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*Rising rates of HIV/AIDS, hepatitis C among prisoners
affect health of all Canadians*

Needle exchange programs proven beneficial in prisons outside Canada, urgently needed in Canadian prisons: new report

Press conference: Wednesday 27 October 2004, 10:30 am,
Charles Lynch Press Room (Room 130S), Centre Block, House of Commons, Ottawa

MONTREAL /OTTAWA – The number of prisoners living with HIV/AIDS and/or hepatitis C in federal and provincial prisons continues to increase. In a new report released today, entitled *Prison Needle Exchange: Lessons from a Comprehensive Review of International Evidence and Experience*, the **Canadian HIV/AIDS Legal Network** called upon provincial, territorial, and federal governments to **set up pilot prison needle exchange programs within 18 months**, in order to protect prisoners, prison staff, and the public from the further spread of blood borne infections in Canadian prisons.

Prison health is public health

“Prisoners come from the community and most return to it. What is done - or not done - in prisons with regard to HIV/AIDS, hepatitis, and drug use therefore has an impact on the health of all Canadians. The federal Minister of Health and provincial/territorial health ministries must work in close collaboration with the federal and provincial correctional systems to ensure that the health of all Canadians, including prisoners, is protected and promoted,” **said Ralf Jürgens, the Legal Network’s Executive Director** and one of the authors of the report.

“Drug use, including injecting drug use, is a reality in prisons around the world. Over the last ten years, Canadian prisons have vastly increased their efforts to keep drugs out. Nevertheless, as in prison systems in other countries, drugs get through even the thickest walls,” said **Michael Linhart, a former prisoner living with AIDS**. “I have seen how prisoners share dirty needles because they don’t have access to clean ones. Many prisoners never shared before they came to prison, and are at great risk of being infected with HIV and hepatitis C in prison,” he added.

“Needle exchange programs have been operating with government funding throughout Canada since the late 1980s. They are generally regarded as one of the most important factors in preventing HIV epidemics among injection drug users,” added Thomas Kerr, a Research Associate with the British Columbia Centre for Excellence in HIV/AIDS. “Despite this, and although Canadian and international experts have been calling for prison needle exchange programs for over ten years, no Canadian prison has thus far introduced and evaluated this pragmatic public health measure.”

HIV, hepatitis C rates high in Canadian prisons

The Legal Network’s report shows that the **number of prisoners infected with HIV and hepatitis C** has increased dramatically over the last ten years. “In federal prisons, 14 cases of HIV/AIDS were known in 1989. In April 1994, 109 cases were known, and in 2002, 251. Today, one out of 50 prisoners is known to be HIV-positive. In provincial prisons, rates are also very high: studies have shown HIV prevalence rates ranging between 1 and 8.8 percent,” said Jürgens. “Hepatitis C prevalence rates are even higher. Approximately 0.8 percent of Canadians are living with hepatitis C, but studies have shown rates of 20 to 80 percent among prisoners,” he added.

Prison needle exchange programs proven beneficial in other countries

The Network's report is the first comprehensive review of prison needle exchange programs worldwide. The authors undertook a literature review, visited prisons in four countries, and corresponded with people responsible for administering prison needle exchange programs. The report concludes that the experience and evidence from the six countries where prison needle exchange programs existed as of April 2004 (Switzerland, Germany, Spain, Moldova, Kyrgyzstan, and Belarus) have demonstrated that such programs:

- reduce risk behaviour and disease (including HIV and HCV) transmission;
- have other positive outcomes for the health of prisoners;
- do not endanger staff or prisoner safety, and in fact, make prisons safer places to live and work;
- do not increase drug consumption or injecting;
- have been effective in a wide range of prisons; and
- have successfully employed different methods of needle distribution to meet the needs of staff and prisoners in a range of prisons.

