Prison-based Needle and Syringe Programs

"To be effective, a needle and syringe programme needs to be accessible. [...] Trust and confidentiality are essential elements of a successful programme. Prisoners will not... register in a programme if they fear it could be used as proof that they continue to use drugs in prisons." – UNODC, A HANDBOOK FOR STARTING AND MANAGING NEEDLE AND SYRINGE PROGRAMMES IN PRISONS AND OTHER CLOSED SETTINGS, 2015

For more than 25 years, needle and syringe programs have been available in prison systems of varying sizes and security levels around the world, and have been endorsed by numerous Canadian and international health and human rights organizations and experts. Evaluations of these programs have demonstrated that they:

- reduce needle-sharing and hence the risk of HIV and hepatitis C (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 prisoners.

That is why the HIV Legal Network, along with a former prisoner and three other HIV organizations in Canada, sued the federal government in 2012 over its failure to provide prisoners with easy, confidential, and effective access to needle and syringe programs. Finally acknowledging the many benefits, the Correctional Service of Canada (CSC) began implementing a "prison needle exchange program" (PNEP) at two federal institutions in June 2018 as a first step in a wider roll out.

While the decision to implement PNEPs in all federal prisons is an important development, the current program is significantly flawed and remains vulnerable to cancellation. Details of the PNEP reveal serious deficiencies that do not adhere to public health principles or professionally accepted standards. Most fundamentally, CSC's PNEP model violates prisoners' confidentiality, including through the widespread sharing of information regarding prisoners' PNEP participation, without reasonable justification. There is no working program in the world that uses this approach, which will inevitably impede access, nor is there justification for such violations. There has never been a single reported incident of assault with needles from functioning prison-based needle and syringe programs anywhere in the world. Failure to remedy these flaws is an ongoing breach of prisoners' Charter rights.

Moreover, despite research indicating that occupational safety is better where these programs exist, some correctional officers continue to oppose the PNEP and have been advocating replacing the PNEP with supervised consumption services (SCS) in prison. While more harm reduction options in prison are welcome, SCS should not replace needle and syringe programs, which have been proven to work well in prison and are more likely to better protect prisoners' confidentiality.

PRIORITIES FOR ACTION

In order for prisoners to be able to gain meaningful access to this health service, we must:

- **Fix fundamental problems with the current PNEP's design** to comply with public health principles and established good practice.
- **Engage in sustained and meaningful consultation** with prisoners, community groups that work with prisoners and with people who use drugs, harm reduction service providers, and knowledgeable experts.
- **Undertake monitoring and evaluation of the PNEP that adheres to best practices in the evaluation of public health programs,** including independent peer review both for establishing the evaluation framework and for reporting the results. The evaluation should be premised on an uncompromising identification of any weaknesses in the program design and of ways to improve access to ensure its maximum benefits.

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FACTS AND FIGURES

- A national CSC survey of federal prisoners revealed that 17% of men and 14% of women reported injecting drugs in prison. Other studies have revealed high rates of syringe-sharing in Canada's prisons, due to the lack of sterile injection equipment behind bars.
- Rates of HIV and HCV in prison are much higher than they are in the community. A 2016 study indicated that about 30% of those in federal prisons, and 15% of men and 30% of women in provincial facilities are living with HCV, and 1–2% of men and 1–9% of women are living with HIV. Indigenous prisoners have much higher rates of HIV and HCV than non-Indigenous prisoners. For example, Indigenous women in federal prisons are reported to have rates of HIV and HCV of 11.7% and 49.1%, respectively.
- In 2020, needle and syringe programs were operating in prisons in Switzerland, Germany, Spain, Luxembourg, Moldova, Kyrgyzstan, Macedonia, Romania, and Armenia.
- Studies have shown that where prison-based needle and syringe programs exist, prison staff attitudes and readiness to accept these programs have shifted from fear and resentment to acknowledgment that these programs are an important and necessary addition to a range of harm reduction services and health and safety interventions.

CASE STUDY

Prison-based needle and syringe programs in Moldova

In Moldova, the first needle and syringe program was introduced in 1999 in Branesti prison, which housed the largest number of prisoners known to be HIV-positive and the largest number of people incarcerated for drug-related offences. Initially, prisoners were required to visit the medical facility to receive sterile injection equipment. Despite the high prevalence of injection drug use, uptake was low. Because it wasn't anonymous or confidential, many prisoners did not trust the program, and sterile injection equipment was unavailable after staff left in the evenings and weekends.

In response, prisoners were trained as outreach volunteers to provide services to fellow prisoners under the supervision of health care staff. As a result, services are far more accessible. With the introduction of the peer model, participation in the program increased and the experience has been overwhelmingly positive: drug use has not increased, available data suggests a reduction in HIV and HCV incidence, and needles have never been used as weapons against prison staff or fellow prisoners. Importantly, the peer approach ensures users' confidentiality and that materials are far more accessible. The Moldovan model could provide a functional example on which Canada could base its revised program.

KEY RESOURCES

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For more information about the HIV Legal Network's lawsuit, see www.prisonhealthnow.ca and www.hivlegalnetwork.ca/prisonhealth.

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