The reported last drug injected remained stable since 2004 with methamphetamine being the most common, followed by heroin. From 2004-2016, there was an increase in methamphetamine being the last used drug, while heroin use decreased.

Overall, self-reported drug treatment and therapy for PWID had decreased since 2007. While there has been an increase in the use of pharmacotherapy, methadone use decreased.

The majority of prisoners reported using sterile needles and syringes when they inject. In 2004, 85% of participants used a clean needle most of the time or every time they injected. This rose to 9 in 10 prison entrants in 2016.

In 2016, clean needles and syringes were mostly obtained from Needle and Syringe Program (NSP) outlets in the community. However, while NSPs are the most common location for needle and syringe acquisition, the use of NSP outlets are decreasing and other sources are being utilised. Of PWID, 42% reported they obtained a needle or syringe from an NSP, while 38% said their needle or syringe was obtained from a chemist or pharmacy, 11% from a vending machine and 11% from a personal source.

The National Prison Entrants' Blood Borne Virus Survey (NPEBBVS) was first conducted in 2004 to determine the prevalence of blood borne viruses in Australian prisons and to examine risk factors associated with exposure. It aimed to provide information on prison entrants at risk of contracting blood borne viruses as a result of injecting or other behaviours conducted prior to imprisonment. The first survey included New South Wales, Queensland, Western Australia and Tasmania. In 2007, Victoria, the Australian Capital Territory and South Australia also participated, followed by the Northern Territory in 2010. In 2013, all Australian jurisdictions participated in the survey. The most recent survey in 2016 included all jurisdictions except Western Australia and New South Wales.

The NPEBBVS is internationally unique in providing a national snapshot of the prevalence of blood borne viruses such as HIV, hepatitis B and hepatitis C in this at-risk population which is generally under-researched. Prior to the NPEBBVS, monitoring blood borne virus infections among Australian prisoners occurred only through ad hoc prevalence surveys. The NPEBBVS also provides valuable information on patterns of drug use of those entering prison.

The Prisoner population has an increased risk of exposure to blood borne viruses compared to the general community due to their engagement in risk behaviours such as injecting drugs, amateur tattooing and unsafe sexual practices. Prisons are increasingly viewed as an important point of contact for hard-to-access groups to screen, initiate treatment, and connect this group with health services. For example, the prison setting is seen as an opportunity to treat hepatitis C with the new, highly effective, direct acting antiviral medications.

This bulletin aims to highlight the key findings of the 2016 NPEBBVS. The survey used a cross-sectional sample of prison entrants over a 2-week period. Of the 862 Australian prison entrants offered the survey, 431 (50%) participants provided sufficient survey or pathology data to be used within the triennial report. This bulletin reports the findings of these participants.

> Method

The sample was selected at six sites in six Australian jurisdictions (excluding NSW and WA) and included only new receptions entering prison from the community.

Questionnaires were conducted following routine health and wellness assessments to minimise disruption. Potential participants had the survey explained to them, emphasizing that involvement was voluntary and information would remain confidential. They were also assured that efforts would be made to follow up the results of the blood test with them. Screening involved recruitment, obtaining consent, administration of the questionnaire, pre-test counselling and collection of the blood and urine specimens. Participants were informed that post-test counselling would be available.

The blood testing screened for HIV antibody and antigen, hepatitis B surface-antibody, surface-antigen and core-antibody, hepatitis C antibody and syphilis antibody. The questionnaire was modelled on the Australian Needle and Syringe Program survey instrument.

Approval for the project was obtained from the health-based human research ethics committees (IHEC), corrective services and Aboriginal Health Ethics Committees in each state and territory, and the UNSW HREC.

> The NPEBBVS

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> Hepatitis C (HCV)

While HCV antibody prevalence has been fairly stable, an overall decrease since 2004 was observed in people who inject drugs (PWID) and those who don’t. Among PWID, 56% tested positive for HCV in 2004, decreasing to 50% in 2016.

In 2016, South Australia had the highest prevalence of participants with HCV antibody (44%), followed by Queensland (28%).

Approximately one in four inmates in the ACT, Tasmania and Victoria tested positive to HCV. There were no cases of HCV in the NT.

The prevalence of HCV antibody among PWID was higher in men than women in 2016 - 52% versus 46%. However, across the surveys from 2004-2013, women had a higher overall prevalence ranging from 67 to 83% with males ranging from 49 to 56%.

Among Indigenous people who had a history of injecting drugs, the prevalence of HCV antibody increased from 54% in 2013 to 66% in 2016. In 2016, 62% of those who used someone else’s needle tested positive to HCV.

Since 2010, the number of those reporting they had ever been tested for HCV increased from 63% to 86% in 2013 and 84% in 2016. Among PWID who were tested for HCV, 59% were tested in the past year representing an increase from 53% in 2004.

> Hepatitis B (HBV)

The 2016 survey data revealed that the prevalence of HBV is decreasing nationally among prisoners. In 2004, 20% of prison entrants tested positive for HBV core-antibody, while in 2016, this decreased to 15%. The prevalence was significantly higher among Indigenous offenders with a substantially higher rate of HBV core-antibody in the Northern Territory. In 2013, the Northern Territory had a prevalence of 44%, NSW 17% and WA 20%. In 2016 HBV core-antibody remained the highest in the Northern Territory (39%).

Across all surveyed years, Indigenous prisoners had a substantially higher prevalence of HBV core-antibody than the non-Indigenous population. In 2016, 8% of non-Indigenous respondents reported HBV in contrast to 32% of Indigenous respondents.

Hepatitis B immunity increased due to efforts to increase vaccination coverage since 2004. Among PWID, this rose from 30% in 2004, to 44% in 2016.

> HIV

In 2016, no inmates were found to have the HIV antibody. Testing for HIV (in the past year) increased from 33% in 2004 to 43% in 2016.

> Drug Use

Overall, tobacco, cannabis and methamphetamine are the most commonly used substances by prison entrants. For those who inject drugs, methamphetamine use increased from 70% in 2013 to 79% in 2016. While 88% of prison entrants identify as a current smoker, among PWID, tobacco was the most common substance used in the past month (90%). Among those who had never injected drugs, 84% had used tobacco in the past month. In this time, cannabis and tobacco have decreased from 63% to 58% and 93% to 93% respectively. However, methamphetamine use is significantly lower at 41% among those who have never injected drugs.