32 million needles and syringes have been distributed each year (NCHECR, 2010).

Aside from enabling access to sterile injecting equipment for the prevention of blood borne viruses, NSP services may provide information and education relating to injecting drug use.
and health, as well as supporting and making referrals to other health and social services. These services also contribute to public amenity by providing facilities for the appropriate disposal of used injecting equipment. For injecting drug users, NSPs are often the first point of contact with a range of interventions offered within the health and social services system.

**Types of NSPs**

In Australia, NSPs can be classified into three types – primary outlets, secondary outlets and pharmacy-based outlets (Commonwealth of Australia, 2011).

**Primary NSP outlets** are services established for the purpose of providing an extended range of injecting equipment and other services to injecting drug users. Aside from health information, education, and referral, they also liaise with a range of local stakeholders, including police, local government, and other health and community services. The range of services available at each primary NSP outlet may vary depending on local needs and funding.

**Secondary NSP outlets** operate within an existing health or community service that does not receive specific funding for NSP service provision. Typically, staff at these outlets provide NSP services in addition to the other roles for which they are primarily employed. While some secondary NSP outlets may offer the same range of services as primary outlets, most have limited service capacity beyond the provision of sterile injecting equipment and disposal facilities for used injecting equipment.

**Pharmacy-based NSP outlets** comprise of community pharmacies that are supplied with injecting equipment and disposal containers free of charge. They sell these on or distribute them for free to injecting drug users. The provision of pharmacy-based NSP services is at the discretion of individual proprietors.

**NSP Settings and Service Delivery Models**

NSP services are provided in a range of settings including hospitals, community health centres and pharmacies. They are also provided through a variety of modalities, including fixed sites, outreach, and syringe dispensing/vending machines (Commonwealth of Australia, 2011).

**Fixed site outlets** provide NSP services from a designated building and account for the majority of NSP services in Australia. Typically these services operate during business hours, although a small proportion operate 24 hours.

**Outreach/mobile outlets** increase accessibility of services for hard-to-reach populations who
may be unable or unwilling to attend other outlets. Some operate from a vehicle, while a small proportion works on foot. Some services will respond directly to phone requests for equipment to be delivered, whereas others will travel to designated locations at scheduled times. Typically, these services operate outside of business hours.

**Syringe vending machines** have been established in all but two jurisdictions and provide packs of sterile injecting equipment for a small fee. These machines tend to be located within the grounds of an existing health or community service. Some operate 24 hours, while others are only accessible once other NSP outlets have closed for the day. Collectively, syringe vending machines contribute to 24-hour accessibility of sterile injecting equipment, and provide alternative points of access for injecting drug users who, for a variety of reasons, may be reluctant to access face-to-face NSP services.

**Support for NSPs in the Community and by Police**

Support for NSPs in the community has generally been positive and strong (Treloar & Fraser, 2007). In all Australian States and Territories, police policies and guidelines in relation to NSPs exist which acknowledge their importance as a public health initiative and provide guidelines to balance policing activities and the operations of NSPs (see for example Victoria Police protocol in Appendix 1).

**Injecting Drug Use in Australian Prisons**

For a number of years, the use of illegal drugs in Australia’s prisons has been an issue of concern for many stakeholders, including governments, correctional services, health professionals, legal and consumer representatives, and human rights advocates. Despite ongoing supply and demand reduction efforts, drugs continue to be smuggled into (and used in) prisons across Australia.

According to the Australian Institute of Health and Welfare (AIHW), prison entrants were more likely to have a history of injecting drug use than the general population (55% compared with 2%) (AIHW, 2010). The 2003 Victorian Prisoner Health Study (Department of Justice Victoria, 2003) found that, of the 104 female and 333 male inmates surveyed, 64% of the former and 44% of the latter reported a history of injecting drug use. Of those approximately 13% of the women and 15% of the men also reported injecting while in prison. Moreover, of those who did so, 77% of women and 76% of men indicated that they had shared injecting equipment while in prison.

The 2006 NSW Inmate Health Survey (Indig et al., 2010) reported that, of the 189 female and
788 male inmates surveyed, 52% of the former and 40% of the latter had a history of injecting drug use. Additionally, 17% of female inmates and 16% of male inmates reported injecting drugs while in prison.

More recently, Iversen et al. (2011) reported that, from 2007 to 2010, of the Victorian respondents in the *Australian NSP Survey* who had been in prison the year prior to the survey (approximately 30–45 respondents), approximately one third (30%) consistently reported having injected drugs while in prison during this period.

**Risks Associated with Injecting Drug Use in Prisons**

Sharing of unsterile injecting equipment is the most efficient way by which blood borne viruses such as HIV and HCV may be transmitted from one person to another. The *Sixth National HIV Strategy 2010–2013* and the *Third National Hepatitis C Strategy 2010–2013* recognised that there are a number of factors that increase the risk of HIV and HCV infection for people in custodial settings. These include the high turnover of inmates, the frequency of risk practices, the higher number of people in prison for drug-related offences, and the higher prevalence of HCV in prison populations.

Lack of access to sterile injecting equipment, the sharing of injecting equipment, and the use of crude home-made syringes in prisons are important issues. For inmates, there are concerns regarding the risk of blood borne virus transmission as well as injection-related infections from unhygienic injecting practices. For correctional staff, there are concerns related to workplace safety arising from the risk of accidental needlestick injury and the concomitant possibility of blood borne virus infection. The combination of high risks of exposure to blood borne viruses and prisoner recidivism presents a challenge for the broader community: there is a risk that inmates who have been released into the community may transmit blood borne viruses among their families, friends, and other community members (for discussion of current injecting drug culture and practice in prison see Anex, 2010).

**Managing the Risks Associated with Injecting Drug Use in Prisons**

Given the risks of blood borne virus infection, not only among prisoners but also to others in the community, the *Sixth National HIV Strategy 2010–2013* and the *Third National Hepatitis C Strategy 2010–2013* suggest that, in view of the return on investment and effectiveness of NSPs in the community, State and Territory governments should “identify opportunities for trialling [NSPs] in Australian custodial settings”. The introduction of prison-based NSPs is consistent with the *Revised Standard Guidelines for Corrections in Australia 2004* (Corrective
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Services Ministers’ Conference, 2004) which forms part of the hierarchy of guidelines and requirements for correctional settings in Australia. The guidelines were based on a number of principles, including those that prisoners are:

(i) Treated with respect as human beings and not to be subjected to harsh or degrading treatment, physical or psychological abuse.

(ii) Owed a duty of care by the Administering Department.

(iii) Individually managed and particular regard paid to the needs of specific groups of prisoners, including Indigenous and those prisoners whose first language is not English.

Based on these principles, the Revised Standard Guidelines for Corrections in Australia 2004 (Corrective Services Ministers’ Conference, 2004) provide that:

- Prison systems should have a comprehensive and integrated drug strategy that seeks to prevent the supply of drugs into prison, reduce the demand for drugs and minimise the harm arising from drug use in prisons through education, treatment and enforcement.

- Every prisoner is to have access to evidence-based health services provided by a competent, registered health professional who will provide a standard of health services comparable to that of the general community.

While needles and syringes remain contraband in prisons, they will continue to be stored in a clandestine manner, thereby increasing the risk of needlestick injury for prison staff searching prisoners and cells. The introduction of prison-based NSPs will ameliorate that risk and is consistent with workplace health and safety legislation (Ryan, Voon, Kirwan, Levy, & Sutton, 2010).

According to section 20 of the Occupational Health and Safety Act 2004 (Vic), there is a positive duty on employers and employees to “eliminate risks to health and safety so far as is reasonably practicable”. Specifically, employers are imposed a duty under section 21 to “provide and maintain for employees of the employer a working environment that is safe and without risks to health”. Additionally, section 23 states that “an employer must ensure, so far as is reasonably practicable, that persons other than employees of the employer are not exposed to risks to their health or safety arising from the conduct of the undertaking of the employer”.
Prison-based NSPs operate in 10 countries. Many have been in operation for more than 10 years, with the Swiss version having operated for 20 years (United Nations Office of Drugs and Crime, personal communication). In all of these countries there has never been a case reported of syringes being used as a weapon in prison (Lines et al., 2006; Stover & Nelles, 2003; WHO/UNODC/UNAIDS, 2007). Rather, the operation of NSPs in prisons has contributed to: reduced transmission of blood borne viruses such as HIV; reduced incidents of overdose and deaths; and reduced incidents of injection-related injuries and infections such as abscesses. NSPs have also prompted a greater uptake of drug treatment initiatives and programs (Jurgens, Ball, & Verster, 2009; Lines et al., 2006; WHO/UNODC/UNAIDS, 2007). Of note is that the introduction of NSPs in prisons has not led to an increase in drug use or injecting behaviours (Jurgens et al., 2009; Stover & Nelles, 2003).

While prison-based NSPs have been established and successfully operated for many years in a number of countries, they have yet to be established in Australia. That there are no prison-based NSPs in Australia is at odds with the principle of equivalence that underpins international standards on prisoner health care. According to this principle, prisoners have a right to a standard of care that is equivalent to that which is available in the community. Article 12 of the International Covenant on Economic, Social and Cultural Rights, stipulates that the right to the highest attainable standard of health is retained by prisoners while in custody. Governments are therefore under an obligation to respect prisoners’ right to health and to provide preventive health services. (For discussion on international health and human rights standards, see Chu & Elliott, 2009).

