Victorian State Budget 2013–14

AMA Victoria submission

to the Treasurer, the Hon Kim Wells MLA

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The most urgent problem facing Victoria's public health system is the lack of capacity in public hospitals.

Patient care and safety will be at risk if action is not taken to address recent and planned reductions in public hospital funding.

We call on the Baillieu Government to ensure that all Victorians have access to high quality and affordable public health care.

Increased resources for Victoria's public health system must be prioritised in this year's budget to ensure it is accessible, efficient and provides the best possible care.

As part of a coordinated response to the increasing demand for public hospital services, there must also be greater emphasis on community-based care and treatment options.

Inadequate public hospital capacity reduces the ability of hospitals to facilitate medical training for young doctors. More resources must be invested in the health system to ensure that all Victorian medical graduates are provided the ongoing training they need.

AMA Victoria recommends that the funding allocations proposed in this submission come in addition to the commitments already made by the Baillieu Government including 800 new hospital beds.

	2013-14	2014-15	2015-16	2016-17
	$ Million	$ Million	$ Million	$ Million
Enhancing community-based care and services	11.1	8.6	7.6	7.6
Improving patient safety	70.0	75.0	80.0	85.0
Training young doctors	8.0	14.0	20.0	26.0
Minimising the harms of drug abuse	9.9	9.9	5.6	5.6
Addressing the poor health of Victorian prisoners	10.25	10.25	10.25	10.25

Enhancing public hospital capacity

Victoria's health services are working under serious financial strain, at a time when the need to invest in better health care for Victorians has never been greater. Pressure on hospitals continues to grow as people are living longer and chronic disease becomes more prevalent.[1]

Calculations by the Victorian Department of Health reveal that Commonwealth funding for public hospitals will be cut significantly over the next four years with a change in the reported Australian Bureau of Statistics leading to a corresponding reduction in National Healthcare Special Purpose Payments. This will negatively impact on the timeliness and quality of care that patients receive in the public sector.

Already we're seeing consolidation of a range of hospital services and lengthening wait times for elective surgery. Further funding cuts can only lead to longer delays in treatment and ultimately cuts in services. Victoria cannot afford for this to occur and we call on the state Government to address these funding shortfalls.

Extra resources must be directed to the hospital services on which emergency departments rely so that patients have access to timely emergency care.

Alternative forms of care in community-based settings also offer an effective means of tailoring care to particular patient groups and can alleviate the pressure on our hospital system.

AMA Victoria recommends $22.5 million over four years for additional community-based settings for marginalised patients

Marginalised patients, sometimes referred to as 'rotating-door' patients, also need access to beds in alternative settings. These are people who are identified in St Vincent's Hospital Admission Risk Program (HARP) and are at higher risk of presenting to hospital because of chronic disease or complex medical or social issues.

Community-based settings are needed to provide care to patients who do not have a home, are living in boarding houses or in any type of accommodation where they do not have the support structure of a family home. This way we can ensure good quality medical care reaches those who are most at risk of missing out.

The alternative care settings could take a form similar to that offered by Sister Francesca Healy Cottage run by St Vincent's Hospital. Many more of these programs could be supported within the community to allow for care for the homeless and marginalised. A structure along the lines of the proposal above for aged patients would also be suitable. In this way the Government could simultaneously reduce avoidable hospital admissions and ease the pressure on emergency departments.

Cost ($m)

	2013-14	2014-15	2015-16	2016-17
Capital costs	3.0	0.5	0.5	0.5
Running costs	4.5	4.5	4.5	4.5
Total	**7.5**	**5.0**	**5.0**	**5.0**

1. Victorian Health Priorities Framework 2012-2022: Metropolitan Health Plan.

AMA Victoria recommends $2.8 million funding over four years for additional Crisis Accommodation Centres.

There is a clear need for more crisis support accommodation services similar to those provided at Ozanam House, the Salvation Army Flagstaff Crisis Accommodation and McAuley House. Homeless Victorians need access to safe and secure environments in which they can live for short periods of time and participate in a range of support services and programs.

Patients in distress, who have been discharged from hospital during the night, and do not have a home to go to, should be provided with accommodation, meals and services which meet their needs.

