

**A  
People's  
Case  
for  
Prison  
Needle  
and  
Syringe  
Programs**

# **UNDER THE SKIN**



Canadian HIV/AIDS Legal Network | Réseau juridique canadien VIH/sida

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*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 one of the world's leading advocacy organizations working on the legal and human rights issues raised by HIV/AIDS.

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**“DISEASE IS NOT JUST GOING TO STAY IN PRISON. WE ARE ALL GOING HOME. WE ARE GOING OUT TO OUR FAMILIES. IT AFFECTS SOCIETY.”**

**HAROLD (“BUCK”) GRIFFIN, LA MACAZA INSTITUTION, QUEBEC**



# INTRODUCTION

*In Canada and many other countries, the prevalence of HIV and hepatitis C virus (HCV) among people in prison is much higher than in the population as a whole.*

Estimates of HIV and HCV prevalence in Canadian prisons are at least ten and twenty times the estimated prevalence in Canada — and prevalence rates have been reported to be considerably higher for people who inject drugs.<sup>1</sup> While there are a number of factors contributing to these dramatically higher rates of HIV and HCV in prison, including the prevalence of HIV and HCV infection among people who inject drugs in the wider community and the widespread imprisonment of people who use drugs, the sharing of used needles to inject drugs is a principal factor.<sup>2</sup> Because of the scarcity of needles and syringes in prison, people who inject drugs in prison are more likely to share injecting equipment than people in the community. This significantly increases their risk of contracting HIV and HCV.

Needle and syringe programs (NSPs) are an important means of reducing the risk of infections from the sharing of used needles. In 2001, over 200 NSPs were serving Canadian communities, with more in development, and NSPs have enjoyed the support of all levels of government.<sup>3</sup> Numerous evaluations of NSPs have demonstrated that they reduce the risk of HIV and HCV, are cost-effective, and facilitate access to care, treatment and support services.<sup>4</sup> Prison-based needle and syringe programs

(PNSPs) offer similar benefits. As of 2009, PNSPs have been introduced in over 60 prisons of varying sizes and security levels in Switzerland, Germany, Spain, Luxembourg, Moldova, Kyrgyzstan, Armenia, Romania, Portugal and Iran.<sup>5</sup> In every case, PNSPs were a response to evidence of the risk of HIV and HCV transmission within prisons through the sharing of syringes to inject drugs. While PNSPs have been implemented in diverse environments and under differing circumstances, evaluations of these programs have consistently demonstrated that they:

- do not lead to increased drug use or injecting;
- reduce drug overdoses;
- facilitate referrals of users to drug addiction treatment programmes;
- have not resulted in needles or syringes being used as weapons against staff or other people in prison;
- have been effective in a wide range of institutions; and
- have effectively employed different methods of needle distribution, such as peer distribution by people in prison, hand-to-hand distribution by prison health-care staff or outside agencies, and automatic dispensing machines.<sup>6</sup>



# SPOTLIGHT ON: PRISON NEEDLE AND SYRINGE PROGRAMS

In 2006, the Public Health Agency of Canada (PHAC), at the request of the Correctional Service of Canada (CSC), prepared an exhaustive report to provide scientific, medical and technical advice on the effectiveness – and adverse outcomes if any – of PNSPs from a public-health perspective, and to provide a comprehensive scientific analysis of available information on PNSPs. As part of the research, over 200 documents were reviewed, a team visited PNSPs in Germany and Spain, and a two-day expert consultation was convened. The PHAC report concluded that evidence from numerous jurisdictions showed that PNSPs:

1. decreased needle-sharing practices among people in prison;
2. increased referrals of users to drug addiction treatment programmes;
3. decreased the need for health-care interventions related to injection-site abscesses; and
4. decreased the number of overdose-related health-care interventions and deaths.

With respect to institutional security and safety, the PHAC report concluded that the current body of evidence indicates that PNSPs do not result in:

1. PNSP syringes being used as weapons;
2. increased institutional violence;
3. any increase in needle-stick injuries;
4. increased seizures of illegal drugs or drug paraphernalia;
5. increased drug use; or
6. increased initiation by people in prison of injecting drug use.

**MOREOVER, THE PHAC REPORT CONCLUDED THAT PRISON STAFF IN INSTITUTIONS WITH PNSPS SEE SUCH PROGRAMMES AS AN IMPORTANT AND NECESSARY ADDITION TO A RANGE OF HARM REDUCATION SERVICES AND HEALTH AND SAFETY INTERVENTIONS.**

*(Source: Public Health Agency of Canada, Prison needle exchange: Review of the evidence, report prepared for Correctional Service of Canada, April 2006)*

In spite of the overwhelming evidence of the benefits of PNSPs, at this time no Canadian prison permits the distribution of clean needles. This harms the health of people in prison, given the increasing prevalence of HIV and HCV behind bars. This also creates a further risk to public health more broadly: the vast majority of people who spend time in prison return to their families and communities. Yet the public rarely hears from those who are most affected by this issue, whose very health and lives are at stake. What do people in prison have to say about the Canadian government's unwillingness to address the problem? How has this policy, that denies the realities of injection drug use in prison, affected individuals who are struggling with drug addiction? And what does this mean for the community as a whole? The Canadian HIV/AIDS Legal Network sought to answer these and many other questions by interviewing people from across the country to learn more about their experiences with injection drug use in federal prisons.