The work on this issue to date has mainly focussed on establishing the evidence for prison-based NSPs through epidemiological and behavioural research. Little has been done that focuses on the practical considerations for the effective operation of NSPs in prisons.
About the Project

As indicated above, a number of activities were undertaken as part of the project. These were:

- Examination of current legislation and other regulatory frameworks to identify barriers and enablers for the introduction of prison-based NSPs in Victoria, and the necessary legislative and/or regulatory changes required to enable their introduction.

- Investigation of policies and procedures for the operation of prison-based NSPs in other countries.

- Consultation with a range of key informants, including ex-prisoners and ex-prison staff.

- Development of model operational protocols for the effective operation of prison-based NSPs in Victoria.

Further details on the methodology for each of these components are provided below.

In addition to these activities an evaluation of the process and outcomes of the project was also undertaken. The evaluation employed a mixed methods approach and was conducted in parallel with project activities.

Review of Legislative and Regulatory Framework and International Models

The Human Rights Law Resource Centre provided advice to Anex on the legislative and regulatory considerations pertaining to the introduction of prison-based NSPs in Victoria.

A desktop literature search was conducted in the first instance to identify the countries in which prison-based NSPs have been introduced and were in operation. Results are reported in Table 1. Additionally, Anex distributed an email to international experts with a request that they forward protocols for the operation of prison-based NSPs. These sample protocols and other literature describing the operation of prison-based NSPs were examined and a thematic analysis was undertaken.
Table 1. Countries that have operated at least one prison-based Needle and Syringe Program.

- Azerbaijan (IHRA, 2010)
- Belarus (Lines et al., 2006)
- Germany (Lines et al., 2006; IHRA, 2010)
- Iran (IHRA, 2010)
- Kyrgyzstan (Lines et al., 2006; IHRA, 2010)
- Luxembourg (IHRA, 2010)
- Moldova (Jurgens et al., 2010; Lines et al., 2006; IHRA, 2010)
- Romania (IHRA, 2010)
- Spain (Jurgens et al., 2010; Lines et al., 2006; IHRA, 2010)
- Switzerland (Lines et al., 2006; IHRA, 2010)
- Tajikistan (United Nations Development Program (Tajikistan Country Office), 2011)

Key Informant and Stakeholder Consultations

Key informant and stakeholder consultations were undertaken using a semi-structured interview. Interviews were conducted face-to-face or on the telephone. In addition, two focus groups of ex-prisoners were held. A thematic analysis was conducted on the information gathered through the interviews and focus groups.

International and Australian experts provided feedback on the model operational protocols for prison-based NSPs that were developed following the consultations. Experts included individuals responsible for overseeing the operations of prisons generally and prison-based NSPs specifically, as well as ex-prisoners and researchers.

Former prisoners

Fourteen ex-prisoners participated in two sex-segregated focus groups. Participants were recruited through NSP outlets and agencies providing support services to ex-prisoners. Each focus group was of two hours’ duration. Participants were reimbursed $60 for their time. Demographic information for the focus group participants is presented in Table 2. Collectively, focus group participants have been in most of the 14 prisons in Victoria (see Table 3).
### Table 2. Focus group participants – demographic information.

<table>
<thead>
<tr>
<th></th>
<th>Number of participants (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>6 (43%)</td>
</tr>
<tr>
<td>Female</td>
<td>8 (57%)</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td>31 – 35</td>
<td>3 (21%)</td>
</tr>
<tr>
<td>36 – 40</td>
<td>3 (21%)</td>
</tr>
<tr>
<td>41 – 45</td>
<td>4 (29%)</td>
</tr>
<tr>
<td>46 – 50</td>
<td>2 (14%)</td>
</tr>
<tr>
<td>&gt; 50</td>
<td>2 (14%)</td>
</tr>
<tr>
<td>No response</td>
<td>2 (14%)</td>
</tr>
<tr>
<td><strong>Aboriginal/Torres Strait Islander background</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2 (14%)</td>
</tr>
<tr>
<td>No</td>
<td>10 (71%)</td>
</tr>
<tr>
<td>No response</td>
<td>2 (14%)</td>
</tr>
<tr>
<td><strong>Last in prison</strong></td>
<td></td>
</tr>
<tr>
<td>up to 12 months ago</td>
<td>5 (36%)</td>
</tr>
<tr>
<td>12 months - 18 months ago</td>
<td>1 (7%)</td>
</tr>
<tr>
<td>18 months - Two years ago</td>
<td>1 (7%)</td>
</tr>
<tr>
<td>2 - 3 years ago</td>
<td>1 (7%)</td>
</tr>
<tr>
<td>More than 3 years ago</td>
<td>5 (36%)</td>
</tr>
<tr>
<td>No response</td>
<td>2 (14%)</td>
</tr>
</tbody>
</table>
Table 3. Prisons that participants reported having ever been in.

<table>
<thead>
<tr>
<th>Prisons</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ararat Prison</td>
<td>1</td>
</tr>
<tr>
<td>Barwon Prison</td>
<td>0</td>
</tr>
<tr>
<td>Beechworth Correctional Centre</td>
<td>1</td>
</tr>
<tr>
<td>Dame Phyllis Frost Centre</td>
<td>6</td>
</tr>
<tr>
<td>Dhurringle Prison</td>
<td>2</td>
</tr>
<tr>
<td>Fulham Correctional Centre</td>
<td>3</td>
</tr>
<tr>
<td>Judy Lazarus Transitional Centre</td>
<td>0</td>
</tr>
<tr>
<td>Langi Kai Kai Prison</td>
<td>0</td>
</tr>
<tr>
<td>Loddon Prison</td>
<td>1</td>
</tr>
<tr>
<td>Marngoneet Correctional Centre</td>
<td>1</td>
</tr>
<tr>
<td>Melbourne Assessment Prison</td>
<td>4</td>
</tr>
<tr>
<td>Metropolitan Remand Centre</td>
<td>3</td>
</tr>
<tr>
<td>Port Phillip Prison</td>
<td>3</td>
</tr>
<tr>
<td>Tarrengower Prison</td>
<td>2</td>
</tr>
<tr>
<td>No response</td>
<td>2</td>
</tr>
</tbody>
</table>

Other key informants

In addition to the focus group participants, project staff consulted with seven key informants. These included former prison officers (x2) and others who were familiar with these settings (x2) or provided support services to both individuals within and those exiting from the prison system (x3). Key informants were identified using the snowballing technique.

Initially, the project aimed to interview current corrections staff and inmates. However, the Victorian Department of Justice indicated that it was not possible to do so unless an application was made to the Department’s Human Research and Ethics Committee. It was not possible to gain an exemption based on the grounds that no personal information will be collected and that the consultations were aimed at canvassing people’s opinions. Due to the limited scope of the grant, which excluded the development of an ethics submission to the Committee, a request for financial assistance was submitted to the Department; but no response was received. Given the timelines for the project, a decision was made to forego consulting with current corrections staff, and inmates but to proceed with consulting with ex-prisoners, ex-corrections staff and others who were familiar with custodial settings.
Stakeholders

Representatives from the Department of Health Victoria (x3) were consulted. Despite repeated requests, Corrections Victoria and Justice Health (who have general oversight of prison operations and prisoner health services respectively) and Victoria Police did not respond to the invitation to participate. The Community and Public Sector Union declined to participate following advice from the Prisons Officers Division of Victoria.

International and Australian experts

A draft model operational protocol for prison-based NSPs was circulated to 27 international and Australian experts for comment. Experts’ backgrounds ranged from responsibility for prison operations generally and prison-based NSPs specifically to drug and health policy, research, and law and human rights. Comments were received from 14 of these experts by the deadline, and these comments were incorporated into the model operational protocol for prison-based NSPs presented in this report.
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**Legislative and Regulatory Considerations**

There are two pieces of Victorian legislation that may facilitate the introduction of NSPs in prison settings. The first is the *Occupational Health and Safety Act 2004* (Vic), which stipulates that employers must provide their staff with a working environment that is safe and without risks to health. It may be argued that Corrections Victoria as the employer of the majority of staff working in prisons may have a positive duty to introduce NSPs to ensure that prison facilities are more secure and safe for staff. This is particularly pertinent when international experience is considered, given that there are no documented cases of syringes being used as weapons where the prison provides NSPs to inmates.

Additionally, section 47(1)(f) of the *Corrections Act 1986* (Vic) provides that prisoners have a right to have access to reasonable medical care and treatment necessary for the preservation of health. In light of the preventative nature of health care and the higher risks posed by the sharing of injecting equipment in custodial settings due to higher prevalence of blood borne viruses such as HCV and higher concentrations of injecting drug users, “reasonable medical treatment and care” should include the provision of, or access to, sterile injecting equipment through prison-based NSP.

