

HIV/AIDS in Prisons: Recent Developments

In a report released on 20 November 2002, entitled *Action on HIV/AIDS in Prisons: Too Little, Too Late – A Report Card*, the Canadian HIV/AIDS Legal Network concluded that despite repeated studies and nearly ten years of recommendations for urgent and pragmatic action, the response of Canadian governments to HIV/AIDS, HCV, and injection drug use in prisons remains inadequate. Only a few weeks later, the House of Commons Special Committee on Non-Medical Use of Drugs released its report, which contained a number of recommendations to the Correctional Service of Canada. Although the Committee avoided talking about needle exchange programs in prisons, it did recommend them! Meanwhile, in Ireland, not even condoms or bleach are provided. These and other developments are described in the collection of articles below, compiled by Ralf Jürgens, Executive Director of the Canadian HIV/AIDS Legal Network. Ralf can be reached at ralfj@aidslaw.ca.

Canada: Legal Network Releases Report Card

The prevalence of HIV/AIDS and hepatitis C in federal and provincial prisons continues to increase and Canadian governments are failing to provide the resources and leadership necessary to prevent the spread of infectious diseases among prisoners. In a new report released on 20 November 2002, entitled *Action on HIV/AIDS in Prisons: Too Little, Too Late – A Report Card*,¹ the Canadian HIV/AIDS Legal Network concludes that despite repeated studies and nearly ten years of recommendations for urgent and pragmatic action, government response remains inadequate.

Background

The issue of HIV/AIDS and prisons has been studied extensively in Canada² and internationally.³ Since 1992, a number of reports have been released in Canada providing recommendations to the federal and provincial/territorial governments about how

best to implement a comprehensive and compassionate response to the HIV/AIDS and hepatitis C (HCV) crisis in prisons.

In 1992, the Prisoners' HIV/AIDS Support Action Network (PASAN) released *HIV/AIDS in Prison Systems: A Comprehensive Strategy*.⁴ Shortly after the release of the PASAN report, the Correctional Service of Canada (CSC) created the Expert Committee on AIDS and Prisons (ECAP) to assist the federal government in promoting and protecting the health of prisoners and of staff, and preventing the transmission of HIV and other infectious agents in federal correctional institutions. In 1994, ECAP released a report with 88 recommendations.⁵

In 1996, *HIV/AIDS in Prisons: Final Report* was published by the Canadian HIV/AIDS Legal Network and the Canadian AIDS Society.⁶ The Final Report reviewed the history of the response to HIV/AIDS in prisons

since the release of ECAP's report, nationally and internationally; presented relevant new developments in the area; examined whether there is a legal and/or ethical obligation to provide prisoners with the means that would allow them to protect themselves against contracting HIV; and addressed the issue of the potential liability for not providing condoms, bleach, and sterile needles – and the resulting transmission of HIV in prisons. The goal was to assist CSC and provincial/territorial prison systems in their efforts to reduce HIV transmission in prisons and to staff and the public. The Final Report contained a list of recommendations for action that updated some of the recommendations made by ECAP. It concluded that “unless CSC and provincial [territorial] prison systems now act quickly and decisively, they may be held morally and legally responsible for the consequences of their inaction for

prisoners, staff, and the public.”⁷ The Report was submitted to both the federal and the provincial/territorial governments for response and action.

HIV/AIDS in prisons: 2002 Report Card

In 2002, over five years after the release of the 1996 Final Report, and 10 years after CSC created ECAP, it was time to assess whether the call for action made in the Final Report had been heard, and to document what progress, if any, had been made in Canada in responding to HIV/AIDS in prisons.

Some jurisdictions have totally and abysmally failed to wake up to the reality of HIV/AIDS, HCV, and injection drug use in prisons.

A questionnaire was developed and sent to the federal and provincial/territorial ministers of health and ministers responsible for corrections in September 2001, asking them what actions they had undertaken to respond to the recommendations in the 1996 Final Report. Follow-up interviews took place in September 2002 to verify and update the information provided. Responses were received from all 14 jurisdictions.

The 2002 Report Card summarizes the information provided and comments on it. It highlights positive action undertaken by prison systems since 1996, as well as presenting a detailed picture of the current state of HIV/AIDS programs and services in the prisons of each jurisdiction. An overview of significant national trends is also provided.

