

## ADVOCACY STRATEGY

PNSP remain controversial even in some countries where they are currently operating, but the collective experiences of prison systems that operate them show that after a short period of time, PNSP become viewed as a normal service among the other drug services. Nevertheless, careful advocacy is needed to lay the groundwork for the introduction of a successful and sustainable PNSP.

### CASE STUDY: Germany

In the prison at Vechta, when authorities decided to terminate the PNSP, prison staff, who had not been consulted before the decision was taken, protested against the move because they saw that the programme was valuable and effective and supported it.

### A. Document HIV, hepatitis, injecting drug use and risk behaviours among prisoners

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Information should be gathered from epidemiological studies, prison services, drug dependence treatment and harm reduction services and HIV services both in the community in prisons.

### B. Identify and educate key stakeholders

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Advocacy for PNSP can be undertaken by anyone from within the security or health system or drug control system, or by NGOs, organizations of people who use drugs, human-rights organizations, ex-prisoners organizations or prisoners' groups. However, the early involvement of prison authorities in lobbying government ministries for changes in policy and legislation is pivotal to ensure the introduction of PNSP is consistent with international guidance.

It is essential to identify the key national officials and experts with the relevant mandate, ability, and expertise. This should include representatives from sectors including the ministry responsible for prisons, the ministry of health, the national HIV/AIDS programme, the national drugs control programme and from NGOs and community experts. It is imperative to identify key stakeholders with the seniority to make decisions and commitments – including commitments regarding funding and budgeting.



One stream of advocacy activity should be dedicated to establishing working relationships between prison authorities, trade unions/staff associations, courts, judges, NGOs, health authorities and the national HIV/AIDS programme. The cooperation of trade unions/staff associations is essential to the introduction of PNSP. The security of prison staff is one the primary issue to address in advocacy.

**Identify and support “champions” to lead implementation efforts:** A component of identifying key stakeholders should also be the identification and promotion of “champions” within the system. These individuals should be tasked with – and supported in – promoting the initiative internally within the government and externally with the public. These champions should be helped to develop expertise on the issue of HIV/AIDS in prisons and to act as key centres of knowledge and information for the system as a whole.

### **CASE STUDY: Support from top-level staff in Moldova**

One of the most important lessons from the Moldova experience is that success of harm reduction initiatives can be greatly enhanced when top-level staff is engaged and proactive from the start. Both the director general and medical director of Moldova’s Department of Penitentiary institutions have been strong supporters of the needle and syringe and methadone programmes from early on. They were not afraid to use their authority to remove potential and existing obstacles. They ordered officials at local prisons to implement the needle and syringe project and cooperate fully with those providing the services – even if the officials opposed the project. This determination proved fortuitous; as positive results emerged from the project, attitudes among resistant staff moved from opposition to acceptance to support”

#### **C. Review the national and legal and policy framework**

All countries have policies and regulations that could support the introduction of PNSP. It is important to highlight these in the advocacy work. Legislation and policies can be related to the right to health of the population, including those in prison; harm reduction for people who inject drugs; and workplace safety and health



**CASE STUDY: Australia**

Numerous advocacy documents from national bodies, medical associations, consumer groups, harm reduction organizations and public-health advocates in many of Australia's jurisdictions have outlined the health reasons for introducing PNSP. In 2011, the NGO Anex investigated the legislative and regulatory considerations underlying the introduction of PNSP in the state of Victoria. The project found that legislation relating to workplace health and safety and, the provision of reasonable medical treatment and care to prisoners, establish the duty of care underlying the provision of PNSP. This duty of care is reinforced by the state's Charter of Human Rights and Responsibilities Act 2006. To establish PNSP in prisons, compliance with the state's Corrections Regulations 2009 will be required and consent must be obtained from the prison governor.

Additionally, steps are required to ensure that the PNSP is properly authorised and gazetted pursuant to the Drugs, Poisons and Controlled Substances Act 1981

D. Raise national awareness of HIV and AIDS and prison issues among decision-makers and politicians

Many of the government officials who need to be involved in developing and implementing the programme may be unfamiliar with issues of HIV and AIDS, drugs or prisons. Other key decisionmakers in the areas of prisons, health, drugs, etc. will also need education on the importance of PNSP, on scientific evidence and on international best-practice models. Education and awareness-raising should include providing information on HIV and injecting drug use in prisons, including prevalence rates of both; the public-health impact of prison health; legal and ethical obligations of governments; and examples of international best practice, showing the benefits of PNSP for individual prisoners, for the well-being of the wider prison community and for the entire community.

