

Syringe Exchange in Prisons: The International Experience

Harm Reduction Coalition, January 2007

Key findings:

- Prison syringe exchange programs have virtually eliminated needle sharing and injection drug-related HIV and HCV transmission.
- Prison syringe exchange programs result in increased referrals to substance abuse treatment.
- Prison syringe exchange programs do not increase drug use and result in more people accessing substance abuse treatment.
- Prison syringe exchange programs have not led to security or safety issues and reduce the risk of needle-stick injuries to prison staff.

Extensive research is now available to support the implementation of prison needle exchange programs in all countries. Failure to provide prisoners with the same health care options available to the general population violates human rights and international standards. Below is a summary of existing programs worldwide.

Switzerland:

Switzerland became the first country to implement syringe exchange in prison in 1992. Syringe distribution was initially conducted covertly and unofficially by a prison doctor, but due its success, syringe exchange was legally adopted and introduced into several Swiss prisons. At Hindelbank women's prison, syringes are distributed on a one-for-one basis via automatic dispensing units in six discreet locations at the prison. Syringes are distributed in medical units by staff and through dispensing units in the men's prisons. Research indicates that syringe sharing has been virtually eliminated in these prisons and there were no new cases of HIV or HCV infection. No security problems have been reported. All syringes and points must be stored in protective containers.

Germany:

In 1996, Germany established pilot syringe exchange programs in three prisons. Distribution of syringes for women occurred through dispenser machines, while men received their syringes from a non-government organization conducting hand-to-hand exchange or through the medical unit or drug counseling staff during set hours. Prisoners in the methadone program were not eligible to receive syringes. Prison staff received education to engage them in the process. Needle sharing declined from 71% prior to incarceration, declining further to only 11% in the first four months of follow-up and subsequently decreasing to virtually zero. There were no new cases of HIV or hepatitis B infection and only four cases of new HCV infection attributed to shared injection equipment. There were no negative effects related to syringe exchange reported during the initial 12 month follow-up. Following the success of the pilot programs, these three exchanges were permanently adopted and new programs were instituted in four other prisons, though some of these programs have been discontinued recently due to changes in the political climate. During the pilot phase, 98.9% of female participants' used syringes were returned; the return rate was similar for men.

Spain:

Spain first implemented prison syringe exchange in 1997. Following the success of several pilot programs, the Directorate General for Prisons ordered that syringe exchanges be established in all prisons. Syringe exchange is provided by health care staff, sometimes in collaboration with non-government organizations. Prisoners enrolled in methadone maintenance programs are eligible for syringe exchange; only prisoners with mental illness or who are extremely violent are excluded. As in other countries, correctional officers reported very positive experience with prison syringe exchange and support the program. Drug consumption did not increase and participation in syringe exchange resulted in increased referrals to substance abuse treatment programs. No accidental needle-stick injuries or violence occurred.

Moldova:

Prison harm-reduction initiatives were led by Heath Reform in Prisons, a non-government organization of prison doctors established in 1997. Their advocacy efforts revealed that prior to implementing syringe exchange, each syringe or homemade injection device was shared, on average, by 8 to 12 Moldovan prisoners. In 1999, Moldova implemented three syringe

exchange programs in their barrack-style prisons. Syringes were initially distributed through the medical unit, but this strategy only reached about 25% of prisoners who injected drugs. Distribution subsequently switched to a peer model, reaching 65-70% of known drug injectors and allowing syringe exchange to be available 24 hours a day.

Kyrgyzstan:

The first pilot prison syringe exchange program was introduced in October 2002. By early 2003, approval was given to expand syringe exchange programs to all 11 Kyrgyz prisons. The exchange takes place in medical wards, on a one-for-one basis. The program also includes secondary exchange through peers.

Belarus:

A pilot syringe exchange program began in one prison in 2003. The program is open to all prisoners, utilizing the Moldovan peer model. No violence was reported.

Luxembourg:

A syringe exchange program was implemented in CPL Prison in Schassig in 2005. Exchange is conducted through the medical unit and requires an initial evaluation by the prison doctor.

Other countries:

Federal corrections and health officials in Canada are considering implementing prison-based syringe exchange. Australia, Greece, and Portugal are also planning pilot exchange programs in prisons in the near future. Scotland and Australia have had documented outbreaks of HIV seroconversion in prison among injection drug users, generating public debate about the need for syringe exchange.

Conclusions:

Syringe exchange programs have been successfully implemented in a diverse range of prison settings using a variety of effective models. Evidence overwhelmingly shows that prison syringe exchange programs reduce HIV and hepatitis C risk and prevent disease transmission, increase referrals to substance abuse treatment, and do not result in increased drug use nor pose problems with security or violence.

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