

Incarceration, Addiction and Harm Reduction: Inmates Experience Injecting Drugs in Prison

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Within Canadian prisons HIV/AIDS is becoming more common among inmates. While injection drug use in correctional facilities is documented to be a problem, qualitative research into the HIV risks faced by inmates is lacking. The goal of this research was to qualitatively examine HIV risk associated with injecting inside British Columbia prisons. A sample of 26 former male inmates who had recently used drugs within correctional facilities were recruited from a ongoing cohort study of injection drug users in Vancouver, Canada. Data for this study were collected through in-depth interviews conducted in 2001/2002. Analysis of these data involved identifying emergent themes and then exploring these central concepts in further interviews to confirm the accuracy of interpretation. The harms normally associated with drug addiction, and injection drug use are exacerbated in prison. Interpersonal relationships and the possession of exchangeable resources determine access to scarce syringes. The scarcity of syringes has resulted in patterns of sharing amongst large numbers of persons. Continual reuse of scarce syringes poses serious health hazards and bleach distribution is an inadequate solution. The findings of this study emphasize the need for effective harm reduction programs that provide an appropriate response to the problem of injection drug use among inmates.

Keywords HIV; incarceration; injection drug use; harm reduction; health risks

Introduction

Evidence emerging from Correctional Service Canada (CSC) indicates a steady increase in the levels of HIV/AIDS and hepatitis C virus (HCV) infection among Canadian prisoners (Correctional Service Canada, 2003). Expert observers have identified and criticized (Jurgens, 1996; Lines, 2002) a lack of concerted action aimed at addressing the rising prevalence of blood-borne viruses within prisons and the risk of intramural HIV transmission among inmates, especially those who inject drugs. Injection drug use is documented to be

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a problem within Canadian prisons (Correctional Service Canada, 1995; Jurgens, 1996), one that has serious health implications for those who share injection equipment. The high prevalence of blood-borne viruses among prisoners who use injection drugs results in great potential for the transmission of HIV among this population.

Within the Canadian Federal Correctional system the number of documented cases of HIV/AIDS has increased by an average of 15 cases a year since 1989 (Correctional Service Canada, 2003). In the year 2001, 1.8% of federal inmates were known to be HIV positive (Correctional Service Canada, 2003). While 223 federal inmates are now known to be HIV positive, "reported infection rates may severely underestimate the true burden of disease within correctional facilities"¹ (Correctional Service Canada, 2003). The prevalence of HCV is also high, with 2993 cases among federal inmates (Correctional Service Canada, 2003) representing 23.6% of the federal inmate population.

High levels of substance use exist within the correctional system in Canada. Correction Service Canada's own program of random urinalysis reveals that the proportion of inmates testing positive for illicit drug use has remained relatively stable at 10% (Kendall, 2000). However, other data indicate illicit drug use in prison may be more widespread, 40% of federal inmates surveyed reported using illicit drugs while in prison (Correctional Service Canada, 1995). Of these same inmates, 11% reported injection drug use. Within the British Columbia branch of the federal corrections system, 23% of inmates reported injecting drugs while in prison (Correctional Service Canada, 1995). A recent Canadian study found that injection drug use in prison was associated with significantly more needle sharing than was injection use in the community (Forester et al., 2002), echoing the findings of earlier studies (Dolan, 1996).

In both Scotland and Australia, the sharing of injection equipment within prisons has led to outbreaks of HIV and HCV infection (Taylor, 1994; Dolan and Wodak, 1999). In Glenochil prison in Scotland in 1993 the first outbreak of HIV infection among incarcerated injectors was documented, 13 cases of HIV transmission were attributed to syringe sharing within the prison (Taylor, 1994). In 1996 a similar outbreak occurred in an Australian prison where eight inmates were infected with HIV as a result of sharing syringes (Dolan, 1998). These instances of HIV seroconversion among prisoners as a direct result of syringe sharing have important policy and public health implications for the Canadian correctional system (Lines, 2002). These outbreaks illustrate the health hazards faced by inmates injecting drugs, as well as highlight the need for policies fostering the development and implementation of appropriate responses to these hazards.