Moreover, under the broader legal context in Victoria, Corrections Victoria and the State Government may also have obligations under the *Charter of Human Rights and Responsibilities Act 2006* (Vic) to provide sterile injecting equipment through prison-based NSPs. The Victorian Charter creates obligations on ‘public authorities’ to act in ways compatible with human rights. ‘Public Authority’ is defined to include private bodies with functions of a public nature, to the extent that they are fulfilling those public duties. Pursuant to section 38, it is unlawful for a public authority to act in a way that is incompatible with a human right; or in making a decision, to fail to give proper consideration to a relevant human right. Human rights that may be relevant include the prohibition on inhuman and degrading treatments (section 10(b)), the right to humane treatment when deprived of liberty (section 22), the right to privacy (section 13), and the right to life (section 9). Based on human rights jurisprudence, the Charter compels public authorities to ensure that health care provided in prisons must be at least equivalent to the basic health services that are available to all members of the community.

Current impediments to the introduction of prison-based NSPs were also identified. Section 33 of the *Corrections Regulations 2009* (Vic) provides that the entry of “controlled articles” (which includes needles and syringes) may be refused by the Governor of the prison. Furthermore,
section 50 provides that it is an offence to “take or use alcohol, a drug of dependence or possess an unauthorised substance or article that has not been lawfully issued to the prisoner or take or use alcohol or a drug of dependence lawfully issued in a manner that was not prescribed or authorised.” Accordingly, the consent of the Governor of each prison must be obtained prior to making sterile injecting equipment available through prison-based NSPs. Once that consent has been obtained, sterile injecting equipment would arguably be an authorised article under the Regulations.

Additionally, sections 79 and 80 of the Drugs, Poisons and Controlled Substances Act 1981 (Vic) stipulate that a person who sells or supplies a hypodermic needle or syringe will be guilty of aiding and abetting in the use of a prohibited substance. However, section 80(5) of the Act provides an exception if the sale or supply is by a specified person or organisation or a specified class of persons or organisations in specified circumstances as authorised by Order in Council published in the Government Gazette. Accordingly, the organisation responsible for administering prison-based NSPs would need to be authorised to do so pursuant to section 80(5).

The Public Health and Wellbeing Act 2008 (Vic) provides that the Secretary of the Department of Health may conduct a public inquiry into any matter which s/he believes to be a public health matter (section 50). Moreover, under sections 189 and 190, the Chief Medical Officer may appoint authorised officers to exercise “public health risk powers” in response to apprehended public health risks. Section 190(1)(i) provides that authorised officers may “direct the owner or occupier of any premises to take any action necessary to eliminate or reduce the risk to public health”; and section 190(1)(j) provides that they may “direct any other person to take any other action that the authorised officer considers is necessary to eliminate or reduce the risk to public health”. To the extent that it can be established that the absence of NSPs in prisons represents a public health risk, prison operators may be compelled by authorised officers to introduce NSPs pursuant to the exercise of these public health risk powers.

In summary, legislation relating to both workplace health and safety and the provision of reasonable medical treatment and care to prisoners establishes the duty of care underlying the provision of prison-based NSPs. This duty of care is reinforced by the Charter of Human Rights and Responsibilities Act 2006 (Vic). To establish NSPs in prisons, compliance with the Corrections Regulations 2009 (Vic) will be required and consent must be obtained from the Governor of the prison. Additionally, steps are required to ensure that the NSP is properly authorised and Gazetted.
International Models of Prison-based NSPs

There are several key features that need to be considered in operating prison-based NSPs. These include: the modality by which sterile needles and syringes are dispensed; the types and number of injecting equipment provided; hours of operation; eligibility of inmates to participate in the program; and the management of workplace health and safety issues. As illustrated in Table 4, there is some variability in how these considerations have been managed. For example, in relation to the modality for dispensing sterile injecting equipment, some prisons utilise medical/health personnel while others rely on syringe vending machines. Still others rely on peer distribution by volunteer inmates. Hours of operation and the availability of sterile needles and syringes are dependent on the modality for dispensing sterile injecting equipment. Hence, prison-based NSPs that rely on medical/health personnel are available only when medical/health services are provided. Additionally, the types of equipment provided vary from a needle and syringe only, to a range of other equipment associated with drug use (e.g. alcohol swabs, filters, and distilled water).

Workplace health and safety concerns for prison staff are managed in a variety of ways. Eligibility criteria excluding persons with mental health issues who pose a danger to themselves and/or others, or persons who are classified as particularly violent, may minimise the risk of danger to prison staff and other inmates. Imposed sanctions such as denying prisoners who use syringes as a weapon access to the Program are another way of managing workplace health and safety concerns. Finally, rules regarding the storage of needles and syringes (e.g. that they should be stored in their case at all times) or those concerning disclosure (e.g. that prisoners identify that they have a needle and/or syringe when searched by staff) further ensure that the workplace health and safety of prison staff are addressed.
### Inside Information: Prison Needle and Syringe Program Protocols

#### Table 4. Analysis of sample operational protocols for prison-based NSP.

<table>
<thead>
<tr>
<th>Features to consider</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modality</td>
<td>Medical unit staff.</td>
</tr>
<tr>
<td></td>
<td>Syringe dispensing machines.</td>
</tr>
<tr>
<td></td>
<td>Staff from external non-government organisation.</td>
</tr>
<tr>
<td></td>
<td>Staff from external non-government organisation in collaboration with medical staff.</td>
</tr>
<tr>
<td></td>
<td>Peer volunteers with medical unit supervision.</td>
</tr>
<tr>
<td></td>
<td>One-for-one exchange.</td>
</tr>
<tr>
<td></td>
<td>No exchange required.</td>
</tr>
<tr>
<td>Equipment</td>
<td>Needle and Syringe unit.</td>
</tr>
<tr>
<td></td>
<td>Syringe with additional needles.</td>
</tr>
<tr>
<td></td>
<td>Range of other equipment.</td>
</tr>
<tr>
<td></td>
<td>Plastic case.</td>
</tr>
<tr>
<td></td>
<td>One syringe per person.</td>
</tr>
<tr>
<td></td>
<td>Unlimited numbers of equipment distributed.</td>
</tr>
<tr>
<td>Hours of Operation</td>
<td>Medical unit hours.</td>
</tr>
<tr>
<td></td>
<td>24-hours.</td>
</tr>
<tr>
<td></td>
<td>Specific nominated hours during the day.</td>
</tr>
<tr>
<td>Eligibility</td>
<td>Participants in methadone program excluded.</td>
</tr>
<tr>
<td></td>
<td>Persons with mental health issues who pose a danger excluded.</td>
</tr>
</tbody>
</table>
Persons classified as particularly violent excluded.

Persons who uses needles as weapon excluded.

Persons who continually violate program rules excluded.

Procedures for participating in program

Participants underwent medical examination and had history of drug use documented in medical file.

Participants provided with information and counselled on the risks involved in drug injection, alternative treatments available, safe injecting techniques, and program rules.

Workplace health and safety management

Syringes are required to be stored in a visible place.

Syringes are required to be stored in a plastic case.

Syringes should not be carried on the person unless it is for the purpose of exchange.

In case of search by staff, prisoners must identify that they have a needle and disclose its location.

Sanctions are imposed if syringes are improperly stored.

Procedures for safe handling of needles and syringes provided.

Procedures on what to do following needlestick injury are articulated including the availability of post-exposure prophylaxis for HIV.
Confidentiality

Participation in program considered a medical/health matter and subject to protection of medical/health information.

Staff Training

Staff to be provided information and training on benefits of NSPs, rationale for provision of NSPs, and operational protocols.

Record keeping and evaluation

Records kept for each participant including number of syringes supplied, number returned/used, date of enrolment and withdrawal from the program and reason for withdrawal.

Evaluation to include analysis of attitudes and opinions of prison staff and inmates, drug use and injecting behaviour of inmates, and incidence of HIV and hepatitis C.

(Hoover & Jurgens, 2009; Lines et al., 2006; Ministerio Del Interior, no date)

Protocols for the operation of prison-based NSPs must address a number of considerations, including: by whom and how sterile injecting equipment is provided; which are available; how prisoner confidentiality and privacy is to be maintained; and workplace health and safety considerations. While the review of international models of prison-based NSPs has been useful in isolating the key areas to be included in operational protocols, how these considerations are addressed within the Victorian context where prisons have different characteristics (e.g. physical layout, security level) will require further investigation. From the review of operational protocols from prison-based NSPs overseas, it is evident that a standardised approach would be less useful than a framework that allows for the flexible establishment of the Program that takes into account the specific contexts for each setting.
Findings from Key Informant and Stakeholder Consultations

Support for Prison-based NSP

There was in principle support for prison-based NSPs among key informants and stakeholders interviewed. However, there was broad acknowledgement that introducing NSPs into prisons was controversial.

As indicated in both the Correctional Management Standards for Men’s Prisons in Victoria (Department of Justice Victoria, 2006a), and the Standards for the Management of Women Prisoners in Victoria (Department of Justice Victoria, 2006b), persons “responsible for managing prison services and supervising prisoners are to … minimise the introduction and use of illegal drugs”. As the following comments indicate, prisons operate with the aim of being drug-free environments, and it is the responsibility of prison staff to ensure that drugs do not enter prisons:

“Correctional staff are trained to be corrective … their firm belief is that there’s no drugs in prison and that there shouldn’t be.”