It is hoped that this information will assist each jurisdiction in assessing where they are, and where they should be, in responding to HIV/AIDS and HCV.

The following are some of the main findings.

Prevalence of HIV/AIDS and HCV

The prevalence of HIV/AIDS and HCV in federal and provincial prisons has continued to increase since 1996. In particular, in Canada's federal prison system, the number of reported cases of HIV/AIDS rose from 14 in January 1989 to 159 in March 1996 and 217 in December 2000 (the last month for which statistics were available at the time the Report Card was written).⁸ This means that since the release of the 1996 Final Report, known cases of HIV/AIDS increased by over 35 percent within a four-year period.

Known cases of HIV infection among women in federal institutions were even higher, with 4.69 percent of incarcerated women known to be HIV-positive in December 2000. In one institution, Edmonton Institution for Women, 11.94 percent of prisoners were known to be HIV-positive.

The actual numbers may even be higher: the reported cases, provided by CSC, include only cases of HIV infection and AIDS known to CSC, but many inmates may not have disclosed their HIV status to CSC, or may not themselves know that they are HIV-positive.

Generally, about one in 600 (approximately 50,000 of 30 million) Canadians are living with HIV, but depending on the various studies undertaken, one in 100 to one in nine prisoners are living with HIV. This means that the proportion of prisoners with HIV is six to 70 times higher than the proportion of all

Canadians with HIV.

HCV prevalence rates in prisons are even higher than HIV prevalence

Basic HIV prevention measures continue to be denied to prisoners.

rates, and have continued to rise since 1996. Overall, 19.2 percent of all federal prisoners and 41.2 percent of women prisoners were known to be HCV-positive in December 2000. At Edmonton Institution for Women, 74.6 percent of prisoners were known to be HCV-positive. One in 125 (approximately 240,000 = 0.8 percent) Canadians are living with HCV, but one in five to more than one in two prisoners (20 to 80 percent) are living with HCV.

Governments' response

There have been some significant, positive developments since the release of the 1996 Final Report. Some jurisdictions have implemented a number of the recommendations and have undertaken noteworthy, sometimes innovative, initiatives. No jurisdiction, however, has implemented all the recommendations, and some jurisdictions have totally and abysmally failed to wake up to the reality of HIV/AIDS, HCV, and injection drug use in prisons. Among the key findings:

- All Canadian governments are failing to provide the resources, leadership, and vision necessary to address, in a comprehensive and progressive fashion, the issues raised by HIV/AIDS, HCV, and injection drug use in prisons.

- There is a lack of coordination and harmonization of prison HIV/AIDS programs and services across the country. As a result, the standard of care available to prisoners varies widely between jurisdictions, and often between institutions within a given jurisdiction.
- Basic HIV prevention measures continue to be denied to prisoners.
- In a few jurisdictions, condoms, dental dams, and lubricant are still not available to prisoners. Even where they are available, they are often not accessible enough.
- Bleach remains unavailable in many jurisdictions.
- Needle exchange or distribution programs have yet to be piloted in Canadian prisons, although the steadily increasing number of prison syringe distribution programs in Western and Eastern Europe over the past 10 years provides conclusive evidence that such programs can be successfully implemented in prisons; and CSC's own committee, tasked with examining needle exchange programs, concluded in 1999 that they should be piloted in all regions of Canada.
- In most jurisdictions, methadone maintenance treatment has become available at least to those prisoners who were on such treatment before being incarcerated.
- Most jurisdictions have failed to embrace a harm-reduction approach to drug use.
- With some notable exceptions,

provision of HIV and HCV prevention education for prisoners is poor. Education is not mandatory in the vast majority of jurisdictions, and some correctional systems still do not provide basic HIV educational programs. In many jurisdictions, HIV training for prison health staff is rare or non-existent.

- Significant barriers still exist in most jurisdictions to the optimal use of HIV combination therapies.
- There are few HIV programs and services designed specifically for

"We must take all proper steps to protect prison officers and prisoners alike. By protecting them we protect society."

incarcerated women.

- HIV programs for Aboriginal prisoners are also rare, and are unavailable even in some of the jurisdictions in which the majority of incarcerated people are Aboriginal.

