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"Just the Facts, Please":
Media Talking Points on Prison Needle and Syringe Programs

www.aidslaw.ca
www.prisonhealthnow.ca
http://www.aidslaw.ca/publications/interfaces/downloadFile.php?ref=1990

In Canada and many other countries around the world, the prevalence of HIV and hepatitis C virus (HCV) among people in prison is much higher than in the population as a whole. One of the principal reasons for this is the sharing of used drug injection equipment. Because of the scarcity of needles and syringes in prison, prisoners who inject drugs are more likely to share injecting equipment than people in the community who may have access to needle and syringe programs. This significantly increases their risk of contracting HIV and HCV.

In spite of the overwhelming evidence worldwide of the benefits of prison-based needle and syringe programs (PNSPs), no Canadian prison permits the distribution of sterile injection equipment to people in prison. This has had a detrimental impact on the health of those who are incarcerated and can impact public health writ large, not to mention the costs to the public purse.

Key Messages

- People do not surrender their human rights when they enter prison. Instead, they are dependent upon those charged with their care to uphold their human rights — including their right to health. Prison health is public health.

- The fact that certain drugs are illegal makes users criminals by default. This translates into a concentration of people who use drugs in prisons.

- People in prison — many of whom inject drugs and/or are dependent on drugs — have rates of HIV and HCV that are *at least* 10 and 30 times higher than the population as a whole, and much of this infection is occurring because prisoners do not have access to sterile injection equipment. This affects everyone because the vast majority of prisoners eventually return to the community, so illnesses that are acquired in prison do not necessarily stay in prison.

- The evidence from PNSPs worldwide indicate that they are cost effective and reduce the risks of HIV and HCV infection that result from injection drug use in prison. Evidence further demonstrates that these programs have not resulted in increased institutional violence and may have a positive impact on institutional security, because there are fewer used needles in random hiding places and people are less likely to be accidentally pricked with a used needle.

- People in the community have access to needle and syringe programs, and people in prison should have the same access to sterile needles and syringes. Denying prisoners the same tools people in the community have to protect their health is a violation of their human rights.

Frequently Asked Questions

Is this a political campaign to oppose the federal government's "tough on crime" strategy?

- We [or organization] advocate for prison-based needle and syringe programs (PNSPs) because the evidence proves that they work to reduce the harms, including HIV and hepatitis C (HCV) infection, that result from injection drug use in prison. Prison presents a prime opportunity to respond to behaviours that pose a high risk of HIV and HCV transmission — such as needle sharing — using a proven public health measure.

- We know that people in prison have rates of HIV and HCV that are *at least* 10 and 30 times higher than people in the population as a whole, and much of this infection is occurring because people do not have access to sterile injection equipment. Many prisoners have substance use issues and suffer from mental illness; indeed, many people in prison are there because of a drug-related crime. No prison system in the world has eliminated drugs from prison. The reality is prisoners are going to use drugs because they are dependent on drugs, or they need them to cope with the prison environment.

- We need to provide people with the tools to keep themselves and others safe from blood-borne infections, just as we do in the community.

What about worker health and safety for prison staff? Aren't guards legitimately concerned about their safety in their opposition to PNSPs?

- Worker health and safety is a very important issue, and we understand the concerns of prison workers. But studies of PNSPs worldwide have demonstrated that they do not result in increased institutional violence. Since 1992, at least 60 PNSPs have operated in more than ten countries, and there have been no reported incidents of an attack on prison staff with a needle from a PNSP.

- In fact, PNSPs make prisons safer because there is less likelihood of there being needles within the prison environment that have been used by many people, less likelihood that prison staff will be accidentally pricked by a used needle that is hidden in a prisoner's quarters, and less competition between prisoners for scarce needles. Measures to decrease the risk of HIV and HCV, including measures to minimize accidental exposure to these blood-borne infections, make prisons a safer place to live and work.

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Are there any countries which already have PNSPs in place?

- As of 2012, PNSPs have been introduced in over 60 prisons of varying sizes and security levels in Switzerland, Germany, Spain, Luxembourg, Moldova, Kyrgyzstan, Armenia, Romania, Tajikistan, Scotland and Iran. In every case, PNSPs were a response to evidence of the risk of HIV and HCV transmission within prisons through the sharing of syringes to inject drugs.

- While PNSPs have been implemented in diverse environments and under differing circumstances, evaluations of these programs have consistently demonstrated that they:

    - reduce needle sharing;
    - do not lead to increased drug use or injecting;
    - reduce drug overdoses;
    - facilitate referrals of users to drug treatment programmes;
    - have not resulted in needles or syringes being used as weapons against staff or other people in prison;
    - have been effective in a wide range of institutions; and
    - have effectively employed different methods of needle distribution, such as peer distribution by people in prison, hand-to-hand distribution by prison health-care staff or outside agencies, and automatic dispensing machines.

