PLANNING AND IMPLEMENTING PRISON NEEDLE SYRINGE PROGRAMMES

A PNSP is a multifaceted and interdisciplinary programme, and implementation therefore requires a project management approach.

Core principles

The following principles have been found essential to the implementation and operation of successful PNSP:

- **Support from leadership at the highest level**, e.g., senior officials responsible for prison health-care services, or for prisons generally, and support from the head of the prison in which the PNSP is to be established.
- **A steadfast commitment to public-health objectives**, to a harm reduction approach, and to the right to health of people in prison.
- **Clear policy direction** and oversight of the programme
- **Consistent guidelines and protocols**. However, these should allow some flexibility for individual institutions to take into account variations in population profile and security levels.
- **Participation of staff and prisoners** in the planning and operational process, including training to raise understanding, allay fears of staff and prisoners and encourage prisoner participation. Table 1 is a project outline for the planning and implementation of PNSP into one or more prisons. The tasks are presented sequentially, but some will be undertaken simultaneously.

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Table 1. PNSP Project Schedule

PNSP Project Schedule	
Establish national steering committee	• Ensure membership from all major stakeholders • Decide which prisons to be included • Define policies
Conduct a situation and needs assessment	• Draw on existing data sources • Carry out additional survey if required
Preparatory phase	• Establish goals and objectives • Decide on the model to be implemented • Set programme timelines • Pilot sites/scale-up • Implementation study • Determine materials to be provided • Develop an IEC strategy • Set a budget
Develop a programmes framework	• Review legal and policy framework • Consult legal authorities • Secure ministerial, correctional agency and prison governor approval • Develop operating procedures and protocols
Implement the programme at the prison level	• Establish a local steering group • Make pre-implementation checks • Prepare prison staff for their role in the PNSP • Analyse intermediate results and review programme
Monitor, evaluate conduct quality assurance	• Continue to monitor • Complete process evaluation and adjust service in the light of findings. • Embed adjusted services in prison quality assurance processes

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1. Establish a national steering committee for PNSP

In countries with no experience with PNSP a national steering committee will be needed to define the programme, lead the establishment of PNSP, coordinate the possible pilot projects and scale up the programme to all relevant prisons in the country.

Composition:

All key stakeholders should be involved from the earliest stage in the development of a PNSP. These include prison security and health staff, management and prisoners and CSO. However, discussions and planning should proceed even without the participation of every invited stakeholder, to avoid the possibility of stagnation if some key stakeholders choose to boycott the consultations and planning stages.

The cooperation of trade unions/staff associations is essential to the introduction of PNSP. The security of prison staff is the primary issue to be addressed. Some of the main concerns raised by trade unions regarding PNSP have been the need for training, regulations, protocols, adequate prevention material, and clear guidance in order to keep the consequences of PNSP transparent and understandable to each staff member.

The early involvement of external stakeholders (such as the national AIDS committee, ministry of health and local health-care organizations and community harm reduction services) is also very important, as they often create an environment for internal stakeholders to move issues forward and also bring their knowledge and expertise related to HIV, harm reduction and NSP in the community.

The national steering committee may choose to appoint a project manager to serve as a central contact and coordination point for all procedures and processes and be responsible for all internal or external communication, under the direction of the steering group. Clear communication is essential at the planning stage.

The tasks of the steering committee are to:

- Clearly define the objectives for harm reduction in the specific prison context
- Review situation assessment and select the pilot sites
- Define the main components of the PNSP, including:
    - Choose the mode(s) of provision of sterile injection equipment
    - Workplace security

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- Overdose prevention and management
- Training activities
- Other HIV or drug-related services

- Develop transparent communication strategy
- Develop a training strategy
- Review the results of the programme
- Pursue advocacy issues
- Monitor the programme
- Development and overview the scale up strategy

2. Conduct a situation and needs assessment

Information generated from the situation and needs assessment will feed in the development process of both the preparatory and scale-up phases. It will also helped to identify prisons where PNSP is needed assist the steering committee in selecting pilot sites.

There are several indicators for the need of a PNSP:

- Number of people who inject drugs
- Likelihood that there is a high proportion of people with a history of injecting drugs.
- Number of drug users reporting injecting and sharing material in prisons
- Number of abscesses and other skin penetrations treated in the medical unit
- HIV prevalence and incidence in prisons
- Hepatitis C prevalence and incidence in prisons
- Drugs that are injected or used needles and syringes found during cell searches.

Some prisons will lack data on injection practices in prisons. However, this should not inhibit careful consideration for needle and syringe programmes .

There may be resilient data available from qualitative studies, focus groups, mandatory or voluntary drug testing programmes and surveys of risk behaviour which can provide a deeper knowledge of the prevalence of drug use, risk behaviours and infectious diseases. Prison staff, health-care workers (doctors, nurses) and governors may also have a good overview of risk behaviours in prisons with respect to sharing of needles

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and equipment, tattooing and piercing. This knowledge may be sufficient to plan and initiate a PNSP.