AMA Victoria recommends the funding of two additional centres each comprising 25 overnight beds and communal facilities for this purpose. The centres would require adequate levels of staffing, with at least one staff member present over 24 hours, and should be funded to offer support and referral services along with psychological assessment and treatment programs for residents experiencing mental health issues.

Additional accommodation and support services will help to ensure that homeless Victorians are not left to fall through the gaps in our health system.

Cost ($m)

	2013-14	2014-15	2015-16	2016-17
Capital costs	1.0	1.0		
Staffing costs	.2	.2	.2	.2
Total	**1.2**	**1.2**	**.2**	**.2**

AMA Victoria recommends an increase in funding of $9.6 million over four years for Psychiatric Crisis Assessment and Treatment Teams.[2]

Mental health CAT services assist people who are in crisis with mental problems including people who are suicidal, delusional or experiencing a psychotic episode. CAT services provide treatment and support for people whose acute mental illness can be managed in the community as an alternative to hospitalisation and can lead to better clinical outcomes.

Unfortunately however many CAT teams do not receive the funding necessary to provide 24 hour support in the community and, even during operational hours, they are often unable to attend to patients in need. A recent study by Monash University and Victoria Police has found that in one out of six requests by police for support from CAT teams, no response was available.[3]

The same study also found that once every two hours, someone who is having a mental health crisis is apprehended by police and transported to hospital meaning that an increasing number of psychiatric patients are forced to attend over-stretched emergency departments to receive treatment.

The lack of funding for CAT teams in Victoria needs to be rectified in this state budget. Victoria's mentally ill need better access to prompt care and support in the community from specially trained mental health professionals.

The Coalition has previously acknowledged the importance of CAT teams however the resources it has provided to these services have been far from adequate. We call on the Government to address this shortfall.

Cost ($m)

	2013-14	2014-15	2015-16	2016-17
Staffing costs	2.2	2.2	2.2	2.2
Administration support	0.2	0.2	0.2	0.2
Total	**2.4**	**2.4**	**2.4**	**2.4**

2 This is equivalent to the $3.9 million funding increase for ECAT services in 2006/7 that funded approximately 34 EFT positions).

3. Luebbers, S, Ogloff, J R P & Thomas, S D M, Project PRIMeD: Police Responses to the Interface with Mental Disorder – Quantitative Analysis of Mental Health Act Transfers by Police (Centre for Forensic Behavioural Science Monash University & Victorian Institute of Forensic Mental Health (Forensicare)).

Improving patient safety

Victoria still does not have Information and Communication Technology (ICT) infrastructure that meets the needs of patients.

While we acknowledge the $100 million allocated to the Victorian Innovation, E-Health and Communications Technology Fund in the 2012-13 state budget, as well as the establishment of the Health Innovation and Reform Council, additional funding in this state budget must guarantee that adequate IT systems are fully operational in all Victorian hospitals within four years.

AMA Victoria recommends $310 million over four years for Information and Communication Technology

The continuing lack of suitable information technology in public hospitals is wasting time and money and, most importantly, compromising patient care.

In light of the timely discontinuation of the HealthSMART program, Victoria must take a new approach to health ICT – one which will provide the funding necessary to improve the quality and safety of Victorian hospitals.

Electronic drug charts, medication management systems, and patient records could all be held on secure, portable devices, and used at patient bedsides which would benefit patient care.

Although uncommon, medication errors are significant and affect patient outcomes and contribute to higher readmission rates. With the right IT support, such errors could be virtually eliminated and improve efficiency, quality and safety.

Improved IT support could also provide for better continuity of care across the GP-hospital-aged care interface. The transition from GP to hospital and back to community care is a key determinant of better patient outcomes and maintaining continuity of care improves the uptake of preventive care and adherence to treatment plans. This has been shown to result in fewer emergency department visits, reduce the likelihood of hospitalisations, decrease the incidence of adverse events following hospitalisations, and improve the cost-effectiveness of patient care.

Victoria's ICT systems need ongoing investment. Steady recurrent funding would address several key issues including the lack of functional up to date computers for use by medical staff and the lack of standardised software between hospital networks. It would also allow for replacement of sub-standard hardware and software systems.

Effective information technology in public hospitals is well overdue.