Consultations between the correctional system and public health experts began in the early 1990s (Hankins, 1998), leading to the development of formal harm reduction policies. The most significant of these for injecting inmates is the provision of bleach, which began in 1992 within provincial correctional institutions in British Columbia, and since 1996 within federal correctional facilities (Jurgens, 2002). Inmates in British Columbia, whether serving time in a federal or provincial institution, are afforded access to bleach by correctional policies (Lines, 2002) for the stated purpose of decontaminating injection equipment. However, due to the variability of health and harm reduction programs offered to inmates across the various jurisdictions of the correctional system in Canada, not all

¹The statistics provided by CSC indicate only the number of known positives, the actual number of inmates who are HIV positive could be far greater. Voluntary HIV testing is available to inmates, but many may choose not to be tested. Concerns of confidentiality, discrimination, and stigmatization may deter inmates from undergoing HIV testing while in the custody of CSC (Jurgens, 2001).

Canadian inmates have this opportunity to protect their health if they inject drugs.² Within all correctional facilities in Canada inmates are prohibited from possessing syringes, and needle exchange programs are not offered.

While documentation of the prevalence of blood-borne diseases and drug use among Canada's incarcerated populations exist; epidemiological and behavioral research efforts addressing drug use-related harms faced by men and women who use drugs in Canadian prisons are lacking. Our own preliminary qualitative exploration of the issue indicated high levels of risk associated with injecting while incarcerated. In addition, emerging epidemiological evidence from the Vancouver Injection Drug User Study (VIDUS) cohort (Tyndall et al., 2003) indicated that the incarceration of injection drug users was associated with a 2.7 times greater risk of acquiring HIV infection. Therefore, the present study was conducted to provide a contextualized understanding of drug use among inmates and HIV/HVC risk behavior within a correctional environment. While substance use and drug use-related harms exist among female inmates also, this specific study was aimed at investigating the context of drug use for male Canadian prisoners, so a sample of males was recruited. At a time when injection-drug user vulnerability to HIV infection within prison is becoming increasingly apparent (Lines, 2002; Correctional Service Canada, 2003), a better understanding of the processes and factors that causes and/or are associated with drug use-related harms for these individuals is urgently required. This investigation is an anthropological substudy situated within a large ongoing, prospective cohort of injection drug users in Vancouver, Canada. The aim was to understand the context of risk for males injecting drugs within the unique physical and social environment of jail and prison.

Research Methods

The VIDUS project is a prospective epidemiological cohort study that has enrolled over 1500 injection drug users since it began in 1996 and has been described in detail previously (Spittal et al., 2002). Data is gathered on demographics, drug use, health, sexual activity, and risk behaviors. Providence Health Care and the University of British Columbia provided ethical approval for VIDUS and the current study. The VIDUS cohort is funded by the National Institute on Drug Abuse (NIDA) and the British Columbia Centre for Excellence in HIV/AIDS.

This is a qualitative study designed to examine the health risks experienced by male inmates who inject drugs in British Columbia. For the current study participants were drawn from among the VIDUS cohort to create a sample composed of 20 formerly incarcerated male injection drug users, who had recently been to prison and used drugs there. We collected inmates' accounts of their experiences within prison in an effort to understand their personal perceptions of risk through 26 open-ended, semi-structured in-depth interviews. The use of ethnography and qualitative methodology to conduct research among drug-using populations is well-established (Singer, 1999; Schensul, 1999) and is suited to investigating the social and environmental factors influencing risk behavior (Bluthenthal and Watters, 1995; Singer et al., 2000).

A recruitment strategy was employed to ensure that the interviewees had recent experience of drug use within correctional environments. The VIDUS participants meeting

²Considerable variation in the availability and accessibility of harm reduction programs for Canadian inmates exists between the 13 provincial jurisdictions as well as the federal system. The programs available in each province and federally are detailed in a online publication prepared by the Canadian HIV/Aids Legal Network available at: www.aidslaw.ca/Maincontent/issues/prisons/prison_reportcard.pdf

the selection criteria were approached and invited to participate in this study by the interviewer. Among the individuals who were asked if they would like to partake in the current study, which was described to them, two of the potential participants approached refused. Once informed consent was obtained, interviews lasting 40 to 90 minutes in duration were conducted. The interviewer, who was a male trained as an ethnographer, used a topic guide that was modified as the research progressed to ensure that all relevant areas of experience were examined. Topics discussed included: life in prison, prison culture, prison economy, the availability and price of drugs, drug use, syringe availability and access, perception of health risks, methadone maintenance therapy, sexual activity, bleach availability, and the cleaning of syringes. The topic guide was empirically based, having been piloted with suitable participants previously.

