Prison needle exchange:

A REVIEW OF INTERNATIONAL EVIDENCE AND EXPERTISE

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1 Objectives

To undertake the first comprehensive review of prison needle exchange programs (PNEPs) worldwide.

2 Methods

(1) Review of existing international literature, including published reports, journal articles, conference presentations, government publications, and prison service reports;

(2) site visits to PNEPs in Moldova, Switzerland, Germany, and Spain, including interviews with prison medical staff and management, external professionals working in drug policy and/or harm reduction, prisoners, government officials, and NGO staff;

(3) personal communications with staff and funders of PNEPs in Kyrgystan and Belarus.

3 Results

We produced a comprehensive review of (1) what is known about HIV/AIDS, HCV, and IDU in prisons worldwide; (2) international law and national laws regarding harm reduction in prisons; (3) the experiences of the six countries that have introduced PNEPs; and (4) what this means for implementation of PNEPs in other countries.

As of 2004, PNEPs have been introduced in prisons in six countries: Switzerland, Germany, Spain, Moldova, Kyrgystan, and Belarus. They are operating in well-funded prison systems and severely under-funded prison systems; in civilian prison systems and military prison systems, and in institutions with drastically different physical arrangement for the housing of prisoners; in men's and women's institutions; and in prisons of all security classifications and all sizes. They utilize various methods for distributing syringes: hand-to-hand exchanges by nurses or the prison physician; distribution by one-for-one automated syringe dispensing machines; distribution by prisoners trained as peer outreach workers; and distribution by external NGOs or other health professionals who come into the prison for this purpose.

The results of the programs have been remarkably consistent. Evaluations have shown improvement in the health of prisoners and reduction of syringe sharing: (1) syringe sharing was "strongly reduced"; (2) in the five prisons whose evaluation included blood testing, there were no new cases of HIV or HCV infection; (3) a decrease in fatal and non-fatal heroin overdoses was observed; and (4) referral of users to treatment programs was facilitated. Feared negative consequences have not materialized: needles have not been used as weapons, and there has been no reported increase in drug use or injecting.

As one prison administrator has said: *"In no case needles have been used as weapons. … Inmates involved in the NEP are required to keep their kit in a pre-determined location in their cells. This assists the staff when they enter the cell to conduct cell searches. Because syringes and needles are an approved program, there is no need for offenders to conceal them in their cells."*

4 Conclusions

PNEPs have proven safe and effective, and there remain no valid reasons not to introduce them in other prison systems.

Determinants of success include: (1) programs must suit the needs of the institution, the prisoner population, and the prison staff; (2) access needs to be confidential and easy: syringe exchange or distribution methods must gain the trust of prisoners, and thus maximize participation in the program; (3) PNEP should be one component of a broader health strategy, and be accompanied by other harm reduction interventions; (4) support of the prison administration and staff is crucial, and educational workshops for these groups should be part of implementation of PNEPs; (5) programs should start with a number of pilot projects that are evaluated.

Governments have a moral and legal responsibility to prevent the spread of HIV among prisoners and prison staff and to care for those infected. They also have a responsibility to prevent the spread of HIV among communities. Prisoners are the community. They come from the community, they return to it. Protection of prisoners is protection of our communities. (UNAIDS, 1996)