

THE CORRECTIONAL SERVICE OF CANADA'S PRISON NEEDLE EXCHANGE PROGRAM

POLICY BRIEF

For more than 25 years, needle and syringe programs have been available in prison systems around the world of varying sizes and security levels,¹ and have been endorsed by numerous health and human rights organizations in Canada² and internationally.³ No matter the context studied, evaluations of these programs — including by the Public Health Agency of Canada and the Canadian Agency for Drugs and Technology in Health — have consistently demonstrated that they:

- reduce needle-sharing and the risk of HIV and hepatitis C virus (HCV) infection;
- do not lead to increased drug use or injecting;
- reduce drug overdoses;
- facilitate referrals of users to drug treatment programs; and
- have not resulted in needles or syringes being used as weapons against staff or other people in prison.⁴

Acknowledging the health benefits of needle and syringe programs in prison, the Correctional Service Canada (CSC) announced on May 14th, 2018, that it would implement a prison needle exchange program (PNEP) at two federal institutions in June 2018 as “the initial stage of a phased approach to strengthen its ongoing efforts to prevent and manage infectious disease in federal penitentiaries and in the community.”⁵

While this is a welcome announcement, details of the PNEP reveal serious deficiencies that are not in keeping with public health principles or professionally accepted standards for such programs. Most fundamentally, CSC’s PNEP violates prisoners’ confidentiality at many points without reasonable justification. For example, CSC’s PNEP:

- is based on a model employed for EpiPens and diabetic insulin in federal prisons involving a “threat/risk” assessment of each individual prisoner that requires a warden to approve each prisoner’s participation. Prisoners must therefore subject themselves to an assessment based on security rather than clinical need. Allergies and diabetes are not stigmatized health conditions and — unlike PNEP participation — do not imply that a prisoner is involved in a prohibited activity that risks punishment. Moreover, prisoners who are not authorized to carry an EpiPen or insulin self-injection equipment have alternative means of access, which is not the case for prisoners who are denied access to CSC’s PNEP. For those prisoners, there is no option but to continue to reuse (likely makeshift) drug injection equipment, with all of the risks that this entails.
- requires twice daily “visual inspections” to verify accountability for the equipment distributed, which will be perceived by prisoners as a significant intrusion for reasons such as their loss of confidentiality (including vis à vis other prisoners). This is contrary to accepted PNEP practice, where — in the absence of any evidence of security risks — participating prisoners remain subject *only to the same checks as other prisoners*.
- involves the widespread sharing of information regarding prisoners’ PNEP participation beyond the threat/risk assessment and visual inspections in other ways.

There is no working program in the world that uses the approach adopted by CSC, which will inevitably operate as a very strong barrier to access, nor is there justification for this approach. **In more than 25 years of functioning prison-based needle and syringe programs, there has not been a single reported incident of assault with needles from such programs anywhere in the world.** Occupational safety is better — not worse — where these programs exist, because occupational staff are far less vulnerable to accidental needle-stick injuries and also less likely to experience such an injury with a needle/syringe that has been shared by many people.

These breaches of confidentiality run contrary to national and international standards of medical ethics and conduct, public health principles, and the international experience of effective prison-based needle and syringe programs.

Since CSC’s PNEP announcement, **misinformation about these programs has circulated**, questioning the benefits of such programs and their necessity in Canada. One common myth is that PNEPs will not work in Canadian prisons and that a more appropriate option would involve the implementation of supervised injection rooms in prison. Yet, needle and syringe programs have operated successfully in a diversity of prison environments for more than 25 years, including in prison environments similar to those in Canada. The range of prison environments in which needle and syringe programs operate include well-funded prison systems and severely under-funded prison systems; civilian prison systems and military prison systems; institutions with drastically different physical arrangements for the housing of prisoners; and prisons of all security classifications and all sizes.



There is no evidence to suggest prisons in Canada cannot safely implement PNEPs, nor any evidence to suggest supervised injection rooms are a reasonable alternative. For a prison-based supervised injection site to succeed, prisoners must trust staff and believe that they can access the service confidentially, without exposing their drug use — a highly stigmatized and criminalized activity — to other prisoners and staff. This trust and confidentiality simply does not exist within the current prison environment and the logistics of maintaining prisoners' confidentiality in the context of a supervised injection site are hard to fathom. In fact, no prison anywhere in the world offers prisoners access to supervised injection rooms for these very reasons.