Conclusion

Prison systems have a moral, but also a legal responsibility to act without further delay to prevent the spread of infectious diseases among prisoners, and to prison staff and the public, and to care for prisoners living with HIV and other infections. Canadian prison

systems continue to fail to meet this responsibility. Some positive developments have occurred since 1996, but Canadian governments are clearly not doing all they could.

Although they live behind prison walls, prisoners are still part of our communities and deserve the same level of care and protection provided to people on the outside. They are sentenced to be imprisoned, not to be infected.

Therefore, once again, the Report Card calls upon the federal and provincial/territorial governments to show more leadership, action, and commitment, and to implement all the recommendations in the 1996 Final Report.

As Justice Kirby of the High Court of Australia states, we owe it to the prisoners, and we owe it to the community, to protect people from infection while they are incarcerated. "This requires radical steps before it is too late.... The infection of a person who is in the custody of society, because that person does not have access to ready means of self-protection and because society has preferred to turn the other way, is ... unpalatable.... As a community we must take all proper steps to protect prison officers and prisoners alike. By protecting them we protect society."

The 72-page Report Card, an info sheet summarizing its main findings, and the press release issued on 20 November 2002 are available on the Legal Network's website at www.aidslaw.ca/Maincontent/issues/prisons.htm.

Canada: Parliamentary Committee Makes Recommendations to Correctional Service Canada

As discussed in the preceding feature article in this issue, in December 2002 the House of Commons Special Committee on Non-Medical Use of Drugs released a report entitled *Policy for the New Millennium: Working Together to Redefine Canada's Drug Strategy*.⁹ The report contains a chapter on "substance use and public safety" with several recommendations on alternatives to prosecution and/or incarceration for people whose criminal behaviour is linked to drug dependence. In addition, the report examines the issues relating to drug use in federal correctional institutions. Without specifically mentioning needle exchange programs, the Committee recommends that prisoners have access to such programs "in a manner consistent with the security requirements within institutions."¹⁰

The relevant recommendation reads as follows: "The Committee recommends that Correctional Service Canada [CSC] allow incarcerated offenders access to harm-reducing interventions, in order to reduce the incidence of blood-borne diseases, in a manner consistent with the security requirements within institutions."¹¹ In their "supplementary report from the official opposition," Canadian Alliance MPs Randy White and Kevin Sorenson call this recommendation "preposterous," saying that "[w]e cannot permit inmates to have access to needles, through needle exchanges simply because it is dangerous for guards and for other inmates as well." Here, as throughout their supplementary report, White and Sorenson display a lack of knowledge and understanding that seems shocking for people who had the benefit of participating in an 18-month process of intense study of drugs and drug use. The Committee was presented with evidence from many European prisons where needle exchange programs have existed for up to ten years, and where prison staff themselves have expressed that, far from being a security risk, needle exchange programs have actually contributed to safety and security in prisons. Experts in Canada and

internationally have recommended that needle exchange programs be introduced in prisons, in light of the significant benefits demonstrated in the evaluations of existing prison needle exchange programs.¹²

Other recommendations relevant to CSC include:¹³

- that CSC be required to develop and implement a three-year plan to reduce substantially the flow of illicit drugs into prisons;
- that CSC provide prisoners with access to substitution therapies, such as methadone, based on eligibility criteria similar to those used in the community at large;
- that CSC "continue to promote abstinence as its overriding treatment objective";
- that CSC undertake, as a pilot project, the establishment of two federal correctional facilities reserved for offenders who wish to serve their sentence in a substance-free environment with access to intensive treatment and support; and
- that CSC ensure that there are sufficient programs and spaces available to allow offenders access to treatment for substance use, as needed, immediately following their incarceration.

In her supplementary report, NDP MP Libby Davies questions the viability of the recommendations that promote abstinence as CSC's overriding treatment objective and that mandate CSC to develop and implement a three-year plan to reduce substantially the flow of illicit drugs into prisons. According to her, these recommendations

fail to deal with the reality of drugs in our prisons. The NDP would place greater emphasis on adopting harm reducing measures, such as needle exchanges and widespread access to treatment, as a more practical solution.

Davies continues by saying that "the NDP believes that recommendation 34 (establishment of two drug-free facilities for offenders) is contradictory, counter-productive and discriminatory to the need for adequate treatment services being made available to all offenders, as outlined in recommendation 35."