If more evidence for risk behaviour and intravenous drug use is needed, the prison administration can commission a rapid assessment in the prisons envisaged for the PNSP. This generally takes a few weeks. The ultimate goal of a rapid assessment is the development of a harm reduction response to injecting drugs use, rather than the simple collection of data, see also UNODC, EMCDDA "HIV in prison: situation and needs assessment toolkit" on this page: http://www.unodc.org/documents/hiv-aids/publications/HIV_in_prisons_situation_and_needs_assessment_document.pdf

Prison healthcare departments may have conducted a general needs assessment which can contribute to the analysis.

3. Preparatory phase

A. Establish goals and objectives

The steering committee must first determine the goals and objectives of the PNSP. These will generally include a reduction in sharing of contaminated injecting equipment, reduction in transmission of blood-borne viral infections and abscesses, reduction in accidental punctures, and improvement in the overall health of prisoners who inject drugs, and improved security.

CASE STUDY: Objectives of PNSP, Spain

General objectives

- Prevent infections by HIV, HBV, HCV and other pathogenic agents associated with injecting drug use in the prison population.
- Integrate harm reduction programmes into health and social services offered by the prison.
- Promote safety in the workplace by avoiding needle-stick injuries.

Specific objectives

- Reduce the frequency of shared use of needles and syringes for drug injection through the distribution of sterile injection materials.

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- Improve conditions of hygiene for injection through health information and education, and encourage modification of other risk behaviours to prevent sexual transmission of these diseases.

Complementary objectives;

- Facilitate communication between people who use drugs and health-care professionals to foster referral to drug dependence treatment programmes.
- Determine the characteristics and needs of people who used drugs so that appropriate counselling and health education interventions can be designed and prioritized.
- Motivate and increase the awareness of prison workers about the benefits of PNSP.B Decide on the model to be implemented

B. Decide on the model to be implemented

Using the data collected through the implementation study and the assessment, and based on international best practices and respective advantages and disadvantage of the possible models, the steering group must decide which model (or models) of distribution will be used in the pilot and in the scale-up phase of the PNSP. Varying models have been implemented in different types of prison (e.g., high, medium and low security; large and small institutions). Every prison system must find its own most appropriate method for provision. The main goal is to ensure the best possible access, guaranteeing confidentiality and taking into account any concerns of security staff. This can be achieved if:

- There is no stigmatization of people using the service.
- Anonymity is respected as far as possible in a prison environment
- The service is available every day.

See Part II in this course for more information.

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Considering the respective advantages and disadvantages of the different modes of distribution, in order to ensure the best access to safe injection equipment and information to people who inject drugs in prisons, authorities should adopt mixed model with at least two modes of distribution: one being peer-based and/or dispensing machine and an alternative model possibly through health services and/or NGOs.

There is a growing consensus that a service based on distribution is preferable to an NSP that only exchanges syringes on a strict one-for-one basis, although safe return of the used syringes should remain a fundamental aim. Compared with community services, PNSP generally bring a high return of used needles and syringes, which gives the staff reassurance of sustained interest in their safety and security.

Additional considerations for peer-based programmes

If a peer-to-peer approach is chosen, the following steps are recommended in view of the high responsibility borne by peer volunteers and their consequent vulnerability to intimidation or corruption:

1. An identified member of prison staff (a senior member of either the health-care or security staff) is responsible for the continued safe running of the peer-to-peer service.
2. Peer volunteers are carefully selected on the basis of demonstrable histories of good conduct during their prison sentence, and of high motivation.
3. Peer volunteers are trained thoroughly. Their training includes vectors and risks of disease transmission, hygienic infection control, and emergency procedures for HIV post-exposure prophylaxis (PEP) and for the reversal of opioid overdose via naloxone. Post-exposure prophylaxis refers to antiretroviral medicines that are taken after exposure or possible exposure to HIV. The exposure may be occupational, as in a needle stick injury, or non-occupational, as in unprotected sex with a partner with HIV infection.
4. Peer volunteers have a full supply of latex gloves, bleach and sharps bins.
5. Peer volunteers receive reward/remuneration commensurate with their contribution to the PNSP.
6. Peer volunteers are provided with highly structured supervision, with regular confidential meetings with NGO or clinic staff.

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7. Regular confidential surveys of both prisoners and staff are conducted to identify as early as possible any potential instances of corruption of the service.
8. Where malpractice by a peer volunteer is suspected, the volunteer is relieved of his/her duties and a contingency arrangement is put in place.

The steering committee must also consider how the PNSP will accommodate the risk presented by prisoners with extreme behavioural problems or active, serious mental-health problems. It should also ensure the service has the scope to meet the needs of particular prisoner groups, such as:

- **Women**: In general, women in prison tend to have a proportionately higher level of injecting drug use than male prisoners (56), making the need for PNSP in women's prisons more pressing than in any other type of secure setting. As a consequence of distress caused by abusive pasts and separation from their children, women also have a far higher tendency to self-harm (for example, 14 times greater in England). This disregard for personal safety makes women particularly vulnerable to high-risk injecting drug use. Another crucial risk factor is the risk of mother-to-baby transmission of BBVs: one third of women surveyed in prison have children under the age of five.
- **Ethnic-minority groups**: Drug use is highly taboo in many minority ethnic communities. Prisoners from these communities who inject drugs are therefore often extremely fearful of accessing PNSP that have a poor record of maintaining confidentiality. Language and cultural barriers must also be addressed.