(Sources: *Global State of Harm Reduction 2012*: www.ihra.net/global-state-of-harm-reduction and *Prison Needle Exchange: Lessons from a Comprehensive Review of International Evidence and Experience*, 2006 www.aidslaw.ca/publications/interfaces/downloadFile.php?ref=1173)

Are there any cases where prison staff have supported PNSPs?

- When the first PNSP in Switzerland was started in 1992, prison staff were initially skeptical of the program, but over time, there came to be broad support for it. Before the PNSP started, staff were afraid of sticking themselves with a hidden needle during cell searches. Now, people are allowed to keep needles, but only in a glass in their medical cabinet over their sink. Staff realized that distribution of sterile injection equipment was in their own interest, and felt safer with the PNSPs than before the distribution started.

- In Germany, staff adapted quickly to new PNSPs, which came to be seen as a normal part of the institutional routine. When some PNSPs were terminated in Germany, prison staff lobbied the government to reinstate the programs.

- In Spain, correctional officers reported very positive experiences with a pilot PNSP. They reported no problems or conflicts with people in prison as a result of the program, and they considered the program to be positive.

(Source: *Prison Needle Exchange: Lessons from a Comprehensive Review of International Evidence and Experience*, 2006 www.aidslaw.ca/publications/interfaces/downloadFile.php?ref=1173

How is this issue a human rights issue?

- Prisoners retain all the human rights that people in the community have, except those that are necessarily restricted by incarceration. This includes the right to the highest attainable standard of health. Under international law, this encompasses the right to measures that prevent diseases, such as PNSPs.

- Numerous international health and human rights bodies support the position that governments have an obligation to prevent the spread of disease in prison, and a number of bodies have specifically supported the implementation of PNSPs, including UNAIDS, the Office of the UN High Commissioner on Human Rights, the World Health Organization and in Canada, the Canadian Medical Association, the Ontario Medical Association and the Canadian Human Rights Commission.

- People in the community have access to NSPs, and people in prison, who are arguably more vulnerable to infection because of the high HIV and HCV rates in prison, should have equal access to sterile injection equipment. Denying prisoners the same tools people in the community have to protect themselves from disease is discrimination.

Why are you dealing with PNSPs at this time?

- We [or organization] have been working on [the legal and human rights issues related to people in prison / providing support to people in prison / harm reduction issues / etc.] for many years, and access to sterile injection equipment has always been an issue we have advocated for, in light of the evidence.

- Given extremely high rates of HIV and HCV in prison, it is crucial that the Canadian government urgently responds to protect prisoners' health, by providing them with a proven public health measure — particularly with the

passage of crime legislation that will lead to overcrowding, increased tension and violence, incarceration of more people who use drugs, and ultimately increased opportunities for HIV and HCV transmission behind bars.

Don't PNSPs encourage drug use in prisons?

- Studies from prisons worldwide where PNSPs have been implemented reveal no evidence of an increase in drug use or increased initiation of injection drug use — a finding that has been confirmed by the Public Health Agency of Canada (PHAC), which visited PNSPs in Europe, researched the issue and produced a report about PNSPs in 2006.

- In fact, PHAC found that PNSPs actually increase referrals of prisoners to drug treatment programs. As is the case in the community, PNSPs are effective outreach and referral points for people who inject drugs.

(Source: PHAC: *Prison needle exchange: Review of the evidence*, 2006)

Since there are other harm reduction measures (i.e., MMT, bleach) available in prisons, why do we insist on PNSPs?

- The harm reduction measures already available in prisons are extremely important to enable prisoners to reduce their risk of getting blood-borne infections such as HIV and HCV. But they are not sufficient.

- We know that drugs get into prison and people use them. A 2007 survey by the Correctional Service of Canada (CSC) revealed that 17% of men and 14% of women had injected drugs while in prison. Some prisoners are not ready to partake in treatment, treatment may be unavailable or treatment may not be appropriate.

- We know that many prisoners share their injection equipment because new equipment is unavailable. Bleach is available, but it does not reduce the risk of HCV infection, and is unlikely to be effective in reducing the risk of HIV infection given the time necessary to properly sterilize equipment with bleach. Bleach is only a measure of last resort to sterilize injection equipment. Moreover, the use of the same needle over and over again causes vein trauma, making the person more vulnerable to viral infections.