Interviews were recorded on audiotape and were transcribed verbatim. The transcribed interviews were analyzed for recurrent themes. Key words, phrases, and explanations were identified and then coded with an appropriate label denoting the emerging themes. This process was repeated for each interview and the emergent themes that recurred consistently throughout the interviews then were deemed to be central. The coding of these interviews was assisted by the use of NU*DIST, a software program designed to manage the analyses of nonnumerical unstructured data (Schensul and LeCompte, 1999).

As the research progressed, further interviews focused more closely on the most significant topics identified in the analysis. Respondents were questioned (during follow-up interviews) regarding the importance and content of categories that were deemed central in the analysis, providing confirmation that these concepts were fundamental to the participants' understanding of the experience. This allowed an increased degree of focus on these topics and served to confirm the validity of the analysis, but as a limitation of this study it must be noted that the process may have led to the underreport of some other themes. The central categories from the analysis are presented later.

Results

Drug use is a reality for inmates serving time in British Columbia. Incarceration is a common experience for members of the VIDUS cohort, with 83.3% of VIDUS participants having been to a correctional facility in their lifetime. Twenty-seven percent of these participants reported that they had ever injected drugs while in a correctional facility. The majority (80%) of the injections reported while in custody involved previously used syringes.

The quotations cited here are taken from interviews with former inmates discussing the nature of drug use inside prison. They are illustrative of inmates' experience of using drugs while incarcerated and their perception of health risk within a correctional environment. The statements have been slightly modified by the editing of redundant, extraneous, and repetitious words for the purpose of brevity.

“No Problem Getting Dope in Jail”: Drug Availability and Prevalence of Use

All participants in this study agreed that drugs are a part of prison life and that the presence of drugs in prison cannot be eliminated, despite the interdiction efforts of Corrections.

“It’s part of the lifestyle. I mean if you’re an addict, and you’re in prison—especially in BC. It’s part of the environment. There is always dope in prison in BC, always. I’ve always chipped [*injected*] when I’ve been inside.”

“They can’t stop drugs from coming into prison. They will always be there.”

“In prison any day you want heroin, you can get it.”

Those interviewed estimated the prevalence of drug use to be high. While injecting was less common, numerous inmates still participated in this activity regularly. Injection was said to be the preferred route of administration.

“I’d say maybe 70% of the prison population use a drug of some sort.”

“80% of the guys are using, probably 50% fix [*inject*] and 20% are fixing everyday.”

The frequency with which inmates injected varied widely among the users participating in this study. While some injected several times a day, others injected only a few times a week, or a few times over the course of their sentence.

“I had heroin comin’ in like clock works, once a week. I was usin’ [*injecting*] at least two days out of the week.”

Interviewer: How often were you fixing?

Former inmate: Every day.

Interviewer: Once a day?

Former inmate: Yeah . . . well as much as we could. A bad day would be once a day. A good day would be maybe three times a day.

“Everybody Shares”: Syringe Scarcity

Inmates are prohibited from possessing needles by correctional policies, so the syringes present within prisons are contraband. Used syringes (commonly referred to as “rigs”) circulate endlessly and are used by many inmates. Since they are in extremely limited supply, they are valued by those who do possess them and efforts are made to keep them operational. Parts may be replaced and the points may be resharpened. Rather than using a syringe and disposing of it, passing rigs from one user to another is the norm rather than the exception. The number of inmates injecting drugs greatly outnumbers the rigs present.

“It’s a nightmare. Equipment like syringes are in very, very short supply. You see syringes that have literally been around for months and months, if not years . . . patched and repaired, used over and over and over and over again. I am sure that many, many cases of HIV were transmitted because of those practices . . . sharing. Everybody shares.”

“I knew about six or seven [*rigs*] that were going around” [*in an institution housing over 200 inmates*].

“There’s not enough needles. Everybody is sharing the same needle. There’s not even 10 of them in the whole place . . . So I’d say that is pretty risky.”

Some of the circulating syringes are not industrially manufactured ones but rather have been constructed within prison, sometimes from surviving parts of old syringes.

“Drug addicts in jail are incredibly inventive. I have seen people actually, literally manufacture syringes out of pens. You know, pen bodies for the barrel

and maybe they've got a very old syringe that they've cut off right down, very close to the point and somehow glued on, or attached for the point."