C. Set programme timelines

The initial project plan should have two phases, each with a clear timeline:

1. Pilot phase (6–12 months):

The pilot programme is used to assess the best method of providing the fullest access to clean needles and syringes in prisons, taking into account the constraints of the environment.

Experience shows that pilot projects can be undertaken quickly and do not have to delay broader implementation of PNSP. For example, in Kyrgyzstan a pilot PNSP began in October 2002 and in early 2003 approval was given to expand the programme. By

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HA·REACT JOINT ACTION ON HIV AND CO-INFECTION PREVENTION AND HARM REDUCTION

September 2003 programmes were operating in six prisons and by April 2004 in all 11 prisons.

It is essential that monitoring and evaluation of the pilot is designed as part of the work plan, Indicators must be developed that relate to the objectives of the PNSP, and systems established to collect data on these indicators. See Part IV, Section 9 for further information.

2. Scale-up phase (e.g., 12–24 months):

During this phase the goal is to ensure effective coverage of the entire target population by the PNSP.

D. Select pilot sites

In countries or regions introducing PNSP for the first time, two or three sites should be selected to pilot the project. The objective of the pilot is to test and assess implementation modalities and to adjust the model and procedures to ensure the best access to needles and syringes given the local context and structures of the prison system. Pilots should be short and lead to a rapid scale-up based on the acquired experience. Criteria that have been used for the selection of pilot sites include:

- Prison has a relatively high number of prisoners who inject drugs
- Prison has a high prevalence of HIV and/or hepatitis
- Prison has a significant prevalence of high-risk behaviour

CASE STUDY: Objectives of PNSP, Spain

NGO and penitentiary officials agreed to implement an initial harm reduction project at Branesti prison, a medium- and maximum-security prison with a population at that time of approximately 1,000 men. The facility was chosen because it housed the largest number of prisoners in the country known to be living with HIV, had the largest number of people incarcerated for drug-related offenses, had the lowest average age of prisoners (mid-20s), and a significant majority of prisoners were imprisoned for the first time. Need was greatest in Branesti due to the relatively high levels of HIV and drug use, and authorities assumed the project would have a greater opportunity for success because the youth and "newness" of the prisoners meant they were less hardened than those elsewhere.

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Implementation study:

Once the sites have been selected, a study should be conducted to determine the exact needs in the prisons and be best way to design the programme. This study includes collection of information on the needs and preferences of both prisoners and prison security staff for PNSP.

The extent to which prisoners will use the new service depends greatly on the degree to which they feel their access to syringes is confidential and anonymous. Prisoners' voices should therefore be heard before starting the project. The essential questions to be discussed with them are the following:

- What are the specific risks and risk behaviours?
- What is the frequency of injection and number of syringes needed per day?
- What are the conditions for prisoners to trust the needle and syringe programme?
- How can they easily and anonymously access needles, syringes, and paraphernalia?
- What type(s) of syringes and other injecting equipment such as swabs and sterile water do they need?
- How could a service be tailored to these needs?
- Estimate number participants?

Similarly the security of prison staff is a primary issue to be addressed. Staff should be consulted about their needs in terms of:

- Prevention of accidental exposure (safety boxes, protective gloves, eyewear, access to PEP)
- Training on HIV, hepatitis, universal precautions and overdose management
- Guidance documents and regulations for the PNSP
- How a PNSP would be tailored to their needs.

E. Determine materials to be provided

The injection equipment provided through a PNSP should correspond to what is provided through NSP in the community. An effective PNSP should supply prisoners with:

- Puncture-proof case (to store injection equipment)
- Sterile needles and syringes

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- Sterile water
- Disinfectant swabs
- Filters
- Ascorbic or citric acid
- Spoons
- Puncture-proof containers for the disposal of used needle and syringe (sharps box).

Harm Reduction Kit: Soto de Real Prison, Madrit

Different kinds of needles/syringes should be made available depending on the patterns of injecting drug use among prisoners in the specific country/prison. To prevent HIV, HBV or HCV and risk of other infections through abscesses and other sceptic problems, materials should not be limited to needles or syringes. Spoons, sterile water, filters and tourniquets are important to prevent HCV transmission. Ascorbic acid or citric acid is needed to prepare the injection. (In the absence of ascorbic acid, the person who injects drugs use other available acidic substances such as lemons or vinegar, which can be responsible for severe infections, including endocarditis). To encourage prisoners to change from injecting to smoking drugs, providing aluminium foil to users who request it may also be considered.

The number of kits to be supplied during each contact with the programme depends on the frequency of the needle exchange and the user's consumption habits: the quantity should be sufficient to cover the prisoner's needs so that he or she does not have to reuse a syringe before the time of the next exchange.

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The PNSP should also provide information on HIV, HBV and HCV transmission and prevention, and on how to reduce the risks of injecting, including overdose prevention. Condoms may also be distributed to prisoners through the PNSP.

F. Develop an information, education and communication (IEC) strategy

Before starting a PNSP, educational and informational events should be conducted for prison staff and prisoners to communicate the importance and goals of the programme. Prisoners and prison staff should be fully informed of the plan to implement the service via multiple communication channels (general meeting of prison staff, written information, prison newspaper, personal interviews, etc.).

