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***Summary of responses
to Discussion Paper on
'Implementing a Needle and Syringe
Program in the Alexander
Maconochie Centre'***

November 2010

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Introduction

This paper collates a series of responses from interested groups to the ACT Greens' discussion paper 'Implementing a Needle and Syringe Program in the Alexander Maconochie Centre'. The discussion paper was issued in July 2010 and is available at http://act.greens.org.au/wp-content/uploads/2010/03/ACT_Greens-NSP_Discussion_Paper.pdf

Responses were received from:

- Public Health Association of Australia (PHAA);
- Anex;
- ACT Council of Social Service ACTCOSS);
- Alcohol & Drug Foundation ACT(ADFACT);
- Canberra Alliance for Harm Minimisation and Advocacy (CAHMA); and
- Family and Friends for Drug Law Reform (FFDLR).

In addition, this summary takes into account information received from the:

- Institute on Drugs and Drug Addiction (Instituto da Droga e da Toxicodependência), Health Ministry, Portugal, regarding the operation of prison syringe exchange programs in Lisbon and Paços de Ferreira, and its 'Report on One Year of Intervention of PETS (Syringe Exchange Experimental Program)', a copy of which is provided in the Appendices to this document; and
- Anex report 'With Conviction: the case for controlled needle and syringe programs in Australian prisons', issued in October 2010, which is available at <http://www.anex.org.au/downloads/HMPC%20Paper%20on%20NSP%20in%20Prison%20-%20October%202010.pdf>.

All formal responses received have expressed support for some form of needle and syringe program (NSP) being implemented in the Alexander Maconochie Centre (AMC). Topics covered in the submissions were wide-ranging, however, this paper has attempted to summarise the central points of the responses.

Topics raised in responses

Current availability of needles

CAHMA responded to the paper by making the point that the current availability of needles in the AMC is, in effect, an unregulated NSP.

"There is little doubt that informal and unregulated NSP occurs in Australian prisons. CAHMA's concern is that this unregulated provision of syringes acts as an uncontrolled source of BBV transmission.

Although there is a lack of formal research data on the specific nature of injecting practices in prisons anecdotal information indicates that new injecting equipment in prisons can be worth more than the illicit drugs themselves with a single syringe rented out to many prisoners and potentially used hundreds of times.”

This viewpoint is highly valuable in the debate regarding implementing a formal NSP in the AMC, as it makes the policy choice between unregulated and unsafe exchange of needles, against a regulated, comparatively safe one. It also acknowledges that drug use occurs and that needles are shared between a number of prisoners.

In October 2010, Anex released a paper ‘With conviction: the case for controlled needle and syringe programs in Australian prisons’. This paper highlighted the problem with the difference in availability of needles inside and outside of the prison environment. Currently members of the general public are able to access clean injecting equipment through pharmacies.

From an example highlighted in the Anex paper:

“...a person who had routinely accessed NSPs in the community to avoid infection with blood borne viruses, including hepatitis C and HIV. However, in jail he had almost no choice but to take a life threatening risk in order to avoid other risks to his welfare.”

This example demonstrates that the difference in standards of care offered inside prisons lead to an increase in risk-taking behaviour. Additionally, the example demonstrates that there is a willingness to engage in safe behaviours if facilities are available to do so.

The provision of an NSP in the AMC would be consistent with the principle outlined in the *Corrections Management Act 2007* that requires that prisoners have equivalent health facilities available to those available to the general public.

Meeting concerns of staff

Australian Corrections officers’ organisations, including the Community and Public Sector Union (CPSU) in the ACT, have consistently opposed the introduction of any form of needle exchange in Corrections facilities on occupational health and safety grounds. This is largely due to the perception that needles can potentially be used as weapons by prisoners if they are widely available.

There is also a position that implementing a NSP would create a conflict between the role of Corrections officers and staff in attempting to prevent contraband entering the AMC whilst facilitating safe use of contraband materials.

The paper from Anex makes the case that, in order to successfully implement a true harm minimisation approach to drug use in prison, supply and demand reduction measures must be complemented by harm reduction measures. Facilitating safe use of intravenous drugs in the prison does not undermine the need to maintain supply and demand reduction measures, including anti-contraband measures. However, maintaining supply reduction measures, particularly of drug paraphernalia, can lead to increases in harm as it forces intravenous drug users to re-use equipment due to shortages.

Responses from Anex, FFDLR and CAHMA all noted the need to address the concerns of Corrections officers and staff through consultation and education.

From the submission by FFDLR:

“The major opposition to an NSP comes from the AMC staff, some of whom are simply philosophically opposed, some of whom have genuine concerns. Those concerns can be addressed in a number of ways:

- *Enabling key prison officers, including union representatives, to attend relevant conferences (eg HIV and Hep C conference)*
- *Enabling and financially supporting prison officers to visit overseas prisons which have implemented an NSP program,*
- *Involving prison officers in discussions and implementation of an NSP*
- *Implementing a trial program which is closely monitored.”*

From the submission by CAHMA:

“CAHMA acknowledges the right for all workers to a safe working environment. In this regard we support the available evidence from the evaluations of prison-based syringe exchange programs in other countries which shows that the health and safety of prison staff can only be increased, not diminished by the introduction of such programs. Needles and syringes are already present in Australian prisons. The lack of any formal, sanctioned programs makes it more, not less likely that a prison officer might experience an accidental needle stick injury during prisoner and/or cell searches. Evidence from programs overseas have shown that once seen and experienced in operation, prison staff can become some of the strongest advocates for NSP in prisons.”

In addition, information from the Portuguese report indicated problematic outcomes in terms of uptake of needle exchange behaviour due to a perceived danger of retribution from prison guards. No needles were exchanged in the Portuguese programs. The report notes that the operation of the NSP is designed to protect the confidentiality of prisoners in the program, however, superior outcomes can be obtained where Corrections officers support the program.

The Portuguese report further notes that the expected outcome is that Corrections officers will increase support for the program as the incidence of needle-stick and other needle-related injuries decline and no attacks occur. This outcome had been noted in other countries that had implemented NSPs. With other trials of needle exchange programs, there has been initial reluctance by employees and prisoners which is then replaced with acceptance.

The Anex paper 'With Conviction' makes the case for a needle and syringe program to be introduced on the grounds of prison officer's health and safety.

"However, the concern that needles provided under a controlled prison-based exchange would be used as weapons against staff is not supported by international evidence. In those prisons that have established needle and syringe programs, not a single instance of the use of needles as weapons has been reported. In Germany, prison staff have come to support NSPs on occupational health and safety grounds.

Nevertheless, the importance of occupational health and safety assurances for all correctional staff cannot be under-estimated. For example, prison officers are already at risk of accidental needle stick injuries during cell and body searches. Introduction of a controlled prison NSP reduces the likelihood that those needles circulating in prison would be infected with a virus, thereby reducing risks to prison staff.

As employers, correction facilities have a duty of care to protect the health and safety of prison employees, and it has been strongly argued that introducing a controlled prison based NSP would in fact make the workplace safer. Corrections facilities management can follow the lead of law enforcement agencies by adapting existing risk reduction practices to cater for the introduction of controlled needle exchange, as has occurred successfully in other countries.