Cost ($m)

	2013-14	2014-15	2015-16	2016-17
Sustainable funding for ICT	50.0	55.0	60.0	65.0
Specific funding for medication management systems	10.0	15.0	15.0	15.0
Specific funding for GP-hospital-aged care IT interface	10.0	5.0	5.0	5.0
Total	**70.0**	**75.0**	**80.0**	**85.0**

Training young doctors

We have welcomed the Baillieu Government's continued commitment to review training programs for medical students in Victoria, including the utilisation of alternative settings. However, new funding must be allocated to ensure that all Victorian medical graduates are guaranteed a place for training in this state – from internship through to specialist vocational training.

AMA Victoria recommends $68 million over four years to provide ongoing training for all new Victorian doctors

Patient access to health care is currently limited by the lack of doctors in Victoria, particularly within rural and regional communities. We can start to address this shortage by guaranteeing all new doctors a place to complete their training.

The number of Victorian medical graduates has risen dramatically over recent years and the number is set to increase further in coming years. These doctors will not be ready to fully serve the community on graduation and will need a minimum of five to eight years postgraduate training to become specialists.

Junior doctors will be able to provide needed services in hospitals, but they require more training to ensure that patients get the full benefit of specialist trained doctors. The Government must support both senior and junior medical staff to enhance postgraduate training and development.

At a minimum, twenty per cent of doctors' time should be allocated to teaching, training, quality assurance and research. Ensuring twenty per cent clinical support time for all doctors, including visiting medical officers (VMOs) and doctors in training, will help promote better training opportunities.

Increased funding should ensure that non-public hospital settings, such as private hospitals, community healthcare centres, and Aboriginal medical services can be used to effectively train new doctors. Allowing more doctors to undertake specialist training in private hospitals and community settings will broaden their scope of practice and provide essential specialist services in the areas that need it most.

Our hospitals currently rely on volunteerism by VMOs to meet the training needs of new doctors. We call on the Government to provide additional resources to hospitals to allow them to employ more VMOs to occupy teaching and mentoring roles.

This can ensure that hospitals have the skills and expertise available to help with training and support quality clinical care. Training should also be provided to these specialist VMOs to equip them with necessary teaching skills.

Cost ($m)

	2013-14	2014-15	2015-16	2016-17
Funding for additional teaching time	4.0	8.0	12.0	16.0
Training the trainer package	4.0	6.0	8.0	10.0
Total	**8.0**	**14.0**	**20.0**	**26.0**

Minimising the harms from drug abuse

Opioid medications have become increasingly available over recent years and this has widened the potential for their use without prescription and diversion (that is, buying, selling or passing on drugs outside of prescribed use).

Recent rapid increases in prescriptions for fentanyl, and other opioid analgesics such as oxycodone, are cause for serious alarm. According to Australian Statistics on Medicines reports for the years 1999-2009, more than 505,000 fentanyl prescriptions are now being provided annually under the PBS (compared with less than 10,000 in 1999).[4]

The harms arising from the non-medical use of prescription opioids, including overdose, injection-related harms and dependence, must be addressed. The Coroners Court of Victoria has confirmed that 15 people have died since December 2011 from a fentanyl overdose.

A range of strategies must be pursued to address this situation. Doctors require better tools to ensure that the right patients get the right medication as well as more support to provide coordinated ongoing care for patients with drug-related conditions.

We are keen to see that the national real-time electronic prescription monitoring system, recently announced by the Commonwealth Government, is implemented in a timely manner in Victoria. By this means, along with the range of measures recommended below, we can effectively reduce the dangerously high level of prescription drug abuse occurring in Victoria.

AMA Victoria recommends $10 million over four years for the establishment and ongoing operation of a real time prescription monitoring system.

Current systems to monitor the dispensing of medications are inadequate. Relevant information is not accessible by doctors on a 24-hour basis and the systems often contain out of date information.[5]

The introduction of a real-time prescription monitoring system in Victoria will help to ensure that patients receive the right treatment and prevent tragic cases involving overdose on prescription medication. With access to accurate, up to date information on the medication recently dispensed to a patient, doctors and pharmacists will be able to combat doctor-shopping and drug seeking behaviour.

AMA Victoria recommends a total funding amount of $10 million for the adoption of a real-time prescription monitoring system in Victoria. We support Coroner John Olle's recommendation on 1 August 2011 and the repeated calls of Victorian Coroners over the past 10 years for real-time prescription monitoring.

Tasmania's real time system, which monitors all prescriptions of schedule 8 drugs, provides a good example – it is time a similar system was introduced in Victoria along with sufficient safeguards to protect doctors' safety.

