

ADVOCATING FOR NEEDLE AND SYRINGE EXCHANGE PROGRAMMES IN PRISONSⁱ

IMPRISONMENT IS A COMMON EXPERIENCE FOR PEOPLE WHO USE DRUGS. APPROXIMATELY 56-90% OF PEOPLE WHO USE DRUGS WILL SPEND TIME IN PRISONS FOR A VARIETY OF CRIMES INCLUDING DRUG USE, POSSESSION, TRAFFICKING AND SALE, AS WELL AS FOR ACQUISITIVE CRIMES COMMITTED TO SUPPORT DRUG USE.¹

In many countries around the world, the growth of prison populations and resulting overcrowding has been attributed to the police campaigns to arrest and prosecute drug offenders.²

Evidence-based prison health programmes, including harm reduction interventions such as needle and syringe exchange programmes (NSPs) and opioid substitution therapy (OST), significantly reduce drug-related harms among vulnerable populations. Since the early 1990s, an increasing number of countries have introduced these interventions to reduce HIV and HCV in prisons.³

However, the acceptance of harm reduction measures in places of detention has been difficult in most countries. This is often linked to the assumption on the part of policy-makers that such interventions are unsafe or inappropriate in closed environments.

This briefing provides answers to some of the most commonly encountered questions when advocating for harm reduction in prisons and places of detention.

NEEDLE AND SYRINGE EXCHANGE PROGRAMMES (NSPs)

Needle and Syringe exchange Programmes provide people who inject drugs with access to sterile injecting equipment (needles and syringes, swabs, vials of sterile water) and offer access to health education, referrals, counselling and other services.

This term has grown in popularity and is increasingly replacing terms such as 'needle exchange programmes' or 'syringe exchange programmes'.⁴

ⁱ Term 'prisons' in this briefing paper includes any type of 'closed custody settings'.

ARE NEEDLE AND SYRINGE EXCHANGE PROGRAMMES NEEDED IN PRISONS?

YES.

Unsafe injecting drug use in prisons is of particular concern for the potential transmission of HIV and HCV, as the sharing of injecting equipment is both common and an efficient means of transmission. Figures from the World Health Organization show that an estimated 20–40% of those who enter prison or other places of detention use drugs, although in some places much higher percentages have been reported. At least 75% of women prisoners have some sort of drug or alcohol related problem at the time of their arrest.⁵

Prevalence of HIV and HCV are significantly higher in places of detention than in society outside of prisons. A number of studies around the world have reported outbreaks of HIV infection in prisons, and others have shown that a history of imprisonment is associated with HIV and/or HCV infection amongst people who inject drugs.⁶

In addition to HIV, people in detention also face greater exposure to non-injecting related harms such as TB and bacterial infections. There is increasing evidence that women in prison face a higher vulnerability to these harms. In these circumstances, it is of great importance to implement evidence-based harm reduction programmes for people in detention. Prison health programmes have the potential to offer people a broad range of services that they may otherwise be unable to access outside of prison.⁷

DO NEEDLE AND SYRINGE EXCHANGE PROGRAMMES IN PRISONS WORK?

YES.

Twenty years of international experience across a range of countries and types of institution has demonstrated that needle and syringe programmes are safe and effective in reducing unsafe injecting within closed custody settings.

Evaluations of ten NSPs operating in prison settings found that providing sterile injecting equipment reduced needle sharing and HIV seroconversion, and did not lead to an increase in the number of people injecting drugs or levels of drug use.⁸

Following a comprehensive international review of the international experience of prison NSPs, the World Health Organization, the UN Office on Drugs and Crime and UNAIDS recommended that prison NSPs should be urgently introduced and scaled up in countries threatened by HIV epidemics among people who inject drugs.⁹

WON'T NEEDLE AND SYRINGE EXCHANGE PROGRAMMES IN PRISONS INCREASE VIOLENCE OR ASSAULTS?

NO.