In fact, the Committee's analysis of the situation with regard to drug use in prisons is at best incomplete and is based on a poor understanding of what is happening behind the bars of federal correctional institutions with regard to drug use, treatment, prevention, and interdiction efforts. CSC has already vastly increased the resources it devotes to efforts to prevent drugs from coming into the institutions. Among many other things, so-called "intensive support units" (or drug-free units) have been opened in nearly all federal institutions. As is the case outside prisons, it is crucial that more resources be devoted to treatment, prevention, and harm-reduction efforts, rather than to failing supply-reduction strategies, despite the wealth of scientific evidence demonstrating their ineffectiveness.¹⁴

Ireland: Report Calls for Action on HIV and HCV in Irish Prisons

HIV and hepatitis C infection have reached epidemic levels in Irish prisons, yet the Irish Prisons Service's provision of HIV and HCV prevention measures and health services falls far short of those available in the community, and of best-practice models in other European and North American jurisdictions. These are among the key findings of a report released in Dublin in July 2002. *A Call for Action: HIV and Hepatitis C in Irish Prisons* was published jointly by the Irish Penal Reform Trust and Merchants Quay Ireland.¹⁵ Based on Irish and international research and experience, the report provides 21 recommendations to the Irish government for implementing a comprehensive and compassionate response to HIV and HCV in the prisons.¹⁶ The report is summarized here by its author, Rick Lines. For further information, Rick can be reached at ricklines@yahoo.com.

Current situation

HIV infection rates among incarcerated people in Ireland are more than 10 times higher than in the outside population. Rates of HCV infection are more than 100 times higher.¹⁷ Studies have repeatedly shown that high-risk behaviours for the transmission of HIV and HCV – such as the sharing of injection equipment, unprotected sexual intercourse, and tattooing – not only occur in Irish prisons, but are common.¹⁸

While the mandate of the Irish Prison Medical Service is “to provide primary health care (prevention, treatment and health rehabilitation) to offenders of at least an equivalent standard to that available to citizens in the general community,”¹⁹ the report concludes that the response of the Prisons Service lags far behind international best practice in almost every major area. Harm-reduction measures such as bleach and syringe exchange are not available to prisoners. Ireland remains one of the only jurisdictions in the European Union that does not provide condoms for prisoners. Methadone is available only in prisons in the Dublin area, and then primarily to those on the therapy at the time of incarceration.²⁰

The report also finds that access to health-care services is inconsistent and inadequate for prisoners living with HIV/AIDS and/or HCV. Primary health-care services are provided by general practitioners contracted on a part-time basis only, and many nursing services are not provided by trained nurses but by medical orderlies – prison guards with only basic first-aid training. The report notes that there are currently no “hospital” facilities within Irish prisons, and that while a “medical unit” does exist in Mountjoy Prison in Dublin, it was recently described as “unsuitable for most medical purposes.”²¹ Many prisoners living with HIV/AIDS are housed in this unit.

Recommendations

The report makes recommendations in three areas.

In the area of *Prevention and Education*, the report calls on the Irish government to make available in prisons the same prevention and harm-reduction measures that have been proven effective in the community. Access to condoms, full-strength bleach, and syringe exchange programs must be implemented as a mat-

ter of urgency. The Prison Service's methadone program must be expanded to prisons outside the Dublin region.

In the area of *Care, Treatment, and Support*, it recommends that adequately staffed and resourced health units be developed in all institutions. Access to comprehensive medical services must be made consistent across the state and between institutions. Prisoners living with HIV/AIDS and/or HCV must have access to proper and sufficient nutrition, and must be provided equal and non-discriminatory access to drug therapies and pain-management medications.

In the area of *Confidentiality and Testing*, it recommends that confidential HIV and HCV testing be made easily accessible for all prisoners, and that pre- and post-test counselling be made a mandatory component of testing protocol.

Reaction

The report was released at a public launch in Dublin on 26 July 2002. Community-based organizations have widely welcomed the report, and it is hoped that the findings will provide a basis for future advocacy. The report and its recommendations received extensive media attention, and were covered by the major print, television, and radio outlets.²² The *Irish Examiner*, a major daily newspaper, ran an editorial calling on the government to implement the report's recommendations.

