Inmates sharing syringes have made prisons a high-risk environment for HIV and other blood-borne viruses. So why, asks **Daren Garratt**, are the interests of harm reduction so poorly served in our jails?

Rough justice

IN April, John Shelley, an ex-inmate of HMP Long Lartin in Evesham, tried unsuccessfully to sue the Home Office over the lack of needle exchange provision in prisons. Not a user himself, he revealed that at Long Lartin 32 prisoners had shared one needle – fashioned from a biro and a needle that had been secreted by a diabetic prisoner. Initially, of the 32, four were HIV positive. "By the time I left that nick," Shelley said, "all 32 – the whole shooting match – had contracted the virus." He argued that, not only were the users at risk, but so were other prisoners and staff from hidden dirty needles. Not to provide clean works, he contended, violated the European Convention on Human Rights.

Research from the Home Office itself, cited by Shelley's lawyer, Sean Humber, showed that over the last eight years up to 7 per cent of inmates inject drugs while in prison, with three quarters of them sharing equipment. The charity Action on Hepatitis C has reported that many drug users will be initiated into injecting drug use while in prison. In Ireland, 21 per cent of prisoners who use drugs reported that they began injecting while in prison. A UK study found over half of heroin-using inmates shared injecting equipment.

HALF MEASURES

In 2004, the Prison Service announced it would supply prisoners with disinfecting tablets to clean their works. But the Department of Health is sceptical about the move. "I don't think we would encourage this as being effective as the issuing of sterile needles," said a spokeswoman. "We don't recommend it. We regard the needle exchange programmes in place throughout the whole of the [health] system as the most effective way of reducing blood-borne diseases."

In May last year, during a House of Lords debate on HIV/AIDS, Baroness Stern said the Prison Service was refusing to face up to the truth about drug-taking behind bars. "Prisons need to take action to stop the spread of HIV. They need to stop prisoners taking such risks as unprotected sex or injecting with the same needle. To do those things, prison officials have to accept some harsh realities that they would often rather deny." She asked for reassurance "that the roll-out of the programme to provide disinfectants will continue energetically, the provision of condoms will be improved, and the possibility of needle exchange programmes, where the need can be proven, will at the very least be kept on the agenda". Answering for the government, all Lord Triesman would say on the subject was this: "A good deal of discussion has taken place about the problems of sharing needles in prison and the issues surrounding the provision of injecting equipment. It is prohibited in prisons at the moment and a fundamental change in policy would be needed."

This is the reality of health care within a Prison Service which states in its own guidelines that

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offenders should have access to "the same range and quality of services as the general public receives from the NHS".

EVIDENCE

In November 2004, the Irish Penal Reform Trust and Montreal-based Canadian HIV/AIDS Legal Network published a report entitled *Prison Needle Exchange: Lessons from a Comprehensive Review of International Evidence and Experience.* This report assessed the impact of the controlled provision of sterile syringes in over 50 prisons in six countries. These countries included Moldova, which introduced syringe exchange in 1999, and Kyrgyzstan, which followed suit in 2004 after a successful two year pilot. The Legal Network report concluded that prison syringe exchange:

- reduces risk behaviour and disease (including HIV and Hep C) transmission
- does not endanger staff or prisoner safety, and, in fact, makes prisons safer places for both staff and inmates
- does not increase drug use or injecting
- has been successfully implemented in a wide variety of prison environments

A report into *Prisons, Drugs and Harm Reduction,* published by the World Health Organisation in May, backed these findings. It said none of the fears about providing needle exchange in prisons were justified. "The public health case for action is strong. Those involved in deciding policies and services for prisons now have the evidence of effectiveness to add to the successful experiences in several countries in Europe and elsewhere. They should conclude that harm reduction measures can be safely introduced into prisons, that such measures can significantly bolster preventing the transmission of HIV/AIDS in communities and that action in the interests of public health as a whole is now required."

Of course, there is more to harm reduction than just needle exchange. And here it isn't all bad news. There are some pockets of good practice. For example, in Scotland, HM Prison Shotts offers long and short-term maintenance programmes and pre-release stabilisation regimes. HM Prison Glenochil provides a range of prescribing interventions. In Northern Ireland, prisons will be ensuring that any scripted users sent to them will not face any disruption to their current treatment programme.

DESTABILISED

However for the majority of offenders, there is no substitute prescribing available at all. At best, the only 'treatment' available is the inappropriate, often complicated, and potentially destabilising, substitution of the optimal dose of methadone upon which a user has been stabilised in the community, with 0.2mg buprenorphine – a substitution which can often trigger precipitated withdrawal. Furthermore, when some incarcerated users find themselves having to use again, it follows that they will also return to injecting, as it's the most cost-effective and inconspicuous means of administration.

In the current climate, users on community-based criminal justice programmes are continually being breached and sent to prisons where the lack of adequate substitute prescribing is the norm, the return to intravenous drug use is accepted, and the contraction of blood borne viruses high likely, before being released into their own communities.

The NTA is working with the National Offender Management Service (NOMS) on a new drug treatment strategy for prisons. It will be aligned with the forthcoming revision of Models of Care in which, say the NTA, harm reduction has been identified as a key component.

The UK Harm Reduction Alliance (UKHRA) is striving to persuade the Home Office to reverse the current situation – where offenders are being moved from an environment of harm reduction in the community into one of apparent harm promotion in prison. ■