Between 2008 and 2009, interviews were conducted in person and over the phone in British Columbia, Alberta, Manitoba, Ontario, Quebec, New Brunswick and Nova Scotia, resulting in sworn affidavits or testimonials from 50 individuals who either were currently incarcerated or had previously served time in a federal prison. In the course of the interviews, nine key themes emerged (reflected in the subsequent sections of this report). Many individuals described having grown up in difficult home and institutional environments, where drugs were readily available. Some saw family members struggle with drug addiction – influencing them to also turn to drug use at an early age. Most of the individuals described having a drug addiction, which led them to take part in activities that led to their eventual incarceration. All of those interviewed described a prison environment, in both federal and provincial prisons, where drug use is rampant, and where injection drug use is prevalent. New and clean needles were hard to come by and were smuggled into prison, stolen from the health-care unit in a prison, or homemade from items ranging from Bic® pens to Q-tips® to eye droppers to tubing material. Sharing a used needle to inject drugs is the norm. A number of people believed they were infected with HCV and/or HIV as a result of sharing dirty needles in prison. Notably, all the individuals interviewed wholly supported PNSPs and made various suggestions for how they should be implemented.

The people interviewed for this report confirmed what the research has established for many years: that prisons are home to many people with drug addictions, that drugs

are available in prison and people use them – including through injection – and that people resort to sharing dirty needles because they do not have access to clean ones. But the people interviewed for this report also offer a crucial perspective that has been missing thus far from the debate about PNSPs: their own. They describe first-hand how the denial of clean needles in prison has contributed to the harms they have experienced, why PNSPs are critical to protect their health, and what they think a prison system can and should do if truly committed to people's health. The hope is that their stories will strengthen the case for change, which governments continue to ignore even as a growing body of evidence highlights the need.

## Methodology

In September 2008, the Legal Network began interviewing people from across Canada who had experience using drugs or sharing needles inside a federal prison. Before each interview began, the purpose of the interview was explained to people, as was the ultimate objective of producing a publicly available report to share the voices and perspectives of people who had lived experience of using drugs or witnessing drug use in Canadian prisons. The information provided by interviewees was recorded in the form of a series of first-person statements describing their own experience and knowledge. Each interviewee reviewed these in draft form at least once, making any corrections if necessary, to ensure that their statements were recorded accurately. Because confidentiality was very important for some of the people interviewed, everyone was given the choice of providing a signed affidavit – which is testimony given under oath or affirmation just as testimony is given in court – or an unsigned, unsworn testimonial. Some of those interviewed were comfortable providing a sworn or affirmed affidavit about their own first-hand experience and with their name appearing publicly. Others wished to swear or affirm an affidavit but were concerned about preserving their anonymity and did not want their name used publicly in a report. For those individuals, the interviewer affirmed a second affidavit indicating that she recorded the original affidavit, was present when the affiant swore or affirmed that affidavit, and subsequently removed all identifying information in that affidavit to protect the identity of the affiant. This approach enabled evidence to be validly given under oath while preserving the confidentiality of those who requested it. Others were so concerned about anonymity that they were only willing to share their story completely anonymously in the form of an unsworn testimonial



**“I THINK IT IS A GOOD IDEA TO HAVE A PRISON NEEDLE EXCHANGE. IF THEY ARE DOING IT ON THE OUTSIDE, WHY WOULDN'T THEY DO IT ON THE INSIDE?”**

because they did not want their name recorded anywhere. Therefore, any names in this report have only been used with the explicit permission of the people who are identified by name. Where people were not comfortable with having their names in the report, pseudonyms have been used. Similarly, images of people featured in this report have only been used with their explicit permission.

By June 2009, 50 affidavits or testimonials were gathered from five different regions of the country: nine interviews were conducted in British Columbia, five in Alberta, six in Manitoba, 13 in Ontario, five in Quebec, two in New Brunswick and 10 in Nova Scotia. Eight interviews were conducted with people currently in prison. In spite of initial challenges identifying women for interviews, 12 women were ultimately interviewed, from four of the five regions in which interviews were conducted. Aboriginal

and African Canadians were also represented among the individuals interviewed, including 12 individuals who self-identified as Aboriginal or Métis, and five individuals who self-identified as African Canadian. Among the people who provided us with their age, ages ranged from 24 to 58.