“In light of this evidence, there no longer are any good reasons to deny prisoners who inject drugs access to clean needles. This does not condone their drug use. Rather, it is a pragmatic public health measure that should accompany other efforts to reduce harms related to drug use, such as drug treatment programs, including methadone maintenance,” concluded Ralf Jürgens.

Overwhelming support for prison needle exchange programs

The Legal Network has a long history of analyzing issues related to HIV/AIDS, hepatitis C, and drug use in prisons. In reports released in 1996 and 2002, the Network called upon governments to implement a comprehensive strategy to fight HIV/AIDS and hepatitis C behind bars. The Network's recommendations have been supported by many other organizations, including the **World Health Organization**, two reports from House of Commons Committees, and the Correctional Service of Canada's own “Study Group on Needle Exchange Programs.” Today, coinciding with the release of the Network's report, the **Ontario Medical Association** released a report in Toronto that also calls on governments to introduce prison needle exchange programs.

“We are hopeful that Canadian ministers responsible for corrections and for health will now provide the leadership necessary to prevent the spread of infectious diseases among prisoners and to the Canadian public, and do the right thing,” noted **Kim Pate, Executive Director of the Canadian Association of Elizabeth Fry Societies**. “Until now, they have not done enough to fulfill their moral and legal responsibility to prevent the spread of HIV and hepatitis C. They must act immediately to set up pilot needle exchange programs in Canadian prisons.”

– 30 –

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Prison Needle Exchange: Lessons from a Comprehensive Review of International Evidence and Experience, a series of info sheets on HIV/AIDS in prisons, and the Network's previous reports on HIV/AIDS in prisons, are available at: www.aidslaw.ca/Maincontent/issues/prisons.htm.

About the Canadian HIV/AIDS Legal Network

The Canadian HIV/AIDS Legal Network is a national organization engaged in education, legal and ethical analysis, and policy development, with over 250 organizational and individual members across Canada. The Network is an NGO in Special Consultative Status with the Economic and Social Council of the United Nations. Information about our activities and copies of our publications are available at www.aidslaw.ca.

**TIME TO ACT: Prison Needle Exchange Programs
Will Protect Prisoners, Prison Staff, and All Canadians**

SPEAKING NOTES

Press conference: Wednesday 27 October 2004, 10:30 am
Charles Lynch Press Room, House of Commons, Ottawa

Ralf Jürgens

Executive Director, Canadian HIV/AIDS Legal Network

Introduction

Good morning, and welcome to the Canadian HIV/AIDS Legal Network's press conference marking the launch of our report entitled *Prison Needle Exchange: Lessons from a Comprehensive Review of International Evidence and Experience*. My name is Ralf Jürgens and I am the Executive Director of the Legal Network and one of the authors of the report. I will speak first, followed by Michael Linhart, a former prisoner living with AIDS and Board member of the Legal Network; and by Kim Pate, the Executive Director of the Canadian Association of Elizabeth Fry Societies. Our presentations will take no longer than 12 to 15 minutes, and we will then take questions from the audience.

Speaking Notes

The number of prisoners infected with HIV and hepatitis C has increased dramatically over the last ten years. In Canadian federal prisons, 14 cases of HIV/AIDS were known in 1989. In April 1994, 109 cases were known, and in 2002, 251. Today, one out of 50 prisoners in federal prisons is known to be HIV-positive. In provincial prisons, rates are also very high, with many studies showing HIV prevalence rates between 1 and 8.8 percent. Hepatitis C prevalence rates are even higher. Approximately 0.8 percent of Canadians are living with hepatitis C, but studies have shown rates of 20 to 80 percent among prisoners.

Many prisoners come to prison already infected. But for those who are not, imprisonment itself increases the risk of becoming infected. This is because drug use, including injecting drug use, is a reality in prisons, and because prisoners are being denied access to clean injection equipment.