Response from the Prison Officers' Association, the union representing prison guards, was less enthusiastic. Their spokespeople spoke out against the introduction of needle exchange programs in prisons, although they did

demonstrate willingness to consider condom distribution.²³

At the time of writing, the Minister of Justice had yet to formally respond to the report.

Electronic copies of *A Call for Action: HIV and Hepatitis C in Irish Prisons* by Rick Lines (Irish Penal Reform Trust/Merchants Quay Ireland: July 2002) may be obtained from the author at ricklines@yahoo.com. Hard copies may be obtained from either the Irish Penal Reform Trust or Merchants Quay Ireland through the websites listed in end-note 15.

Other Developments

This note provides a summary of other noteworthy events, developments, or publications in the area of HIV/AIDS, HCV, and drug use in prisons.

Bleach better than nothing

A new study suggests that bleach may help curb the spread of HCV. Writing in *Epidemiology* in November 2002, Kapadia and Vlahov, researchers with the New York Academy of Medicine, reported that among more than 450 drug users studied, those who said they cleaned their needles with bleach all the time were 65 percent as likely to be infected with HCV than those who did not use bleach at all. Those who said they used bleach “less than all the time” had a 24 percent lower risk.

The authors emphasized that the surest ways to avoid infection were abstaining or using sterile needles. However, for others, using bleach to clean their syringes offers an option to reduce the risk of HCV transmission. “Bleach is better than doing nothing,” Vlahov said, “but it is not a substitute for clean needles each and every time.”²⁴

Russia: 36,000 prisoners with HIV/AIDS

According to a report that quoted Russian Deputy Justice Minister Yuri Kalinin, “the most acute problem among prisoners is the growing number of prisoners with AIDS.” He said that about 36,000 of 891,000 people currently in jail in Russia live with

HIV or AIDS. 90,000 prisoners suffer from TB, and up to 300,000 have mental health problems.²⁵

Italy: One in 10 Italian prisoners HIV-positive

An alarming number of Italian prisoners are infected with HIV, according to preliminary data presented on 26 November 2002 in Turin, Italy. The estimate is based on a study undertaken in 14 of Italy’s 217 prisons.

According to Dr Starnini, president of the Italian society of penitentiary health and medicine, between 5000 and 7000 prisoners in Italy could be HIV-positive. Most prisoners who tested positive in the study did not know they were HIV-positive. The full results of the survey, together with more discussion on the health situation in Italian prisons, will be presented in May 2003.²⁶

Lithuania: Prison outbreak of HIV frightens nation

During random checks undertaken in 2002 by the state-run AIDS Center, 263 prisoners at Alytus prison in Lithuania tested positive for HIV. Tests at Lithuania’s other 14 prisons found only 18 cases. Before the tests at Alytus prison, Lithuanian officials had listed just 300 cases of HIV in the whole country, or less than 0.01 per-

cent of the population, the lowest rate in Europe. It has been said that the outbreak at Alytus is due to sharing of drug injection equipment. Complaining about the conditions in the prison, one prisoner said: “Pigs would not eat what we eat. There’s no work to be done. Drugs are the only entertainment.”²⁷

New Zealand: Condoms and needles?

According to a newspaper article, in 2002 the New Zealand Corrections Department and Health Ministry recommended that harm-reduction programs, including condoms and clean needles, be introduced in prisons. However, as of September 2002, there was no official policy on condoms or clean needles.²⁸

Malawi: HIV/AIDS project reaches out to prisoners

The Health in Prisons project is being implemented in 21 prisons across Malawi. Apart from disseminating information and education materials on the prevention of HIV, the program provides free treatment for STIs, malaria, and scabies. Prisoners are also informed of various family planning services in clinics, to encourage them to access family planning services when out of prison. But the project

has been advocating for condom distribution in prisons to no avail. Prison authorities “refuse to accept” that unsafe sexual activity in prisons occurs. A person responsible for the project noted: “In our experience, there is so much high-risk behaviour taking place. We get a lot of cases of genital ulcers and other STIs that indicate this.”²⁹

