Prison needle exchange programs work: A review of international evidence and expertise

XV International AIDS Conference 14 July 2004



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Acknowledgments

- 1. Dr Heino Stöver, Dr Joachim Nelles, Dr Dumitru Laticevschi
- Canadian Strategy on HIV/AIDS
- 3. Voluntary Sector Initiative (through the Solicitor General of Canada)
- 4. John Howard Society of Canada



Objective

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



Methods

- review of existing international literature, including published reports, journal articles, conference presentations, government publications, and prison service reports
- 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
- personal communications with staff and funders of PNEPs in Kyrgyzstan and Belarus



Results

We produced a comprehensive review of

- what is known about HIV/AIDS, HCV, and IDU in prisons worldwide
- international and Canadian law regarding access to harm reduction in prisons
- the experiences of the six countries [Switzerland, Germany, Spain, Moldova, Kyrgyzstan, Belarus] that have introduced PNEPs
- common factors in successful PNEPs



Results (2)

- As of 2004, PNEPs had been introduced in over 50 prisons in six countries:
 - Switzerland [since 1992]
 - Germany [1996]
 - Spain [1997]
 - Moldova [1999]
 - Kyrgyzstan [2002]
 - Belarus [2003]



Results (3)

PNEPs are operating in:

- well-funded prison systems and severely under-funded prison systems
- in civilian prison systems and military prison systems
- 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



Results (4)

PNEPs utilize various methods for distributing syringes:

- hand-to-hand exchange by nurses and/or the prison physician
- distribution by one-for-one automated syringe dispensing machines
- distribution by prisoners trained as peer outreach workers
- distribution by external NGOs or other health professionals who come into the prison for this purpose
- a mix of the above



Results (5)

The results of the programs have been remarkably consistent. Evaluations have shown:

- improvement in the health of prisoners and reduction of syringe sharing:
 - syringe sharing was "significantly reduced"
 - in the five prisons whose evaluation included blood testing,
 there were no new cases of HIV or HCV infection
 - decrease in fatal and non-fatal overdoses
 - decrease in abscesses and other injection-related infections
 - facilitation of referral of users to treatment programs



Results (6)

- feared negative consequences have not materialized:
 - 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 an offender to conceal them in their cells.
 - there has been no reported increase in drug use or injecting

Case study - Kyrgyzstan

- IDU + social and economic circumstances = risk of rapidly escalating HIV epidemic
- as of end of 2003, estimated 3900 people living with HIV
- 11 prisons
- in 2000, 3 known cases of HIV in prisons
- in November 2002, 150 cases of HIV in prisons
 - 50% of all known cases
- syringe sharing extremely common 90% of prisoners who inject drugs reported sharing syringes



Case study - Kyrgyzstan (2)

- February 2001, Main Directorate for Penal Implementation issues order on prevention of HIV/AIDS in the prison institutions of Kyrgyzstan
- prevention and harm reduction measures initiated [condoms, disinfectants, education for staff, prisoner peer education]
- "unofficial" NEP instituted



Case study - Kyrgyzstan (3)

- October 2002 pilot PNEP introduced in Prison IK-47, maximum security institution
- one-for-one exchange
- 50 IDU used PNEP on daily basis (avg of 50 exchanges per day)
- primary exchange on medical wards narcological unit of central hospital
- secondary exchange using peer volunteers at sites within prison, available 24 hours per day, supervision of prison physician
 - developed in response to secondary market for syringes



Case study - Kyrgyzstan (4)

- early 2003 order approving PNEP in all 11 prisons
- distribution using medical unit + peer outreach
- September 2003, operating in 6 of 11 prisons [5 male; 1 female]
 - 470 prisoners accessing per day
- April 2004, operating in all 11 prisons
 - 1000 prisoners accessing per day
 - one syringe + 3 tips



Case study - Kyrgyzstan (5)

- no instances of needles being used as weapons
- medical staff report reduction in injection-related health problems



Conclusions

Determinants of success:

- programs must meet the needs of the prisoner population, the prison staff, and the institution
- confidential access: syringe exchange or distribution methods must gain the trust of prisoners, and thus maximize their participation
- easy access, including various options
- PNEP should ideally be one component of broader health strategy, and be accompanied by other harm reduction interventions
- support of prison administration and staff is crucial, and educational workshops for these groups should be part of implementation
- start with pilot projects, evaluate them, and implement PNEPs based on evidence and experience

Conclusions (2)

- PNEPs have proven safe and effective in every jurisdiction where they have been introduced
- PNEPs should be introduced in other jurisdictions

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)



Contact Info

Canadian HIV/AIDS Legal Network website section on HIV/AIDS in prisons www.aidslaw.ca/Maincontent/issues/prisons.htm

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