The Legal Network coordinated the affidavit project with national and local organizations working on the rights of people in prison, AIDS service organizations, harm reduction service providers and formerly incarcerated people, building on existing relationships and developing new relationships with important allies. This helped build community momentum and support for documenting and bringing forward the voices of people directly affected by the absence of sterile injection equipment in Canadian prisons.





# EARLY EXPOSURE

In 2004, it was estimated that 4.1 million Canadians aged 15 and over had injected drugs at some point in their lives.<sup>7</sup> Of this figure, 269 000 Canadians reported injecting drugs that year.<sup>8</sup> A recent study found that young people were more likely to begin to inject drugs if they had a history of childhood physical abuse.<sup>9</sup> Another study found that people who had been sexually abused as children began to inject drugs at an earlier age than other people who inject drugs.<sup>10</sup> Injection drug use has been one of the primary drivers of the HIV epidemic as it affects women and Aboriginal people in Canada. While 14 percent of new HIV infections in Canada in 2005 could be attributed to injection drug use, since 1996, up to one half of new HIV test reports among women have been attributed to injection drug use

and over half of all new HIV infections among Aboriginal people in 2005 were attributable to injection drug use.<sup>11</sup>

# TO DRUGS

## Brigitte Martin, 47 Montréal, Quebec

“I was born in Montréal, Quebec on October 20, 1961. When I was young, my mother and stepfather were working all the time. I grew up with two sisters and one brother. As a child, I was estranged from my biological father. My mother was an alcoholic and took drugs. She used to beat us. When I was 11 or 12 years old, I was sent to a group home. Between the ages of 12 and 15 or 16, I was in juvenile detention centres and group homes.

I was 11 years old when I tried drugs for the first time. I went and stole my mother’s Valium pills. My sister and I tried it and it calmed us down and gave us a buzz. I felt good. After that, my sister and I continued to take the pills.

I used to run away all the time. After that, a court ordered me to see a psychiatrist. The psychiatrist evaluated the whole family and told my mother she was sick and had a problem. I told the psychiatrist I was taking pills, and he prescribed Valium for my sister and I.

Around the same period, I started smoking marijuana and cigarettes and drinking.

When I was 13 years old, I tried injecting speed for the first time. I liked it. Around the same time, I did mushrooms, pills, mescaline and acid. When I was 14 or 15, I tried injecting cocaine and heroin. I really liked heroin, but I stuck mostly with cocaine because it was cheaper. Heroin was very expensive.

As a teenager, a lot of my friends were doing drugs. I wanted to experience every drug that I could try and I did. Sometimes I wasn’t sure what drug I was using. I was so depressed when I was a teenager, I didn’t care if I died. When you’re young, you aren’t scared and you don’t see the seriousness of what you’re doing.

I think I was addicted to cocaine at the time. I had a really hard time stopping. The psychiatrist I had seen before told me I had to stop using cocaine and pills because I was overdosing so frequently. He gave me prescriptions for pills to calm me down. At one point, I was taking Lithium for manic depression. I took so many different kinds of pills to calm me down.”

## Roger Lee Burke, 54 Halifax, Nova Scotia

“I was born in Souris, Prince Edward Island on April 27, 1954. My son is in Afghanistan now. He is a pilot in the Canadian air force. We are close, and we resolved a lot of differences after I came out from prison.

My parents were alcoholics. My mother died when she was 50 because of her drinking. My sister and I were put in foster homes. My older brother, who was an adult when my sister and I were at foster homes, introduced me to amphetamines when I was 15. He showed me how to use it with a needle. After that, I used it again maybe a dozen times. When my brother returned to Toronto, I had no access to amphetamines after that. I drank alcohol. When I was 17, I went to Toronto and started injecting amphetamines again. When I returned to Prince Edward Island three years later, I started injecting heroin.

Right before I was in a federal prison, I was using a lot of different drugs: Dilaudid, Talwin, Demerol and barbiturates. I would inject anything I could inject. But I never shared a needle because I was terrified of catching a disease. I didn’t have to, since I had easy access to needles. My sister was a diabetic so she had needles. We injected amphetamine together, and she died when she was 47. Her body shut down.

I was totally addicted to drugs. I had been diagnosed with an addiction by a doctor and a psychiatrist. I never stopped using drugs. I used everyday. I was in comas for three or four days at a time. I don’t know how many times I overdosed, but I was admitted to the hospitals and detoxes 51 times for drug treatments and overdoses.”

**Priscilla Tabitha Hogan Ann Mampassi, 35**  
Toronto, Ontario

“I was born in Toronto on September 7, 1973. I am Aboriginal Ojibway. My mother was an alcoholic, so I didn’t have a very good child life. I was in and out of Children’s Aid from the time I was seven years old.