The topic of needles in prisons is an emotive one for prison officers, and opposition is in part based upon a high-profile case of an attack with a blood-filled syringe in a New South Wales prison. Whilst the evidence from the international experience is that Corrections officers and staff will in fact be safer with a NSP in place, submissions recognised that a considered approach should be taken to engaging the staff over any NSP proposal.

It should be noted that the CPSU which represents corrections officers did not provide any formal feedback to the ACT Greens discussion paper.

Public health

All responses to the discussion paper identified the need to address the public health implications of intravenous drug use in prison. The population of individuals in prisons who have a blood-borne virus is substantially higher than the general community. Additionally, whilst it is difficult to confirm individual cases of transmission inside prisons, the substantial increase in the rates of infection between pre- and post-incarceration populations indicates that there is almost certainly a high rate of transmission in prisons.

The report from Anex identified a worrying trend in intravenous drug users who had previously not engaged in dangerous injecting behaviour, doing so inside the prison environment due to the lack of safe options.

The large discrepancy between the rates of hepatitis C in the prison population compared to the general population would indicate that the AMC is potentially a major source of hepatitis C transmission. As such, the success of any credible hepatitis C prevention strategy relies upon reducing the rates of transmission in the AMC.

Responses by Anex and the PHAA highlight the need for the discussion regarding the implementation of NSP to take place in a broader public health policy perspective.

From Michael Moore, Chief Executive Officer of PHAA:

“Rates of injecting drug use among prisoners and the availability of clean injecting equipment need to be considered in the prison context because most prisoners spend relatively short periods of time behind bars and then return to their families and communities. Rates of blood-borne viruses among prisoners therefore impact on our ability to reduce their spread of in the broader community.”

From the Anex report 'With Conviction'

“Prisoners have complex health needs. The bulk of prisoners have overlapping issues that can include mental and physical illnesses as well as drug and/or alcohol addictions. Prisons are high risk environments for blood borne virus transmission through sharing injecting equipment. Many prisoners who had not previously injected drugs do so while in prison, often as a means to cope. Upon release, they may practise this newly acquired risk behaviour within their social networks and the wider community.”

Model of implementation

There was no specific consensus in the responses to a preferred model of implementation of an NSP, however, desired outcomes were identified by FFDLR in their response:

“The model of exchange that is chosen should not be discriminatory and should not be used as a means of further punishment of drug using prisoners. The provision of a dummy syringe and a vending machine that accepts a one-for-one exchange has merit. The storage of any syringe should be in clear view of prison officers in some type of semi-secure transparent device.”

As noted above, the report on the Portuguese experience of needle and syringe programs supports increased levels of privacy for NSP users to prevent possible retaliation against self-identified drug users by either Corrections officers or other prisoners.

The implementation of programs in Portugal involved staff in the monitoring of the program and associated training programs. Training programs were also designed to involve prisoners. This followed practices used in other NSP programs in prisons. The training programs were conducted in the following areas:

- Introduction to the program of reduction of harm in prisons
- Prevention and treatment of infectious diseases
- Risk assessment and management
- Education for health
- Drug addiction – use and abuse of psychoactive substances

Employee participation was quite high in the two Portuguese prisons. In Lisbon 156 out of a total of 277 employees participated, and at Pacos de Ferreira 245 out of a total of 335 participated. The report notes that the implementation of the needle exchange programs provided for the transmission and discussion of important health information, particularly regarding preventing the transmission of infectious diseases.

As was noted earlier, the experience in Portugal was that reluctance to take up the exchange of needles by prisoners was impacted by perceptions of confidentiality. The report notes that this could be better ensured through the involvement of Non-Government Organisations (NGOs) in the program, but that also the opinion of prisoners and staff was that health practitioners were the best people to undertake the program.

Recommended Method of Operating a NSP at the AMC

Based on the feedback from stakeholders and the international experience, the ACT Greens propose the most practical model of operating an NSP at the AMC would be through the existing health centre operated by ACT Health.

While, as noted by FFDLR, the ideal model would be through a one-for-one automated needle-dispensing machine, in terms of confidentiality for prisoners, this is impacted by the design of the prison and it is anticipated that Corrections staff would oppose unsupervised needle distribution on health and safety grounds. The concerns raised through the Portuguese experience indicates that prisoners will need to have confidence that they can access the NSP without fear of retribution from other prisoners or Corrections officers, which may be best facilitated by the NSP being run from the AMC health centre.

The paper by Anex 'With Conviction' notes the possibility of integrating a prison needle and syringe program with other health services in the prison environment.

"Prison-based NSPs could be integrated within the primary health care services, including health promotion, preventative care and drug treatment provided to prisoners."

The NSP at the health centre could be operated by or in conjunction with an NGO with experience in the drug and alcohol area, in order to address potential concerns of confidentiality with prisoners. Locating the NSP in the health centre would also address potential concerns from Corrections staff, as the NSP would essentially not operate within the prison itself. There would still need to be some discussion about if needles could be taken from the health centre. If needles were able to be taken from the health centre, methods of storage and control would need to be negotiated with Corrections management and staff.

Delivering an NSP from the AMC health centre would ensure that intravenous drug use is treated as a health problem inside the AMC. Service delivery by ACT Health or a relevant NGO is also the best framework for ensuring that prisoners receive equivalent health care to the general public in regards to access to clean needles as well as advice and treatment alternatives. Co-locating the NSP with other health services will improve the treatment of related health problems, as well as improving access to rehabilitation programs.

Appendices

- Responses from
 - PHAA
 - Anex
 - ACTCOSS
 - CAHMA
 - FFDLR

- Report from Institute on Drugs and Drug Addiction, Portuguese Health Ministry

PHAA Response

Media release of 16 September 2010

NEEDLE EXCHANGE IN ACT PRISON: PUBLIC HEALTH BENEFITS

The Public Health Association of Australia (PHAA) has welcomed the ACT Government's decision to reconsider establishing a needle and syringe program (NSP) in the Alexander Maconochie Centre. PHAA believes the introduction of an NSP in the gaol would have far-reaching public health benefits for the broader community.

"Rates of injecting drug use among prisoners and the availability of clean injecting equipment need to be considered in the prison context because most prisoners spend relatively short periods of time behind bars and then return to their families and communities. Rates of blood-borne viruses among prisoners therefore impact on our ability to reduce their spread of in the broader community," explained Michael Moore, PHAA Chief Executive Officer (CEO).

"While the ACT prison has worked hard to deliver best-practice drug rehabilitation programs, there will always be some prisoners who choose not to engage with these programs at any given time. These people may well go on to engage in rehabilitation in the future, have families and live long and productive lives. It is vital that these people, their families and the broader community are protected from the spread of blood-borne viruses.

"PHAA supports a harm reduction approach to policy in relation to minimising the harms from illicit drug use. Harm reduction measures, such as the establishment of an NSP in the prison, coupled with complementary demand reduction and supply reduction measures, make up a comprehensive approach to addressing drug-related problems in both prisons and the Australian community.

"Unfortunately, research worldwide has consistently shown that despite the best efforts to ensure that drugs do not get into prisons, small amounts will slip through the cracks in the system and it is important that contingency plans are in place to deal with this.