AMA Victoria recommends $2.8 million over four years to provide prescription education to GPs and specialists.

Doctors and patients need to be educated about the risks of dependence on, and overdose of, prescription drugs, especially when higher doses are prescribed. Prescribers and pharmacists need to inform patients about the risk of fatal overdose if they use these drugs in combination with other drugs, including alcohol.

4 *The Age*, 19 October 2012, 'Painkiller abuse alarm', http://www.theage.com.au/victoria/painkiller-abuse-alarm-20121018-27u1e.html

5 For further discussion of the limitations of current systems see Royal Australian and New Zealand College of Psychiatrists, Response to the National Pharmaceutical Drugs Misuse Strategy (2011).

AMA Victoria recommends funding for ongoing education and training for GPs prescribing opioids and other prescription drugs about when, and when not, to prescribe to a patient.

Comprehensive training for GPs in assessing patients with chronic non-malignant pain and prescribing of opioids would minimise the potential for harms associated with the use of these medications which would result in each patient being assessed properly for risk, reduce prescribing to at-risk groups and thereby limit misuse.

Feedback obtained from the recent forum convened by Anex in Wodonga has highlighted the need for these initiatives to be funded.[6]

Pain management seminars for doctors can usefully examine how to identify at-risk patients and look at effective strategies for dealing with difficult patients. In areas where such seminars are conducted currently, GP attendance levels are high. We call on the Government to fund a comprehensive state-wide scheme.

Similar education and training opportunities must also be made available to pain management specialists who are often the initiators of oral and transdermal opioids, and discharge patients to GPs with a treatment plan.

AMA Victoria recommends $6.2 million over four years to enable better access to pain management clinics

GPs perform an essential role in initiating treatment options for patients experiencing pain resulting from drug use but it is also imperative that patients receive ongoing support in managing their pain as part of a care plan. Programs offered by pain management clinics provide patients with effective strategies for coping with their pain and stress, and help to promote their long term health.[7]

Regrettably, patients needing access to pain management clinics in public hospital settings face extensive wait times before being assessed and, as a result, many people are forced to go through the private system (for which the waiting list is typically shorter). Funding should be allocated in this state budget to address the shortage of pain management services available in Victoria.

Unless adequate pain management services are made available, the treatment provided by GPs and specialists in Victoria is rendered less effective. The full benefit of drug treatment cannot be realised unless it is administered as part of an overall management plan.

AMA Victoria recommends $12 million over four years to offer incentives and support for GPs participating in pharmacotherapy.

Pharmacotherapy can perform an important role in treating addiction to prescription opiates. For patients engaging in prescription opioid drug use, GPs can provide effective maintenance on legal opioid substitutes (such as methadone) which has been shown to coincide with decreased use of opiates among patients.[8]

While the number of people seeking treatment for dependence on prescribed opioids is increasing, including for treatment drugs methadone and buprenorphine, recent data indicates the number of registered prescribers of these treatment medications is declining.

In Victoria, the number of people being treated with methadone or buprenorphine is at its highest; in 2011 there were only 490 prescribers, fewer than in any year since 2006. The sole public methadone program in Wodonga, which has 60 places, is stretched beyond capacity. It has been reported that some patients are treating themselves with illicit drugs such as heroin as they wait for

6 http://www.anex.org.au/wp-content/uploads/2012/10/Anex-Fentanyl-Forum-Report-October-2012.pdf

7 *Medical Journal of Australia*, Vol 178, 5 May 2003, p 444.

8 Policy for Maintenance Pharmacotherapy for Opioid Dependence, Drugs & Poisons Controls in Victoria, Department of Health.

a place exposing them to risk of overdose. Only one doctor works as a prescriber at both Albury and Wodonga's public clinics.[9]

In order to prescribe legal opioid substitutes, medical practitioners must have considerable clinical skill, along with the ability and willingness, to manage sometimes difficult patients. To address the outstanding need, AMA Victoria recommends that medical practitioners be offered a financial incentive of $5,000 per year, and additional support, to treat opioid-dependent patients.

Ensuring patients have access to pharmacotherapy prescribers should be prioritised so that we can reduce prescription drug abuse in our state.