In a new report released today, entitled *Prison Needle Exchange: Lessons from a Comprehensive Review of International Evidence and Experience*, we call upon provincial, territorial, and federal ministries of health and ministries responsible for corrections to set up pilot prison needle exchange programs within 18 months. This must be done in order to protect prisoners, prison staff, and the public from the further spread of blood borne infections in Canadian prisons. Prisoners come from the community and most return to it. What governments do - or don't do - in prisons with regard to HIV/AIDS, hepatitis, and drug use therefore has an impact on the health of all Canadians.

Outside prison, needle exchange programs have been operating with government funding throughout Canada since the late 1980s. They are generally regarded as the single most

important factor in preventing HIV epidemics among injection drug users. Despite this, no Canadian prison has thus far introduced this pragmatic public health measure.

Today, however, there no longer are any good reasons to deny prisoners who inject drugs access to clean needles. Over the last two years, the Canadian HIV/AIDS Legal Network undertook the first comprehensive review of prison needle exchange programs worldwide. We reviewed the literature, visited prisons in Switzerland, Germany, Spain, Moldova, and corresponded with people responsible for administering prison needle exchange programs in Kyrgyzstan and Belarus. The experience and evidence from these countries have demonstrated that such programs are very successful:

- First, they result in reduced risk behaviour and HIV and HCV transmission and have other positive outcomes for the health of prisoners.
- Second, they do not endanger staff or prisoner safety, and in fact, make prisons safer places to live and work.
- Third, the evidence shows that they do not increase drug consumption or injecting.

In summary, the evidence shows that making clean needles available in prisons does not condone drug use. Rather, it is a pragmatic public health measure that should accompany other efforts to reduce harms related to drug use in prisons, such as drug treatment programs.

Our recommendation to set up prison needle exchange programs has been supported by many other organizations, including the World Health Organization, two reports from House of Commons Committees, and (5 years ago already) the Correctional Service of Canada's own "Study Group on Needle Exchange Programs." Today, coinciding with the release of the Network's report, the Ontario Medical Association releases a report in Toronto that also calls on governments to introduce prison needle exchange programs.

We are hopeful that Canadian ministers responsible for corrections and for health will now provide the leadership necessary to prevent the spread of HIV and hepatitis C among prisoners and to the Canadian public, and do the right thing. Until now, they have not done enough to fulfill their moral and legal responsibility. For the sake of public health and human rights, they must act immediately to set up pilot needle exchange programs in Canadian prisons.

Michael Linhart

*Member of the Board of the Canadian HIV/AIDS Legal Network
and former prisoner living with AIDS*

I am a former injection drug user, a former prisoner, and a person living with AIDS. I found out that I was HIV-positive while in a federal prison in British Columbia, over ten years ago. I first fought my addiction to drugs, and for many years now I have been fighting the two diseases I contracted while using drugs, HIV and hepatitis C. Since 1992, however, I have been fighting another battle as well, that for prisoners' access to the same HIV prevention measures that people outside prisons have.

In 1992, the Expert Committee on AIDS and Prisons of the Correctional Service of Canada visited Mission Institution in British Columbia. At the time, I was one of the few prisoners who dared to be open about their HIV status, and I was asked to meet the Committee members. This prompted me to think about how the prison system was reacting to the HIV epidemic, and about

what prisoners and prison staff needed so that they could better deal with HIV. It struck me that the system was unwilling to look the reality of HIV/AIDS and injection drug use in its eyes.

Many prisoners are sent to prison because of drug-related offences. Many are addicted to drugs, and have not been able to get the treatment for their addiction they need, in prison or outside. It should therefore not come as a surprise to anyone that some prisoners find a way to use drugs while in prison. Believe me, prison systems are doing everything they can to keep the drugs out, and to keep prisoners from using them. A huge amount of resources, both financial and human, are used for drug interdiction efforts. But no prison system worldwide is free of drugs, and no system will ever be.

