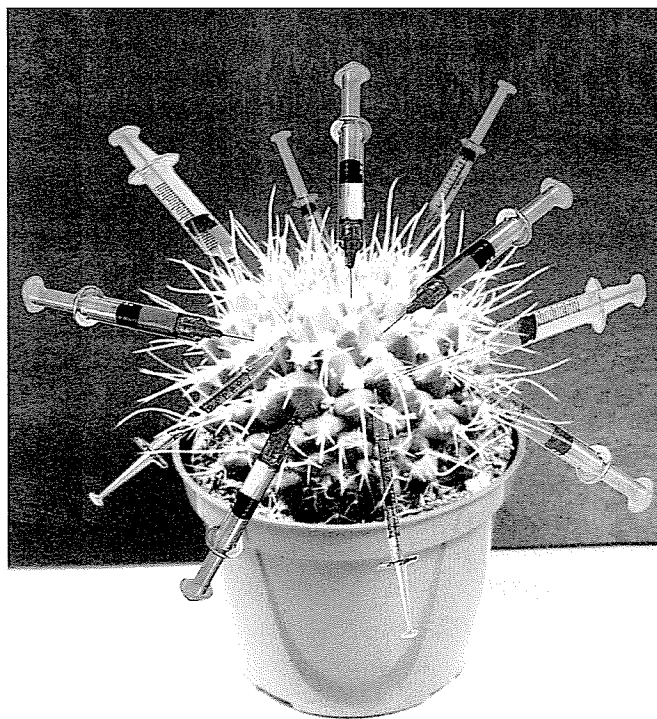


A prickly issue

Needle exchange programs are long overdue in Canadian prisons

by Ralf Jürgens



Prisons are high-risk environments for HIV and hepatitis C transmission, because injection drug use is prevalent but prevention measures are inadequate. In a 1995 survey conducted by the Correctional Service of Canada, 11 percent of 4,285 federal prisoners self-reported having injected since arriving at their current institution. Injection drug use was reported to be particularly high (23 percent of prisoners) in the Pacific region.

While bleach is available in provincial and federal prisons in BC, sterile injection equipment is not. The scarcity of needles often leads to needle-sharing. Prisoners told members of the Expert Committee on AIDS and Prisons (ECAP) that often 15 to 20 people use one needle.

Because of these factors, providing sterile needles to prisoners has been widely recommended. In 1994, ECAP concluded that making injection equipment available in prisons would be "inevitable."

Nevertheless, nearly 10 years later, no Canadian prison systems have yet started pilot needle distribution projects. Those opposed to making needles available have said that it would be seen as condoning drug use. In reality, needle distribution is a pragmatic public health measure that recognizes that injection drug use in prisons exists, notwithstanding all efforts to eliminate it. *Not* undertaking pilot needle distribution studies in the face of knowledge that HIV and other infections are being transmitted in prisons could be seen as condoning the spread of infections among prisoners and the public.

Canada can and should learn from the increasing number of prisons internationally that have established needle exchange or distribution programs. In Switzerland, some prisons have distributed sterile injection equipment since the early 1990s. Sterile injection equipment first became available to prisoners in 1992 at Oberschöngrün prison for men. Ten years later, distribution continues, has never resulted in any negative consequences, and is supported by prisoners, staff, and the prison administration. Initial scepticism by staff members has been replaced by their full support. Staff members realized that distribution of sterile injection

equipment is in their own interest. Before the distribution started, they were always afraid of sticking themselves with a hidden needle during cell searches. Now, prisoners are allowed to keep needles, but only in a glass in their medical cabinets over their sinks. No staff member has suffered needle-stick injuries since 1993.

In June 1994, another Swiss prison, Hindelbank institution for women, started a one-year pilot AIDS prevention program including needle distribution. Hindelbank's program, which was evaluated by external experts, had very positive results. The health status of prisoners improved, no new cases of infection with HIV or hepatitis occurred, needle-sharing decreased significantly, and drug consumption did not increase. Needles were not used as weapons. Only about 20 percent of staff did not agree with the installation of the needle-distribution machines. Following the first evaluation, they decided to continue the program. Many other prisons in Switzerland, Germany, Spain, and an increasing number of Eastern European countries have since started their own programs.

Both the Canadian federal prison system and the BC provincial system should finally implement pilot needle-exchange projects. This approach would recognize that prisoners, even though they live behind bars, are part of our communities. Most prisoners eventually leave prison to return to their communities, some after only a short time inside. Some prisoners enter and leave prison many times. Prisoners deserve the same level of care and protection that people outside prison get. They are sentenced to imprisonment, not to infection.

For more information on needle exchange in prisons, visit the Canadian HIV/AIDS Legal Network's Web site at <www.aidslaw.ca/Maincontent/issues/prisons.htm>. ⊕

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