After twenty years of experience with prison-based NSPs, there is no evidence to suggest that the programmes lead to increased violence or assaults, or to the use of syringes as weapons.¹⁰ There are no reports of syringes ever being used as weapons in any prison in which a NSP has been established. In fact, the existence of prison NSPs has been shown to actually reduce the risk of workplace injury to prison staff.

The most common workplace safety risk associated with syringes in prisons is not assault, but rather accidental needle stick injuries from hidden syringes sustained while prison officers conduct searches. However, in institutions that provide NSP, syringes distributed by the official programme are not considered contraband. This eliminates the need for detainees to hide syringes, minimising the risk of accidental needle stick injuries to prison officers during searches.

WHERE ARE NEEDLE AND SYRINGE EXCHANGE PROGRAMMES IN PRISONS AVAILABLE?

At present, NSPs operate in over sixty prisons in ten countries in Europe, Central Asia and Iran.¹¹ Systematic evaluations of the effectiveness of NSPs for addressing HIV-related risk behaviours in ten prison programmes demonstrate that NSPs are safe and effective in men's and women's institutions, prisons of all security levels and sizes and in both civilian and military prison systems.¹²

DO GOVERNMENTS HAVE AN OBLIGATION TO IMPLEMENT NEEDLE AND SYRINGE EXCHANGE PROGRAMMES IN PRISONS?

YES.

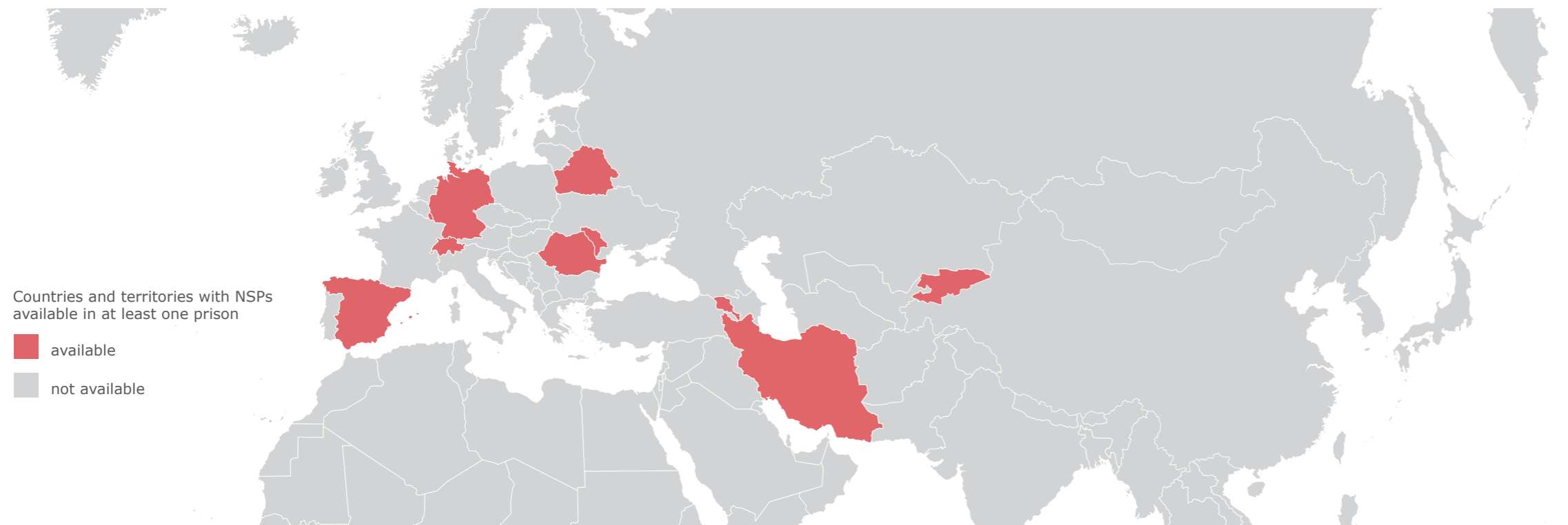
People do not forfeit their human rights when in the custody of the state, and specifically retain the right to the highest attainable standard of health. In addition, international human rights law clearly creates a 'duty of care' obligation on the state for those it holds in detention, and requires the government to take proactive measures to protect the lives, health and well-being of those it holds in custody.