When I was 11 years old, I got high for the first time on marijuana. That same year, I tried crack cocaine and overdosed on Valium. There was a lot of Valium in my grandma’s house, and one day, I decided to try what everybody else was doing, so I swallowed an entire bottle of pills. I woke up after that in the hospital, where I was physically restrained. Children’s Aid Society then put me in Whitby Psychiatric Hospital for Children, where I stayed for a year. They treated me really badly in there, and I used to cut myself to get attention. There, they told me I had attention deficit hyper disorder, dyslexia, multiple personality disorder and manic depression. I don’t think I had multiple personality disorder or manic depression. I was in and out of trouble after that, stealing cars, doing all kinds of drugs. I tried everything. When I was about 13, I smoked heroin for the first time. I tried injecting it when I was 16.

Ever since I tried crack cocaine, I was strongly addicted to it. When I was about 21, I started using heroin more frequently and I started selling crack instead of smoking it. After every six or eight hours, I would have to do another hit of heroin. That was about the time I became addicted to heroin. After I injected once, I always injected it because it was a totally different high. When you smoke heroin, it’s like you waste it. I shared my needles when I injected.

When I was 21 years old, I sold 20 dollars worth of crack cocaine to an undercover cop and I got 26 months. I went to Prison for Women in Kingston, known as ‘P4W’.”

**Lenita Sparks, 47**  
Halifax, Nova Scotia

“I was born in Halifax on March 21, 1962. I have Black, White and Indian roots, and I would identify as a Black person. I have 22 siblings; some of them are half-brothers and-sisters. I had three children, but one died. My son lives in Toronto and my daughter lives in Detroit.

I was in an orphanage until I was six years old. Then, I was adopted by a British White family and they were very strict. My adopted father sexually molested me, and Children’s Aid removed me and put me in a group home. I ran away from the group home when I was 13, and I’ve been on my own since.

I started smoking marijuana when I was nine years old. I did hard drugs, like speed, acid and MDA, when I was 13. But I never used a needle — I snorted my drugs. It was mostly recreational use, and I would use on weekends.

When I was 18 years old, I was sent to Kingston Penitentiary for Women for fraud. I got a three-year sentence. There, I saw speed, cocaine, acid, marijuana and a lot of pills. Drugs were easy to get there, because there was always someone coming in and out with drugs. The first time I ever shot drugs was at Kingston. I shot speed. I used somebody’s needle to shoot it. About 10 of us used the same needle. We had to keep sharpening it on a matchstick cover.”

**“MY OLDER BROTHER INTRODUCED ME TO AMPHETAMINES WHEN I WAS 15. HE SHOWED ME HOW TO USE IT WITH A NEEDLE.”**





# INCARCERATION AS A RESULT OF A DRUG-RELATED OFFENCE

Conflict with the law and incarceration are often a result of offences arising out of the criminalization of certain drugs, related to supporting drug use or to behaviours brought about by drug use.<sup>12</sup> In 2002, more than half a million criminal charges filed in Canada were attributed to illicit drugs.<sup>13</sup> In Canadian federal prisons,<sup>13</sup> 30 percent of women and 14 percent of men have been incarcerated on drug-related charges.<sup>14</sup> Indeed, among the individuals interviewed for this project, over half indicated they had been incarcerated for a drug-related offence, and for women, the proportion — two thirds — was even higher.

**Miguel Dixon, 30**  
Mulhurst Bay, Alberta

“When I was 22 or 23 years old, I went off the deep end in using hard drugs. I smoked crack cocaine on a daily basis and occasionally used drugs like heroin and crystal meth if there was nothing else around. But even as my drug use became more serious, I never injected.

I have an addictive personality, and getting hooked on drugs was easy. The basis for my addiction was laid at an early age. I loved doing drugs. I was addicted to marijuana from the time I was 14; I basically smoked it every single day until I was in my twenties. I have a history of depression, and that in combination with a shoulder injury in my twenties, meant drugs was an easy way out.

When I was 24 or 25 years old, I went to drug rehab called Claire’s Home, under the guidance of my doctor. I believe I was diagnosed with a crack addiction.

Around 2005, I served time in Bowden Institution, Alberta and Drum Heller Penitentiary, Alberta for numerous charges including drug possession and gun possession. I was sentenced to five and a half years and was released in November 2008. All the charges were related to my drug habit. Before, I had only ever been convicted of impaired driving when I was 21 and the only other illegal activity I did was the buying and using of drugs. But when I was no longer able to work due to my shoulder injury, I found an alternate means of getting money and staying on those drugs.”

**Ronald George Sallenbach, 42**  
Edmonton, Alberta

“My father was a member of the Grim Reapers, a gang operating in Red Deer, Calgary and Sylvan Lake areas. He was addicted to heroin. I met him for the first time when I was 12 years old. My father lived in what was basically a shooting gallery, although he also spent time in Bowden Institution. When I was 13, I began using heroin. My father introduced me to doing robberies, including night deposits at banks.