Despite the known risks of injecting with equipment others have used, injection remains the preferred route of administration. As no new syringes are available, inmates will make use of the few used ones that do exist, and by necessity will share.

"I'm Watching 15 Guys Fix off One Syringe": Accessing Syringes and Risk Behavior

Participants reported that syringe sharing is difficult to avoid for inmates that do inject, because rigs are so scarce. It was reported that there are many people using one syringe in a serial process, one after another. The sharing of injection equipment among inmates does not occur randomly. Rather it takes place amongst inmates who share some form of social connection. Participants described three patterns of sharing behavior. It occurs among friends, among members of the same clique, and between individuals who trade material goods or favors with each other. Inmates who are friends may know each other from the street or have grown familiar with each other over the course of their sentence, allowing each other access to rigs they may possess. In addition, members of the same clique will cooperate to procure and use drugs together, often retaining joint ownership over a syringe. Finally, persons who exchange or trade goods and favors with each other will often have "rental" arrangements enabling them to access a rig. The comment below illustrates the various trajectories a syringe may travel, dependant on the form of relationship existing among those sharing equipment.

"it's shared . . . it's passed around and shared, you know, amongst friends . . . cliques . . . Then people rent them out too."

As another inmate points out, accessing rigs normally entails some form of payment unless an inmate shares a close social relationship, like a friendship, with the owner.

"It takes you longer to score the rig than it does to score the dope. It takes awhile cause there's such a line up for them. And they don't want to let it out of their sight. So if you're gonna use, it you're gonna use it right there, and you're gonna pay them . . . unless he's a good buddy. It could cost a pack of smokes sometimes, sometimes it might cost you half your fuckin' dope."

One rig may be used by a small number of people in a steady rotation, when members of a clique continually make use of the same syringe retaining it in their possession. A particular syringe may never leave this network, being utilized until it is no longer functioning.

"I sit around with my clique all day, 5 or 6 of us. We own one rig. And we shoot dope all day and play cards." [*This inmate said this one syringe had been used hundreds of times by his clique.*]

"Each clique has a rig and guys who can't find a rig don't have a clique. They're not well connected."

Syringes may be costly to access if inmates do not share a close social relationship, as they are a highly valued commodity. For this reason inmates will often compensate a

syringe's owner for its use. This is a common basis for connections between inmates, as rigs may be bought or traded for exchangeable goods or drugs.

"It might go straight out for cash, or somebody would get some narcotics in and they might go to someone who has a syringe and say 'Come on, we'll make sure you get high if our little group is going to be able to use your equipment.'"

An inmate may have possession of a syringe and "rent" it out among a clientele who will use the rig and return it after each injection episode. These arrangements may involve the exchange of tobacco or an inmate may pay the owner with a share of the drugs he seeks to inject.

"I'd say, 'look you got a rig, I'll give you a smash [*fix*] if you let me use it.' And basically that would be the way it would go. Or I'd come up to you and just give you the tobacco, that lets me use it for an hour and I'll bring it back."

The following comment illustrates the value that scarce syringes hold within a prison environment, allowing inmates to access drugs without having to pay for them.

"I knew a couple of guys in particular that were using [*injecting*] every day, they didn't pay a damn cent only because they had the needle."

Some inmates discussed the health risks of sharing syringes and pointed to the large number of different individuals who are using the same rig to fix.

"Let's think about the diseases that go around. I mean, I'm watching 15 guys fix off of one syringe. 'How do you know out of 15 guys you're sharing with, are you saying that none of them have it [HIV]?'"

"I've known syringes that have gone through 30–40 people's hands. I swear to God. They have been used by that many different people. I'm sure that people have tried to keep them clean and use bleach on occasion, but there are many instances where bleach perhaps wasn't available, people are impatient . . ."

Some suggested that an inmate might not disclose the fact that they are HIV positive, for fear that they would not be able to gain access to a rig in future. A clique may use together, operating on the understanding that all members are HIV negative. If an inmate did disclose their HIV status and admit that they were HIV positive, others would likely eliminate that inmate from the group that uses together. Some persons may even hide the fact that they are HIV positive in order to remain part of a group that is making use of one syringe. An inmate, who years later found out that a clique member with whom he was using withheld the fact of being HIV positive, details such a situation:

"I think I picked it up in the institute. Guys don't say they're positive on the inside. Because they don't want the guys to say, 'well you're not usin' the fuckin' rig because you're HIV positive. 'I've run into so many guys [outside] that have sat there and said, well I've been positive for 6 years.' And I look at them and say, 'well you told me you were fuckin' [HIV] negative in '98!' But . . . If everybody knows the guys is positive. I mean . . . They're not gonna let him use the syringe right?"