Zambia: Robust response needed in prisons

In a letter to the editor of the *British Medical Journal*, Simooya and Sanjobo reported on a survey of HIV seroprevalence and risk behaviours in Zambian prisons. Prevalence of HIV was 27 percent compared to a national average of 19 percent. The authors said that “some inmates may be getting infected inside prison. Only 4% of inmates agreed in one to one interviews that they had sexual relations with other men, but indirect questioning suggested that the true figures were much larger. No condoms were available in any prison.” 17 percent of prisoners had been tattooed in prison, and 63 percent reported sharing razor blades.³⁰

Resources/Publications

Consensus statement calls for expanding HCV treatments

Most of the prison systems in the US are likely to revise their treatment approaches and protocols for HCV to reflect a consensus statement released in September 2002 that calls for expanding HCV treatments to populations formerly excluded from treatment. In September, a 12-member panel convened by the US National Institutes of Health (NIH) issued a final HCV consensus statement saying that injection drug users, people who consume alcohol, and

others suffering from co-morbid conditions such as depression and HIV should be considered for treatment.³¹ The new consensus statement represents a major departure from the last consensus statement issued by a similar NIH-convened panel in 1997 that excluded these groups from treatment. The US Federal Bureau of Prisons is rewriting its HCV treatment guidelines to reflect the new consensus statement. Many state prison systems are likely to follow the example, implementing protocols that eliminate former barriers to treatment.

www.hcvinprison.org

The website of the (US) National Hepatitis C Prison Coalition, which includes a collection of HCV treatment guidelines for 20 state correctional departments.

2000 US HIV in prisons report

The Bureau of Justice Statistics year 2000 US HIV in prisons report became available online in November 2002.³² This annual report provides the number of HIV-positive and active AIDS cases among prisoners held in each state and the US federal prison system at year-end 2000. The report provides prison data on the number of AIDS-related deaths, HIV testing policies, a breakdown for women and men with AIDS, and comparisons with AIDS rates in the general population.

A review of the legal and ethical issues for the conduct of HIV-related research in prisons³³

This article describes barriers to access to clinical trials, the demographics of HIV/AIDS in prisons in the US, the unique situation posed by the potential for HIV-related research in prisons, and examines the history

of prisoner research in the US. It considers both ethical and legal responses to clinical trials in prisons, makes recommendations for conditions necessary to conduct ethical research in prisons, and calls for more cooperation between prison systems and HIV/AIDS clinical trials researchers to make expanded access to clinical trials a reality.

¹ Lines R. *Action on HIV/AIDS in Prisons: Too Little, Too Late – A Report Card*. Montréal: Canadian HIV/AIDS Legal Network; 2002 (available via www.aidslaw.ca/Maincontent/issues/prisons.htm).

² See Jürgens R. *HIV/AIDS in Prisons: Final Report*. Montréal: Canadian HIV/AIDS Legal Network & Canadian AIDS Society, September 1996, at 5, for a listing of organizations that have addressed the issue of HIV/AIDS in prisons between 1987 and 1992. The Final Report is available via www.aidslaw.ca/Maincontent/issues/prisons.htm.

³ See, in particular, World Health Organization. *Statement from the Consultation on Prevention and Control of AIDS in Prison*. Global Programme on AIDS. Geneva: WHO, 1987; and the WHO *Guidelines on HIV Infection and AIDS in Prisons*. Geneva: WHO, 1993. Available as appendix 5 of the 1996 Final Report, *supra*, note 2.

⁴ PASAN. *HIV/AIDS in Prison Systems: A Comprehensive Strategy*. Toronto: PASAN, June 1992.

⁵ Correctional Service Canada. *HIV/AIDS in Prisons: Final Report of the Expert Committee on AIDS and Prisons*. Ottawa: Ministry of Supply and Services Canada, 1994.

⁶ *Supra*, note 1.

⁷ *Ibid* at 98.

⁸ Correctional Service of Canada. *Infectious Diseases Year 2000*. Ottawa: CSC, 13 February 2001. All data about HIV/AIDS and HCV in federal prisons are from this document.

⁹ House of Commons Canada. *Policy for the New Millennium: Working Together to Redefine Canada's Drug Strategy*. Report of the Special Committee on Non-Medical Use of Drugs. Ottawa: House of Commons, December 2002. Available at www.parl.gc.ca/InfoComDoc/37/2/SNUD/Studies/Reports/snudrp02-e.htm.

