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## **NEW REPORT OUTLINES LEGAL CASE FOR PRISONERS' ACCESS TO CLEAN NEEDLES**

***Release coincides with Parliamentary Committee review of  
mental health and addictions within federal prisons***

**TORONTO**, June 4, 2009 — One of Canada's leading AIDS organizations is calling for the implementation of prison-based needle and syringe programs (PNSPs) in the country's federal prisons. Their call is based on a detailed report being released today following testimony presented Tuesday by the Office of the Correctional Investigator to a Parliamentary committee.

The House of Commons Standing Committee on Public Safety and National Security is studying how the Correctional Service of Canada (CSC) is addressing mental health and addictions in federal penitentiaries.

The Canadian HIV/AIDS Legal Network's report, *Clean Switch: The Case for Prison Needle and Syringe Programs in Canada*, makes the case that providing access to sterile injecting equipment to people in prison would reduce the risks of harm associated with injection drug use, including the transmission of HIV and hepatitis C virus (HCV).

The report (available at [www.aidslaw.ca/publications](http://www.aidslaw.ca/publications)) also outlines in detail the legal obligation to implement PNSPs under federal correctional legislation, the *Canadian Charter of Rights and Freedoms* and international human rights law.

"We would welcome the opportunity to discuss improvements to the current prison system, but are still awaiting a response from the government to our recommendation to implement PNSPs," says Richard Elliott, Executive Director of the Legal Network. An advance copy of the report was sent to the Commissioner of the CSC, the Ministers of Public Safety and of Justice, as well as all of the Opposition Critics for Public Safety who are also members of the Standing Committee which met earlier this week.

In a letter to the Legal Network last October, the Commissioner wrote that CSC was "not considering" the introduction of needle exchange and syringe programs in its correctional institutions. "But the evidence is now in," says Mr. Elliott. "PNSPs offer significant health benefits and make prisons safer for both staff and those in custody. Furthermore, as our

report outlines, there is a solid legal case for introducing them. There is no good reason to keep denying people behind bars access to these health services.”

“Implementing needle and syringe programs in federal prisons would ensure that the same access provided to people outside prisons is provided to those in custody,” adds Anne Marie DiCenso, Executive Director of Prisoners' HIV/AIDS Support Action Network (PASAN). “Community groups across the country that are working to make prisons healthier and safer, including by preventing the spread of HIV and HCV, see the on-going need for such programs. The lack of such programs is a major contributing factor to the extremely high rates of HIV and HCV in Canadian prisons.”

The lead author of *Clean Switch*, Senior Policy Analyst Sandra Chu notes that PNSPs “have operated successfully in over 60 prisons in at least 11 countries around the world since 1992. Evidence shows no negative consequences such as an increase in drug use or injecting, and no reports of syringes used as weapons in any institution with a PNSP.” In fact, studies of PNSPs around the world have demonstrated a reduction in the use of non-sterile injecting equipment and of the harms associated with such use.

“Harm reduction measures aimed at preventing HIV transmission in prisons are not new in Canada,” concludes Ms. Chu, “and the federal government has acknowledged publicly the value of needle exchange programs that have operated for more than 20 years in communities across Canada. But for some reason it has refused so far to let these services operate in prisons, which is at odds with good public health practice and human rights.”

The *Clean Switch* report will also be presented at the upcoming 1<sup>st</sup> Annual Symposium on HIV, Law and Human Rights, in Toronto on June 13<sup>th</sup>. The opening plenary session will focus on HIV prevention and human rights in prisons and include speakers sharing personal experiences of incarceration ([www.aidslaw.ca/symposium](http://www.aidslaw.ca/symposium)). The Symposium will convene more than 150 participants, including prominent lawyers, researchers, policy-makers, people living with HIV and representatives of community organizations.

### **About the Canadian HIV/AIDS Legal Network**

The Canadian HIV/AIDS Legal Network ([www.aidslaw.ca](http://www.aidslaw.ca)) promotes the human rights of people living with and vulnerable to HIV/AIDS, in Canada and internationally, through research, legal and policy analysis, education, and community mobilization. The Legal Network is Canada’s leading organization working on the legal and human rights issues raised by HIV/AIDS.

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### **For further information and interviews:**

Gilles Marchildon  
Canadian HIV/AIDS Legal Network  
+1 416 595-1666 ext. 228

**Some of the report's main points include:**

- Drug use occurs regularly in prisons, including by injection — a fact that is not surprising given the widespread incarceration of people for drug offences — disproportionately people with addictions. As early as 1995, CSC's own survey revealed at least 11 percent of men and women in federal prison had illegally injected drugs since arriving at their current institution. Reports from incarcerated persons suggest this figure is much higher today. CSC continues to devote increasingly more time and money on efforts to prevent drugs from entering prisons, despite evidence showing it does not work. In the meantime, many incarcerated persons continue to share injection equipment, leading to the spread of blood-borne diseases like HIV and HCV.
- HIV and HCV prevalence in the Canadian prison population is much higher than in the population as a whole: for HIV, it's at least 10 times what it is in the population as a whole; for HCV, at least 20 times. Given that 95 percent of people in prison are eventually released back into the community, this should be a public health priority.
- Implementing PNSPs is recommended by the Ontario and Canadian Medical Associations, the World Health Organization, UNAIDS, the UN Office on Drugs and Crime, the Correctional Investigator of Canada and the Canadian Human Rights Commission. In 2006, the Public Health Agency of Canada reviewed the public health evidence regarding PNSPs for CSC; the conclusions supported the implementation of such programs.