The particular social context of drug use in prison, characterized by the scarcity of syringes, exacerbates risk by forcing inmates to share syringes.

“It Takes Time”: Inadequacy of Bleach Distribution as a Harm Reduction Tool

In this study inmates asserted that the regularity and efficacy of syringe decontamination using bleach is limited for inmates. As syringes and drug use are both prohibited, injections are accomplished in a furtive manner, so guards cannot observe inmates using. Individuals may not take the time or have the patience to correctly disinfect used syringes before using them again.

Inmates were in agreement that bleaching of equipment does not occur consistently, and most likely bleaching is performed too quickly when it is done. In order to sterilize injection equipment properly, the U.S. Center for Disease Control suggests that a syringe be filled with undiluted bleach for two intervals of 30 seconds each and rinsed with clean water between intervals as well as afterwards (Center for Disease Control, 1993). While inmates are permitted to have bleach, syringe cleaning is not permitted as correctional policies prohibit syringe possession.

“If you are in that kind of environment where lots of injections are going on . . . usually these days there is bleach in the area. When you are in that environment, you know your patience is running low. And the visits are over and somebody “got” [scored drugs] and you know everybody is trying to get their share. So when things are rushed like that, people, don’t take as much time to clean . . . or be as thorough as they should.”

“One of the problems with bleaching is that it takes time to do it right—and we don’t have a lot of time.”

While bleach may disinfect syringes when used properly, reused syringes have dull points, which can lead to injection-related complications like scarring, bruising, abscesses, and other soft tissue infections.

“That’s the main reason for scarring . . . is dull syringes. If you use a new syringe every time you inject, your going to have very few problems regarding scarring and bruising and that kind of thing. So obviously when rigs get old, dull, and bent and barbed, they can cause problems.”

Inmates claim that the supply and quality of bleach is inconsistent also. Some inmates related that the bleach provided to them was diluted and no longer full strength. Bleach was not always accessible as supplies are sometimes depleted and it is not present when needed. Inmates indicated that bleach is not always kept in an appropriate location, being kept under lock and key where guards can observe who is obtaining bleach.

One inmate voiced his uncertainty that bleach provision is adequately protecting inmates’ health, discussing his fear that bleach cannot protect him from HCV when sharing injection equipment.

“After a dozen people use it, I mean sure it kills AIDS with the bleach but it doesn’t destroy Hep C.”

Another inmate summarized the situation even more succinctly, discussing the shortcomings of a bleach program, asserting that syringes are what inmates really need access to.

“They give you bleach, why don’t they give you needles?”

Many factors reduce the possibility of proper decontamination of injection equipment with bleach, as discussed earlier. Inmates agreed that bleach provision was not a solution to the problem of injection drug use within prison.

Discussion

The qualitative interviews conducted for this study indicate that injecting drugs is a hazardous activity for inmates. Inmates are denied access to sterile syringes by correctional policies (Correctional Service Canada, 1992) and face disciplinary action if found in possession of needles. As a direct result of these policies, syringes never leave circulation and are passed around large sharing networks composed of numerous inmates. Inmates perceived bleach to be an inadequate measure, failing to mediate the health risks of injecting with previously used syringes. In the prison environment the potential for intramural transmission of blood-borne viruses is perpetuated, not mediated or reduced, by correctional policies that deny inmates access to sterile syringes and, in turn, opportunities to protect their health if they continue to inject while incarcerated. This study reveals that the scarcity of injection equipment drives risk behavior among inmates, and that the distribution of bleach is an incomplete solution due to factors that reduce the likelihood of proper syringe decontamination.

An investigation of injection drug use among inmates in New York State concluded that the absence of sterile injection equipment may create a greater risk of HIV transmission than in the community (Mahon, 1996). The current study found that syringe scarcity leads to syringe sharing and to elevated risk of blood-borne disease transmission among inmates who continue to inject drugs. Current correctional policies do not provide sufficient protection of inmates’ health if they continue to inject, as syringe cleaning was reported to be inconsistently or improperly performed. The standard of care available in the community within British Columbia is the provision of new sterile syringes. The United States Public Health Service (1997) advises using bleach to disinfect a syringe as a risk reduction method only when no other options are available. The continual use of the same syringe by different individuals, even when bleach is available, is inadequate protection against HIV and, more significantly, HCV.