AMA Victoria recommends a trial of Supervised Injecting Facilities in Victoria

Serious and ongoing harm continues to occur in this state as a result of heroin use. In Victoria there were 2033 heroin related ambulance attendances in 2009/10 (an increase from 1903 in 2008/09) with 60% of the attendances occurring in a public space. Attendances were also concentrated in certain areas with more than one in five (22%) occurring in Yarra City Council.[10]

These statistics are cause for serious concern and point to the need for a new approach in Victoria to minimise the harm resulting from illicit drug use. AMA Victoria recommends that a trial of Supervised Injecting Facilities be funded in this year's State budget.

A trial of Supervised Injecting Facilities would provide:

- sterile injecting equipment and associated material;
- a means of safe disposal of injecting equipment;
- medical and counselling services;
- trained personnel in attendance to provide assistance in case of overdose;
- a direct telephone line to an ambulance service; and
- drug rehabilitation services.

A trial has significant potential to:

- lessen the public impact of street-based injecting;
- improve clients' access to primary medical care, drug treatment and health and other welfare services;
- reduce the incidence of fatal heroin-related overdose; and
- assist in reducing blood-borne viral transmission.

The trial would occur, with local community support, in areas with a high level of injecting drug users.

9 http://www.theage.com.au/national/doctors-steering-clear-of-addicts-20121125-2a1kc.html#ixzz2DH7HLCvo

10 Turning Point Alcohol and Drug Centre, Trends in alcohol and drug related ambulance attendances in Melbourne: 2009/10, Annual Report 2010.

Evidence suggests that Supervised Injecting Facilities can reduce the number of deaths from drug overdose, reduce ambulance call-outs and hospital admissions, improve patient outcomes, enhance referral to drug treatment programs, and improve public order (e.g., by reducing injecting drug use and syringe disposal in public locations).[11]

The National Drug Strategy Household Survey 2010 indicated that the majority of the Australian population support Supervised Injecting Facilities.[12]

The Supervised Injecting Facility in Sydney has operated successfully for over ten years and legislation to lift the trial status of the facility received bipartisan support in November 2010. It is time Victoria adopted this pragmatic, harm reduction approach to illicit drug use.

Cost ($m)

	2013-14	2014-15	2015-16	2016-17
Prescription education seminars	0.7	0.7	0.7	0.7
Support for pain management clinics	2.2	2.2	0.9	0.9
Real time prescription monitoring system	4.0	4.0	1.0	1.0
Incentives and support for GPs participating in pharmacotherapy	3.0	3.0	3.0	3.0
Total	**9.9**	**9.9**	**5.6**	**5.6**

11 A Ritter & J Cameron 'A review of the efficacy and effectiveness of harm reduction strategies for alcohol, tobacco and illicit drugs', (2006) 25 *Drug and Alcohol Review* (2006) 611, 615-616.

12 Australian Institute of Health and Welfare, 2010 National Drug Strategy Household Survey report (2011) Drug statistics series, AIHW Cat. No. PHE 145.

Improving the health of Victorian prisoners

More must be done to improve the health of those living in Victoria's prison system. Prisoner populations typically have worse overall health than the general public and are at greater risk of mental illness, health problems associated with substance abuse, blood-borne viruses and acquired brain injuries. The ageing prisoner population is putting added pressure on the prison health system.

A report released by the Victorian Auditor-General highlights that there will be an estimated 45 per cent increase in prisoners by 2016 and that since May last year, the nationally accepted maximum level of prison crowding has been reached or exceeded for male prisoners.[13]

This is particularly concerning given that health services for prisoners have not kept pace with the increase in prisoner numbers to date. There have been no additional health beds added to the male prison system since 1996-97 despite the prison population doubling in this time.

The rapid growth in Victoria's prisoner population has also meant that there are now more prisoners being held in police cells which poses increased health safety risks for prisoners and undermine rehabilitative outcomes.

Extra funding must be made available in this state budget to improve prisoners' access to health care.

AMA Victoria recommends additional funding to improve mental health care for prisoners

Proactive steps should be taken to address the poor mental health of people living in incarceration. Almost one third of Victoria's male prisoners have diagnosed mental health conditions and the prevalence of schizophrenia and bipolar disorder among them is almost 10 times greater than the general community.[14]

In 2011, the Ombudsman found that the level of mental health services available in Victorian prisons was 'grossly inadequate'. This must be reversed. Mental health issues have been shown to increase the likelihood of prisoners reoffending and, if not addressed, can adversely impact on the community upon prisoners' release.