Injecting drugs is illegal outside prison, as it is inside. But prisoners are not given access to clean injection equipment. On the outside, people who inject drugs can go to one of the many government-funded needle exchange programs or even to a local pharmacy and get a clean needle. At least, they can remain free of HIV, while they deal with all the other issues that often make it impossible for them to stop using right away. Many drug users say they never shared a needle with anybody until they were incarcerated. In prison, often 10 or 20 people will inject using the same needle, simply because they need a fix and there is only one needle around.

Why should people care? Imprisonment is the punishment that prisoners get for their crimes. But a sentence to prison should not come with a sentence to AIDS. Prisoners should have access to the same HIV and hepatitis C prevention measures as people outside. Prisoners want to protect themselves and they want to protect their families. Most prisoners will eventually be again with their loved ones, and they want to stay healthy. And in the end, all Canadians will be affected if the spread of HIV and hepatitis C in prisons is not brought under control.

10 years ago the Expert Committee on AIDS and Prisons recommended that pilot needle exchange programs be established in Canadian prisons. The Legal Network has now shown that this can be done in a manner that is safe for prison staff and for prisoners. Needles have not been used as weapons. And we know that making needles available does not lead to increased drug use. But it definitely prevents many unnecessary infections.

For the sake of prisoners, of prison staff, and of all Canadians, I urge governments to finally act and do the right thing.

Kim Pate

Executive Director, Canadian Association of Elizabeth Fry Societies

The Canadian Association of Elizabeth Fry Societies fully supports the recommendation in the report released today by the Canadian HIV/AIDS Legal Network. Women in Canadian prisons need access to HIV and hepatitis C prevention measures, including needle exchange programs.

Studies have shown that the prevalence of HIV among incarcerated women is even higher than among incarcerated men. For example, in a recent study in provincial prisons in Québec, the HIV seroprevalence rate among women was 8.8 percent, while it was 2.3 percent among male prisoners. Similarly, in 2002, 3.71 percent of prisoners in federal women's institutions, compared to 1.96 percent of male prisoners in the Canadian federal prison system, were known to be HIV-positive. At the same time, Canadian women - not just women prisoners - are increasingly

becoming infected with HIV, especially those who use injection drugs and whose sexual partners are at increased risk for HIV:

- The proportion of AIDS cases among adult women has increased from 5.6 percent of all AIDS cases before 1990 to 16 percent in 2001.
- The proportion of AIDS cases among adult women attributed to injection drug use has increased dramatically from 7.3 percent before 1990 to 45.5 percent in the first half of 2002.
- In the first half of 2002, women accounted for 25.8 percent of all HIV-positive test reports in Canada. Injection drug use was a risk factor for 35.5 percent of these HIV-positive women.

The problems encountered by women in the prison environment often reflect, and are augmented by, their vulnerability and the abuse many of them have suffered outside prison. The majority of women in prisons are members of social groups marginalized not only on the basis of gender, but also on the basis of race, class, sexual orientation, disability, substance use, and/or the fact that they are prostituted. Women prisoners often have more health problems than male prisoners. Many suffer from chronic health conditions resulting from lives of poverty, drug use, physical and sexual violence, adolescent pregnancy, malnutrition, and poor preventive health care.

The last thing these women need is a sentence to HIV or hepatitis C or both. In the short term, we need to keep them free of HIV and hepatitis C. A national study on women, prisons, HIV, and hepatitis C released in March 2003 by the Prisoners' HIV/AIDS Support Action Network showed clearly that women in prison want to be able to protect themselves and their loved ones, and want access to HIV prevention measures.ⁱ

The Legal Network's recommendation to prison systems and ministries of health to implement, within 18 months, pilot needle exchange programs in federal and provincial prisons is consistent with the recommendations of a report released by the Canadian Human Rights Commission on 28 January 2004. In the report, entitled *Protecting Their Rights. A Systemic Review of Human Rights in Correctional Services for Federally Sentenced Women*, the Commission recommended that the Correctional Service of Canada (CSC) implement a pilot needle exchange program in three or more correctional facilities, at least one of which should be a women's facility, by June 2004.ⁱⁱ The Commission highlighted that this is a human rights issue:

Parliament chose to include protection against discrimination on the basis of substance dependence in the *Canadian Human Rights Act*. Harm reduction measures are a benefit available to drug dependent persons outside prison. Denying harm reduction measures that are consistent with accepted community health standards to incarcerated drug dependent inmates exposes them to increased risk.