Prison staff members usually have two fundamental questions that must be addressed:

- "Will PNSP increase the risks of a syringe being used against me as a weapon, or of staff receiving needle-stick injuries due to the presence of more injection equipment?" The clear answer from the numerous PNSP evaluated across many jurisdictions is that PNSP do not increase the risks of either assault or accidental needle-stick injury.
- "Why do we allow PNSP if drug use and trafficking are illegal?" The perceived paradox is very similar to the situation of harm reduction programmes in the community. The answer to this question should cover public-health issues such as the protection of the health of prisoners and the health of prison staff, and human-rights elements, particularly the principle of equivalence of health care.

IEC material should be developed for staff. Particular attention should be given to get the participation of staff in the development and design of the material in order to ensure that it:

- Addresses their questions and needs
- Is linguistically and culturally appropriate and accessible
- Covers general information on HIV, hepatitis, drug dependence, overdoses and other consequences
- Covers workplace safety.

Prisoners may have similar questions, and others related to the consequences of the PNSP for themselves. When the programme is ready to start, inmates should be informed as to:

- The programme's design and rules (storage of needles, method of transport, sanctions, etc.)
- Where and when the first needle and syringes/paraphernalia (kits) can be obtained
- The confidential nature of the service
- Any potential disadvantage to their current sentence when participating in the programme (in cases where confidentiality is compromised), such as more frequent cell searches or urine drug controls.

New prisoners entering the institution should immediately be informed of the programme's procedures and rules.

Prisoners may support the implementation of the project by advertising it in the prison-based magazine, newspaper or broadcast.

IEC is not sustainable as a stand-alone strategy and should be directly linked to other harm reduction services in order to change the risk behaviours that relate to the transmission of BBVs and overdose. Prisoners should be informed of the general services for health care, HIV testing and counselling, hepatitis, and drug-dependence treatment, counselling and support available in the prison. In addition:

1. Written materials about the PNSP should be available in prisoners' own languages. They should be appropriate to their level of education and literacy, prioritizing pictures over text, using drug terminology common in the prison, and including interactive elements such as a quiz. Prisoners should be involved in the development and the design of these educational materials.
2. Peer education programmes are the most effective ways to deliver targeted education on risk behaviours and should be a part of the harm reduction approach where possible.
3. Where relevant and accessible, new media (e.g., the Internet) should also be used to transmit messages about harm reduction and transmission risks.

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4. In order to avoid stigma and discrimination by other inmates against people who inject drugs and prisoners with HIV, the necessity for prevention of infection and the nature of dependence should be communicated to all prisoners.

G. Set a budget

PNSP are inexpensive and most cost-effective if designed and implemented well. The budget will depend on the mode of provision of sterile syringes and needles, and should include direct and indirect costs.

Syringes, needles and paraphernalia:
Direct costs are relatively easy to calculate. Although costs will vary between countries, syringes and needles are generally inexpensive and can be obtained quite cheaply in bulk through the prison's medical unit. This also applies to additional injection paraphernalia, cases and safe sharps boxes for disposal of used needles.

Dispensing machines:
If the exchange is to be done via automated dispensers, the budget should include the cost of these machines. For example the approximate unit cost of each of the one-for-one exchange machines used in Switzerland is US $6,500, plus the costs of maintenance.

Personnel costs:
Demand for personnel will depend on the design of the programme, the size of the target population, and whether the programme is implemented partly or entirely by an external agency or by peers. For example, in a women's prison in Hindelbank, Switzerland, one health-care worker (half-time, approx. 20hrs per week) is employed by the municipality's health agency to conduct the PNSP. Activities to be taken into account are:

- Liaising with staff
- Counselling prisoners
- Stock management
- Training staff and prisoners
- Overseeing, coordinating and monitoring the programme.

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The costs for staff training programmes vary considerably and can best be calculated at the local level. In Moldova the service is provided by an external NGO and is peer-based. In 2008 the overall budget for the NGO's activities in seven penitentiaries was approximately US $37,500 annually, of which $12,700 went towards staff salaries; $9,200 for condoms, syringes and other harm reduction supplies; $2,200 in administrative expenses; and $13,400 for "other expenses", including $2,200 as remuneration for peer volunteers.
Some indirect costs will relate to prison staff. These costs will be higher in the initial phase, and may include working hours for:

- Doctors/nurses/other health staff
- Interdisciplinary and multiprofessional staff in working group
- Advocacy (hosting visits by politicians, media, judges, other professionals)
- Monitoring and evaluation.

4. Develop a programme framework

The implementation of a PNSP requires formal authorization and regulation by the ministry or ministries in charge of prisons, since needles are sharp devices and forbidden in most jurisdictions. Official authorization and regulation make clear to all concerned that the PNSP is supported by the authority in charge. Points to be covered by the regulations include:

- The institution/unit/persons in charge and responsibilities
- The mode(s) of provision of syringes and needles
- Methods of disposal of used needles
- Method of storing needles and syringes in the cell and in transit
- Consequences for prisoners violating these rules
- Duties and rights of peers and health workers enrolled in the PNSP
- Information for security staff on how to respond to finding used needles and syringes
- Formal procedures for monitoring and evaluation
- A formal note that drugs are still illegal and will be taken away as usual
- If a pilot programme has been set up, the duration of the pilot and the steps to be taken if the programme results are either positive or negative.