When I was 15, my father died. I was on my own, continuing to commit crimes to support my habit. When I was 16, I stole a car from my mother’s boyfriend and committed some ‘break and enters’. I was eventually arrested and received a one-year sentence in Fort Saskatchewan [Correctional Centre, in Fort Saskatchewan, Alberta], which I served from 1981 to 1982.”

**Mario Sfectos, 24**  
Toronto, Ontario

“I was probably 10 or 11 years old when I first tried marijuana. I stole it from my stepfather, who was a regular user. He would smoke marijuana in front of my sister and I. When I was 14 years old, I tried snorting cocaine and about a year into it, I started smoking and injecting cocaine. I’ve been using cocaine on and off since I was 14 years old.

When I was injecting cocaine as a teenager, I would buy syringes from a pharmacy to inject. I would share the syringe with my best friend.

I started using drugs to avoid thinking about life. I believe I was addicted to cocaine. I would use cocaine all day long, and go for at least six or seven days at a time until I passed out.

I was arrested when I was 16 years old for possession of marijuana. Since I was 18, I have been in and out of provincial jails for charges like theft, selling marijuana and cocaine and breaches of recognizance or probation.”

**Nancy Marie Floyd, 41**  
Halifax, Nova Scotia

“I kept getting into bad relationships. They were abusive and I think that is what eventually led me to drug use.

When I was 30, my son got into trouble and my son’s father came to see me and introduced me to opiates. I started injecting Dilaudid and I became addicted right away. When I used, nothing bothered me. It helped me cope with my son’s situation and my bad relationships. I felt helpless when my son was sent to prison. I was really close to my son because I had brought him up alone.

After my son was sentenced, I found someone who had a Dilaudid prescription to sell and I learned how to inject myself. So I did that and I started selling at the same time, and it just progressed. I ended up using 30 pills a day and I was selling 300 pills a day. I sold to support my drug habit.

In 2001 or 2002, I was sent to Nova Institute for Women in Truro, Nova Scotia for five years. I was there for possession for the purpose of trafficking.”





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# IN S G U R D

Many people assume that in a highly restricted, secured environment such as a prison, drug use would be rare.

But despite their illegality, the penalties for their use, and the considerable resources spent by prison systems to control their availability, illegal drugs do get into prisons and people use them — a reality recognized by prison systems themselves.<sup>15</sup> A recent study revealed little difference in drug-use patterns between persons who inject drugs in prison and those who are not in prison.<sup>16</sup> In a 1995 survey by CSC, the federal prison system responsible for people serving sentences of two years or more, 38 percent of people in federal prisons admitted using drugs since arriving at their current institution, and 11 percent admitted using drugs by injection.<sup>17</sup> A 2003 study of federally incarcerated women found that 19 percent reported injecting drugs while in prison.<sup>18</sup> Numerous international studies have also confirmed the prevalence of injection drug use in prisons worldwide.<sup>19</sup> Given the criminalization of drug possession and related activities, and the ways in which drug use and addiction can contribute to committing other crimes, many people, whether in pre-trial detention, awaiting sentencing following trial, or serving a prison sentence, have a history of drug use or are actively using drugs at the time of imprisonment. In addition to those people entering prison with a history of, or still active drug use, some people start using drugs while in prison.<sup>20</sup>

# IN S G U R D

## “Pete”, 51

Lower Sackville, Nova Scotia

“Even during my first sentence at Dorchester [Institution, in Dorchester, New Brunswick], I saw cocaine, pills, alcohol, marijuana and hash. People were doing lines of cocaine and smoking marijuana. People didn’t inject then. About ten years later, I started seeing opiates like Dilaudid, morphine, Demerol. Some of the older guys would inject, but most people smoked or snorted their drugs.

When I got older, maybe another ten years later, it was cool to do pills and cocaine by injecting, because it was a better rush. I would say about one third of the prison population would inject. Drugs were easy to get. Once drugs got in, guards didn’t really care, because we were already in the worst place we could possibly be in our life.”

## “Dorothy”, 50

Toronto, Ontario

“At Prison for Women [in Kingston, Ontario], I saw everything. I saw people banging drugs, snorting drugs, drinking perfume, drinking floor cleaner, whatever they could get their hands on. A lot of people smoked weed and hash, and some people injected speed and heroin. There were a lot of pills inside, like Valium. Drugs were easy to get inside.

Of all the women at Prison for Women, roughly 40 percent were doing some kind of drugs. I’d say about 30 percent were injecting drugs. Some people were doing drugs because they were addicted and others were doing drugs just to get away, blank out and pass their time.

When I was in Prison for Women, I used coke, crystal meth, heroin, pot and hash, whatever was around. It helped me pass the time. It wasn’t hard to get my hands on drugs. I injected coke, crystal meth, heroin and speed. I used needles that were stolen from health care. Sometimes I would take them and sometimes others would. The needles weren’t always easy to get, but sometimes the nurses would walk away and knew what we were doing. Other times the nurse wouldn’t let us get anything. Sometimes people brought needles in, from visits.”