¹⁰ *Ibid* at 106.

¹¹ *Ibid* (recommendation 32).

¹² See many articles on this subject in the *Canadian HIV/AIDS Policy & Law Review* (available via www.aidslaw.ca/Maincontent/otherdocs/Newsletter/newsletter-toc.htm#p).

¹³ *Supra*, note 9, recommendations 30-31 and 33-35.

¹⁴ Wood E et al. Impact of supply-side policies for control of illicit drugs in the face of the AIDS and overdose epidemics: investigation of a massive heroin seizure. *Canadian Medical Association Journal* 2003; 168(2): 165-169 at 168, with many references.

¹⁵ The Irish Penal Reform Trust is the main prisoners' rights organization in Ireland (www.penal-reform.ie). Merchants Quay Ireland is one of Ireland's oldest AIDS

service organizations and one of the state's primary advocates for the rights of drug users and providers of harm-reduction services (www.mqi.ie).

¹⁶ This report refers to the prisons located in the 26 counties of the Republic of Ireland. It does not address those in the 6 counties in Northern Ireland.

¹⁷ A 1999 study of 1200 incarcerated men and women found an overall HIV infection rate of two percent and an HCV infection rate of 37 percent. The same study found that nearly half the incarcerated women tested were infected with HCV. See Allwright S et al. *Hepatitis B, Hepatitis C and HIV in Irish Prisoners: Prevalence and Risk*. Dublin: The Stationary Office, 1999. A 2000 study of 600 remand prisoners found an overall HIV infection rate of two percent and HCV infection rate of nearly 22 percent. Among women prisoners, the HIV sero-prevalence rate was nearly 10 percent, and the HCV infection rate was 56 percent. See Long J et al. *Hepatitis B, Hepatitis C and HIV in Irish Prisoners, Part II: Prevalence and risk in committal prisoners 1999*. Dublin: The Stationary Office, 2000. For more details on these reports, see HIV/AIDS in prisons: new developments. *Canadian HIV/AIDS Policy & Law Review* 2002; 6(3): 13-19 at 17-18 (available via www.aidslaw.ca/Maincontent/otherdocs/Newsletter/newsletter-toc.htm#p).

¹⁸ Ibid.

¹⁹ Department of Justice. *The Management of Offenders – A Five Year Plan*. Dublin: The Stationary Office, 1994, at 51.

²⁰ For more information on methadone access in Irish prisons, see R Lines. Irish prison guards call for expansion of methadone access. *Canadian HIV/AIDS Policy & Law Review* 2001; 6(1/2): 71-74.

²¹ Group to Review the Structure and Organisation of Prison Health Care Services. *Report of the Group to Review the Structure and Organisation of Prison Health Care Services*. Ministry of Justice, Equality and Law Reform, Dublin: The Stationary Office, September 2001, at 43. Available online at www.irishprisons.ie.

²² For example, see www.rte.ie/news2/2002/0726/prison.html.

²³ Ibid.

²⁴ Nagourney E. Prevention: new ideas on bleach and needles. *New York Times* 19 November 2002.

²⁵ More than half of Russian convicts are ill. 27 November 2002 (ITAR-Tass and Interfax news agencies).

²⁶ Lorenzi R. One in 10 Italian prisoners HIV positive: study. Reported by *Health – Reuters*, 27 November 2002.

²⁷ Dapkus L. Prison's rate of HIV frightens a nation. *Associated Press* 29 September 2002.

²⁸ Scanlon G. Prisoners get condoms and needle cleaner. *Dominion Post* (Wellington, New Zealand), 23 September 2002.

²⁹ Malawi: HIV/AIDS project reaches out to prisoners. *PlusNews* 13 November 2002.

³⁰ Simooya O, Sanjobo N. Study in Zambia showed that robust response is needed in prisons. *British Medical Journal* 2002; 324(6 April): 850.

³¹ The final consensus statement can be accessed via http://consensus.nih.gov/cons/116/116cdc_intro.htm.

³² www.ojp.usdoj.gov/bjs/abstract/hivp00.htm

³³ Lazzarini Z, Altice FL. *AIDS & Public Policy Journal* 2000; 15(3/4): 105-135.