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- Procedure for accessing PEP for prisoners, peer health workers and staff
- Procedure for accessing naloxone to prevent lethal overdoses.

Policies and procedures are important in all phases of PNSP – planning, initiation, operation and scaling-up of services. Policies are overarching guidelines that describe the programme activities, modes of operation and rules, whereas procedures are detailed steps (protocols) for undertaking each task. Examples of good practices in the development of policies and procedures can be found all over the world, as are standards of care and protocols for dealing with issues that arise in PNSP (e.g., Canton of Geneva, Switzerland).

CASE STUDY: Starting PNSP through a Memorandum of Understanding (MoU) between ministries, Spain

In Spain the implementation of the first PNSP pilots was undertaken on the basis of a MoU between the Ministry of Health and Consumer Affairs and the Ministry of Interior (2000), entitled "Key Issues for implementation of needle exchange programmes in prison" (2000). After a few years the experiences gained in operating and piloting PNSP were condensed into a framework document to support prisons in designing their own specific programmes. This enabled prison managers and staff to benefit from previous experience and achieve the best possible results from the outset. Working within the framework, each prison designed its own PNSP, which required approval by the Board of Directors of Prison.

More information about this program you see on this page: http://www.msssi.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/prevencion/progInterJeringuillas/PIJPrisiones/elemClavePIJIng.htm.

5. Implement the programme at the prison level

A. Establish a local steering group

As with the national steering committee, the prison steering group should include all stakeholders including the prison director, director of the prison health services and other members of the health staff, security staff, staff union delegate, prisoners and external NGOs. It should also include a member of the national steering committee.

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CASE STUDY: PNSP working group, Germany

In the women's prison of Vechta, a working group was formed with staff of all relevant prison wards and departments. The group met regularly to discuss, plan and assess the progress of introducing the PNSP. Meeting minutes were made available internally so that all other staff members could see the current status of the programme. This transparency helped build staff trust in the programme. The working group asked staff and prisoners where the five syringe dispensing machines should be installed in order to guarantee discreet and confidential access. The introduction of PNSP was kept as a standing topic for the general meetings of all staff members, to advise them of its progress and evaluation.

Under the guidance provided by the national steering committee, the local steering group is responsible for implementing the following activities:

- Present and explain PNSP concept and goals of the PNSP to all people working and living in the prison
- Conduct the implementation study (see this page: http://e.harmreduction.eu/mod/lesson/view.php?id=22&pageid=171)
- Ensure implementation of measures for safety in the workplace (protection of staff, provision of gloves, etc.)
- Decide on the location, frequency and hours for exchange of syringes
- Establish rules and regulations regarding transportation, distribution, storage and disposal of syringes and associated injecting equipment
- Establish formal links between the PNSP and local NGOs and other authorities in the community (e.g., linkages with the local community HIV and AIDS services services for people who use drugs)
- Organize training for prisoners and staff (by integrating NGOs)
- Establish a mechanism for complaints and respond to any complaints about the programme from prisoners or staff
- Collect baseline indicators for the evaluation (see Part IV, Section 9 on monitoring and evaluation)
- Develop monitoring systems that focus on the accessibility, availability and utilization of the PNSP
- Solve technical or organizational problems that may arise

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- Document and summarize interim results of the programme.

B. Make pre-implementation checks

Prior to implementation, ensure all the scheduled milestones on the project plan have been reached. This part has been included in a checklist gives some examples of elements that need to be in place.

C. Prepare prison staff for their role in the PNSP

Understand and embracing the goals of the PNSP:

Prison staff and management embrace infectious disease prevention when they see that infections in prisons are a threat to everybody. They can be helped to understand their crucial role in making the programme successful. Any concerns they may have will decrease substantially as they learn first-hand about the PNSP and its harm reduction goals, and as they participate in the planning and implementation. Attitudes and opinions can change if staff see that their concerns are dealt with seriously. Providing information passively, e.g. through leaflets, is not enough: other means such as information provided in person by dedicated staff should complement written information.

Statement of principles:

Before the PNSP begins, all prison staff should be fully informed of the objectives and purposes of the programme. The project plan should include a statement of core principles and values, which should be developed, agreed upon and signed by everyone included in the project. The statement will help ensure a non-discriminatory approach, contribute to the quality of the PNSP and facilitate its implementation by staff members. It can also serve as a platform for training prison staff and management.

Training of staff:

It is essential to train prison staff in order to motivate them and increase their awareness of the benefits of harm reduction programmes, and in particular of PNSP. Training and education should take place on a regular basis to accommodate staff turnover. Training on PNSP (and other measures to prevent HIV and other BBV

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infections) should be part of any formal training of new prison staff. Key goals of staff training include:

- Helping staff identify with the objectives of the PNSP
  Giving them basic knowledge about drugs, drug use, infectious diseases and other health problems related to drug use
  Discussing and agreeing upon individual and collective needs for safety.

It is crucial that prison staff obtain basic knowledge on health protection in the workplace, including:

- Prevention of HIV infections
- Universal precautions
- Responding correctly to cases of overdose
- Responding correctly to needle-stick injuries
- Access to PEP
- Receiving adequate treatment for any wounds
- Hepatitis A and B vaccinations.