“Staff run a zero tolerance regime. Our job is to detect illicit substances so it is difficult to turn a blind eye to injecting drugs.”

The following statement from the Prison Officers Division of Victoria of the Community and Public Sector Union was received:

“The policy and the will of the Prison Officers Division of Victoria is that Prison Officers will not be a party to aiding and abetting an illegal act or be seen as giving tacit approval to the use of drugs in prisons. In this we are in agreement with the Prison Officers Association of Australasia.

Prison Officers in Victoria, as are Prison Officers Australia wide, endeavouring to keep drugs and weapons out of prisons and therefore would be open to discuss any proposal which would reduce or eradicate drugs in prisons. There are already processes in Corrections to address the spread of disease in prisons with the use of Methadone programs, education programs, clinical counselling and even distribution of a bleach based steriliser. Prisons do not want, or need, more drug paraphernalia or weapons that can be used against staff, introduced into Prisons.

Therefore Prisons Division see no reason for the CPSU [Community and Public Sector Union] to speak to, or communicate with, ANEX [sic] as we are sure they are already aware of the stance of those of us who have to work and spend their days in Prisons.”
The consultations revealed that there is a tension between the illegal nature of drug use and the provision of sterile injecting equipment for the purposes of managing blood borne virus transmission risk. The conflict appears to be between two predominant attitudes – (i) to provide prison-based NSPs which is perceived as a tacit approval of an illegal act, i.e. drug use, and (ii) not providing prison-based NSPs and accepting harm to the community by allowing inmates to be infected with blood borne viruses.

Within the community this tension is managed broadly in the *National Drug Strategy 2010–2015*, which takes a harm minimisation approach. Within this framework, while acknowledging that drug use is illegal, strategies to minimise the harms associated with drug use are also implemented. A harm minimisation framework is articulated in the *Revised Standard Guidelines for Corrections in Australia 2004* (Corrective Services Ministers’ Conference, 2004), which states that:

> “Prison systems should have a comprehensive and integrated drug strategy that seeks to prevent the supply of drugs into prison, reduce the demand for drugs and minimise the harm arising from drug use in prisons through education, treatment and enforcement.”

However, in prisons - as in the community - it is arguable that there are other ways of minimising the harms associated with drug use in addition to “education, treatment and enforcement”. Based on the evidence and international standards on prisoner health care, public authorities need to ensure that health care provided in prisons must be at least equivalent to the basic health services that are available to all members of the community. As previously discussed, this must include the provision of NSPs.

The *Correctional Management Standards for Men’s Prisons in Victoria* (Department of Justice Victoria, 2006a) and the *Standards for the Management of Women Prisoners in Victoria* (Department of Justice Victoria, 2006b) form part of a hierarchy of requirements and guidelines which include the *Revised Standard Guidelines for Corrections in Australia 2004* (Corrective Services Ministers’ Conference, 2004). Key informants and stakeholders were in general agreement that similar protocols to those developed by Victoria Police in relation to NSPs could be used to reconcile the stated objective of Victorian prisons to minimise the introduction and use of illegal drugs (Department of Justice Victoria, 2006a; 2006b). There was also consensus over the need to provide health services at a standard that is comparable to that of the general community that is articulated in the *Standard Guidelines*.

Of interest in the current discussion is that the Victoria Police protocols reiterate their full
support for NSPs, and require that “police members must exercise discretion and common sense to ensure that NSPs can operate effectively and persons wishing to access services provided by these facilities are not deterred from attending” (Department of Human Services Victoria, 2008). Additionally, the protocol states that “the vicinity of NSPs must not be targeted solely for the purpose of enforcing use or possession laws” and that “it is not an offence to possess needles and syringes”. Police are advised that they “may only seize injecting equipment where it forms part of an offence” (italics added).

As noted above, if needles and syringes were issued by the prison with the Governor’s consent, they would no longer be considered unauthorised. The possession of prison-issued needles and syringes will not therefore be an offence and should not be seized unless it forms part of another offence. Possession and use of drugs will however remain an offence pursuant to section 50 of the Corrections Regulations 2009 (Vic). Prison officers should be required to exercise discretion and common sense when carrying out their duties so as not to obstruct inmates’ access to preventative equipment.

One stakeholder observed:

“The introduction of NSPs into prisons would be a tacit statement that prison staff have failed in their duties. This is a perception that needs to be addressed.”

Another source of controversy surrounding the introduction of NSPs into correctional settings is the risk that syringes will be used as weapons. This was a consistent issue that was raised and considered by key informants and stakeholders. Given that it underpinned many of the responses on how NSPs could be implemented effectively in correctional settings, the issue will be discussed in each of the sub-sections below.

A third concern that was raised by some key informants relates to other inmates who are not using drugs in prison. As the following key informants observed:

“A lot of people find comfort knowing that there isn’t availability of needles. [It] makes it easier for them to withdraw.”

“We work with drug users who are trying to change their behaviour. They don’t want the cues that would remind them of it.”

However as one focus group participant commented:

“…some people are in there to get parole, some people are in there just to clean up old stuff, some people want to use in there because they don’t care whether they get dirty [positive urinalysis] … they don’t give a f**k … but there is other people that do want
to [use drugs] but want to do that on the side and not to be redlighted and keep it in the
dark … what I mean is you just want to do it peacefully without any hassle.”

It needs to be acknowledged that illicit drug use already occurs in correctional settings. The
introduction of prison-based NSPs does not mean that there would be increased drug use in
prisons. Rather the international evidence suggests that there has been no increase in drug use
following the introduction of NSP in custodial settings, and no increase in the prevalence of
injecting behaviours.

For inmates who may be uncomfortable about sharing a cell with another inmate who is using
drugs, focus group participants and key informants noted that these inmates would be able to
request to move to another cell. Under the current context, inmates may request to move to
another cell without needing to inform officers of the reason for the change. The anonymity and
confidentiality of the inmate who is using is therefore protected.

**Provision of Sterile Injecting Equipment as Part of a Suite of Health Care Services**

All key informants were in agreement that the provision of sterile injecting equipment through
prison-based NSPs should form part of a broader suite of health care service provision as the
following comments illustrate:

“I would like to see it as an opportunity to provide assistance at a time of need.”

“It should be a holistic health promotion service.”

Possible other services to be provided alongside the availability of sterile injecting equipment
include: vaccinations for hepatitis A and B; health education on HIV, hepatitis C, and sexually
transmissible infections; information on overdose prevention, safer using, and veincare; drug and
alcohol treatment; and promotion of mental health and wellbeing.

**Prison-based NSP Models**

Key informants and stakeholders were asked generally to describe the form that prison-based
NSPs may take, and also to comment on suggested models that were either drawn from
international examples or were previously identified at interviews. Several models for prison-
based NSPs were identified, including the provision of injecting equipment by prison health
staff, by external agencies, by other prisoners (peers), and via dispensing machines. In discussing
these models a range of issues was taken into account, including workplace health and safety,
confidentiality, controversy surrounding the introduction of NSPs in correctional settings, and
prison culture. The models and their associated issues are discussed below and summarised in
Table 5.
 Provision of sterile injecting equipment by prison health staff

The provision of sterile injecting equipment by prison health staff was nominated by some key informants. The advantages of the model is that there is a level of control of equipment distributed, as well as the opportunity for health staff to provide additional health care and education if required. Moreover, provision of sterile injecting equipment by prison health staff might serve to manage workplace safety risks, as the following quote illustrates:

“In theory anonymity works well but at what cost? Would it be better to have individuals known, but still confidential so that if something happens then you know who’s who in the zoo, you know?”

However, as the following key informant observed, the potential negative impact of identifying an inmate as currently using needs to be acknowledged:

“[Medical staff] to manage it. They could keep a log. But what information will they be giving? How will it impact on clients on methadone?”

Among focus group participants there were also concerns about collusion between prison health staff and prison officers, and concerns about being identified and targeted for cell searches and drug tests1 by prison officers. Although prison officers do not follow inmates into the health clinic, they wait outside the door and inmates are subject to a search before being let into the main areas of the prison. Ex-prisoners were concerned that they would be found with their new syringe and be targeted for searches and urinalysis.

 Provision of sterile injecting equipment by staff of external agencies

To address the lack of confidence that inmates may have if equipment were provided by prison health staff, other key informants suggested that they could be supplied by an external agency. For example, Justice Health currently contracts the provision of health services such as drug and alcohol treatment and counselling to external agencies. It may be appropriate to have these agencies provide sterile injecting equipment, given that it might be less likely that they would be perceived as being “a part of the system”.

 Provision of sterile injecting equipment by peer workers

Within the prison system, specific prisoners may be given responsibility for managing a group of prisoners. Termed “peer workers” or “billets”, their responsibilities already include orientating new inmates, providing peer support and leadership to other prisoners. One key informant indicated that peer workers have access to bleach as well as to the biohazard bins in which used

1Inmates are fined for returning a positive drug test and may also lose visit privileges. Additionally, their risk rating may be raised, which may impact on their eligibility for parole.
razors are disposed of. Having peer workers distribute sterile injecting equipment was raised as an option by a number of key informants. The advantage is that they are already acknowledged as having some level of responsibility within the system, and when working effectively, have the trust and confidence of other prisoners.

