

BACKGROUND

A. Prevalence of HIV, other blood-borne infections, drug use and risk behaviours in prisons

On any given day, approximately 10 million people are held in prison around the world, about onethird of whom are in pre-trial detention. In total, about 30 million men and women spend some time in prisons each year. In many countries, drug-related offences are one of the main reasons for imprisonment, and people who inject drugs represent 5-50% of the prison population. This rate is extremely high compared to the 0.27% prevalence of injecting drug use in the general population aged 15-64.

Prevalence of HIV and HCV in prison populations is 2 to 10 times higher than in the general population; in some settings it may be up to 50 times higher. Outbreaks of both HIV and HCV among prisoners have been documented in a number of prisons and countries. Other studies have concluded that a significant percentage of HIV or HCV infections among people who inject drugs were acquired in prison. Outside sub-Saharan Africa, the transmission of HIV in prisons is mostly driven by the sharing of contaminated needles, syringes and other equipment used to prepare or inject drugs. Until recently, the spread of HIV within prisons in sub-Saharan countries was mainly linked to sexual contact and unsafe medical practices. However, the emergence of injecting drug use in Ghana, Kenya, Mauritius, Nigeria, Senegal, South Africa and Tanzania, among others, means that sharing injection equipment now constitutes a risk for HIV transmission in prisons in these countries as well.

Although some people who inject drugs before imprisonment either reduce or stop injecting when they enter prison, up to 75% of prisoners with a prior history of injecting drug use continue to use drugs in prison. Furthermore, some people are initiated into injecting drugs while in prison: up to 25% of people who inject drugs in prison first did so there .

Risk behaviours among prisoners for the transmission of HIV and HCV include the sharing of syringes and unprotected sexual contacts.

In the absence of access to safe injecting equipment, people who inject drugs share needles and syringes (often home-made ones) more frequently than in the wider

community. It is more difficult to smuggle needles and syringes into prisons than it is to smuggle drugs into them. Drug traffickers in prisons do not smuggle needles. Therefore in the absence of programmes, needles and syringes are very scarce and a single needle or syringe will often circulate among a large population of prisoners who inject drugs, being shared by 10 or more people. A prisoner who owns a needle or syringe may lend it or rent it to others for a fee, or may keep it for his or her exclusive use and reuse it again and again over a period of months. Sometimes, the injection equipment is home-made, for example, fashioned out of plastic and ballpoint pens, or eye-drops bottles. Such equipment often damages veins and can cause infections.

B. Scientific evidence: PNSP as an effective harm reduction intervention

Many countries provide harm reduction services to people who inject drugs in the community. The effectiveness of NSP in preventing transmission of HIV through the sharing of injection equipment has been well documented. NSP are listed first in the comprehensive package of evidence-based interventions for HIV prevention, treatment and care for people who inject drugs, endorsed by the United Nations.

NSPs are effective not only in the wider community but are also feasible in prison settings. PNSP is one of the 15 recommended components of a comprehensive approach to HIV in prisons.

The use of sterile injection equipment for injecting drug use prevents transmission of HIV among people in prisons. As the distribution of clean needles and syringes to people who inject drugs is linked most of the time to a recuperation of used syringes, it decreases the risk that other people in the community will be accidentally exposed to a contaminated needle. In prisons, it also reduces the risk that staff, including security staff, will be exposed to HIV. As most of the people in prisons will eventually return to the community, PNSP is a measure benefiting not only prisoners but the entire community.

PNSP have been successfully implemented in men's and women's prisons of varying sizes, in civilian and military systems, in institutions that house prisoners in individual cells and those that house prisoners in barracks, in institutions of different security



levels, and in different forms of custody (remand and sentenced, open and closed). Evaluations have found that they can be successfully implemented in countries with very limited funding and infrastructural supports (e.g., Moldova, Kyrgyzstan, Tajikistan) as well as within jurisdictions that are comparatively well resourced and financed (e.g., Germany, Spain, Switzerland).

A meta-analysis of 11 PNSP that were scientifically evaluated to assess the feasibility and efficacy of PNSP addressed the two greatest concerns expressed by some prison officials at the start of the programmes – that they may lead to increases in injection drug use, and that the presence of syringes and needles may create a more dangerous environment for staff and prisoners. The study found that PNSP had the following outcomes:

No increase in drug consumption or injecting: Evaluations of PNSP have consistently found that the availability of sterile needles and syringes does not result in an increased number of people who inject drugs, an increase in overall drug use, nor an increase in the amount of drugs in the institutions.