Special attention must be paid to confidentiality: all prison medical staff and officials must be trained in the importance of safeguarding confidentiality for prisoners living with HIV, who may face violence and discrimination if their HIV status is known.

Workplace safety procedures:

A series of measures for protection and prevention should always be taken to eliminate or reduce risks of accidental infection, including:

- Needles or other sharp instruments should be handled with adequate precaution when they are collected or handled for any reason.
- If the needles are not contained in their rigid case, they should not be recapped or handled in any other way.
- Piercing or cutting objects should never be discarded in plastic bags of conventional disposal bins, but only in rigid puncture-resistant containers.
- In the event of needle-stick injury, the incident should be reported immediately to the appropriate occupational health unit, which will specify the measures to be taken in each case.

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It should be explained to prison staff that the risk of acquiring HIV infection from a needle-stick injury is very low. Prospective studies of health-care workers have estimated that the average risk for HIV transmission after a needle-stick exposure with an infected needle is approximately 0.3%, the risk of HBV transmission is 6–30%, and the risk of HCV transmission is approximately 1.8% (65). In the event of occupational exposure to a potential source of HIV (including needle-stick injury), staff should be managed in accordance with the local occupational health protocol. It is recommended that this protocol is reviewed to ensure that it is consistent with the joint WHO/ILO guidelines on postexposure prophylaxis (PEP) to prevent HIV infection - see this page: http://www.who.int/hiv/pub/guidelines/PEP/en/.

Safety in the workplace - Spain

The fears of prison staff usually relate to the potential for the programme to malfunction, e.g., that more syringes and needles will be lying around, that the workplace safety of staff will be compromised, that needles could be used as weapons, and that more drug use will occur in the prison. When investigating the safety of prison personnel in the context of a PNSP, the Spanish Directorate General for Labour Inspection stated: "We face two legal rights that are to be protected: inmates' right to health protection and workers' right to effective protection of their health and safety. A more detailed examination, however, leads us to say that the introduction of Needle Exchange Programmes creates a safer situation for prison officers. This argument arises from a comparison of the situation before and after introduction of the NEPs... Implementation of a needle exchange programme does not pose serious risks for the performance of prison officer activities, but rather reduces them and minimizes the risks derived from the clandestine syringe use."

Hygiene:

- Universal precautions (always take precautions as if a person or an object is infected with HIV, HCV or HBV) should be explained and implemented.
- Established personal hygiene measures shall be adhered to (hand-washing when hands may have come into contact during work activities with potentially contaminated materials such as blood, etc.)

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- Any cut, other skin break or open wound should be covered by a waterproof dressing.
- For situations where infection risks are high (accidents, fights, cell searches, etc.) the prison will have, or should develop, protocols for the safe cleansing and decontamination of the sites of these incidents. These can be developed with the infection control contact within the prison's health-care department.

D. Analyse intermediate results and review programme implementation

The programme design used should be reviewed and adjusted based on results and on any problems encountered. One of the simplest and most sensitive indicators of programme effectiveness is the participation rate and/or the number of syringes distributed and exchanged each month. Low participation rates can have several causes. These are discussed below.

Opposition from staff:

PNSP are a controversial political issue because they may be taken to symbolise failure to keep prisons "drug free". Prison personnel at all levels are nearly always opposed to PNSP at first. However, experience shows that shortly after implementation begins this opposition vanishes, and PNSP becomes routine procedure.

CASE STUDY: Responding to fears and mistrust of the prison staff, Germany

In a men's prison in Germany, all staff members were asked to fill in a card anonymously with their fears regarding the implementation of PNSP. The cards were collected, grouped by theme, and displayed for discussion, to try to give answers to allay these fears. Naturally in such a process there will be some questions that can only be satisfactorily answered during the process of programme implementation.

Lack of trust in the programme's confidentiality:

When PNSP was first provided in prisons in Moldova, needles were handed to the prisoners by the prison health staff, but the uptake was very low. Many prisoners were reluctant to access the service because they did not believe the programme was truly anonymous and confidential. Another obstacle was that medical personnel were not always available when prisoners needed them: access was limited or non-existent in the

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evenings and at weekends. In order to improve the degree of trust and confidentiality, and the accessibility of the programme, it was decided to train prisoners as outreach volunteers to provide the services to fellow prisoners.

Prisoners' voices should be heard when reviewing the pilot project. The essential questions to be discussed are the following:

- Do prisoners have trust in the needle and syringe programme?
- Can they access needles and syringes without fearing any negative consequences?
- Can they easily and anonymously access needles, syringes, and paraphernalia (vials of sterile water, swabs, filters etc.)?
- Is the service tailored to their needs?
- Do prisoners have access to different types of syringes and to other injecting equipment such as swabs and sterile water?
- Can prisoners obtain sterile injecting equipment without having to identify themselves as drug users to the prison security authorities?
- Is access to paraphernalia ensured in a confidential mode, or in a way that indicates to prison authorities where drugs might be hidden?
- Can they get more than one syringe at one time?

CASE STUDY: Evaluating poor uptake of a PNSP, Luxembourg

In Luxembourg, health staff in charge of the PNSP estimated that only about 20% of the target group were participating, while other prisoners continued to use illegal means to obtain syringes. The main reason reported by the prisoners was their lack of trust in the anonymity and fairness of the service:

- In order to reach the healthcare unit prisoners had to pass several guards, and so they feared disclosure of their status.
- Some guards who were not in favour of the PNSP openly stated that they searched the cells of those prisoners who participated in the programme, and some even ordered urine tests.
- Nurses were not obliged to exchange syringes, and requests by prisoners were sometimes rejected or only dealt with several days later.