**David Bruce Cossey**, *age not provided*  
Vancouver, British Columbia,

“While I was in prison, I observed other prisoners using heroin, cocaine, sleeping pills, Valium and speed. I’ve seen prisoners inject heroin, cocaine and speed with needles made with pens and other materials. Most people shared their needles in prison. To the best of my knowledge, people cleaned their needles with bleach when they used them.

I injected cocaine when I was in prison. I injected cocaine about twice a month. I used a homemade needle to inject and discarded it after I used it, or gave it to someone else. The homemade needle had a very thick gauge and it would hurt when I injected. Sometimes my arm would become inflamed after I used it.”

## Harold (“Buck”) Griffin, 48

La Macaza Institution, Quebec

“I’ve seen more drugs in prison than I have seen outside. I’ve seen everything from marijuana, hash oil to cocaine, crack, morphine, Dilaudids, heroin, mushrooms and ecstasy. I’ve seen guys injecting powdered methadone. The number of guys using drugs would depend on the institution. In a maximum security institution, I think about 70 percent of guys would be using drugs and about 30 percent would be injecting it. It really depends on which prison you are looking at, the security level, and whether prisoners care about having something to lose.

I’ve used every drug there is in prison. I’ve done heroin, morphine, Dilaudids, Oxycontin, marijuana, hash oil, cocaine, crack cocaine and ecstasy. I’ve injected heroin, morphine, Oxycontin, Dilaudids and cocaine. The first time I tried injecting drugs was in prison. I didn’t like needles, so I got someone else to inject me. It didn’t take long for me to start injecting myself. Sometimes I would use a homemade needle. These could be made out of anything, like an earring or from the inside of a lighter. You could also buy a point from a guy who was diabetic. There are many ingenious ways to make a needle. Other times we would get lucky and guys would smuggle in a needle.”



# HOW DRUGS GET INTO PRISON

According to the Correctional Investigator of Canada, the independent officer who is mandated to review and make recommendations on CSC's policies and procedures, from 1998 to 2007, CSC spent significantly more time and money than it had in previous years on efforts to prevent drugs from entering prisons, yet drug use declined less than one percent during that period.<sup>21</sup> This is not surprising, given the numerous pathways for drugs into prisons. While people in prison and their families are often implicated for smuggling drugs in, numerous media reports also cite the involvement of prison staff.<sup>22</sup> As concludes the Correctional Investigator, "Drug interdiction alone can only go so far in reducing the rate of infection among the offender population."<sup>23</sup>

**“DRUGS ARE EVERYWHERE AND SOMETIMES PRISON GUARDS BRING THEM IN. I THINK PRISON GUARDS ARE THE MAIN SOURCE OF DRUGS IN PRISON.”**

#### **Corey Ritchie Brian, 49**

Halifax, Nova Scotia

“The first time I used drugs was at Springhill [Institution in Springhill, Nova Scotia]. I injected Dilaudid. I felt peer pressure to use since I was on the same range as hardcore guys. If you weren't part of the crew, you could be labelled a rat and could end up kicked off the range.

The drugs were brought in by inmates who were doing time. Guards also brought them in. I injected Dilaudid with syringes that were smuggled into the institution. We shared syringes. The first time I injected drugs I shared a syringe. One syringe would probably be used for 3 or 4 months everyday for at least 20 times a day. We would sharpen it on a matchbook cover to keep it sharpened. It was used basically until it was sharpened down to the point where it was no longer useable. A syringe was really expensive. One syringe would sell for \$40 to \$50. People would pay to use someone else's syringe.”

#### **Jamie Alexander Elmer Houston, 38**

Winnipeg, Manitoba

“On the street, I can remove myself from a situation involving drugs. In the prison system, there are so many drugs around and so many people doing them, it is very difficult to escape drug use. Drugs are everywhere and sometimes prison guards bring them in. I think prison guards are the main source of drugs in prison. It is very easy to get drugs into prison. For many people, there is little else to do inside prison but to use their drug of choice.”

#### **Rebecca Reid, 38**

Toronto, Ontario

“All my crimes were done to support my drug habit. During that period, I was soliciting, dancing and working for escort agencies. The drugs helped me numb what I was doing, and the more I solicited myself, the more drugs I would do. It was a vicious circle.

While I was inside Edmonton Institution from 1997 to 2000, I was using drugs. I became addicted to opiates while I was in Edmonton Institution the first time. I was going out on UTAs [Unescorted Temporary Absences] for school and while I was at school, I had friends on the outside who would bring me needles, morphine, heroin and weed that I would bring back to the pen. That was in 1999.

