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Faculty Disclosure

Andrew Reynolds: “I do not have any relevant financial relationships with any commercial interests.”

Rich Feffer: “I do not have any relevant financial relationships with any commercial interests.”
Educational Objectives

1. Participants will have an understanding of harm reduction interventions that currently exist in U.S. jails and prisons;

2. Participants will have an understanding of the international experience of syringe access programs in prison settings;

3. Participants will have some strategies for planning, implementing and expanding harm reduction programs in U.S. jails and prisons
What is Harm Reduction?

Adopted from the Harm Reduction Coalition’s definition:

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with risky behaviors.

Examples of Harm Reduction:
- Syringe exchange
- Methadone/Suboxone treatment
  - Condom distribution
  - Seatbelts/Airbags

Harm reduction is not meant to enable or encourage drug use, it is meant to reduce the harm of existing harmful behavior. It can also act as a bridge to additional services.
Why should you care?

• Drug use, sex, and tattooing occur in prison

• Infectious disease spreads in prison

• Treating infectious disease is expensive and time consuming

• Contrary to “common sense,” data shows that harm reduction works, and it appears to work in prisons

Why should you care?

Spending on hepatitis C by prison agencies

Why should you care?

New Hepatitis C Treatment to Dramatically Increase Texas Prison Health Costs

Minnesota DOC Sued Over Failure to Provide New Hepatitis C Treatment Protocol

Prisoners Sue Massachusetts for Withholding Hepatitis C Drugs

Prisons around the world are reservoirs of infectious disease

Inmates with hepatitis C sue Tennessee prison officials for treatment

The Rising Costs of Prison Health Care
Condom Distribution

- **Condom distribution** is not common in US prisons or jails, but is more accepted in other parts of the world.

- **Results of condom distribution programs are positive:**
  - Supported by inmates and correctional staff ³, ⁴, ⁵
  - No operational or security problems ³, ⁴, ⁵
  - Replicable in many places ³
  - Low-cost ⁵

At least 5 cities or counties have condom distribution programs in their **jails**: LA, New York, Philadelphia, San Francisco, and Washington DC. ⁶

At least two states, Vermont and Mississippi, have condom distribution programs in their **prisons**. ⁶

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*Any others?*
Tattoo Programs

In 2005, Correctional Service Canada ran first safe tattooing program:

- 6 Facilities, one tattoo room in each facility
- Trained inmate artists provided 324 prisoners tattoos over 12 months
- Educational component at each intake facility and again at main facility
- Program ended after 1 year (planned for 2 years)

This program was shown to:

- *Reduce* the cost of a prison tattoo, making it easier to make the sterile choice.\(^7,8\)
- *Reduce* contraband and increase staff perceptions of safety
- *Enhance* the knowledge of prisoners and staff
- *Provide* employment training skills to artists

The program “had high potential to reduce harm, reduce exposure to health risks and to enhance health and safety for prisoner, correctional staff and visitors,” and the Chief Public Health Officer of Canada, Dr. David Butler-Jones indicated it wasn’t given enough time to work.\(^7,8\)

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A Brief History of Syringe Exchange/Syringe Access Services (SAS) in Prisons

• First program was initiated in 1992, in Oberschongrun Prison, a men’s prison in Switzerland;

• Started as an underground move by a physician and became funded as a project in 1994;

• Hindelbank Prison, a women’s prison in Switzerland, became the first sanctioned prison-based syringe exchange program;

• Drug use is still illegal, and an inmate caught with drugs will face discipline;

• 6 syringe dispensing machines; one-for-one exchange (can now have as many as 5).
A glimpse of Hindelbank Prison
The Global Experience of Syringe Exchange in Prisons

- There are approximately 69 prisons with SAS, spread across 13 countries:

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- Note: Some of these were just pilot programs and may or may not be ongoing. It's hard to have accurate, up-to-date numbers.
Prison Syringe Exchange: Models of Distribution – machines

Anonymous Syringe Dispensing Machines

Lichtenberg Prison Berlin

Saxerriet Prison Switzerland
Prison Syringe Exchange: Models of Distribution – hand-to-hand

Harm Reduction Kit
Soto de Real Prison, Madrid
Lessons Learned

• Reductions in syringe sharing; in some cases, no syringe sharing;

• No HIV seroconversions (HCV possibly, but hard to discern);

• Reduction in other injection-related complications such as abscesses and other medical complications
Fears allayed...

• Improved access to syringes...
  
  – Does not increase drug use or drug injection;
  
  – Does not increase violence, including use of a syringe as a weapon;
  
  – Does not increase occupational health and safety risks for prison staff (in fact, likely a decrease).
Prison SAS do not increase occupational health and safety risks for prison staff (in fact, likely a decrease)

- Syringes (or make-shift syringes) are already likely to be present and hidden, increasing the risk of needle-sticks;

- Unused and safely stored syringes would offer no risk;

- Access to safe syringe disposal would provide places for used syringes and injection equipment to be safely thrown away
Syringes do not lead to an increase in violence, including use of a syringe as a weapon

• In all evaluations of prison-based SAS, syringes have never been used as a weapon;

• Correctional settings can be violent places for any number of items that aren’t considered contraband;

• With education and support, prison-based SAS programs can be introduced without increasing risk or danger to staff or inmates
“The distribution of sterile syringes, as well as their safe storage, can increase the health and safety for everyone in the prison setting. Educating and training correctional officers and others on the ways in which prison-based needle and syringe programs enhance, rather than undermine staff safety can go a long way in ensuring that drugs and equipment are not conflated, and that prisoners are not stigmatized or punished for obtaining sterile injection equipment.”

--On Point: Recommendations for Prison-Based Needle and Syringe Programs in Canada, 2016
Prison-SAS do not Increase drug use or drug injection

• Substance use, while an illegal activity, still occurs in many correctional settings;

• Research has shown that prison-SAS do not increase the number of prisoners who inject nor lead to more drugs present in prisons;

• Substance use can still be illegal in prisons (as it is in the community) and SAS can still be offered as a means of reducing risk of blood-borne disease transmission and other medical harms, while potentially opening people up to drug treatment and other health-protecting behaviors
Concluding Thoughts

• Are we ready to put syringe exchange programs in jails and prisons in the United States? If not, how do we start the conversation?

• U.S. jails and prisons are wholly different when compared to other institutions around the world

• Behavior change takes time...changing institutions like jails and prisons will likely take a long, long time.

• Harm reduction works outside of prison walls...there is no reason they shouldn’t work inside of them.