"To deny prisoners access to NSPs could also be interpreted as a breach of human rights. The United Nations 1990 General Assembly Resolution on the Basic Principles for the Treatment of Prisoners (Article 9) states: "*Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation*". This cannot occur while prisoners are denied access to programs already in place in the community to prevent the spread of blood-borne viruses.

"The ACT Government, the Chief Minister and the Health Minister in particular, should be congratulated for taking a pragmatic approach in considering the implementation of an NSP to complement existing strategies designed to prevent drugs from entering the prison and the continued strong focus on rehabilitation," said Mr Moore.

Anex Response

Dear Amanda,

Thank you for the invitation to provide feedback on the ACT Greens Discussion Paper concerning implementation of a Needle and Syringe Program in the Alexander Maconochie Centre.

This is an issue that Anex has been taking a keen interest in for a number of years. It was for that reason that our office was happy to provide feedback on an earlier draft.

The following comments primarily relate to minor points. On page 5, third paragraph reference is made to international experiences. Here, and elsewhere the document doesn't reference more recent evaluations published in highly credible journals. My office would be pleased to forward these if need be.

Under the section concerning Human Rights Consideration, it states that the Greens believe prisoners should have access to the same form of "medical treatment" as the general public. I feel that you should also make explicit reference to "preventative health services" in addition to "treatment".

In the section on "Possible questions to address" under Conclusions, there should be recognition that working with Corrections Officers and the CPSU will be complex and drawn out.

One other point to consider is that the paper possibly doesn't emphasise enough that this issue is a broader community health issue also.

I hope that these comments provided are of use. I would be happy to discuss this with you further.

Regards

John

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ACTCOSS Response



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Dear Ms Bresnan,

ACTCOSS welcomes the opportunity to comment on *Implementing a Needle and Syringe Program in the Alexander Maconochie Centre*. ACTCOSS supports the implementation of a needle and syringe program at the Alexander Maconochie Centre.

ACTCOSS supports a human rights approach, which considers both the health of prisoners and prison staff. The paper takes into account the micro level of prisoner health through to the broader, bigger picture of whole of population health.

The conclusion of the paper draws attention to 3 basic NSP focus areas or goals for the AMC. ACTCOSS agrees these goals are realistic; however it would be possible to expand further on the noted set areas. The questions raised through the paper would need to be addressed if the NSP was implemented.

ACTCOSS is particularly interested in exploring further 'How should a NSP relate to existing Corrections Health drug treatment programs?' as according to feedback to ACTCOSS drug treatment programs within the AMC and health programs are in need of review and change.

ACTCOSS looks forward to seeing how the goals of *Implementing a Needle and Syringe Program in the Alexander Maconochie Centre* progress.

Yours truly,

A handwritten signature in black ink, appearing to read 'Roslyn Dundas', written over a horizontal line.

Roslyn Dundas
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10 Sept 2010

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CAHMA Response

The Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) has consistently advocated the case for there to be a Needle and Syringe Program (NSP) at the Alexander Maconochie Centre (AMC) ever since the decision to build a jail in the ACT was made.

Unfortunately, the ACT Government decided not to proceed with an NSP as part of the new jail at the time of opening. The issue is to be reviewed towards the end of this year and that provides an important opportunity to put the case for an NSP to be added to the services on offer at the AMC.

CAHMA supports the policy position put forward by the ACT Greens who are rightly concerned by the high incidence of blood borne viruses (BBV's) amongst prisoners at the AMC.

There is a degree of controversy about NSP's and the resistance of many Correctional Officers and their unions has to be acknowledged. In addition, personal beliefs and values shape the attitudes of some people towards public health interventions to a greater extent than scientific evidence. Evidence of the effectiveness of NSP's is consistent and compelling and has been sufficient to persuade many major scientific authorities and governments around the world about the substantial benefits of these programs. NSP's are a vital component of strategies to reduce the spread of HIV, hepatitis C and other BBV's among injecting drug users and the wider community. They have been found to be highly cost-effective compared to the cost of treating HIV and hepatitis C infection.

As clearly stated in the 2010 report "Legislative and Policy Barriers to Needle & Syringe Programs and Injecting Equipment Access for People Who Inject Drugs", put out by the Australian Injecting and Illicit Drug Users League (AIVL),

"there is clear and uncompromising epidemiological and social evidence that Australian governments must improve their response to drug use and BBVs in prisons." (pp 29-31).

The report includes supportive evidence for NSP's in prisons from a range of sources including the National Drug and Alcohol Research Centre (NDARC) who stated that the "*rationale for establishing syringe exchange programs in prisons is even stronger than in communities*" (Rutter et al, "Prison-Based Syringe Exchange Program: A Review of International Research and Program Development", NDARC Technical Report #112, Uni of NSW: Sydney, NSW 2001).

CAHMA Response

In AIVL's "Prison-Based Syringe Exchange (PSE) Programs Discussion Paper" (AIVL, Canberra, 2008) it is noted that there are PSE Programs in over 60 prisons in at least 9 countries including Switzerland, Spain, Germany, Belarus, Armenia, Iran, Kyrgyzstan, Moldova and Luxembourg. A number of these programs have conducted formal evaluations and while the results of the evaluations can vary some of the common outcomes include 98-100% syringe return rates, no increases in illicit drug use, no increases in overdose, no attacks or violence associated with the programs, etc. In addition, this growing body of evidence, demonstrating the success of prison-based NSPs, has shown that:

"NSPs in prison have been associated with a substantial reduction in needle and syringe sharing, and there have been no recorded cases of HIV infection among prisoners participating in an NSP"
(Australian Drug Blog.)

There is little doubt that informal and unregulated NSP occurs in Australian prisons. CAHMA's concern is that this unregulated provision of syringes acts as an uncontrolled source of BBV transmission.

Although there is a lack of formal research data on the specific nature of injecting practices in prisons anecdotal information indicates that new injecting equipment in prisons can be worth more than the illicit drugs themselves with a single syringe rented out to many prisoners and potentially used hundreds of times.

Drug use in prison is a fact. The proposition that prisoners are routinely sharing syringes and therefore at very high risk of transmitting and contracting BBVs cannot be denied. That Australian prisons should be prioritised by the jurisdictions has been clearly stated in the recently released National Hepatitis C Strategy 2010-2013:

"In view of the well documented return on investment and effectiveness of Australian community-based needle and syringe program, combined with the international evidence demonstrating the effectiveness of prison needle and syringe programs it is appropriate throughout the life of this strategy for State and Territory governments to identify opportunities for trialling the intervention in Australian custodial settings" (DoHA, 2010).

With all the evidence and support, it is concerning that prison-based NSPs have not been implemented previously in Australian prisons. CAHMA acknowledges the right for all workers to a safe working environment. In this regard we support the available evidence from the evaluations of prison-based syringe exchange programs in other countries which shows that the health and safety of prison staff can only be increased, not diminished by the introduction of such programs. Needles and syringes are already present in Australian prisons. The lack of any formal, sanctioned programs makes it more, not less likely that a prison officer might experience an accidental needle stick injury during prisoner and/or cell searches.

Evidence from programs overseas have shown that once seen and experienced in operation, prison staff can become some of the strongest advocates for NSP in prisons.