I also got married in 1999 and the man I married was in Edmonton Max Institution and I had two 72-hour conjugal visits with him. And both times, I brought him needles, syringes and drugs like opiates and marijuana, but mostly opiates. We did drugs together during our visits, and this included injecting.”

#### **Ronald George Sallenbach, 42**

Edmonton, Alberta

“In my experience, drugs would be smuggled into institutions by visitors, including during family visits, but also by guards. On many occasions, I would obtain my drugs, contained in cigarette packages, from one of the guards at Edmonton Maximum Security Institution.”



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# ADDICT ION

## & MENTAL HEALTH ISSUES

Addiction is a disease that is strongly affected by a person's life circumstances and childhood trauma.<sup>24</sup> It is a contributing factor in the crimes of 70 percent of people entering federal prisons.<sup>25</sup> According to PHAC, two thirds of people incarcerated in federal prisons have substance-use problems, of which 20 percent require treatment.<sup>26</sup> Many people enter prison with a drug addiction, and others begin using drugs once they enter prison.<sup>27</sup> In particular, women disproportionately represent people in prison suffering addiction. A recent study of women in federal prisons revealed that almost three quarters of incarcerated women had a drug or alcohol problem when entering prison.<sup>28</sup> Among Aboriginal people, who are overrepresented in prisons,<sup>29</sup> addictions are strongly tied to the multigenerational impacts of abuse and cultural repression in the residential school system, ongoing discrimination, and poverty.<sup>30</sup> This has had a serious impact on the health of Aboriginal communities, particularly in the context of HIV.

Many people suffering from addiction also suffer from mental health issues. In 2001, an internal CSC study found that, in the Pacific region, 84 percent of people in prison had at least one lifetime diagnosis of a mental disorder, including substance abuse.<sup>31</sup> If substance abuse disorders are removed, 43 percent of people in prison still met the criteria for at least one lifetime mental health diagnosis. More broadly, CSC reported in 2007 that 12 percent of

men and 26 percent of women in federal prisons had been identified with "very serious mental health problems,"<sup>32</sup> 15 percent of men and 29 percent of women in federal prisons had previously been hospitalized for "psychiatric reasons,"<sup>33</sup> and the percentage of federal prisoners prescribed medication for "psychiatric concerns" at admission had more than doubled from 10 percent in 1997 to 1998 to 21 percent in 2006 to 2007.<sup>34</sup>

### **Greg Simmons, 40** Toronto, Ontario

"I was injecting at least two times a day for the last six years I was inside prison. I was injecting cocaine, heroine, morphine and Dilaudid. I used needles that were brought in from outside prison. I never shared my needles because I didn't want my needles to get dull and I didn't want to become infected with hepatitis C and HIV. I cleaned my needles with the half-strength bleach available in prison because I wanted to keep my needles clean.

As a survivor of abuse, and with an addictive personality, I injected drugs in prison to not feel, to lose myself, and to forget. With very little chance of improving my job prospects while in prison, the feeling of hopelessness and helplessness affected my everyday thinking. I didn't see myself having any different possibilities upon my release and that is why I started injecting drugs in prison."

### **"Cyrus"** age not provided Vancouver, British Columbia

"It's easy to become addicted to drugs in prison because of the negative atmosphere. People feel depressed and it's an escape from reality. I've seen many people who I believe were addicted to drugs while I was in prison.

I am HIV-positive and hepatitis C-positive but I feel all right. I know I was HIV-positive before I went to prison and I'm not sure whether I was infected with hepatitis C while I was in prison.

I injected heroin, cocaine and speed when I was in prison. I was addicted to drugs in prison. I used an old needle to inject and sometimes I would share my drugs to be able to use these needles. I always cleaned my needle with the prison-provided bleach before I used it."

### **"Jessie", 34** Edmonton, Alberta

"I first began to share needles to inject drugs when I went to jail. Between 1993 and 1995, I was in and out of Pine Grove [Correctional Centre in Prince Albert, Saskatchewan]... I was in for charges related to trafficking, assault and drinking in public.

I was hurting inside. When picked up on a Friday, you have to spend the weekend until Monday before going to court, and I would be coming off using outside, with sweats and shaking.

I smuggled some pills into Pine Grove, hidden in my belly button, but I didn't have any equipment to inject it. So I asked some of the other women if I could use the real needle they were using. There were three other women sharing the needle with me. I knew the needle was already used; I could see that the numbers on the barrel had faded and it was obviously something that had been re-used many times already. But I needed my fix, so used it anyway."

### **Harold ("Buck") Griffin, 48** La Macaza Institution, Quebec

"Back in the late 1990s, when I was in prison, I was addicted to morphine pills for almost one year. I finally stopped because I couldn't get morphine anymore. I was sick for almost a month when I was coming off it. Afterwards, I realized I was addicted and I didn't want to do that anymore.