However, not all peer workers are respected by their fellow prisoners, and, among some of the key informants interviewed, concerns were raised about collusion between peer workers and prison officers. There is also the risk of peer workers being subject to standover tactics by other prisoners, as well as that of corruption by the temptation to charge for the supply of sterile injecting equipment that is currently a commodity within correctional settings.

**Provision of injecting equipment via automated dispensing machines**

Some overseas correctional settings have automated dispensing machines that dispense sterile syringes on receiving a used syringe. All new inmates are provided with a “dummy” syringe which they can use if required by inserting into the machine to receive a sterile syringe. Use of these machines was identified as a possible model by which prison-based NSPs might operate. The advantages are that they foster a sense of anonymity while keeping the numbers of needles and syringes circulating within the prison controlled. As one key informant observed:

"It might work because [it's] keeping the syringe level the same."

Several key informants indicated that there are locations within prisons which are not monitored (i.e. “black spots”) and which may be ideal locations for these machines to ensure anonymous and confidential access. However as one key informant observed:

"Staff would still want to monitor them. Even Coke machines are tampered with and broken into."

There is also the risk that access to the machine may be barred due to standover tactics of other prisoners.

**Provision of injecting equipment to all inmates as a standard issue**

A further option that was identified was to provide injecting equipment to all inmates as part of the standard kit received at entry. This would ensure that no one person is singled out as being a drug user and would reduce the risk of that person being targeted. Used syringes may either be exchanged through a suitably located automated dispensing machine (as previously discussed) or through a peer worker/external health professional who makes daily or weekly visits to conduct the exchange.

While issues of lack of anonymity and breaches of confidentiality may be mitigated, there is
Concern that the model would mean that correctional settings would be saturated with needles and syringes, and therefore increase the perception of health and safety risks. As one of the focus group participants acknowledged:

“And then the problem with [standard issue] is the people who don’t use drugs and that they’re going to have fits and who’s to stop them from doing something nasty?”

A variation to this model was to issue a standard kit to all inmates in the evenings when they return to their cells. All equipment would be collected in the morning and disposed of either by prison officers, peer workers, or health staff. While retaining the advantages of anonymity and confidentiality, this variation maximises control of the circulation of needles and syringes within prisons. However, the model assumes that injecting drug use occurs on an individual basis, whereas focus group participants indicated that drug use in prisons occurs in a group setting more commonly than within the community. The culture and practice of injecting drug use in correctional settings would therefore impact on the contextual viability of this model of service delivery.

As indicated above, some inmates approach their time in prison as an opportunity to change their behaviour and may be uncomfortable about being reminded of drug use. A standard issue of sterile injecting equipment to all inmates may have non-therapeutic implications for this group of prisoners. Additionally, the cost involved would likely present a significant challenge.

Provision of injecting equipment in health-supervised injecting facilities

As illustrated by the quotes below, two key informants identified the option of providing injecting facilities within correctional settings that are supervised by health staff. The advantages of doing so are that injecting equipment is confined to within the facility and not circulated within the broader correctional setting. This would directly address concerns about health and safety that are held by correctional staff even though, as international experience shows, these concerns have not eventuated. Additionally, where the facility is supervised by health staff, opportunistic health care may also be provided. Fatal overdoses may also be prevented.

“Have to be health staff involved… A cordoned off area with security on door doing pat downs because we don’t want them to bring in what they shouldn’t.”

“If they are afraid of syringes being used as weapons, give people a controlled environment to use.”

It is important to note that, unlike in the community, there is an element of supervision for any episode of injecting within correctional settings and inmates have relatively greater access to
assistance in case of emergency. Health staff are available for relatively longer hours within prison than in the general community. Prison officers are trained in first aid, and all prisons have protocols for calling for medical assistance in health emergencies. There was some doubt raised as to the need for a separate facility to be established other than to minimise the circulation of injecting equipment in the prison setting.

Moreover, while it is acknowledged that health and safety risks may be minimised considerably, other key informants were of the opinion that people wishing to access the facility would have to negotiate their way through the prison while in possession of an illicit substance, which increases the risk of being “harassed”, not only by prison officers, but also by other inmates. As one key informant remarked, moving around within prison is complicated and involves a number of checkpoints and searches. A focus group participant observed that:

“Soon as you walk in that door you’re getting padded down by security … anyway you go to the medical and you’re padded down … once you’re padded down [before] your doctor’s appointment and once you’re with the doctor [after the appointment].”

As a consequence, people may be reluctant to access the facility. Moreover, as previously mentioned, drug use in prisons occurs in a group setting more commonly than it occurs in the general community. Accessing the facility as a group would mean that inmates would be drawing attention to themselves, which increases the risk of being detected with drugs by both prison officers and other inmates. As one key informant observed:

“Using in the community is different from using in prisons. Safety, security, and debt issues are present that don’t occur in the same way in the community.”
<table>
<thead>
<tr>
<th>Model</th>
<th>Advantages</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision of sterile injecting equipment by prison health staff.</td>
<td>Level of control of equipment distributed which minimises health and safety risks.</td>
<td>Confidentiality and potential negative impact on health care for inmates who are identified as using drugs in prison.</td>
</tr>
<tr>
<td></td>
<td>Opportunity to provide additional health care and education.</td>
<td>Confidence of inmates where prison health staff are perceived as colluding with prison officers.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prison officers search inmates when exiting medical unit and may find syringes.</td>
</tr>
<tr>
<td>Provision of sterile injecting equipment by staff of external agencies.</td>
<td>Level of control of equipment distributed which minimises health and safety risks.</td>
<td>Confidentiality and potential negative impact on health care for inmates who are identified as using drugs in prison particularly if drug and alcohol counselling is provided.</td>
</tr>
<tr>
<td></td>
<td>Opportunity to provide additional health care and education.</td>
<td>Accessibility may be limited to when staff from external agencies are present.</td>
</tr>
<tr>
<td></td>
<td>Risk of inmates perceiving staff as colluding with prison officers is relatively low compared to prison health staff.</td>
<td>Potential for inmates to be identified as an injecting drug user by implication when accessing services provided by these agencies.</td>
</tr>
<tr>
<td>Provision of sterile injecting equipment by peer workers.</td>
<td>Peer workers acknowledged as having some level of responsibility within the system.</td>
<td>Not all peer workers are respected by other inmates.</td>
</tr>
<tr>
<td></td>
<td>Peer workers have the trust and confidence of other inmates.</td>
<td>Perceived collusion between peer workers and prison officers which raises concerns of anonymity and confidentiality.</td>
</tr>
<tr>
<td>Model</td>
<td>Advantages</td>
<td>Challenges</td>
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</tr>
<tr>
<td>Provision of sterile injecting equipment by peer workers.</td>
<td>Concerns about lack of anonymity may potentially be mitigated.</td>
<td>Risk of corruption where peer workers charge for supply of injecting equipment. Lack of access to suite of health interventions for injection-related issues that could be provided.</td>
</tr>
<tr>
<td>Provision of injecting equipment through automated dispensing machines.</td>
<td>May foster a sense of anonymity if located in a &quot;black spot&quot;. Controls the number of needles and syringes circulating in the system – particularly if operating on one-for-one basis. Increases accessibility.</td>
<td>Concerns about lack of anonymity/being monitored. Risk of standover tactics from other inmates preventing access to the machine. Lack of access to suite of health interventions for injection-related issues that could be provided.</td>
</tr>
<tr>
<td>Provision of sterile injecting equipment as standard issue to all inmates.</td>
<td>Concerns about lack of anonymity and confidentiality may be mitigated.</td>
<td>Lack of control of number of needles and syringes within the correctional setting. Cost Nontherapeutic implications for other inmates who wish to control their drug use while in prison.</td>
</tr>
</tbody>
</table>
Exchange Policy

Key informants and stakeholders were unanimous in their opinion that the supply of sterile needles and syringes should occur on an exchange basis, i.e. used equipment to be returned and sterile equipment dispensed. This would ensure a level of control on the numbers of needles and syringes circulating within correctional settings. In the words of one of the stakeholders interviewed:

“It needs to be on an exchange basis … small quantities which need to be returned. There should also be limits on numbers distributed per person.”

Where sterile injecting equipment is provided by health service staff, an exchange policy would mean that inmates would have more contact with staff. More opportunities to provide brief interventions would also occur.

Addressing Health and Safety Issues

Needlestick injury

While an exchange policy can assist in controlling the number of needles and syringes in circulation within the prison system, additional guidelines relating to the storage of injecting equipment were considered and a number of strategies identified. For example, focus group participants identified that injecting equipment should be stored in a visible place to minimise the risk of needlestick injury to prison officers while searching cells. Injecting equipment should also be stored in its plastic container at all times, to further reduce the risk of needlestick injury. Consistent with overseas examples, focus group participants also indicated that if inmates are being searched by staff, they should identify that they are in possession of injecting equipment and where it is located. The following comments from focus group participants indicate that such a system could work:

“F**k yeah, that's where the honesty thing comes into it, that's why they're asking you, you've got to tell them.”