CAHMA Response

CAHMA believes that when it comes to NSP in prisons, the rights of prisoners and staff can both be accommodated and positively addressed through the same measure.

In conclusion, CAHMA is totally supportive of the ACT Greens policy position on this incredibly important issue. On the question of which model for implementation is adopted, CAHMA believes that NSP should be implemented, in consultation with prisoners, utilising proven models from international experience. These could include via a one-for-one automated needle-dispensing machine that is out of sight of monitored security cameras or by utilising external non-government organisations or other health professionals.

Geoff Ward

CAHMA Policy and Advocacy Officer

FFDLR Response

Families and Friends for Drug Law Reform (ACT) Inc.

committed to preventing tragedy that arises from illicit drug use

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3 September 2010

Amanda Bresnan MLA

Dear Amanda

Thank you for the opportunity to comment on the paper "Implementing a Needle and Syringe Program in the Alexander Maconochie Centre". You are to be congratulated for putting the paper forward.

Families and Friends for Drug Law Reform is fully supportive of a needle and syringe program in the prison for a number of reasons. The evidence of health benefits for individuals and society from an NSP is beyond dispute. It is a program that is fully implemented throughout Australia in the non prison population and has been or is in the process of being implemented in other countries.

Prisoners, it seems have been treated differently to other citizens in this regard because NSPs are not provided in prisons. This is also the case in the ACT's Alexander Maconochie Centre. This, even though ACT's explicit policy states "prisoners are sent to prison as punishment not for punishment."

It is well accepted that an NSP is a public health measure which aims to reduce the spread of blood born viruses and it has been very successful in doing so. It has kept the overall rate of HepC in the community to about two percent and the HIV rate very much lower.

However this low rate is not the case in prisons. In the AMC the rate is 53% for male detainees and 67% for women. At these rates the AMC represents a serious risk for detainees who have not contracted the virus. It is possible that some may have already done so – the latest BBV report indicates that three HepC seroconversions were identified.

It is noted that an earlier drug strategy had a clear statement that said AMC detainees would have the same access to health services as the general community. However in the latest drug strategy that statement was unfortunately watered down.

Should the case be proven that a detainee contracted the BBV inside the AMC, when very simple measures could have prevented that, then the government of the day could face very costly compensation payments.

The issue from a health perspective is very simple and support for an NSP from a health perspective is forthcoming. So too does support appear to be coming from a human rights perspective.

The issues of concern emanate from a security perspective. Prisons are supposed to be institutions that are secure and are able to prevent prisoners from escaping and certain items from being brought into the prison. Elaborate systems are in place in an attempt to ensure that such security prevails. The aim in respect of drugs is to prevent, deter and detect drug use in the prison.

That the security system has not been able to guarantee that is common knowledge. Drugs do find their way into prison and so do the means to inject such drugs. This is despite the best

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efforts in all prisons throughout the world. The AMC although it is a new prison with all the latest security technology is no different.

Another concern from the security perspective is the possibility of using a syringe as a weapon. The use of items such as syringes, sharpened toothbrushes, manufactured knives and the like, as weapons has always been a risk. However used syringes pose an additional risk because of the possibility of infection from a BBV from a contaminated syringe whether that be from a deliberate act or accidental from a needle stick injury while undertaking a search.

The once only use of sterile syringes reduces this latter risk to close to zero. The possibility of syringes being used as weapons then remains to be dealt with.

The one case in Australia of a prisoner using a contaminated syringe as a weapon and in which a prison officer contracted a BBV and died is instructive. Syringes were prohibited items in that prison, and yet obviously were present in the prison. This particular syringe was secreted and was not detected until too late. Additionally the prisoner suffered from a mental illness. The insistence of use of sterile syringes and their display in clear view would reduce future occurrences of the same incident. The question of housing severely mentally ill patients in a general prison should also be seriously addressed.

Of course prison officials (and to some extent some commentators in the community as well) have a dilemma. They are supposed to prevent the use of illegal drugs in the prison but how can they be claiming to do that when they allow the use of syringes in the prison. This was a dilemma for the community until it was realised that efforts aimed at preventing the injecting of illegal drugs were not fully successful. As a result of needle sharing among users the community was put at great risk. The provision of an NSP in the community was for the greater good of the community at large. But it did also benefit the user as well.

The same is true for the prison population (both prisoners and staff) and also for the greater community, because when released prisoners again form part of the community taking with them any virus picked up in the prison to spread further among the population.

The overseas experience of prisons that have introduced an NSP have to date been positive. There have been no incidents of syringes being used as weapons and prison officers recognise that an NSP, properly managed, is a significant positive factor for their own occupational health and safety.

In response to your and Patrick's questions or points to be addressed we make the following observations and comments.

- The major opposition to an NSP comes from the AMC staff, some of whom are simply philosophically opposed, some of whom have genuine concerns. Those concerns can be addressed in a number of ways:
 - Enabling key prison officers, including union representatives, to attend relevant conferences (eg HIV and HepC conference)
 - Enabling and financially supporting prison officers to visit overseas prisons which have implemented an NSP program,
 - Involving prison officers in discussions and implementation of an NSP,
 - Implementing a trial program which is closely monitored.
- Political will from the Legislative Assembly is required that acts in the best interest of all the ACT community. Prisoners, who for example, when released from prison, should be

FFDLR Response

in no worse health than when they were first incarcerated. And the OHS of prison officers is a responsibility that must be addressed by the government.

- The model of exchange that is chosen should not be discriminatory and should not be used as a means of further punishment of drug using prisoners. The provision of a dummy syringe and a vending machine that accepts a one-for-one exchange has merit. The storage of any syringe should be in clear view of prison officers in some type of semi-secure transparent device.
- The use of and addiction to illegal drugs should be considered as a health issues to be treated with health solutions and should only become a security issue when the security of the other prisoners, staff or the prisoner him/herself becomes an issue.
- The housing of severely mental ill persons/prisoners in the AMC poses a serious risk not only to the implementation of an NSP but in general and is a matter to be quickly and seriously addressed.

It should be noted however that all of these measures and including the implementation of an NSP are matters that deal with the symptoms, not with the causes. The majority of persons in prison are there for drug related causes. Causes which are not effectively being addressed in our community and not being addressed early enough.

The arrest rate for drug offences is running at a huge 81 percent and while some of these may not be incarcerated, some who may have committed robbery to fund the quite high cost of the black market drugs to support their drug use, are likely to be.

If more, and more innovative approaches were taken to address these problematic drug issues in the community at the cause, rather than in the AMC, then the prison population would be reduced and so too would problematic drug use in the AMC.

Yours sincerely

B McConnell
President

Portuguese Report

‘Report on One Year of Intervention of PETS (Syringe Exchange Experimental Program)’

Sourced in August 2010 from the Instituto da Droga e da Toxicodependência (Institute on Drugs and Drug Addiction, Portuguese Health Ministry)

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Introduction

This document is based on the Interim Reports of the Local Operationalization Groups (GOL), regarding the implementation of PETS in the Prison Establishments (EP) of Paços de Ferreira (Half-yearly and Annual Reports) and of Lisbon (*idem*), since the global annual report has not yet been completed. Overall, the reading of these documents reflects the synthesis proposed by the Executive Summary.