The provision of sterile needles in prisons has not resulted in prison officials condoning or otherwise permitting the use, possession or sale of drugs. In every prison where NSP are in place, drugs remain prohibited. Security staff members are instructed to locate and confiscate all illicit drugs and any needles or syringes that are not part of the programme. On the other hand, the significant level of highrisk injecting drug use (involving the sharing of non-sterile needles and syringes) that currently exists within many prisons that have no PNSP will be of substantial concern to all professionals responsible for the well-being of prisoners under their jurisdiction.

Increased institutional safety for staff and prisoners: The potential for the misuse of needles and syringes as weapons among prisoners or against prison staff remains one of the most controversial issues facing PNSP. However, in no research evaluation of PNSP has such misuse been recorded. There have also been no recorded safety problems with disposal of syringes. Exchange rates within PNSP are very high (almost 1:1): for example, the return rates for two prisons in Lower Saxony, Germany were 98.9% for a dispensing machine in the women's prison in Vechta, and 98.3% in the men's prison in Lingen, Groß Hesepe.



Inmates participating in PNSP are generally required to keep their kit in a pre-determined location within their cells. Because PNSP is an approved programme, there is no need for the offender to conceal the equipment in their cells. This reduces the risks of accidental punctures with used needles for staff and for prisoners. To date, no PNSP-related needle-stick injury to a prison staff member has been reported anywhere in the world.

Trained prison staff accept and support PNSP in a short period of time: Prison staff are usually trained to see abstinence as the only goal of drug-dependence treatment. They might therefore be expected to have difficulty adjusting to a policy of confiscating drugs but not injection equipment. However, as experiences in Germany, Moldova, Spain and Switzerland have demonstrated, staff attitudes have changed as the officers have learned first-hand about PNSP and have participated in its implementation and review.

The authors of the analysis of studies of PNSP concluded that PNSP are not only feasible but effective, especially when embedded within a comprehensive prison-based harm reduction and health-promotion strategy.

- **PNSP are effective in decreasing syringe sharing among people who inject drugs in prison, thereby decreasing the risk of disease transmission (HIV, HCV) between prisoners and from prisoners to prison staff**
- **PNSP are not associated with increased attacks on prison staff or other prisoners**
- **PNSP do not lead to increased initiation of drug consumption or injection PNSP contribute to workplace safety**
- **PNSP can reduce the incidence of abscesses**
- **PNSP facilitate referral to available drug-dependence treatment programmes**
- **PNSP can be delivered successfully via a range of methods in response to staff and inmate needs**
- **PNSP are effective in a wide range of prison systems**
- **PNSP can successfully coexist with other drug prevention and drug dependence treatment programmes.**



Based on a review of the evidences on the feasibility of NSP in prisons, WHO, UNODC and UNAIDS recommend:

- **Prison authorities in countries experiencing or threatened by an epidemic of HIV infection among prisoners who inject drugs should introduce NSP urgently and expand implementation to scale as soon as possible.**
- **Prisoners should have easy, confidential access to NSP, and prisoners and staff should receive information and education about the programmes and be involved in their design and implementation.**
- **Carefully evaluated pilot programmes of prison-based NSP may be important in enabling the introduction of these programmes, but they should not delay the expansion of the programmes.**

The availability of sterile needles does not undermine or impede the provision of drug dependence treatment programmes, including OST, but rather offers people who inject drugs assistance to safeguard their health status, and provides a potentially greater interaction with the range of generic health services and drug-dependence treatment services offered in a particular institution. In this way PNSP can provide a bridge to drug dependence treatment and other beneficial health services.

As heroin and other opioids are among the most common causes of overdose and death among people who inject drugs, including in prisons, a comprehensive prison harm reduction approach should include immediate access to the antidote naloxone as an emergency response to any case of suspected overdose.

C. A legal framework for PNSP

The principle of equivalency of care declares that prisoners are entitled, without discrimination, to the same standard of health care that is found in the outside community, including preventive measures. This principle is supported by several international norms and standards.



