



PRISON-BASED NEEDLE AND SYRINGE PROGRAMS: MYTHS AND FACTS

(updated June 2019)



MYTH:

Providing sterile injection equipment to prisoners will lead to more needle attacks against correctional officers.

REALITY:

In the over 25 years that prison-based needle and syringe programs have operated in other countries, *there has not been a single reported incident of assault with needles from these 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.

MYTH:

Providing sterile injection equipment to prisoners condones drug use and criminal activity.

REALITY:

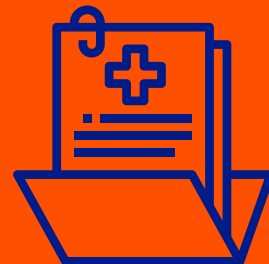
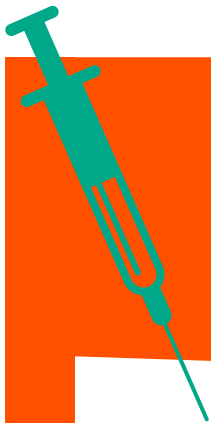
Injection drug use has always existed in prison. The Correctional Service of Canada has long offered harm reduction programs related to drug use, including bleach to sterilize injection equipment since 1996, alongside a “zero tolerance” policy on drug use. The problem is that bleach has for many years been recognized as ineffective at reducing health risks associated with injection drug use. Most community programs made this switch in the 1990s. In 2006, the Public Health Agency of Canada reported that continuing to use bleach for Hepatitis C virus (HCV) prevention was **not advisable** in either the community or prison context. Like needle and syringe programs in the community, prison-based needle and syringe programs are scientifically sound measures that help to reduce the risk of HIV and HCV infection, overdose and other harms, based on the best public health evidence.

MYTH:

Providing sterile injection equipment to prisoners will lead more prisoners to use drugs.

REALITY:

As is the case in the community, providing people with sterile injection equipment does not encourage drug use. Research, including from Canada’s own Public Health Agency, has shown that prison-based needle and syringe programs do not lead to an increase in drug use or drug injection. Contrary to what some correctional officers may believe, needle and syringe programs are a bridge to health care, and actually increase referrals to drug treatment programs.

**MYTH:**

Providing prisoners with sterile injection equipment will lead to more overdoses in prison.

REALITY:

Prison-based needle and syringe programs do not lead to increased drug use or to increased overdoses. In fact, where these programs exist, prisoners experience fewer overdoses. This is because when there is a limited supply of sterile injection equipment and they must “rent” or “borrow” equipment, prisoners feel pressure to inject all of their drugs at once and as quickly as possible. When sterile injection equipment is accessible, this pressure no longer exists and prisoners take greater care to protect their health.

At the same time, CSC should provide all prisoners with direct access to naloxone, a medication designed to rapidly reverse opioid overdose. Naloxone, in its nasal spray formulation, should be available to prisoners in their cells, and could also be distributed in CSC’s “Prison Needle Exchange Program” kits. This would provide immediate access to this life-saving medication if and as needed.

MYTH:

Prison-based needle and syringe programs might work elsewhere, but they will not work in Canada.

REALITY:

Prison-based needle and syringe programs have been operating successfully in a diversity of prison environments for over 25 years, including in prison environments similar to those in Canada. The diverse range of prison environments in which prison-based 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.

They also operate in dangerous prison environments. For example, a prison-based needle and syringe program has operated successfully for 23 years in Champ-Dollon, a large Swiss remand prison that is routinely overcrowded, with prisoners from all corners of the world.

MYTH:

The Correctional Service of Canada already provides a variety of programs for prisoners who use drugs and rates of HIV and HCV are decreasing. Prison-based needle and syringe programs are unnecessary.

REALITY:

Access to treatment, including HCV treatment and opioid agonist treatment, is important and will help bring rates of HIV and HCV down. But people will continue to get re-infected when they do not have access to sterile injection equipment. HIV and hepatitis infection are also not the only harms: prison-based needle and syringe programs reduce the risk of drug overdoses and abscesses, which can lead to life-threatening health problems.

Global health organizations and UN agencies, including the World Health Organization and the UN Office on Drugs and Crime, have established standards in relation to drug use in prison. Needle and syringe programs are considered an essential health measure for prisoners. The Correctional Service of Canada's decision to implement these programs in federal prisons acknowledges the evidence that demonstrates these programs are safe, effective and necessary and a pragmatic measure to prevent avoidable harms to prisoners and the broader community.

MYTH:

Prisoners can use drugs in supervised injection rooms in France and this model would work in prisons in Canada.

REALITY:

No prison anywhere in the world, including in France, offers prisoners access to supervised injection rooms. 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.

As a result, prisoners are unlikely to access supervised injection rooms in Canada's prisons and prisoners will continue to be exposed to the risk of HIV, HCV and other harms to their health. While more comprehensive harm reduction measures in prison are a laudable goal, supervised injection sites or overdose prevention sites should not replace prison-based needle and syringe programs, which have been proven to function well behind bars and protect prisoners' health.

CONCLUSION

Resistance from correctional officers to prison-based needle and syringe programs is to be expected. This has been the experience elsewhere. But education and training are key. The experience elsewhere has also demonstrated that, with good education and training, correctional staff will come to understand that these programs lead to a safer prison environment and help prisoners to connect with drug treatment programs.

The federal government and the Correctional Service of Canada have been guided by the evidence in making the historic decision to implement prison-based needle and syringe programs. Now, it must continue to be guided by the evidence in designing and implementing the program. Prison-based needle and syringe programs have operated successfully in other jurisdictions for over two decades and the government should take advantage of the experience elsewhere to ensure these programs yield the greatest benefits.