**CASE STUDY: France**

The National AIDS Council (Conseil National du Sida) has stated in a position paper that "access to sterile injection material should be guaranteed to intravenous drug users, regardless of their penal situation. National standards of risk reduction, defined by decree #2005-347 of April 14, 2005 (and particularly its chapter III, on distribution of prevention material) apply to the entire population, including detainees[...] The National



Council of AIDS calls for a reform of harm reduction in prisons and recommends the establishment of NSP programmes in places of detention. [... The Council] hopes that...syringe exchange programmes can be set up, in a gradual manner but without delay.[...] Imprisonment is a sentence that deprives a criminal of freedom, not health care or prevention. Risk reduction measures should be fully set up in correctional facilities in accordance with the Public Health Code”.

During the preparation of the National AIDS/STI Plan 2009–2012, the working group on harm reduction for prisoners made a recommendation on the “priority” need for PNSP. PNSP was included in the AIDS/STI final plan.

Elus Locaux Contre le Sida (ELCS), an organization of elected local officials, based on the work of the National AIDS Council, raised with the Mission Interministérielle de Lutte contre les Drogues et la Toxicomanie (MILDT) its concerns about the degradation of harm reduction policy in France and mentioned the establishment of PNSP as a priority for action.

## E. Tools and media

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Different advocacy approaches are required to obtain the support needed: formal and informal meetings with stakeholders, involvement of programme managers in multisectoral AIDS and drugs committees, and development of relationships with selected representatives from the mass media.

**Prepare briefs:** Briefing notes should be short, summarizing the different elements needed by decision-makers, politicians, health or human-rights groups, or the media. These elements could include:

1. review of epidemiologic situation in prisons in the country: short presentation summarizing background information on people who inject drugs in prisons, the consequences of risk behaviour and the necessity for a public-health response using international guidelines. Data on infectious disease incidence inside prisons can strengthen the argument, even more so if the incidence can be related to drug-injecting risk behaviour in prison.



2. international public health guidance and evidence
3. the benefits for workplace safety
4. the benefits for the entire population
5. international and national human-rights and legal obligations
6. national policy and legal framework
7. cost-effectiveness analysis of harm reduction interventions

The note can also have the format of a Q&A, pre-empting questions related to the introduction of PNSP. See for example the Harm Reduction International briefing *Advocating for needle and syringe exchange programmes in prisons* on this page <http://www.ihra.net/contents/1205> and the Canadian HIV/AIDS Legal Network policy brief on prison needle and syringe programmes on this page <http://www.aidslaw.ca/site/our-work/drug-policy/>. The language in the brief should be accessible to all and should avoid any jargon related to health or legal matters. The brief should be tailored to the specific audience.

**Multimedia and social media:** All media can potentially be used to advocate and raise awareness on the need for PNSP. Short films disseminated on the Internet through websites, Facebook or other social networks can be more explicit than a document and make it possible to depict practices and to broadcast interviews with authorities responsible for health or existing PNSP.

**Organize study tours:** When considering beginning a PNSP, study visits either by representatives of the ministry of justice or prison administration, prison governors, medical personnel and security staff may be helpful. Concerns can often be best overcome by visiting a prison already operating a PNSP. It is recommended where possible that the type of prison be similar and the intended mode of provision of syringes and needles analogous to the prison where the PNSP is planned.

**Lawsuits:** The possibility of litigation for PNSP if other avenues have failed should be considered as part of the advocacy.



**CASE STUDY: Canada**

A Study Group on Needle Exchange Programmes was convened by the Correctional Service of Canada (CSC) to investigate the introduction of NSP into federal prisons. In its final report in 1999, the group issued a consensus recommendation that the CSC obtain ministerial approval in principle for a multi-site PNSP pilot in men and women's federal correctional institutions, including the development and planning of the programme model, and implement and evaluate the pilot programme. In 2013 in Canada, following a lawsuit, PNSP were recommended by the Canadian Medical Association, the Canadian Human Rights Commission and the Correctional Investigator (ombudsman for federal prisons). However, the federal government insists on a strategy of "drug free" prisons and has refused to implement PNSP.



This document as well as the [harmreduction.eu](http://harmreduction.eu) website, was created within the joint action '677085 / HA-REACT,' which has received funding from the European Union's Health Programme (2014-2020).