As early as 1990 Canadian public health experts recommended exploration of the “feasibility of a program to provide inmates with access to clean needles and syringes without punishment for possession” (Hankins, 1998). In 1994 the Expert Committee on AIDS and prisons articulated the viewpoint that making sterile injection equipment available in prisons would be an “inevitable” necessity (Correctional Service Canada, 1994), while acknowledging that such a shift in policy would not take place immediately. Syringe exchange programs within Canadian prisons were again recommended by a CSC study mandated to evaluate harm reduction measures in corrections citing that in a successful program “old, damaged, and home-made syringes that have the potential to harbour pathogens will be removed from circulation” (Correctional Service Canada, 1999). While numerous expert opinions, solicited by CSC to investigate the problem of injection drug use within correctional facilities have recommended that prison-based needle exchange be piloted, no progress towards this target has been realized (Correctional Service Canada, 2003; Lines, 2002).

Since these recommendations were initially made, empirical evidence pertaining to the operation and impact of syringe distribution among inmates has accumulated from programs operating within European nations (Stover, 2000). While it is difficult to generalize from the European experience to the Canadian context, since the problems experienced were the same, it may be expected that the solutions are similar. Arguments for the creation of prison-based needle exchange focus on their potential to reduce the risk of blood-borne virus transmission (Jurgens, 1996) and the demonstrated effectiveness of syringe exchange in community settings (Nelles et al., 1999). Arguments against the establishment of such programs are concerned that provision of injection equipment may result in increased drug use among inmates and that needles may be used as weapons (Correctional Service Canada, 1994).

An exhaustive review of all the scientific literature has been conducted by Dolan and coworkers (2003) to examine the impact of prison-based syringe exchange programs, surveying 19 different programs that now operate in Switzerland, Germany, and Spain. Evaluations of these programs were favorable in all cases, documenting stable or decreased levels of drug use, a decline in syringe sharing as well as no new cases of HIV or HCV (Dolan et al., 2003). Negative unintended consequences of prison syringe exchange were not found, needles were not used as weapons against guards or inmates, nor was transition into injection drug use reported (Dolan et al., 2003). Staff attitudes towards prison-based needle exchange (PBNE) were reported to be positive. The programs examined accomplish the distribution of syringes through doctors, machines, drug user counseling services, correctional staff, or external staff. As the prison-based syringe-exchange programs examined demonstrated positive impact and achieved the primary aim of the reduction of blood borne viruses, the authors assert that "similar programmes [sp] may be beneficial in any correctional setting with a high rate of injecting drug use" (Dolan et al., 2003). None of the major arguments raised against PBNE were documented in the empirical evidence examined (Nelles et al., 1999; Dolan et al., 2003), all findings support the arguments in favor of establishing these programs.

Despite the accumulation of scientific evidence documenting the positive impact and feasibility of prison-based syringe-exchange programs, and the numerous recommendations of such programs, CSC has again stated that it has no plans (Correctional Service Canada, 2003) for the development of a pilot project. Expert observers have appraised the CSC reaction to the crisis of HIV and AIDS within the correctional system in Canada since 1996 (Lines, 2002), rating the response to problems of drug use and the enacting of preventative measures as "poor" in both cases. While the CSC has defended its position, critics have speculated that failure to pilot a prison-based syringe exchange is due to the reluctance of government officials to appear that they are condoning drug use among inmates by creating such a program (Canadian Broadcasting Corporation, 2002). Frustration with complacency on the part of CSC resulted in the withdrawal of 12 community-based HIV/AIDS organizations and service providers, who had been involved in numerous consultation processes with committees of the CSC over recent years (Lines, 2003). They cited a "lack of CSC commitment to engage in a serious process of community consultation and collaboration that could lead to substantive improvements in HIV and hepatitis C services for prisoners" (Lines, 2003) as the reason for withdrawal. In contrast to the inaction of CSC regarding this issue, recent commentary from the Solicitor General indicates that the Canadian government may actually be considering the establishment of a pilot program of prison-based needle exchange within federal prisons (Canadian Broadcasting Corporation, 2003). Further impetus for the creation of a pilot program may result from a lawsuit currently being brought against CSC by a federal inmate who alleges that denying him access to sterile injection

equipment constitutes negligence on the part of CSC and resulted in his infection with HIV (Jurgens, 2002). Observers have speculated that this litigation may bring movement on the part of CSC concerning the provision of sterile injection equipment for inmates, as legal action has resulted in shifts in correctional policy in the past (Jurgens, 1996; Jurgens, 2002).

