

For immediate release

CMAJ COMMENTARY CALLS FOR NEEDLE EXCHANGE AND SAFER TATTOOING PROGRAMS IN CANADIAN PRISONS

“Deadly disregard” of evidence-based HIV prevention measures is indefensible

TORONTO, July 30, 2007 — In a commentary published in the latest issue of the *Canadian Medical Association Journal* (CMAJ), the Canadian HIV/AIDS Legal Network underlined the urgent need to reduce the risk of HIV and hepatitis C (HCV) transmission in Canadian prisons by introducing needle exchange programs and reopening safer tattooing rooms.

“Across Canada, federally funded needle exchange programs are successfully reducing the spread of infectious diseases — that’s a fact,” said Deputy Director Richard Elliott, who authored the commentary. “But harm reduction programs like these don’t exist inside Canadian prisons. As a result, prisoners are at greater risk of blood-borne viruses such as HIV and HCV.”

And because most prisoners eventually return to the community, explained Elliott, the health of prisoners is ultimately a public health concern.

Two new studies related to the commentary and published in the same issue of the CMAJ echo previous research findings that show the prevalence of HIV and HCV is much higher in Canadian prisons than in the general population. Prisoners end up fashioning makeshift injection tools that are reused and shared, increasing the risk of HIV and HCV transmission.

“From Switzerland and Spain to Moldova and Kyrgyzstan, countries around the world have implemented large-scale sterile syringe programs in prisons because they’ve seen how such measures reduce the spread of HIV and HCV,” said Elliott. “Other countries are progressive and pragmatic enough to do this — so why isn’t Canada doing the same?”

As early as 1994, the Expert Committee on AIDS and Prisons — a committee of Correctional Service Canada (CSC), the agency responsible for federal prisons — recommended making sterile injection equipment available. Sadly, successive

governments ignored both this and other recommendations aimed at stemming the alarming spread of blood-borne diseases in Canadian prisons. For example:

- In April 2006, the Public Health Agency of Canada informed CSC that evidence from numerous jurisdictions proved that prison needle exchange programs did not undermine prison safety and security, and decreased needle-sharing practices among prisoners without leading to increased drug use.
- A draft evaluation of CSC's pilot prison tattooing program said it "demonstrated potential to reduce harm" at a cost that was "low respective to the potential benefits." Nevertheless, the program was shut down in December 2006 before a final evaluation was completed or released.

"The zero-tolerance approach to drug use in prison is as unrealistic inside prisons as it is outside of them," concluded Elliott. "It's time to look at the evidence, and to act swiftly and responsibly to make prisons safer for those who live and work in them, and, more broadly, to protect public health."

To read the commentary, entitled "Deadly disregard: government refusal to implement evidence-based measures to prevent HIV and hepatitis C virus infections in prisons," and the two related studies, please visit www.cmaj.ca. To find out more about prisons and HIV, go to www.aidslaw.ca/prisons.

– 30 –

For more information please contact:

Disponible en français

Leon Mar
Director of Communications
Telephone: +1 416 595-1666 ext. 228
E-mail: lmr@aidslaw.ca
Website: www.aidslaw.ca