Taking into consideration the effective monitoring of each of the pilot projects by these GOL, it was believed that it would be relevant to consult two of the IDT, IP (Institute of Drugs and Drug Addiction) elements who were part of these groups (Dr Ana Tavares e Dr Joaquim Fonseca) in order to ensure the greatest strictness and practical and theoretical support of the report that is put forward.

The following were consulted:

- The Justice/Health Working Group’s Report: National Action Plan for the Prevention of Transmission of Infectious Diseases in the Prison Environment (2006)
- Summary of the research work “Drugs and Prisons in Portugal II 2001-2007”. Anália Torres e col. (CIES). This research work has not yet been published.
- Report of the Working Group appointed by joint dispatch of the Ministries of Health and of Justice (nº 20041/2006, of the 2nd of October): Health Care to Inmates – restructuring proposal.
- Report on the Execution of PANCPDI [National Action Plan for the Fight Against the Spread of Infection Diseases in Prison Setting] (January 2007 to June 2008)
- Report of the National Drug and Alcohol Research Centre: Prison-based syringe exchange programs:-review of international research and program development (Australia, 2001)
- Recommendation of the Council of the European Union of 18 June 2003 regarding the prevention and reduction of health related harmful effects of drug dependence

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- Prison Needle Exchange: lessons from a comprehensive review of international evidence and experience (2004)
- Prison-based syringe exchange programs: Australian Injecting and Illicit Drug Users League

Relevance of PETS

According to the Justice/Health Working Group, in 2006 there were around 40% of active users in the prison system, excluding alcohol consumption. Among them, 38.8% had consumption profiles that included substances that could be injected¹.

Bearing in mind the preliminary data of the study carried out by Prof. Anália Torres, of the total number of inmates interviewed in 2007, around 28.9% stated they used *cannabis* in the prisons, 13.2% stated they used heroin and 9.7% stated they used cocaine. Considering the same number of interviewees, the percentage that admitted having injected drugs in prison was 3.1%².

According to the information collected, within the context of PETS, through the questionnaires addressed to the inmates in the pilot prisons, it was seen that in the first 3 months around 33% of the inmates interviewed (in average³) had used drugs at the Paços de Ferreira EP (EPPF) and around 11% (in average) at the Lisbon EP (EPL).

In the first questionnaire conducted (T0), around 20 inmates of the EPPF admitted they had injected drugs in the previous month, the same occurred with 4 at the EPL. 3 months later (T3), 14 inmates admitted having injected drugs at the EPPF and 6 at the EPL⁴.

¹ Justice/Health Working Group's Report: National Action Plan for the Prevention of Transmission of Infectious Diseases in the Prison Environment (2006).

² Summary of the research work "Drugs and Prisons in Portugal II 2001-2007". Anália Torres e col. (CIES). This research work has not yet been published.

³ The average is calculated between the percentage of inmates that at the time of T0 admitted having used substances and the percentage that made the same statement at the time of T3. Within the scope of PETS monitoring and assessment plan, 4 times of assessment were implemented through self-administered questionnaires of inmates and employees (T0 months, T3 months, T9 months and T12 months). In average, 200 inmates participated in this assessment at the EPL (56% of the number of inmates of C and E wings; n= 357) and 300 at the EPPF (43% of the total number of inmates; n= 699) in each assessment. On average, around 112 employees at the EPL (40% of the total number of employees participated in this assessment; n= 277) and 117 at the EPPF (35% of the total number of employees; n= 335) in each assessment.

⁴ It is possible that part of the inmates that stated at the time of T3 that they injected drugs were the same who made this statement at the time of T0, while another part were different inmates because only 28% of those who participated in the T3 assessment had also collaborated in the T0 at the EPL and 49% of the inmates that participated in the T3 assessment at the EPPF had collaborated in the T0. On the other hand, from the matching of answers given to different questions, doubts arise regarding the effective number of inmates who injected substances in the previous month. For example, when analysing the results of the questionnaires conducted with the inmates at the EPPF, around 20 inmates admit that they injected drugs in the last month. From those who injected, around 12 stated that they shared equipment (more than half). On the other hand, when asked the question if, in the event of

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Considering the prevalence regarding the total number of interviewees, around 4% of the inmates (in average) in the first 3 months admitted they had shared equipment for the use of substances at the EPPF and around 3% (in average) admitted this behaviour at the EPL. However, considering the inmates who acknowledged they injected illicit substances we can see that half or more than half stated they shared the equipment⁵.

On the other hand, in average, 37% of the inmates in the initial assessment (T0 and T3) made at the EPPF stated they had not used condom the last time they had sexual intercourse, the same applies to 29% of the inmates interviewed at the EPL.

Of the total number of prisoners at the end of 2006, 3255 had infectious disease (HIV, Hepatitis B and C)⁶. In the preliminary data of Prof. Anália Torres' study, the estimates provided by the clinical services of the EP participants in the study for 2007 regarding infectious diseases are shown: 25.9% on inmates are infected with Hepatitis B and C, 10% are HIV positive and 2.4% are HIV/AIDS carriers.

According to GOL Reports, at the EPL, on 31 December 2008, there were 178 diagnosed cases of infectious diseases, while at the EPPF 72 inmates were infected with HIV, 52 with HIV e Hepatitis B and/or C, 159 with Hepatitis C and 10 with Hepatitis B.

It is therefore seen that, despite the limitations that may be ascribed to the information obtained through the questionnaires answered by the inmates,⁷ which may have as a consequence an underassessment of the prevalence of illicit substances consumption, the information obtained from them merely confirms the existence of this consumption, as well as the prevalence of injected consumption and of equipment sharing practices. Each case of intravenous consumption within the prison context represents a higher risk of transmission of infectious diseases, particularly HIV/AIDS, compared to the community, given the lesser availability of syringes in this context and resulting greater sharing of the equipment⁸.

Considering the international agreements in the field of human rights in general, as well as those that specifically refer to the situation of the inmates, highlighting within this scope the guidelines of the World Health Organization, there is a consensual understanding that the only intent of serving a sentence in a prison is the loss of the

having injected drugs in the last month, they would be interested in joining the program, 10 inmates replied yes (half of those eligible), 39 said it depends and 35 said no. It should be noted how the number of users who, for this question, belongs to the category of having injected is clearly higher than those who for the direct question said they injected. Two possible explanatory doubts arise: either the inmates did not directly admit they injected, revealing their behaviour in the indirect question, or they did not understand the question.

⁵ Around 12 inmates state they shared equipment both in the T0 and the T3 Questionnaires at the EPPF, while 2 inmates stated this sharing in T0 and 10 at the time of T3 at the EPL.

⁶ Health Care to inmates – restructuring proposal. Report of the Working Group appointed by joint dispatch of the Ministries of Health and of Justice n° 20041/2006, of the 2nd of October.

⁷ Difficulty in the replies to questions asked in the Questionnaires addressed to the inmates is evident, mainly in the conditional questions.

⁸ Prison-based syringe exchange programs: review of international research and program development (National Drug and Alcohol Research Centre, Australia, 2001)

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right to freedom. Therefore, regarding the right to health care, it is indisputable that the same quality and diversity of health measures that exist in the community must be ensured.