Another myth being circulated is the notion that providing sterile injection equipment to prisoners condones drug use and criminal activity, and will lead more prisoners to use drugs. PNEP is a harm reduction measure. Harm reduction measures do not “condone” drug use; they aim to reduce the harms associated with drug use while accepting that abstinence may not be immediately achievable. CSC has long offered harm reduction programs related to drug use, including bleach to sterilize injection equipment since 1996, alongside a “zero tolerance” policy on drug use. (However, bleach has for many years been known to be ineffective at reducing health risks associated with injection drug use.) Like needle and syringe programs in the community, PNEPs are scientifically sound harm reduction measures that do not encourage drug use, but help to reduce the risk of HIV and HCV infection, overdose and other harms. Rather than promoting drug use, PNEPs have been shown to provide a bridge to health care and to increase referrals of prisoners to drug treatment programs.

Finally, questions have been raised about the necessity for PNEPs in Canada. While access to treatment, including HCV treatment and opioid agonist treatment, is important and will help bring rates of HIV and HCV down, prisoners will continue to get re-infected when they do not have access to sterile injection equipment. Moreover, PNEPs not only prevent HIV and hepatitis infection but have also been demonstrated to reduce the risk of drug overdoses and abscesses, which can lead to life-threatening health problems.

Resistance from correctional officers to PNEPs is to be expected and has been seen elsewhere. But the experience in other jurisdictions has also shown that with appropriate education and training, correctional staff will come to understand that these programs lead to a safer prison environment. CSC's decision to implement PNEPs acknowledges the evidence that demonstrates that these programs are safe, effective and necessary and a pragmatic measure to prevent avoidable harms to prisoners and the broader community.

Recommendation:

While the decision to implement PNEPs in all federal prisons is an important development, CSC must fix fundamental problems with the program's design to comply with public health principles and professionally accepted standards so that prisoners who need this health service will be able to gain access, thereby protecting their health and the community. Failure to remedy these flaws is an ongoing breach of prisoners' Charter rights.

- 1 In 2018, these programs were operating in Switzerland, Germany, Spain, Luxembourg, Moldova, Kyrgyzstan, Macedonia, Romania, Armenia and Tajikistan. See Harm Reduction International, *The Global State of Harm Reduction*, 6th edition, 2018.
- 2 See, for example, Canadian HIV/AIDS Legal Network, “Nearly 250 organizations across Canada call for prison-based needle and syringe programs,” June 2016; Annual Reports of the Correctional Investigator 2003–2004, 2005–2006, 2006–2007, 2009–2010 and 2015–2016; Canadian Medical Association, Resolution 26 of August 17, 2005; Ontario Medical Association, *Improving our Health: Why is Canada Lagging Behind in Establishing Needle Exchange Programs in Prisons?*, October 2004; and Canadian Human Rights Commission, *Protecting Their Rights: A Systemic Review of Human Rights in Correctional Services for Federally Sentenced Women*, 2004.
- 3 See, for example, Office of the High Commissioner on Human Rights and UNAIDS, *International Guidelines on HIV/AIDS and Human Rights, Consolidated Version*, UN Doc. HR/PUB/06/9, 2006, Guideline 4 at para. 21(e); WHO, *WHO Guidelines on HIV Infection and AIDS in Prisons*, 1993; UNODC, WHO and UNAIDS, *HIV/AIDS Prevention, Care, Treatment and Support in Prison Settings: A Framework for an Effective National Response*, 2006; and UNODC, *A handbook for starting and managing needle and syringe programmes in prisons and other closed settings*, February 2015.
- 4 Public Health Agency of Canada, *Prison Needle Exchange: Review of the Evidence*, 2006, and Canadian Agency for Drugs and Technology in Health, *Needle Exchange Programs in a Correctional Setting: A Review of the Clinical and Cost-Effectiveness*, September 3, 2015.
- 5 CSC, “Correctional Service Canada announces a Prison Needle Exchange Program,” May 14, 2018.