



Comment on

***Strategic Framework for the Management of
Blood-Borne Viruses in the Alexander
Maconochie Centre 2012-2014***

October 2012

About ACTCOSS

ACTCOSS acknowledges Canberra has been built on the land of the Ngunnawal people. We pay respects to their Elders and recognise the strength and resilience of Aboriginal and Torres Strait Islander peoples. We celebrate Aboriginal and Torres Strait Islander cultures and ongoing contribution to the ACT community.

The ACT Council of Social Service Inc. (ACTCOSS) is the peak representative body for not-for-profit community organisations, people living with disadvantage and low-income citizens of the Territory.

ACTCOSS is a member of the nationwide COSS network, made up of each of the state and territory Councils and the national body, the Australian Council of Social Service (ACOSS).

ACTCOSS' vision is to live in a fair and equitable community that respects and values diversity and actively encourages collaborations that promote justice, equity and social inclusion.

The membership of the Council includes the majority of community based service providers in the social welfare area, a range of community associations and networks, self-help and consumer groups and interested individuals.

ACTCOSS receives funding from the ACT Government - Community Services Directorate.

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Introduction

ACTCOSS welcomes the opportunity to provide comment on the *Strategic Framework for the Management of Blood-Borne Viruses in the Alexander Maconochie Centre 2012-2014* ('the Framework').

ACTCOSS supports efforts to improve the management of blood-borne viruses (BBV) in a transparent and accountable manner and agrees with the majority of the suggestions put forward in the Framework.

ACTCOSS notes the submissions put forward by organisations such as the ACT Hepatitis Resource Centre (ACTHRC) and the Alcohol Tobacco and Other Drug Association ACT (ATODA) which provide comprehensive commentary on the Framework. For this reason ACTCOSS will not seek to make comment on every point in the Framework, but will focus on those particularly pertinent to the ACTCOSS purpose. ACTCOSS recognises the Women's Centre for Health Matters (WCHM) and the Women and Prisons Group (WAP) for their valuable contribution to this comment.

Needle and Syringe Program (NSP)

ACTCOSS welcomes the provision of regulated sterile injecting equipment in the AMC in the form of a 'one-for-one' needle and syringe program (NSP).

The *Corrections Management Act 2007*, the legislation which governs the operation of the AMC, states

(a) detainees must have a standard of health care equivalent to that available to other people in the ACT.¹

NSPs have been found to considerably reduce the rate of blood-borne virus transmission among people who inject drugs², and have been available in the wider ACT community for a number of years. Providing detainees with safe injecting equipment is not only a matter of equity, but is also a matter of public health, given the majority of detainees will return to the broader community at some point.

ACT Human Rights Commissioner Helen Watchirs has welcomed the introduction of a NSP in the AMC, stating the lack of a NSP could be seen as inhumane under the Human Rights Act.³ Human Rights are an important and contentious issue for prisons around the world. Including a NSP in the AMC places the ACT at the forefront of Human Rights for detainees and sets a precedent for responsible treatment of prisoners and the practice of working within a Human Rights framework.

1 *Corrections Management Act 2007*, ACT, p.42.

2 Public Health Association of Australia, *Presentation for 2011 NSW NSP Workers Forum*, accessed 29 October 2012, <http://www.phaa.net.au/documents/111017_NSW%20NSP%20Workers%20Forum-PHAA%20NSP%20in%20AMC%20Project.pdf>.

3 L Willis, 'Needle exchange trial "bold move"', *The Canberra Times*, 15 August 2012, <<http://www.abc.net.au/news/2012-08-15/needle-exchange-trial-bold-move/4200924>>.

As noted in the submission by the Alcohol, Tobacco and Other Drug Association (ATODA), the roll out of an NSP is an expert health matter which is best dealt with by health officials. The responsibility of implementing the program should also be left to health professionals.