In this sense, the 2003 recommendation of the Council of European Union⁹ already proposed the possibility of providing to the drug addict inmates access to services similar to those offered to non-incarcerated drug addicts, in a way that did not compromise the continuous and global efforts made to keep drugs out of prisons.

As such, in accordance with what is proposed in the executive summary, it is considered that the adaptation of answers of Risk Reduction and Minimization of Harm (RRMD) existing in the free environment to the prison context remains a necessity.

One year of implementation of PETS

PETS is part of a National Action Plan for the Prevention of Transmission of Infectious Diseases in the Prison Environment, operating in five intervention areas: promotion of health and prevention of disease, treatment of drug addiction, tuberculosis, viral infectious diseases, risk reduction and minimization of harm. International evidence has shown that the introduction of syringe exchange programs in prisons is more efficient from the point of view of prevention of the spread of infectious diseases when included in a comprehensive approach.¹⁰

In fact, although the action that won greater public evidence within the scope of PETS has been the implementation of syringe exchange, from the first moment the component of RRMD is integrated in a more comprehensive strategy (of the PANCPDI), being in itself a greater diversity of objectives and actions that the exchange of syringes *per si*.

So, its assessment should not be confined to the implementation of syringe exchange, which did not materialize.

In this appreciation, as proposed by Prof. Henrique de Barros, it is considered that the possibilities of implementation of PETS in the two EP are within the dimension of health and may be contextualised in three dimensions:

- I. Multidisciplinary and inter-institutional work regarding health in the prison environment
- II. Providing information on health, infectious diseases, consumption of substances, risk...
- III. Drawing inmates closer to health services

⁹Recommendation of the Council of the European Union of 18 June 2003 regarding the prevention and reduction of health related harmful effects of drug dependence

¹⁰Prison Needle Exchange: lessons from a comprehensive review of international evidence and experience (2004)

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As a second step, the dimension of the exchange of syringes will be addressed.

I. Multidisciplinary and inter-institutional work regarding health in the prison environment

In its global operationalization, PETS involved elements from different Ministries (Health and Justice), that were represented in the local follow-up of the same, through Local Operationalization Groups. These groups involve elements of the IDT, I.P., of the National Coordination for HIV/AIDS, of the ARS (Regional Health Administration) and the EP itself (with representatives of the clinical, educational and prison guard services). This concept and multidisciplinary and pluri-institutional follow-up ensured a more comprehensive and integrated vision of the existing requirements and of the actions to be developed in view of them.

Within the scope of this work, it is believed that the conducting of the Seminar on Health in the prison environment in both the EPs must be highlighted, and the implementation of the recommendations within the scope of promotion of health and prevention of disease or the development of the protocol of action to be taken in the event of work accident, for example.

II. Providing information on health, infectious diseases, consumption of substances, risk...

Following the best practices at international level¹¹, we invested in the involvement of the staff at both the EPs, in the monitoring of the program and in a training program. Following the same logic, a training program was designed meant for the inmates.

Regarding this program, a study of the assessment of expectations and interests was conducted by specific thematic areas involving the staff and the inmates. In its turn, the results of the Questionnaires conducted enabled the identification of gaps in the level of information, as well as interests by concrete areas. This training program contemplated as thematic areas:

1. Introduction to the Program of Reduction of Harm in Prisons
2. Prevention and Treatment of Infectious Diseases
3. Risk Assessment and Management
4. Education for health
5. Drug addiction – use and abuse of psychoactive substances

At the EPPF, 245 employees benefitted from the workshops (from a total of 335 employees) and 125 inmates (from a total of 699 inmates).

At the EPL, 156 employees participated in these workshops (from a total of 277 employees, including administrative personnel). The degree of participation of inmates in the training conducted at the EPL depended on the themes addressed.

¹¹Prison Needle Exchange: lessons from a comprehensive review of international evidence and experience (2004)

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For the themes related to the operationalization of PETS and reduction of risks related to tattooing, 80 to 90 inmates participated. For the remaining themes, around 150 inmates participated (from a total of 946 inmates distributed in several wings, knowing that 357 inmates live in C and E wings, where PETS was implemented).

In both the EPs, a seminar was conducted on “Health in the Prison Environment”, when the National Action Plan for the Prevention of Transmission of Infectious Diseases in the Prison Environment was presented.

It should be noted that within the scope of PANCPDI, besides the pilot EPs, information sessions on RRMD were conducted in another seven Prison Establishments.¹²

The employee participation level in both the EPs was quite high, presenting an opportunity not only for imparting information but also for debate on the themes addressed. In the assessment of the training received (T3), most of it was divided between those who considered it adequate (32%) and those who considered it neither inadequate nor adequate (36%). Regarding the interests shown in specific thematic areas to work in training initiatives, the great majority showed interest in receiving training on strategies for conflict management (59%), followed by education and health promotion (40%).

In its turn, although the participation of inmates in workshops conducted on the above described themes is relevant, it did not come up to the expectations in terms of dissemination of information and demystification of beliefs, namely those related to the risk of contagion of infectious diseases, or with PETS itself.

In the future, strategies should be identified with the view of a greater mobilization of inmates towards participation in workshops. Regarding this aspect, it should be noted how, in the 3rd month of implementation of PETS almost half of the inmates interviewed affirmed they ignored the existence of a training program in course (T3), despite the efforts developed for its dissemination. A positive aspect to highlight is the interest shown in the questionnaire by the inmates on various training themes, with particular stress in infectious diseases, education and health promotion and drug addiction.

Overall, more than half of the inmates showed they had adequate knowledge regarding the ways of transmission of HIV for each content analysed.¹³ However, there are still many inmates with wrong ideas in this regard, therefore there is

¹² Report on the Execution of PANCPDI (January 2007 to June 2008)

¹³ For example, considering questionnaires T0 and T3 conducted in both the EPs, between 70% and 80% of inmates showed they knew how to protect themselves by using condom and that there is risk of contagion by sharing a tattooing needle with someone infected, as well as with an injection with a needle or other equipment previously used by others (more than 14% does not know or does not answer). Regarding the possibility of contagion through sharing a meal with someone infected, there is a greater variability of knowledge, only 52% of interviewed inmates at the time of T0 at the EPL provided correct answers, while at the time of T3 in Paços de Ferreira, 69% answered correctly.

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important work of information to be carried out regarding a very important percentage of inmates who lack this knowledge.¹⁴

Among the training programs implemented, one module is prominent with a much higher adherence than the remaining ones, by the inmates: the workshop on tattooing. This fact is particularly significant bearing in mind that in the two previously conducted questionnaires (T0 and T3) around 47% of the inmates at the EPPF (in average) and 18% at the EPL stated they had got tattoos inside a EP. Among them, around 14% at the EPPF (in average) had already used equipment used by others and 16% at the EPL (in average) had also done so.¹⁵

Besides the imparting of information within the context of workshops conducted, in both the EPs, other strategies were used for the dissemination of information, some of which are: pasting of posters on PETS, tattoos, about the transmission of infectious diseases, in places accessible to the inmates; availability of various booklets on prevention, about PETS, the “Manual on Risk Reduction”, on the EP health plan, on the nursing and medical assistance services, among others.