June 2004, the date by which the Commission recommended that needle exchange programs be started, has already passed. In light of the new evidence presented in the Legal Network's report, we hope that governments will now finally take action.

ⁱ AM DiCenso, G Dias, J Gahagan. *Unlocking Our Futures: A National Study on Women, Prisons, HIV, and Hepatitis C*. Toronto: PASAN, 2003. Available via www.pasan.org.

ⁱⁱ Canadian Human Rights Commission. *Protecting Their Rights. A Systemic Review of Human Rights in Correctional Services for Federally Sentenced Women*. Ottawa: The Commission, December 2003. Available at http://www.chrc-ccdp.ca/legislation_policies/consultation_report-en.asp.

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Will Protect Prisoners, Prison Staff, and All Canadians**

BIOGRAPHICAL NOTES

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Ralf Jürgens, one of the founders of the Canadian HIV/AIDS Legal Network, has been its Executive Director since 1998. Since February 2002, he has been a member of the Board of CACTUS-Montréal (a needle-exchange program in downtown Montreal). In 2001, he was a member of Canada's delegation to the United Nations General Assembly on HIV/AIDS. He was President of the Interagency Coalition on AIDS and Development (ICAD) from 1995 to September 2000. From June 1998 to June 2001, he was a member of the Ministerial Council on HIV/AIDS. From 1992 to 1994, he was Project Coordinator of the Expert Committee on AIDS and Prisons. Ralf taught the first course on AIDS and the law ever to be offered at a Canadian university (McGill, Faculty of Law). He holds a Master's Degree in Law from McGill University, and a doctorate in law from the University of Munich, Germany. Ralf Jürgens will move on from his position as Executive Director of the Canadian HIV/AIDS Legal Network effective 31 October 2004, after nearly 12 years of involvement with the organization.

Michael Linhart is a member of the Board of the Canadian HIV/AIDS Legal Network and a former prisoner living with AIDS. He was diagnosed HIV-positive in 1991 while he was incarcerated in a Canadian federal institution. He has been involved with HIV/AIDS issues ever since. He was a founding member of the BCPWA Prison Outreach Program in 1993 and, after being granted parole, went on to becoming its first coordinator in 1998, and contributed to the drafting of the 1992 Expert Committee on AIDS in Prison Report. While incarcerated he presented at the BC HIV/AIDS Conferences of 1992 and 1994 and the International Conference on HIV/AIDS in 1996. In 2000, he attended the Health Canada HIV/AIDS Strategy Direction Setting meeting. In recognition of his contribution, he received the Canadian AIDS Society "Leadership in HIV/AIDS" Award in 2001. Michael is currently a member of the Board of Directors of the Canadian HIV/AIDS Legal Network. As a former sex trade worker, IV drug user, and gay male prisoner who is co-infected with Hepatitis C, Michael brings a wealth of perspectives to the issue of prison-based harm reduction.

Kim Pate has been the Executive Director of the Canadian Association of Elizabeth Fry Societies for thirteen years. She is a lawyer and teacher by training and has worked with oppressed, marginalized, criminalized and imprisoned men women and youth for the last 20 years. The Canadian Association of Elizabeth Fry Societies was the initiator of a request to the Canadian Human Rights Commission (CHRC) for a systemic review and special report detailing the discriminatory effect of human rights violations experienced by women in Canadian prisons. This led the CHRC to conduct a broad-based systemic review and issue a special report that has attracted national and international attention. Among other conclusions, the CHRC recommended that the Correctional Service of Canada initiate pilot programmes on needle exchange in prisons, including in a women's prison.