“That would get the Program to work because there is an honesty thing.”

These strategies were considered to be feasible by others with knowledge and experience in working within correctional settings. A key informant noted:

“Overall, I do think that the increase in health for individuals thus, the idea of NSPs in jail, is far outweighed compared to the security and safety management.”
Another key informant indicated that current search protocols will also need to be reviewed and amended appropriately. The availability of post-exposure prophylaxis for HIV was also discussed by some key informants, to be made available in case of a needlestick injury.

**Syringes as weapons**

Focus group participants indicated that it was highly unlikely that syringes would be used as weapons. Social rules exist within prisons and these may serve as a deterrent for inmates contemplating using syringes as weapons. As the following comments illustrate, if an inmate were to contravene those rules, it is highly likely that other inmates would mete out punishment:

“At the end of the day if someone, if one of the crims [inmates] try to use that fit for a weapon, then the other crims are going to do … ‘look after them’.”

“No one’s going to fuck it up for everyone else cause you wouldn't last five minutes.”

“I think girls will turn on someone that did that [use syringe as weapon].”

A number of articles currently allowed in correctional settings could be potentially used as weapons. These include cutlery, billiard cues, and razor blades. One focus group participant noted the irony in the argument that sterile needles and syringes should not be introduced into correctional settings due to the risk that they might be used as weapons, stating that:

“I’ve seen like [an inmate] with a butter knife in medical holding it up to her so like let’s pull the butter knives, you know.”

**Overdose management**

Key informants indicated that protocols are currently in place when a drug overdose occurs. These incidents are treated as a medical emergency, and prison staff are trained to provide cardiopulmonary resuscitation. Protocols require that prison staff seek medical attention for the person who is experiencing an overdose. There was discussion by some key informants that prison officers should be knowledgeable and trained on the use of naloxone hydrochloride (naloxone – the drug that reverses the effects of opioids). Others indicated that this was probably beyond the scope of prison officer duties. However, the point is moot as, under the current legislative regime, the administration of naloxone is restricted to medical practitioners.
Addressing Anonymity and Confidentiality Issues

Concerns regarding anonymity and confidentiality for inmates were focused less on being identified as an injecting drug user and more on the implications of being so identified. Being targeted for searches and drug testing, potentially losing visit privileges, and being retained in high security settings (versus gaining a low-risk status and transferred to low security prisons with increased privileges) were raised by focus group participants as the following comments indicate:

“I know people that have asked for bleach because you are allowed bleach … but then they’ve gone and got bleached they’ve been ramped [searched] the next day. So why give us bleach to try and be a little safe with the fits [needles and syringes] that we’ve got and then you ramp us and then we get identified as a drug user, then you lose your visits.”

“If I had have stayed in jail I would have been off visits until 2013 because of urines and stuff [positive urinalysis result]. But in that two years I then can’t access any of the programs and stuff [rehabilitation and other courses and programs] because I have got this IDU [identified drug user].”

One key informant was concerned about the anonymity and confidentiality issues for inmates who are on a methadone program. If an inmate was found to be using drugs illicitly, there was the risk that s/he might be taken off the program. The key informant observed that:

“A lot of medical staff in prisons are very punitive in their approach.”

Underlying these concerns is the assumption of a punitive and unsupportive staff culture within custodial settings which seems contrary to the stated goals of the Victorian corrections system as set out in the Correctional Management Standards for Men’s Prisons in Victoria (Department of Justice Victoria, 2006a), and the Standards for the Management of Women Prisoners in Victoria (Department of Justice Victoria, 2006b).

These goals were to “develop and implement policies, programs, and services that:

- contain and supervise prisoners in a safe, secure, humane and just manner;
- actively engage offenders and prisoners in positive behaviour change; and
- provide opportunities for offenders and prisoners to make reparation to the community.”
It is important to acknowledge that the concerns of being targeted by prison staff for punitive action is a perception that is held by some key informants interviewed, and does not represent what actually occurs or could occur. Nor does it necessarily translate that prison staff would in fact target inmates based on nothing more than their possession of sterile injecting equipment. As observed by one key informant:

“Once it [prison-based NSP] is implemented, staff would be more accepting or there would be less resistance … A lot of staff do understand harm reduction.”

An anecdote by one focus group participant serves to illustrate how possession of sterile injecting equipment might fit within the broader policy framework within correctional settings:

M. was an inmate whose sentence was extended for a number of months due to returning a positive drug test. M.’s parole was therefore postponed. During this period, M. was found to be in possession of a syringe. However, when M. was drug tested, the result was negative. M. thought that being caught in possession of a contraband item would mean that M. would not be granted parole. However, M. was proven wrong and parole was granted.

The adoption of guidelines for prison officers similar to Victoria Police protocols in relation to NSPs in the community was considered as an appropriate strategy to manage anonymity and confidentiality concerns for inmates who might access sterile needles and syringes. The following comments by focus group participants illustrate the point:

“A: Yeah just open so it’s [needles and syringes] actually visible when the screws [prison officers] come in … I mean the only time you would be you know, is when you’re actually using it. If you get busted using it, you’re going to get busted but the fact is …”

“B: They need the substance to make it stick, do you know what I mean.”

“Yeah, they keep the urine [urinalysis] as it is – f**ken random or whatever. Sometimes they target you, they target you … You know but like they’ve got to keep it the way it is, getting the fits [needles and syringes] has got to have nothing to do with you getting IDU’ed [identified for drug testing] too much.”

For those who will continue to use on occasion within prison, it is highly likely that they are already known to prison officers and others as still using illicit drugs.
"Prison staff know that there are select die hards who inject."

"It wouldn't faze me one bit [being identified as a drug user] because those that know me, know who I am, know what I do when I do do it, know when I get healthy, if I am in there for that purpose this time. If not 'whatever' - you know what I mean?"

Understandably, prisoners' perceptions of the potential negative consequences will impact on their willingness to access prison-based NSPs. Consequently, for NSPs to be effective within correctional settings, cultural shifts will need to occur both among prison staff and inmates.

**Training for Prison Staff and other Protocols**

The introduction of NSPs into prisons would necessitate training of staff within correctional settings (including prison officers and prison health staff) on a number of issues. Primary among these is training about the harm minimisation approach to drug use and the rationale behind NSPs. According to one key informant:

"Staff need understanding of harm minimisation and drug use. A lot of health staff are very entrenched in their views and have worked a long time in the system."

Consultations with key informants suggest that training about harm minimisation will need to focus specifically on trainees’ knowledge and perceptions about drug use and the objectives of NSPs. Specifically, staff would need to understand that the NSP should not be used as a mechanism for controlling drug use within prison by harassing inmates (e.g. targeted searches or drug testing) based on their having access to sterile injecting equipment. It is also important for prison officers and health staff to understand that NSPs should not be used as a mechanism to pressure individuals about their drug use, which would have the net effect of deterring access to sterile injecting equipment.

Other training that ought to be provided to prison officers and medical staff that was nominated by key informants include: drug and alcohol training to understand the effects of drugs; potential risk of blood borne virus infection from contaminated syringes; and infection control procedures, i.e. safe handling of used needles and syringes and protocols on what to do in case of a needlestick injury. According to a stakeholder:

"Health staff providing NSP should be trained just like any other NSP staff in the community."
Types of Equipment Provided

Focus group participants, key informants, and stakeholders were of the view that the range of equipment supplied ought to match and be responsive to the types of drugs that are being used. To minimise risks of needlestick injury, syringes should be supplied with a storage and disposal container.

There was unanimous agreement among all key informants that condoms and dental dams should also be made available throughout the prison system. Other paraphernalia identified by some focus group participants included alcohol swabs, sterile water ampoules, and spoons.

Retractable syringes were considered by some key informants. Focus group participants were clearly unsupportive of the idea. One key informant stated that the current types of retractable syringes were “not fit for purpose at the moment” and posed a serious risk for the transmission of blood borne viruses such as hepatitis C. The key informant indicated, however, that the supply of retractable syringes could be considered in the future if the technology was proven to have improved.

Conclusions from the Consultations

As the findings from the key informant and stakeholder consultations suggest, prison-based NSPs can be provided using a variety of models. Each of these models has its strengths and limitations. It is clear that a standardised approach would be less useful than a flexible framework that takes into account the needs of each prison while ensuring that access to sterile injecting equipment is provided across the widest range of hours and access points possible, as is the case in the community.