- Needle and syringe programs are a crucial component of a comprehensive strategy to prevent the spread of infectious diseases in prison.

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Obviously the federal government is investing in security measures to eradicate drug use in prisons. Isn't that a more sensible approach than encouraging prisoners to use drugs?

- PNSPs do not encourage prisoners to use drugs. Studies from prisons worldwide where PNSPs have been implemented reveal no evidence of an increase in drug use or increased initiation by prisoners of injection drug use. This finding has been confirmed by PHAC, which found that PNSPs actually increase referrals of prisoners to drug treatment programs.

- In Canada, the primary response to problems associated with drug use has been to intensify law enforcement efforts, resulting in the incarceration of increasing numbers of people who use drugs. Despite the fact that drug use and possession is illegal in prison and despite prison systems' efforts to prevent drugs from entering the prisons, drugs remain widely available.

- In recent years, the federal correctional service has invested significantly more time and money than it had in previous years on efforts to prevent drugs from entering prisons, yet rates of drug use have remained steady. CSC continues to devote more money to drug interdiction where the evidence shows it does not work.

How do you think a court would react to a case claiming the right of prisoners to have access to free sterile syringes — giving license to engage in criminal activity behind bars?

- Harm reduction measures in Canada are neither new nor groundbreaking, and they have been available in prison for many years, including access to condoms, bleach and MMT. A CSC Commissioner's Directive actually acknowledges the importance of harm reduction in "reducing the negative health, social and economic consequences of harmful behaviours such as injection drug use" in prison, and mandates CSC to be "guided by public health principles in managing infectious diseases" in prison. So there is support for harm reduction measures generally in prison.

- Despite the criminalization of drugs in Canada, courts have acknowledged the importance of harm reduction measures to protect the health of people who use drugs. The recent Supreme Court of Canada case involving *Insite*, the supervised injection site, is one example — and at least one court has acknowledged the importance of ensuring an individual's access to community-based NSPs.

- Moreover, community NSPs have operated for many years and have proven to be an important mechanism for reducing the risk of infection from used injection equipment. All levels of the Canadian government have supported community

NSPs. Prisoners are merely asking for the tools to protect their health — the same tools that are available to people outside prison.

People are locked up because they've done bad things, harmed society. Why should they expect to be treated better than people on the outside?

- Despite being incarcerated, people retain all human rights that are not taken away by necessary implication as a result of incarceration, including the right to the highest attainable standard of health. Prisoners are also entitled to have access to a standard of health care that is equivalent to that available outside of prisons, including preventive measures comparable to those in the general community.

- In the community, NSPs have operated for many years and have proven to be an important mechanism for reducing the risk of infection from used needles. Prisoners are merely asking for the same tools to protect their health that are available to people outside prison. They are asking for *equivalent* treatment, not better treatment.

How does this affect us, the vast majority of society that's not imprisoned?

- People must remember that prisoners are members of society, too — they are mothers, fathers, brothers, sisters, friends and loved ones. While you may not think you know a prisoner, chances are you will — and you will have concern for their health and well being.

- Everyone in the prison environment — those who are incarcerated, prison staff, and their family members — benefits from enhancing the health of people in prison and reducing the incidence of HIV and HCV. The majority of people in prison also eventually return to the community, so infections that are acquired in prison do not necessarily stay in prison. When people living with HIV and HCV are released from prison, prison health issues necessarily become community health issues.

- With skyrocketing rates of HIV and HCV in prison, society also bears the cost of treatment for those who are infected. It is in society's interest to ensure people in prison have the tools to protect themselves from infection. The cost to treat a person in prison with HCV is at least $22,000. The cost to treat a person in prison with HIV is $29,000 *per year*, an ongoing annual cost. It is far more cost-effective to provide prisoners with sterile injection equipment than to treat their HIV or HCV infection.

(Source for $ figures: *Evaluation Report: Correctional Service Canada's*

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Safer Tattooing Practices Pilot Initiative Evaluation Branch Performance Assurance Sector, 2009: www.csc-scc.gc.ca/text/pa/ev-tattooing-394-2-39/ev-tattooing-394-2-39_e.pdf)

We've heard that Steven Simons, the complainant in your law suit against the GoC, was arrested for theft. Can you tell us more? Doesn't this compromise his integrity and possibly your joint case?

- It would not be appropriate for us to comment on this matter, as it is unrelated to our joint law suit.

- We must not lose sight of the real issue at hand: people in prison – both current and former – are human beings who retain their right to access the same health services that are available to the broader community. This includes access to sterile injection equipment that can save lives, particularly for those who suffer from addiction. This universal human right to health is not contingent upon what society deems "good behaviour."