Key UN human rights bodies, including the Committee on Economic, Social and Cultural Rights and the Human Rights Committee, have recognised that states have an obligation to protect and respect the right to health of those in places of detention under article 6 and article 10 of the International Covenant on Civil and Political Rights and in a number of concluding observations and general comments.¹³ For example, the Committee on Economic Social and Cultural Rights found that provision of harm reduction services as a means of prevention of HIV and HCV is an obligation of the state under article 12 of the Covenant on Economic, Social and Cultural Rights.¹⁴

The other international documents that guarantee prisoners right to health include the UN Standard Minimum Rules for the Treatment of Prisoners, which provide basic care conditions in prisons, the Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment, Basic Principles for the Treatment of Prisoners, the UN Principles of Medical Ethics that are relevant to the role of health personnel, particularly physicians, in the protection of prisoners and detainees against torture and other cruel, inhuman or degrading treatment or punishment, and the newly adopted UN standards for the treatment of women prisoners and non-custodial measures for women offenders (Bangkok Rules).

The 'principle of equivalence' additionally calls upon states to ensure that health services within prisons should be at least of the same standard as those within the community.¹⁵ For example, principle 9 of the UN Basic Principles for the Treatment of Prisoners states that there has to be 'equal access to the health services in the country without discrimination on the grounds of their legal situation'.¹⁶ It has been argued that, in some circumstances, achieving the principle of equivalence may require states to ensure a higher standard of healthcare inside prisons than that outside of prison, based on the often greater health needs of detainees as a group and the state obligation to care for those detained by the government.¹⁷

NEEDLE AND SYRINGE EXCHANGE PROGRAMMES IN PRISONS: GLOBAL COVERAGE



RECOMMENDED RESOURCES

- World Health Organisation, UNODC and UNAIDS joint publications – Evidence for Action Briefing series:
 - Interventions to address HIV in prisons. Evidence for action technical papers (2007)*
 - Interventions to address HIV in prisons: Needle and syringe programmes and decontamination strategies. Evidence for action technical papers (2007)*
 - Reduction of HIV transmission in prison. Policy brief (2004)*
 - HIV and AIDS in places of detention: a toolkit for policymakers, programme managers, prison officers and health care providers in prison settings (2008)*
- Health in prisons: A WHO guide to the essentials in prison health (2007)
- International Covenant on Economic, Social and Cultural Rights (1966)
- International Covenant on Civil and Political Rights (1966)
- UN Standard Minimum Rules for the Treatment of Prisoners (1955)
- UN Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment (1988)
- UN Basic Principles for the Treatment of Prisoners (1990)
- UN Principles of Medical Ethics on the Role of Health Personnel, particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1982)
- UN standards for the treatment of women prisoners and non-custodial measures for women offenders (2010)
- Making Law and Policy that Work: A Handbook for Law and Policy Makers on Reforming Criminal Justice and Penal Legislation, Policy and Practice, Penal Reform International (2010)
- Canadian HIV/AIDS legal network: briefing paper on Needle and Syringe Programs and Bleach in Prisons: Reviewing the Evidence (2008)

HARM REDUCTION INTERNATIONAL

Harm Reduction International is a leading non-governmental organisation working to promote and expand support for harm reduction worldwide.

We work to reduce the negative health, social and human rights impacts of drug use and drug policy – such as the increased vulnerability to HIV and hepatitis infection among people who inject drugs – by promoting evidence-based public health policies and practices, and human rights based approaches to drug policy.

Our vision is a world in which individuals and communities benefit from drug laws, policies and practices that promote health, dignity and human rights.

www.ihra.net

For references visit: www.ihra.net/references