A strong theme that emerged throughout the consultations was the tension between the need to manage the number of needles and syringes circulating within the prison environment to address perceptions of risk among corrections staff, and that of facilitating access by maximising prisoners’ sense of anonymity and confidentiality. A workable model will need to balance these issues. It was clear that the service delivery model on its own cannot provide the means to resolve the tension. To do so, appropriate policies and guidelines are required. These include policies and guidelines relating to the storage of injecting equipment to address health and safety concerns, exercising discretion and common sense such that inmates are not deterred from accessing the NSP, and staff training and development.
The key informant and stakeholder consultations were limited by both the inability to interview current corrections staff and the fact that the numbers of individuals within each category of key informants and stakeholders interviewed were small. Nonetheless, given the qualitative methodology and highly specific and focussed nature of the inquiry, the key informant and stakeholder consultations were able to address the domains that were identified by an earlier review of international models of prison-based NSPs to determine what might be appropriate for the Victorian context. A range of issues were identified and canvassed from a number of different perspectives to inform the development of operational protocols for prison-based NSP.
**Model Operational Protocols for Prison-based NSP**

Based on an analysis of consultation findings, model operational protocols for prison-based NSPs were developed. It is assumed that the legislative and regulatory barriers to the introduction of NSPs in custodial settings have been addressed. Specifically, it is assumed that the prison Governor’s consent has been obtained such that prison-issued injecting equipment are therefore not considered unauthorised articles within the meaning of the *Corrections Regulations 2009* (Vic). Alternatively, it is assumed that amendments to the legislative framework have been made such that prison-issued injecting equipment are no longer regarded as contraband and possession of these articles is not an offence. It is also assumed that there is compliance with the appropriate mechanisms for establishing an NSP under the *Drugs, Poisons and Controlled Substances Act 1981* (Vic).

**Definition of Prison-based NSPs**

In accordance with the *Revised Standard Guidelines for Corrections in Australia 2004*, the Needle and Syringe Program established within correctional settings is part of a comprehensive and integrated drug strategy that seeks to prevent the supply of drugs into prison, reduce the demand for drugs in prisons, and minimise the harm arising from drug use in prisons.

The Needle and Syringe Program is a health intervention that is introduced to prevent the transmission of blood borne viruses and other infections among individuals within custodial settings through the provision of education and preventative equipment. The activities of the Needle and Syringe Program are intended to minimise the harm arising from drug use, and are not intended to undermine other efforts to manage drug-related issues in prisons.

The Needle and Syringe Program should not be used as a mechanism for controlling drug use within prison by harassing inmates (e.g. targeted searches or drug testing) based on their having access to sterile injecting equipment. While access to the Needle and Syringe Program presents opportunities for inmates to come into contact with other health and therapeutic interventions in relation to drug use, this is not the primary objective of the Program.

**Key Principles for Prison-based NSPs**

The principles that guide the operation of the Needle and Syringe Program will be consistent with the principles set out in the *Revised Standard Guidelines for Corrections in Australia 2004*. Specifically, the operation of the Needle and Syringe Program should ensure that prisoners are:

(i) Treated with respect as human beings and not be subjected to harsh or degrading treatment, physical or psychological abuse.
(ii) Owed a duty of care by the Department of Justice and Corrections Victoria.

(iii) Managed fairly and openly without discrimination on the grounds of offence type, race, colour, gender, sexual orientation, marital status, physical or mental impairment, language, religion or other opinion, national or social origin, property, birth or other status, except as necessary in properly meeting the needs of a disadvantaged group.

(iv) Managed within a prison system that provides for graduated levels of restriction and security according to the risk posed by the prisoner; and located so as to be as accessible as possible to the community of interest of the prisoner.

(v) Individually managed and particular regard paid to the needs of specific groups of prisoners, including indigenous and those prisoners whose first language is not English.

(vi) Kept active within a dynamic and structured environment that provides opportunities for some reparation to be made to the community.

(vii) Provided with opportunities to address their offending behaviour and actively encouraged to access evidence-based intervention programmes, education, vocational education and work opportunities.

(viii) Where appropriate, acknowledged as coming from indigenous communities that respect customary law; and recognition given to some aspects of that customary law where it affects well-being or good management of the prisoner.

(ix) Supervised and managed with an emphasis on their continuing part in the community, not their exclusion from it. Consequently, the involvement of the community in assisting the prison workforce in the development and maintenance of programmes should be encouraged; and programmes should be provided to assist prisoners to re-integrate into the community after release.

Consistent with the *National Drug Strategy 2010 – 2015* and the *Revised Standard Guidelines for Corrections in Australia 2004* the operation of the Needle and Syringe Program does not and should not in any way imply that drug use is condoned in prisons.

The Program will be provided to a standard that is comparable to that in the general community. Specifically, the operation of the Needle and Syringe Program should as far as practicable ensure that:
• Prisoners have sterile injecting equipment for every injecting episode.

• Access to sterile injecting equipment is provided across the widest range of hours and access points possible.

• Sharps containers are provided to minimise the risk of needlestick injury to other inmates and prison staff.

• Services are provided on an anonymous and confidential basis.

• Service provision is responsive to the prisoner and care is taken to avoid imposing unwanted interventions which may discourage the prisoner from using the service in the future.

• Service provision is guided by the best available evidence and in compliance with best practice.

**Aims and Objectives**

The broad aim of the Needle and Syringe Program in prison is to minimise the transmission of blood borne virus and other infections among individuals within custodial settings, and the broader community. Specifically, the Program aims to prevent risk behaviours that have the potential to transmit blood borne viruses and other infections, such as the sharing of used injecting equipment.

To achieve these stated aims and objectives, the Needle and Syringe Program will:

• Provide sterile injecting equipment.

• Provide facilities for the safe disposal of used injecting equipment, including collection and disposal of used injecting equipment.

• When appropriate, provide information and education aimed at preventing and reducing harms associated with injecting drug use, including information about the risks involved in drug injecting, prevention of injection-related harms, available drug treatment programs, and safe injection techniques.

• When appropriate, provide brief and other therapeutic interventions that address prisoners’ holistic health needs, including (but not limited to) vaccinations for relevant infections such as hepatitis B, management of their drug use and its cessation while in prison, and promoting mental health and wellbeing.
Service Delivery Models

To achieve the aims of the Needle and Syringe Program and in keeping with its key principles, the health intervention will be provided through a variety of service delivery models as appropriate within each prison setting. A number of models are provided below which could be tailored according to the needs of each prison and ensure maximum coverage, i.e. sterile injecting equipment is provided across the widest range of hours and access points possible. The service delivery models to be implemented in each prison should be determined in consultation with corrections staff and inmates to maximise the effectiveness of the initiative.

- **Provision of sterile injecting equipment by prison health staff and/or external agencies.**
  Sterile needles and syringes are provided in return for used injecting equipment. Needle and Syringe Program staff should take the opportunity to engage with the inmate and provide information about the risks involved in drug injecting, prevention of injection-related harms, available drug treatment programs, and safe injection techniques. Brief and other therapeutic interventions that address prisoners’ holistic health needs may also be provided. While access to the Needle and Syringe Program presents opportunities for inmates to come into contact with other health and therapeutic interventions in relation to drug use, staff should be aware that this is not the primary objective of the Program.

- **Provision of sterile injecting equipment through automated dispensing machines.**
  Where appropriate, sterile injecting equipment may be provided via automated dispensing machines. Automated dispensing machines should have the facility to dispense sterile injecting equipment in exchange for used injecting equipment. To encourage access and remain consistent with key principles of the Needle and Syringe Program there should not be unreasonable surveillance and monitoring of these machines. Relevant health information should also be available.

- **Provision of sterile injecting equipment by peer workers.**
  In some circumstances, sterile injecting equipment may be dispensed by inmates. Where an inmate dispenses sterile injecting equipment, s/he should be made aware of the principles of confidentiality and be provided with appropriate training in basic health education, as well as infection control procedures. Sterile injecting equipment will be provided on an exchange basis. It will be accessed via the medical unit, and used equipment disposed of at the medical unit by peer workers. To optimise health and safety, used equipment should be disposed at the medical unit at least once per day.
Types of Equipment Provided

While it is acknowledged that drug use in prison is an offence, the type of equipment provided will depend on the drugs that are commonly used in each prison. Injecting equipment should be provided in an impermeable plastic case to optimise health and safety (see below on Sharps Management).

At a minimum, the following should be provided:

- 1ml insulin syringe.
- Alcohol swab.
- Disposable spoon.
- Ampoule of sterile water.
- Storage/disposal container.

Staff should be mindful that there are inmates who may not feel confident accessing sterile injecting equipment themselves and may rely on other inmates to do so. Accordingly, to ensure that each person has sterile injecting equipment for every injecting episode, there should not be any limits placed on the types or amounts of equipment each person may access.

Eligibility Criteria

Sterile injecting equipment should be made available to all inmates who request them. While it is important that used injecting equipment is returned so as to minimise their circulation within correctional settings, it is equally important to ensure that access to sterile injecting equipment is not unreasonably withheld.

Where an inmate wishing to access sterile injecting equipment does not have used injecting equipment to return, and where it is clear that there will be a risk (to that person or other persons) that sharing of used injecting equipment will occur, the inmate should be provided with sterile injecting equipment.

Sharps Management

Promoting the safe storage and disposal of needles and syringes is a key component of the Needle and Syringe Program and assists in minimising the risk of needlestick injury to other inmates and prison staff.

All inmates participating in the Program should be required to keep injecting equipment in the hard plastic case in which they were supplied, and/or in a visible location. Participating inmates
should be encouraged to inform prison officers that they are in possession of injecting equipment in the event of being searched.

**Health and Safety**

Prison staff should be aware that under section 25 of the *Occupational Health and Safety Act 2004* (Vic), employees have a positive duty to take reasonable care for their own safety; and to take reasonable care for the health and safety of persons who may be affected by their acts or omissions at a workplace. Prison staff should therefore comply with relevant protocols relating to health and safety, including those relating to conducting searches.