Limitations exist regarding this study, being restricted to an examination of the problem from an inmate perspective; it cannot provide insight into the experiences of either guards or correctional officials. The findings of this study have important implications that must be noted. Considering that inmates serving time in British Columbia (whether in a federal or provincial institution) have the highest level of access to harm reduction programs among Canadian inmates (Lines, 2002), it could be argued that the potential for drug use-related harm among inmates is even greater in other jurisdictions of the correctional system. Additionally, the situation documented in this investigation bears strong similarities to the environments where outbreaks of HIV infection have occurred in Scotland and Australia (Taylor, 1994; Dolan, 1998). Injection drug use in prison provides potential for transmission of HIV and HCV when injectors are not afforded access to sterile injection equipment. These high-risk behaviors have resulted in multiple new infections within prisons in other nations.

Conclusion

Within Canada prison is an environment where there is potential for the transmission of Hepatitis C and HIV due to concentration of these diseases among incarcerated populations where high-risk behavior is occurring. It has been estimated that greater than 20% of HIV infections among injection drug users in Vancouver were likely acquired in prison (Hagan, 2003). For this reason, strategies to prevent the spread of disease are critical. Experts have identified prison-based needle exchange as potentially pragmatic solution (Hankins, 1998; CSC, 1999; Dolan et al., 2003), but while support for the piloting of prison-based needle exchange appears to be growing, concrete steps have not been taken in this direction as of this time.

Within the Canadian context a targeted feasibility study may precede the establishment of an actual pilot program. Such a study would identify specific suitable institutions where a pilot program would be conducted. Careful examination of the social context of each specific correctional institute is needed to determine how syringes can safely and effectively be provisioned, whether it would be through machines, healthcare, or external staff. An actual pilot project would include a rigorous scientific evaluative component, to assess positive impact as well as potential unintended negative consequences, possibly utilizing existing indicators and methods for evaluation of such a program (Rutter et al., 1995). The need for collaborative effort in the design and implementation of syringe distribution for inmates is paramount (Dolan et al., 2003), requiring the inclusion of inmates, guards, staff, and administration in the process of program consultation. Considering the increasing prevalence of blood-borne viruses, the high levels of syringe sharing documented and the fact that prison-based syringe exchange programs have demonstrated positive impact in other contexts, the potential of a program to provide sterile syringe access for Canadian inmates merits exploration.

RÉSUMÉ

Dans les prisons au Canada, VIH/SIDA devient plus fréquent parmi les détenues. Pendant que l'injection des drogues dans les prisons est un problème documenté, le recherche

qualitatif dans les risques du SIDA que les prisonniers face n'est pas. Le but de cette recherche reste avec l'examen qualitatif des risques associés avec l'injection des drogues dans les prisons à l'intérieur du Colombie-Britannique. Un sondage de 26 prisonniers antérieurs qui avaient récemment utilisé les drogues dans la prison était recruté d'une étude continue des injecteurs toxicomanes à Vancouver, Canada. Le don pour cette étude était rassemblé par les interviews approfondies pendant 2001/2002. L'analyse de cette donnée identifie certains thèmes qui étaient examinés plus pour confirmer la justesse de ces concepts. Le mal normalement associé avec la dépendance des drogues et la toxicomanie sont exacerbés dans la prison. Les relations personnelles et la possession des ressources pour le commerce déterminent l'accès aux seringues, qui sont rares. Le résultat de cette pénurie de seringues disponibles a créé un mode de partage parmi les détenues. Le réutilisation des seringues présente un risque pour la santé et la distribution du blanchir est une réponse insuffisante. Les conclusions de cette recherche mettent l'accent sur le besoin pour les programmes effectifs pour réduire le mal qui assure une réponse au problème d'injection des drogues.

THE AUTHOR



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Photo by Magdalena Jarosova.

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