We conclude that the implementation of PETS in these two EP provided a privileged context for transmission and debate of important health information, namely regarding the prevention of the transmission of infectious diseases, and so it would be of consequence to proceed with this information, communication and debate plan.

II Drawing inmates closer to health services¹⁶

Within the context of PETS, a Health Space was created at the EPL, in the C and E wings, with the aim of drawing health care closer to the inmates and facilitate access to specific programs for those interested.

During the year of the Program’s operation, the EPPF medical services and the EPL Health Space were visited by around 200 inmates, who received information/counselling on health, around 10% of which were referred for treatment¹⁷.

¹⁴It is not possible to arrive at conclusions about the impact that the training conducted has had in changing this type of knowledge, namely due to a small number of inmates that participated in it and to the fact that only a percentage of those who participated in the T0 assessment later on participated in the T3 assessment.

¹⁵Considering the total number of interviewees, the percentages of inmates who have already used tattooing equipment used by others are 7% (in average) at the EPPF and 3% (in average) at the EPL.

¹⁶In fact, in various assessment studies of syringe exchange programs in prisons, it was verified that there was a greater convergence of inmates towards health services: Prison Needle Exchange: lessons from a comprehensive review of international evidence and experience (2004); Prison-based syringe exchange programs (Australian Injecting and Illicit Drug Users League); Prison-based syringe exchange programs: review of international research and program development (National Drug and Alcohol Research Centre, Australia, 2001)

¹⁷Report on the Execution of PANCPDI (January 2007 to June 2008)

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In this context, it was considered helpful that the health services should maintain their comprehensive nature, not limiting themselves to syringe exchanges. From the moment the Health Space diversified its activities, more inmates started using it.

Adherence to PETS – syringe exchange

We analyse below some of the dimensions regarding which inmates and employees were inquired in the Questionnaires conducted and which are relevant for a better understanding of the implementation of this Program within the scope of syringe exchange.

1. Imparting information

The existence of PETS was relatively of general knowledge at the time of its implementation. In the final assessment, 88% of the interviewed inmates in Paços de Ferreira were aware of the Program, the same occurring with 61% in Lisbon. Practically all the employees at EPPF (97%) and at EPL (95%) were aware of the Program.

However, although aware of its existence, the great majority (around two-thirds) of the interviewed inmates was unaware, at the time of the initial assessment (T0 and T3), of the operational rules of the same, or of how to access them.

This situation may be related to the insufficient participation of inmates in the training program, insufficient information about the same through other methodologies, supports and contexts or, eventually, afraid to show some interest in PETS when aware that they know its rules.

2. Opinion of the inmates and employees on the appropriateness of the Program

Although few inmates admitted they knew the operational rules of the Program, a significant part of those who answered the question in the T3 Questionnaire¹⁸ considered the rules inadequate (44% at the EPPF and 37% at the EPL). The majority of employees at the EPL (58%) and at the EPPF (61%) also considered the operational rules inadequate, and in the first questionnaire conducted (T0) the majority also believed that these rules would not be followed by the inmates (78% at the EPPF and 68% at the EPL).

Analysing the rules regarding the context of the implementation of syringe exchange (responsible people), it is verified that around half of the inmates in each EP, in the initial assessment, agreed that it should be carried out by the EP health

¹⁸ Around 40% of the inmates at the EPPF did not answer the same occurring with 45% of the inmates at the EPL. This percentage of inmates who do not answer is high in most of the questions regarding PETS

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technicians¹⁹. A significant majority of employees of both the EPs shared this opinion (78% at the EPL and 61% at the EPPF). Few inmates and employees gave their opinion regarding the timeframe.

3. Opinion of the inmates and employees on the impact of the implementation of PETS

In the first questionnaire conducted (T0) it was seen that half (48% at the EPL) or more (71% at the EPPF) of the inmates had the expectation that joining PETS would have consequences for them in their penal situation. In fact, it was seen that, Overall, the expectations were of less positive consequences to the inmates and to the functioning of the EP itself as a result of the implementation of PETS:

- increase in intravenous drug consumption (47% at the EPPF and 34% at the EPL);
- increase in searches of cells/dormitories (61% at the EPPF and 53% at the EPL);
- increase in searches of individuals (59% at the EPPF and 57% at the EPL);
- increase in the denouncing of drug use (41% at the EPPF and 42% at the EPL);
- discrimination by employees (66% at the EPPF and 52% at the EPL) or by inmates (63% at the EPPF and 43% at the EPL);
- increase in conflicts between inmates and guards (55% at the EPPF and 38% at the EPL), or between inmates and health technicians (36% at the EPPF and 26% at the EPL),
- increase in the dissemination of HIV/AIDS, Hepatitis B and C infections (44% at the EPPF and 27% at the EPL).²⁰

At the same time, the employees of both the EPs also expressed, in general, expectations of less positive consequences as a result of the implementation of PETS:

- increase in intravenous drug consumption (72% at the EPPF and 34% at the EPL);
- discrimination of inmates who joined PETS (60% at the EPPF and 55% at the EPL);
- increase in conflicts between inmates and guards (80% at the EPPF and 68% at the EPL), or between inmates and health technicians (57% at the EPPF)²¹;
- deterioration of security conditions (75% at the EPPF and 72% at the EPL);
- increase in the dissemination of HIV/AIDS, Hepatitis B and C infections (38% at the EPPF and 44% at the EPL).²²

¹⁹ It should be noted, however, that the percentage of inmates that did not answer is around 30%

²⁰ Data from questionnaire T3. This question was not asked in T0

²¹ Only at the EPL the majority of employees (51%) considered there would be no impact in the relationship between health technicians and inmates as a result of the implementation of the Program

²² Data from questionnaire T3. This question was not asked in T0

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At this stage, it was sought to identify from among the inmates who declared they injected drugs, what percentage was interested in adhering to PETS. Thus, in the first assessment (and despite this context of expectations associated to PETS), 10 inmates at the EPPF declared they intended to join the Program and 39²³ stated that this decision depended on other factors. From among them, few adhered to the identification of the factors in question, 6 of them having said that such decision depended on who exchanged the syringes and the same number, on the place where the syringes would be exchanged. 3 months later (T3), at the same EP, 22 inmates declared they intended to join PETS. At the EPL, in the first questionnaire, 2 inmates affirmed their intention to join to the Program and 13 stated that their decision depended on other factors. None of them mentioned which were the factors in question. 3 months later, 10 inmates declared they intended to join PETS.

At the end of 9 months (T9) and also after 1 year (T12) of implementation of the Program, when the question was put to the inmates about the reasons for considering that an inmate who injected drugs would not join the Program, a significant majority pointed at the following arguments:

- fear of being discriminated,
- fear of the consequences in their penal situation,
- not having their confidentiality protected,
- not wanting to assume they inject drugs,
- fear of being identified as drug user,
- fear of being identified as follower of the Program.

Arguments related to the Program's organization and rules were given much lesser importance, within this context.

Thus, the inmates face an ambivalent situation. On one hand, possession, traffic and consumption of illicit and psychotropic substances, not prescribed by a doctor, is considered as illicit acts. On the other hand, in conformity with the Program's internal regulation, material received within the scope of PETS must be placed in a hard case, placed in a previously set location and disclosed to the guards in the event of individual search or cell search. In this context, intervention in the field of information and awareness on the consumption of substances acquires particular relevance, as well as building a perception of security for the inmate who follows the program.