The following lessons were learned from this programme:

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HA·REACT JOINT ACTION ON HIV AND CO-INFECTION PREVENTION AND HARM REDUCTION

- All prison personnel (security as well as health) must understand and support the programme.
- Clear instruction from top management is needed in order to have a standardized and consistent procedure. Staff should always provide clean equipment upon request according to the rules of the programme.
- The exchange location should be organized discretely to guarantee the maximum possible degree of anonymity.
- The monthly rate of cell searches should not vary from the rate before the introduction of PNSP, otherwise it will deter prisoners from participating in the programme.

High turnover of prison staff and of prisoners:
Prisons with a high number of remand (unsentenced) prisoners will be less suitable for a peer-to-peer model of delivery, as volunteers may need to be replaced at an unfeasibly quick rate. As a remedy to a high turnover of staff, prisons that have a PNSP provided by an internal department (i.e., health care or security) can make three particular adjustments to their approach:

- Ongoing training and direct involvement in PNSP of a large number of staff members
- Embedding PNSP into the daily duties of the lead service
- Clear, simple and unambiguous protocols, prominently displayed in staff areas.

6. Monitor, evaluate and conduct quality assurance

Monitoring, evaluation and quality assurance are essential to the successful implementation of a PNSP. They enable evidence-based adjustments and improvements to the programme; they help the programme react to the changing needs of programme participants and prison staff; they help achieve the highest attainable level of transparency; and they provide reliable data that can be used for further advocacy for PNSP with prison authorities, the government and the public.

- Programme monitoring assesses whether the programme is consistent with its design by measuring its performance relative to agreed targets and milestones.
- Evaluation may be divided into two types: process and outcome.

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- A process evaluation measures how well the programme (and especially the pilot phase) has been designed and implemented. It incorporates data (e.g., number of participants, number of syringes exchanged) as well as the experiences, opinions and perspectives of key personnel (including prisoners and prison staff). An outcome evaluation measures the results of the project, including changes in injecting behaviour and rates of blood-borne virus infections.
- An outcome evaluation measures the longer-term effectiveness of the programme. Outcome evaluations generally take longer to complete and are more expensive than process evaluations. While not essential to an individual project, an outcome evaluation is extremely valuable for securing the long-term acceptance and support of decision-makers for scaling up the PNSP.
- Quality assurance is a system of ongoing process that provide feedback on how the programme is perceived by participants and prison staff, and on ways to make it more effective.

Monitoring, evaluation and quality assurance should be rights-based, following standards of informed consent, confidentiality and non-discrimination.

A. Monitoring

Continuous monitoring of the PNSP is pivotal. Under the national PNSP in Spain, a computer software package is used in each prison to record the number of programme participants, number of syringes supplied and returned, enrolments/withdrawals from the programme, and reasons for withdrawals. The health status of service users is also included. Diseases associated with intravenous drug use (HIV, HCV, HBV) are also monitored using the computer program. To maintain the confidentiality of the programme participants, a randomly generated number or pseudonym is used to identify each participant.

Checklist of monitoring indicators:

- **Number of syringes/kits, equipment distributed**
- **Estimate number of participants in the programme**
- **Incidence of HIV, HBV and HCV**
- **Number of abscesses**

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- **Number of incidents of violent behaviour using a needle obtained through the programme**
- **Percentage of returned syringes and needles**
- **Number of incidents of accidental punctures (needle-sticks)**
- **Number of overdoses (as relevant)**

On the long term, change in the apparent performance of the programme might not be related to the quality of the programme itself, but a change in the profile of the prison population and a diminution of the demand. It is important to reassess the needs of the prison population after a few years in case a programme is less used.

CASE STUDY: Hindelbank, Canton of Berne, Switzerland (1992 – 2012)

A low participation rate might have other reasons than the effectiveness of the programme. In the prison, where PNSPs started in 1992/3, the exchange has been provided for 20 years by a health prevention worker employed in the community. The entire procedure of PNSP has not changed over this time. However, for the last 10 years only 30-100 needles are exchanged annually. The reasons for this decline are to be found in the change modes of drug use (from injecting to smoking), and an overall reduction of the number of drug users in the prison population.

B. Evaluation

An evaluation should be conducted at the end of the pilot phase, and then regularly thereafter, but not necessarily every year. If there are signs that the programme is no longer working properly, it is essential to conduct an evaluation to identify problems and remedies.

In addition to the monitoring data described above, it is necessary to know the impact of the programme on risk practices and the views of prisoners participating in the exchange and other prisoners on the programme, as well as the opinions of security staff and the team implementing the programme This involves comparing baseline and post-implementation data on the changes in the frequency of sharing injection equipment among prisoners, as well as changes in prisoners' attitudes and opinions about the PNSP. Similarly, prison staff should be surveyed at the start of the PNSP and at later points about their attitudes, knowledge and opinions about the PNSP.