Workforce development

Comprehensive education and training on BBV transmission and infection control procedures is vital, and ACTCOSS supports this measure as part of the Framework. Not only should new staff be trained in these areas, but continuing and refresher education for all staff is imperative.

Furthermore, ACTCOSS notes the importance of non-government service providers in providing continuity of care to detainees once they exit the prison, and recommends this training and education be delivered jointly for government and non-government agencies in order to provide seamless service to detainees as they move through the system.

ACTCOSS recommends a 'gender sensitivity' component be included in the section on workforce development. Female detainees often have differing needs from those of the males, and as such, should be addressed appropriately.

Throughcare

Throughcare is the term given to the integrated and collaborative approach to reducing the risks of re-offending through the provision of support and services to people during and after their time in gaol.

Throughcare is necessary in order to support successful reintegration of offenders into the community after release from prison, as "the high and growing social and financial cost of imprisonment makes it imperative to put in place a coordinated support system to reduce re-offending and return to prison."⁴ A collaborative approach creates the opportunity to build relationships, identify service gaps and plan ways to work together to best meet the needs of prisoners.

Throughcare has been of concern to ACTCOSS for some time, as the need to for Throughcare services was identified early in the planning for the AMC. ACTCOSS notes the new Throughcare Program which will shortly be running at the AMC, and recommends the Framework link in with this program as a matter of priority. Case management and exit planning need to begin from the time prisoners enter correctional facilities. Pre-arranged mental health and AoD support, discharge planning and transitional care are particularly vital. Access to appropriate housing is also essential to lessening the risk of recidivism.⁵

4 ACT Government Chief Minister and Cabinet, *Extending Throughcare for Offenders*, accessed 20 October 2012, <<http://www.cmd.act.gov.au/policystrategic/throughcare>>.

5 ACT Council of Social Service, *Submission on the Alexander Maconochie Centre Review*, September 2010.

ACTCOSS refers to the submission put forward by ATODA which highlights examples of good practice in the area of collaboration for Throughcare planning.

Principle 2: Partnership Approach

ACTCOSS welcomes the guiding principles underpinning the Framework, in particular Principle 2 which notes a partnership approach between

government, community organisations, the medical, health care and scientific communities, researchers and people affected by blood-borne viruses.⁶

As issues relating to blood-borne viruses and drug use are much broader than only being a health issue, there is a strong need for a holistic approach in Throughcare planning. Organisations which may not be considered 'traditional' may have relationships with people who are affected by BBV, or a drug users, and so it is vital they are considered in this partnership approach the Framework is taking. In particular, peer-support models such as the Women And Prisons group (WAP) can provide valuable insight into the broader issues their members may be facing.

Gendered issues

As a minority group within the AMC, female detainees have their own requirements and needs, which may differ greatly from those of the men. ACTCOSS recommends the Framework be revised to incorporate a more gendered lens.

The Framework makes note of improving access to services and education as part of the management of BBV in the AMC, however anecdotally ACTCOSS has become aware such services are already not readily available for women detainees, due to their being a minority and operational issues.

Given the reference in the Framework to there being a higher prevalence of Hepatitis C in women's groups in prison⁷, it is especially important women in the AMC have access to services to reduce the rates of BBV in the female population.

In terms of evaluation, as mentioned in the Framework, ACTCOSS recommends data be disaggregated into gender, otherwise there is the risk of any evidence of women's experiences in BBV management being 'lost' in the collection of overall data.

6 ACT Health Directorate, *Strategic Framework for the Management of Blood-Borne Viruses in the Alexander Maconochie Centre 2012-2014*, Draft 15 August 2012, p. 5.

7 *ibid*, p.7.

Remandees

It is vital those people on remand also have access to these important services. According to the *Corrections Management Act 2007*, remandees are entitled to have equal access to prison services; use of such services should have no impact on sentencing or be of other detriment to those who choose to participate.

Particularly given the higher number of women on remand, it is necessary all female detainees have access to the programs available to the wider prison population.