When the same question was put to the employees of the EPs, we see that the most selected arguments are also on one hand related to the fear of being discriminated and of not wanting to assume they inject drugs, however, stressing on the other hand arguments like that of the inmate not wishing to follow the Program, having chosen another way of drug use or not agreeing with this type of Programs within prisons.

²³It should be once again noted how the number of inmates who answer this question and who assumes the consumption of injected drugs is significantly higher than the number that stated they used injected drugs when this question was asked directly.

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Bearing in mind the information obtained through these Questionnaires, it is confirmed that the decision of the inmate who injects illicit substances to join PETS with the purpose of achieving exchange of syringes/obtaining aseptic consumption kit and access to a personalised follow-up within the context of RRMD requires the existence of certain perceived conditions of protection of his confidentiality, protection of his privacy²⁴ and trust regarding non-existence of less positive consequences for himself in the event of being identified as having joined the Program. On the other hand, there are a great number of beliefs regarding the increase of interpersonal conflict at various levels associated to the implementation of PETS that are important to be sorted out within the EP. Regarding this, it should be noted that in other trials of implementation of syringe exchange programs implementation in prisons, in other countries, there was also initial reluctance by the employees and inmates, which later on was replaced by acceptance.

This initial reluctance, often associated with an expectation of increase of situations of conflict and violence, has been in the remaining trials confronted with the absence of this type of conflicts with syringes, as well as with the confirmation that there has been no increase in intravenous consumption nor an underrating of the treatment programs with the view of substance abstinence.²⁵

The investment in the training of inmates and employees, as well as the involvement of the latter in the definition and implementation of the syringe exchange program at local level have been continuously considered as fundamental prior conditions for the implementation of a syringe exchange program in a prison. Therefore, it would be of consequence to invest even more in this direction in the pilot EPs, as well as spreading it to the other EPs, with particular focus in introducing the RRMD measures in a global framework of health promotion²⁶ and human rights. From the point of view of the methodology to be used in the field of training, we must ensure conditions to allow an effective reflexion and debate within the training that bring about demystification of beliefs and changes in attitudes and behaviours. Regarding this matter, questions related to group sizes and to the use of active methodologies are relevant. In this matter, it is also our opinion that civil society organizations can have an important role.

In the eventual selection of other EPs for dissemination of this Program, as it was proposed by Prof. Henrique de Barros, we should take into account that the definition of the inmate population in remand as the target group has advantages and disadvantages. If, on one hand, this being the stage when they are most vulnerable, PETS, together with other health promotion measures can be an

²⁴ Guarantee of confidentiality in order to ensure the trust of the inmates in the process and accessibility to the syringe exchange program are two factors identified as favouring the success of a syringe exchange program in prisons: Prison Needle Exchange – lessons from a comprehensive review of international evidence an experience (2004).

²⁵ Prison Needle Exchange: lessons from a comprehensive review of international evidence and experience (2004)

²⁶ PETS must be considered as a health solution, like the integration in treatment. Note that the integration in treatment is considered as mitigation in the analysis of a parole.

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important asset, on the other hand, as pointed out by the GOL at the Lisbon EP, “the attempt not to lose the links with the outside world jointly with a more unconscious mechanism of a battle against an imposed and tragic reality, makes the remand prisoner less cooperative, unwilling from the point of view of personal information and data collection, and less supportive of the internal dynamics of the EPs, involving the least possible with an environment he did not choose, that he does not like and often rejects. The remand prisoner faces the situation of loss of freedom as a temporary condition. The remand prisoners are, as a general rule, complex people, with great resistance to change and unwilling to integrate and share the internal dynamics of an EP”²⁷.

In fact, the experience of this year of operation shows the relevance of carrying out a thorough diagnosis of the EP where a PETS is implemented, namely focusing on its internal dynamics, on the physical and human conditions necessary for the implementation of the Program, on the existing concepts about it, involving the various professional groups in the assessment of needs and in the definition of intervention priorities.

The Program in itself must be widely divulged within the prisons, duly integrated in a global approach of health promotion, with clear information, transmitted in various supports and various contexts. Besides its objectives, it is fundamental to divulge the functioning rules for the same. A third guideline to take into account in the divulged information deals with the demystification of beliefs wrongly associated with the Program and which proved to be a demobilizing factor for adherence to the same.

According to the GOL at the EPL, there is need to repeat some of the workshops conducted with the inmates, namely about PETS and about tattoos, as well as to reduce the duration of each workshop to conciliate with the working hours of the space used. In its turn, the GOL at the EPPF suggests the “mobilization and involvement of a great number of professionals, from both health and guard services, in workshops and debates focused on professional risk, on the importance of infectious diseases inside the prisons: its approach, prevention and treatment, as well as on the importance of the existence of harm reduction programs”. In this scope, it also proposes training in areas such as oral health, good hygiene habits and healthy behaviour promotion.

The perception of a greater confidentiality regarding adherence to PETS may be, in theory, better ensured with the involvement of NGO, depending on its operationalization. However, the opinion of most of the inmates and employees is that the right people to be entrusted with the execution of this task would be the health technicians.

²⁷ Half-yearly Report of the GOL at the EPL (2008), p.9.

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Taking into account its experience, the GOL at the EPPF also proposes implementation of concrete measures such as:

- elaboration of protocols on the action of professionals, namely in situations of overdose,
- greater availability of condoms in strategic points at the EP, of easy access to the inmate (dispensers)²⁸
- creation of a physical space for getting tattoos in a safe way by inmates²⁹. The GOL at the EPL also makes reference to the relevance of a specific strategy to get tattoos inside the prison, safeguarding safety and hygiene criteria, eventually under the supervision of professionals in the field³⁰.
- revision and discussion of good practice in actions (care to be taken in the barber's shop, dissemination of information according to various methodologies and in distinct supports/contexts)
- definition of a set of indicators of health in prison settings

Note about the Assessment

This Program was subject to careful assessment, through the conduction of self-completed questionnaires and follow-up by the GOL itself. The framework of execution was not implemented nor the results assessment tools at the level of users registered with PETS because exchange of syringes did not occur.

As for the content of the questionnaires, various limitations have already been identified while preparing this document therefore, considering past experience, there is need to create documents with simpler questions, trying to maintain continuity of the same at the different times of assessment (in order to be able to arrive at some conclusions in terms of changes in beliefs, attitudes and behaviours), considering useful the use of an application methodology with a smaller number of inmates per room in order to be able to clarify the questions and, with particular attention to the commitment towards confidentiality of the answers, which must be clear to those providing answers.

²⁸ This was one of the recommendations of the Justice/Health Working Group's Report: National Action Plan for the Prevention of Transmission of Infectious Diseases in the Prison Environment (2006)

²⁹ It is not enough to pass on information on the transmission of infectious diseases if the inmates do not have available equipment to share. This could be an alternative at this level. Note that getting tattoos is a very common practice in the EPs:

³⁰ This was also one of the recommendations of the Justice/Health Working Group's Report: National Action Plan for the Prevention of Transmission of Infectious Diseases in the Prison Environment (2006)

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