More mental health beds are needed in the male prison system to provide necessary care and to reduce waiting times in accessing that care. In some prisons, there is up to a three month waiting period to access treatment in psychiatric wards and the Ombudsman has reported that the male prison system supplies only one bed for every 88 prisoners.

As a matter of urgency, increased funding must also be allocated to improve the level of forensic mental health services in Victoria. The Government must ensure that there are sufficient forensic mental health facilities in this state which are adequately resourced and funded in a manner which guarantees the safety of both staff and patients.

13 *Victorian Auditor-General's Report*, Prison Capacity Planning, November 2012.

14 Department of Justice, Justice Mental Health Strategy, 2010.

AMA Victoria recommends increased funding for additional doctors and nurses in prisons.

Medical assessments must be provided to prisoners to ensure they are provided with prompt physical and mental health care when necessary.

While all prisoners are required to be assessed by a doctor within 24 hours of entering the prison system, or upon transfer to a new prison, doctors have reported serious concerns about the time allocated for each assessment. Evidence suggests that, due to time constraints, inadequate resources and the number of prisoners entering prisons, doctors are often required to perform assessments in significantly less time than is deemed appropriate for good medical care.

The Government must invest more resources to ensure that there are enough doctors working in the system to provide the time and care necessary to protect the health of those who are imprisoned.

Adequate resourcing should also allow for greater communication between medical professionals and prisoners. Currently prisoners often rely on prison officers to assist with their medical requests and forms to justify why they need to see medical staff. This is occurring for a number of reasons, including illiteracy and segregation.

Additional funding should guarantee that health professionals are able to collect prisoner health forms from prisoners directly (rather than via prison officers). This would give professionals time to talk to prisoners which would improve their access to treatment and allow medical staff to ascertain a better understanding of prisoner health complaints. This would also help to protect prisoners' right to confidentiality.

AMA Victoria recommends the extension of methadone treatment for prisoners and ex-prisoners

The Ombudsman also highlighted the lack of access to Opioid Substitution Therapy (OST) in prisons and that an increased demand for OST services in prisons has lead to difficulties for prisoners[15] wanting to access treatment. These included limitations on prison transfers and some prisoners not receiving treatments at appropriate times.[16]

While the Department of Justice has undertaken to improve access to OST in prisons, funding should be made available specifically for this purpose. Access to OST is an important part of rehabilitation and can improve the health of prisoners and the Victorian community.

15 G M Brouwer, Victorian Ombudsman: Investigation into prisoner access to health care (2011).

16 G M Brouwer, Victorian Ombudsman: Investigation into prisoner access to health care (2011). 44-55.

AMA Victoria recommends $1 million over four years to conduct a trial of needle exchange programs in prisons.

AMA Victoria calls for a trial of needle exchange programs in Victorian prisons. While such programs have been able to significantly reduce the spread of HIV and hepatitis C in the general community, Victorian detainees are still being denied access to safe injecting equipment.[17]

41 percent of prisoners have been found to have Hepatitis C compared with 1 percent of the general population; and 20 percent of prisoners have Hepatitis B compared with 1 percent of the general population.[18] Reducing the spread of blood borne viruses in prisons will improve the health of prisoners and reduce potential transmission of disease in the wider Victorian population.

This recommendation is supported by the Government-commissioned 2011 report in the ACT which recommended a trial of the introduction of Needle and Syringe Programs in prisons.[19] Such a program must be accompanied by intensified efforts to reduce the availability of illicit drugs to prisoners.

Cost ($m)

	2013-14	2014-15	2015-16	2016-17
Funding to Justice Health to improve health of prisoners	10.0	10.0	10.0	10.0
Needle exchange program trial	.25	.25	.25	.25
Total	**10.25**	**10.25**	**10.25**	**10.25**

17 Dolan, K. MacDonald, M., Silins, E. & Topp, L. 2005. Needle and syringe programs: A review of the evidence. Canberra: Australian Government Department of Health and Ageing

18 G M Brouwer, Victorian Ombudsman: Investigation into prisoner access to health care (2011).

19 Michael Moore, Balancing access and safety: Meeting the Challenge of Blood Borne Viruses in Prison (2011).