Where appropriate, access to post-exposure prophylaxis (PEP) as an early intervention for exposure to HIV should be available. Appropriate procedures following incidents of needlestick injury should be developed and communicated to all staff. Staff and inmates should also be offered the opportunity to be vaccinated against a range of relevant infections such as hepatitis B.

**Confidentiality**

As far as practicable, access to the Needle and Syringe Program should be confidential. According to the *Revised Standard Guidelines for Corrections in Australia 2004*, prisoners are to be treated with respect as human beings, and not subjected to harsh or degrading treatment, or physical or psychological abuse.

Prison officers must exercise discretion and common sense to ensure that the Needle and Syringe Program operates effectively and that persons wishing to access the Program are not deterred. The possession of prison-issued sterile injecting equipment is not an offence. It is insufficient grounds for conducting searches and urinalysis. Prison officers should ensure that persons in possession of sterile injecting equipment should not be unreasonably and unduly targeted for searches and urinalysis.

**Issues Management**

Where an inmate forms the belief that s/he is being targeted for searches, drug tests, or any other sanctions by staff due to their accessing the Needle and Syringe Program, there should be mechanisms in place to ensure that the grievance is heard and resolved.

The Commissioner, Corrections Victoria, or his/her delegate will be the final arbiter of grievances and complaints arising from or relating to the operation of the Needle and Syringe Program.
Staff Training and Development

The effective operation of Needle and Syringe Programs in correctional settings relies on a competent workforce possessing relevant knowledge, skills, and expertise. Regular training opportunities should be provided.

At a minimum, all prison staff and persons involved in the provision of Needle and Syringe Program services should be knowledgeable in the following areas:

- Harm minimisation approach to drug use.
- Risk of blood borne virus infection in custodial settings.
- Rationale and evidence for Needle and Syringe Programs.
- Infection control, including safe handling and disposal of used injecting equipment, and risk of blood borne virus infection from a needlestick injury.

Additional knowledge and skill areas that are required, particularly for individuals involved in the provision of Needle and Syringe Program services, include:

- Understanding of drug use and the effects of drugs.
- Safe injecting and vein care.
- Overdose prevention and management.
- Operating protocols for prison-based Needle and Syringe Programs.

Monitoring and Evaluation

Any program supporting the provision of Needle and Syringe Programs in prisons should ideally seek to capture data which details the efficiency and effectiveness of program interventions and services, the outputs and outcomes and the impact of program activities on the client population and program stakeholders. Consideration should be given to developing a set of data collection parameters which can record and report on the quantitative effects of the Program and the qualitative effects of the Program which can help inform the outcomes and impacts of Program activities.
Quantitative effects include:

- Gender and age of prisoner participating in the Program.
- Number of other people that the prisoner is collecting for (if applicable).
- Number of needles and syringes collected.
- Number of needle and syringes returned.
- Education or referral episodes provided.

Qualitative effects include:

- Pre- and post-knowledge, attitudes and practice in relation to blood borne virus transmission and prevention.
- Pre- and post-knowledge, attitudes and practice in relation to safe injecting practices.

Furthermore, indicators should be considered that seek to capture broader stakeholder support for Program activities which could include compliance with Occupational Health and Safety procedures for handling of materials and procedural integrity and institutional support for creating an enabling environment for prison-based Needle and Syringe Programs. Qualitative instruments such as behaviour, knowledge, attitude and practice surveys and observational recordings may be instructive in this regard. Data could be collected on any incidents that may have occurred in relation to the Needle and Syringe Program including incidents of needlestick injury, and inappropriately stored or discarded equipment. Surveys of staff and inmate perceptions of the operation of the Needle and Syringe Program could be undertaken as part of Program evaluation. Results of urinalyses conducted in accordance with prison policy (including this Protocol) may be used when evaluating the Program to determine levels of drug use.

The establishment of baseline data through surveying provides a comparative benchmark against which to measure change over time. Ensuring data collection methods incorporate both quantitative (i.e. process) and qualitative (i.e. practice) will help expand any program beyond simple outputs reporting towards the inclusion of outcomes and impact measurements which can provide a more holistic picture of the effectiveness of program activities.

**Prisoner Orientation to the Program**

All inmates of prisons hosting a Needle and Syringe Program ought to be made aware of the protocols surrounding the operation of the Program. In particular, inmates should be made aware that:
• The possession and use of drugs in prison remains an offence.

• The Needle and Syringe Program is part of a comprehensive and integrated prison drug strategy that seeks to minimise the harms associated with drug use.

• Injecting equipment is to be stored in the plastic case in which they were supplied and/or in a visible location, and that inmates should inform prison officers that they are in possession of syringes if searched.

• The prison-issued syringes are authorised and therefore their possession does not constitute an offence.

• The Needle and Syringe Program is a confidential service and any data collected will be used for evaluation of the Program only.

Inmates should also be made aware of how they could access sterile injecting equipment should they wish to do so; and procedures for managing issues arising from their accessing the Needle and Syringe Program.
References


Appendix 1: Sample Police Operating Procedures

Revised 7 May 2001

Updated to 27 August 2001

Taken from the *Victorian Needle and Syringe Programs: Operating Policies and Guidelines* (Department of Human Services, 2008)

Needle and Syringe Program

**Introduction** – Needle and Syringe Programs (NSPs) are a significant component of the harm minimisation approach to drugs in the community. Police activities must not undermine these programs. Effective liaison between police and NSPs must be established and maintained.

**Purpose** – NSPs exist with the full support of the government and Victoria Police. Their purpose is to:

- Reduce the prevalence and transmission of blood borne viruses such as HIV and hepatitis B and C by providing sterile needles and syringes;
- Provide appropriate access to health, medical and referral services; and
- Provide a means for the safe disposal of needles and syringes.

**Types of NSPs** – the types of programs currently operating include:

- **Fixed Location Services** – some of these are exclusively NSPs. Others operate from drug and alcohol centres, primary health care centres, Community Health Centres, hospitals, youth centres, community centres, etc. The hours of operation of fixed location NSP services may vary depending on staffing and location.

- **Pharmacies** – some pharmacies provide syringes and sharps containers and replace them either free of charge or for a small fee.

- **Mobile and Outreach Services** – these may take different forms. For example:
  - 'foot patrol' services where NSP staff walk around an area frequented by injecting drug users and provide clean equipment and information brochures.
  - mobile services may operate from set locations at set times, or may make deliveries at the request of injecting drug users.
Identification of NSPs – NSPs are identified by the symbol of a red and a white arrow following each other in a circular motion.

Identification of authorised staff – the staff of mobile and outreach services carry identification bearing their photo and contact details for the NSP where they are based.

Member discretion – police members must exercise discretion and common sense to ensure that NSPs can operate effectively and persons wishing to access services provided by these facilities are not deterred from attending. These instructions are designed to complement the conduct of NSPs, and are not intended to prevent police performing normal patrol functions.

When performing or intending to perform police activities near an NSP:

- Any targeted patrol, person check or surveillance in the immediate vicinity of an NSP (including mobile exchange), should only occur:
  - where there is no alternative; and
  - with the authority of a Sub-officer or above.

- The vicinity of NSPs must not be targeted solely for the purpose of enforcing use or possession laws.

- If it is necessary for police to perform duties in the vicinity of an NSP, a Divisional Supervisor or other Sub-officer should consider advising the NSP manager.

- Attending an NSP is insufficient grounds on its own to establish reasonable grounds to search a person under s.82, Drugs, Poisons and Controlled Substances Act 1981. Police members may only conduct a search of a person visiting or leaving an NSP where there are reasons for the search other than the person’s presence near the NSP. Refer to section 1.8, Operating Procedures, on searches of persons.

- It is not an offence to possess needles or syringes. Police may only seize this equipment where it forms part of an offence. To do otherwise is contrary to the spirit and intention of this policy.

Attendance at NSPs – police members who have been requested to attend an NSP should respond as they would any other call for assistance. However, where possible police members should avoid visiting NSPs in uniform, unless the circumstances demand otherwise.
Located needles and syringes – police members may be called to incidents where a member of the public has located used needles or syringes, or police may locate these items during the course of their duty. Police should contact the Safe Needle Disposal Hotline (contact police communications centre), their nearest NSP, or local government for disposal advice and information. Police members who are exposed to body fluids or receive a needlestick injury should refer to section 12.6.4.3, Operating Procedures.

Liaison between Victoria Police and NSPs – effective and ongoing liaison between the Force and NSPs will provide a platform for resolving problems should they arise. To create effective links with NSPs:

- Regional Commanders and Divisional Superintendents – should:
  - actively liaise with NSPs and establish effective working relations; and
  - become involved in management and other committees related to NSPs (this may be through delegation).

- District Inspectors and Station OICs – should:
  - actively liaise with NSPs and establish effective working relations,
  - become involved in management and other liaison committees related to NSPs (this may be through delegation),
  - inform police members of the location of fixed NSPs so they can adhere to these instructions,
  - inform police members of the areas where mobile and outreach services, including foot patrols, are likely to be operating in order that police members can adhere to these instructions, regularly invite NSP personnel to speak at station readouts.