International law:

- Principle 9 of the United Nations basic principles for the treatment of prisoners states: “Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation.” In the context of HIV and other bloodborne viruses (BBV), equivalence of health services would include providing prisoners the means to protect themselves from exposure to HIV and HCV.
- United Nations standard minimum rules for the treatment of prisoners and United Nations rules for the treatment of women prisoners and non-custodial measures for women offenders (the Bangkok Rules).
- The revised Guideline 6 of the United Nations International guidelines on HIV/AIDS and human rights (2002) states that States should “take measures necessary to ensure for all persons, on a sustained and equal basis, the availability and accessibility of quality goods, services and information for HIV/AIDS prevention”.
- The World Health Organization (WHO) 1993 Guidelines on HIV infection and AIDS in prisons state: “In countries where clean syringes and needles are made available to injecting drug users in the community, consideration should be given to providing clean injecting equipment during detention and on release to prisoners who request this.”

National policies

Prison rules, which generally carry full legal authority within any jurisdiction, forbid the possession by prisoners of sharp (and therefore potentially dangerous) objects. There are instances where authorized exceptions to these particular rules can be granted. Examples include prisoners undertaking training and work that requires specialized tools, such as building work, and prisoners who have a medical condition such as insulin-dependent diabetes or risk of anaphylaxis, which may require them to carry a needle and syringe.

As drug dependence is a health condition, countries introducing PNSP have applied this medical exemption to their prison rules. These variations require the agreement of the ministries of justice and health in addition to that of the individual department of corrections.



In view of the great variation in the legal frameworks that govern justice and health across different countries, it is recommended that individual jurisdictions consult their national legal authorities to determine a mechanism by which PNSPs can be introduced. Domestic legislation or regulations may need to be changed to permit the legal availability, distribution and possession of injecting equipment provided under a sanctioned PNSP. This requires a comprehensive legal appraisal. Engaging legal advice is therefore of the utmost importance prior to the introduction of a PNSP.

D. The role of other interventions to prevent HIV transmission through injection equipment

NSP are the most effective intervention to prevent transmission of HIV through shared syringes and should be the priority intervention for this goal. The following two approaches are sometimes proposed as alternatives to NSP in prisons, but they should not be seen as adequate substitutes for the benefits gained through PNSP, for the reasons explained below.

Provision of bleach

In some jurisdictions chlorine (bleach) has been introduced in order to give prisoners who inject drugs a means of disinfecting their injecting equipment. However, bleach is not fully effective in reducing HCV transmission. Experience in Cataluña, Spain has also indicated that bleach is not a reliable and effective means of HIV prevention in prison settings, because prisoners rush the cleaning process for fear of detection by correctional staff. Additionally, the use of homemade needles and syringes leads to a greater likelihood of blood clots in the equipment, which are impossible to disinfect. The provision of bleach might even be detrimental if it gives prisoners a false sense of security. Bleach programmes should therefore only be regarded as a second-line strategy to PNSP, and it is unethical to propose bleach when a more efficient means of prevention, such as PNSP, is available and applicable.

Opioid substitution therapy

OST is an essential element of a comprehensive harm reduction strategy, both in the community and in prisons, as it provides an important option for people who inject



drugs who wish to stop injecting opioids. Evaluations of OST programmes in prisons have indicated the following positive results:

- Lower rates of heroin use
- Reduced injection drug use
- Reduced syringe-sharing among those enrolled in OST compared with prisoners in a control group
- Lower rates of fatal overdose, especially post-release
- Increased adherence to ART
- Lower re-incarceration rates.

The most effective method for reducing HIV and HCV incidence among people who inject drugs is the combined provision of NSP and OST. OST is the most effective drug-dependence treatment for heroin dependence, but there are several potential circumstances in which prisoners will not access or benefit from OST, explaining why both NSP and OST should be accessible:

- Prisoners who inject heroin may choose not to access OST for various reasons.
- Some prisoners continue to inject illicit drugs, including drugs other than heroin, even when enrolled in well-implemented OST programmes.
- There are often limits on the number of prisoners enrolled in OST at any one time.
- It can take time to process and authorize a request for OST,
- Some people do not use or inject heroin but do inject cocaine or amphetamines (many times a day). These non-opiate users will not benefit from OST, and PNSP is therefore the only suitable harm reduction/prevention option available in the prison setting.