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Programme effectiveness: baseline indicators

The effectiveness of PNSP in reducing risk behaviours that lead to HIV infections and other harms may be measured via rates of the following indicators prior to and during the project:

- **Reusing injection equipment**
- **Sharing needles and drug paraphernalia with others**
- **Number of abscesses**
- **New cases of HIV/HBV/HCV**

Secondary benefits associated with the implementation of PNSP should also be evaluated, such as:

- **Relationships between prisoners and staff**
- **Increased awareness of infection transmission and risk behaviours**
- **Reduction in the number of accidental punctures (staff and prisoners)**

Apart from data recorded through the PNSP's own monitoring systems, quantitative information for evaluation purposes can be collected through questionnaires administered to a sample group of inmates and another sample group of prison staff. Qualitative information can be obtained through focus group discussions with prisoners and with staff members.

The following aspects of the programme may be discussed (see also questionnaires in this part):

- Convenience and confidentiality of access to injecting equipment
- Accessibility of the programme
- Friendliness of staff
- Functioning of devices (dispensing machine etc.)
- Quality of injection equipment and paraphernalia
- Involvement of prisoners who inject drugs in PNSP activities
- Response of management and staff to complaints and to changes in behaviour and the environment
- Range of injecting equipment and services provided by the PNSP
- Referral processes used.

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The Spanish Ministry of Interior provided forms for recording the opinions and attitudes of prisoners and prison staff to obtain a minimum set of common data for evaluation (see questionnaires in this part). The information in the questionnaires was collected on an anonymous basis and included:

a) Attitudes and opinions (prisoners and prison staff)

- Level of information on the PNSP
- Level of acceptance of the PNSP
- Level of satisfaction with the functioning of the PNSP (hours, personnel, rules, etc.)
- Impact of the PNSP on prison security
- Impact on relations between prisoners and staff.

b) Behaviours (prisoners)

- Percentage of inmates who have consumed heroin in the last 30 days
- Percentage of inmates who have consumed heroin intravenously in the last 30 days
- Percentage of inmates who have consumed stimulants in the last 30 days
- Percentage of inmates who have consumed cocaine intravenously in the last 30 days
- Percentage of prisoners who inject drugs who have used syringes previously used by others in the last 30 days
- Percentage of prisoners who inject drugs who have lent their used syringes in the last 30 days
- Percentage of prisoners who inject drugs who have shared other injection instruments (spoons, filters, water, containers for dissolving drug) in the last 30 days
- Percentage of inmates who have used a condom in their most recent sexual intercourse.

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For detailed guidance on monitoring and evaluation processes, see also National AIDS Programmes: A Guide to Monitoring and Evaluation on this page:http://www.who.int/hiv/pub/me/pubnap/en/ and other on-line free-access toolkits - see the examples on this page: http://www.evaluationtoolbox.net.au/

Programme coverage:

In the absence of any key indicators to assess coverage of PNSP, the following community-oriented indicators have been transferred to custodial settings and may serve as very basic indicators and indicative targets for the prison setting (4):

- **Percentage of prisoners who inject drugs regularly reached by PNSP**
- Data source: Programme data
- Numerator: Number of prisoners who inject drugs who accessed a PNSP once a month or more within the previous 12 months
- Denominator: Estimated number of prisoners who inject drugs
- Targets: Low: <20%; Medium: 20–60%; High: >60%

Note:

WHO/UNODC/UNAIDS recommends (http://www.unaids.org/sites/default/files/sub_landing/files/idu_target_setting_guide_en.pdf, p.19) that the numerator should count individual clients, and not the number of contacts or occasions of service recorded by NSP services. The high target level is based on a retrospective analysis of the coverage required to reverse the HIV/AIDS epidemic among people who inject drugs in New York, USA. Since there is no data on thresholds for prisons, these coverage indicators must be used with caution. In addition, in prisons, depending on the model chosen, it may prove difficult to calculate the exact number of programme participants. Considering that confidentiality and trust are key for successes of a PNSP, this should not be a priority.

- **Syringes distributed per person who injects drugs per year**
- Data source: Programme data
- Numerator: Number of syringes distributed in the past 12 months
- Denominator: Number of prisoners who inject drugs
- Targets: Low: <100 per prisoner who injects drugs per year; Medium: 100–200; High: >200

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Note:

WHO/UNODC/UNAIDS states (http://www.unaids.org/sites/default/files/sub_landing/files/idu_target_setting_guide_en.pdf, p.19) that these levels are based upon community studies in developed-country settings investigating the levels of syringe distribution and impact on HIV transmission. The levels required for the prevention of HCV are likely to be far higher than those presented here.

C. Quality assurance

It is important to establish measures to optimise the effectiveness of the programme. Some elements contributing to the quality include:

- Training curriculum and material for both staff and prisoners;
- Establishment of clear guidelines for services providers; for prison staff
- Involvement of external harm reduction services
- Quality check and regular update of all information distributed to the participants

In addition:

1. Hold regular team meetings during which PNSP workers and prison staff identify problems with services or changes in the behaviour of injectors that require improved or different services.
2. Form an advisory group that meets regularly to appraise the PNSP's services, informed by the recommendations of prisoners who inject drugs.
3. Establish and publicize a clear, anonymous complaints procedure for all stakeholders. Forms should be made readily available.
4. Conduct process evaluations as described above.

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