A good friend of mine in prison lost everything, including his family, because he was using his family to get money to buy drugs. He was addicted. He got thinner and thinner. He didn't quit drugs so his wife left him. I've seen the price of an addiction. I saw another guy who lost his left arm because of a dirty needle. He was addicted and the needle he was using was just filthy. He knew it too — he knew the needle was no good, but he continued to use this needle and they had to amputate his arm from the elbow down because his arm became infected. Other guys overdose and die. They get used to doing drugs, and they do more and more and more, and all of a sudden, stronger drugs that aren't cut come in, and they don't test it. They go ahead and use it and then they overdose. I've seen that happen twice, to one good friend of mine and to another guy."

# SHARING DIRTY NEEDLES

Although people who inject drugs may inject less frequently in prison, the scarcity of clean needles and the punishments meted out for drug use mean more people in prison resort to sharing used needles.<sup>35</sup>

A needle that circulates among large numbers of people injecting drugs increases the risk of transmission of HIV and HCV because of the presence of blood in needles after injection,<sup>36</sup> a risk further increased by the higher prevalence of both HIV and HCV among people injecting in prison. When people in prison have no or limited access to clean needles, the effects of drug withdrawal and the need to inject are major factors in their readiness to share needles or syringes.<sup>37</sup> A number of Canadian studies have demonstrated the propensity for people in prison to share needles to inject drugs. For example, a Quebec study shows 63 percent of men and 50 percent of women who reported injecting in prison also reported having shared equipment.<sup>38</sup> In an Ontario study, 32 percent of those who reported injecting while incarcerated reported injecting with used needles.<sup>39</sup> Not surprisingly, all the individuals interviewed for this report described either personally sharing needles to inject drugs or observing others sharing needles, in both men's and women's prisons, prisons in all regions, and prisons of varying security levels.

**Albert Leonard (“Lenny”) Stevenson, 52**  
Edmonton, Alberta

“The first time I injected, I used my friend’s 3cc barrel from a real syringe, to which we attached a ‘needle’ made out of a Q-tip. We sliced the shaft of the Q-tip on an angle to make a point. At the time, Q-tips were made out of plastic and had a hollow core. This would be attached to the barrel with glue, which we had access to from the hobby shop, or hockey or electrical tape. The plunger would be fashioned from the ink tube from a Bic pen, and a piece of rubber sliced from the sole of a shoe. We would take a piece of dental floss, wrapped around the end and attached to the plunger so that it could be pulled back out after plunging.

The Q-tip ‘needle’ would work to puncture the vein and inject the drug, but would also cause a wound and produce a fair bit of bleeding. Many guys would regularly re-use the hole created to inject. Some guys would get a tattoo around the wound, such as a skull.

The first time I injected, the makeshift rig I used was being used by at least seven other guys, and I know some of them were also sharing it with other guys. It was a communal thing, since it was hard to get access to a rig and if you had drugs you shared with others.

While I was in prison, when I could afford to get drugs, I would inject. Commonly, I would inject about half a dozen times, about 10 to 15 minutes apart. I still wasn’t good at injecting, and was often shaky anticipating the high, so was always doing it with others. This meant we were regularly sharing the same equipment. Often, this injecting would happen with makeshift rigs, because real syringes were hard to come by and expensive.

The few real syringes that were available were used over and over again, and could be rented out. An average price of a good hit of cocaine would be about \$50. The cost of renting a real syringe would be something like half of this quantity. One way to extend the life of a syringe was to keep sharpening the point of the needle on the rough, striking part of a matchbook.”

**Edward Sherwood, 56**  
Saint John, New Brunswick

“I was injecting opiates and speed. There were a lot of pills available in prison and these could also be injected. Syringes were very hard to get back then, so we would use Bic pens to inject drugs. This is very hard on your veins. I have horrible scars on my arms as a result. At the time, we didn’t think about HIV or hepatitis. We would share these homemade needles, which were bloody after each use, but we didn’t think about infection. We were young, stupid and desperate to get high.

While I was in prison, I think I became addicted to opiates. I did drugs in prison because I was addicted and because I needed to escape.

Using a Bic pen wouldn’t last very long, but we would share it between three or four people until it broke. If we were able to smuggle a syringe from prison health care, these would last longer. I know people who were incarcerated who used the same syringe for their whole period of incarceration, and it would be circulated among 25 people and used at least 100 times.

When I was in Atlantic Institution [in Renous, New Brunswick], I know fellow prisoners who were infected with HIV because they were sharing needles between them. One guy came to Atlantic with HIV and all the people he shared needles with were infected with HIV as a result. They were all tested when they were inside and the news got around.”



**Raylene Elizabeth Nichole, 39**

Halifax, Nova Scotia

“There were all kinds of drugs in there [Prison for Women, in Kingston]. There was speed, heroin, cocaine, PCP, tranquilizers, Talwin and Ritalin. I used heroin and cocaine by snorting and injecting it. There were about six or seven of us at Kingston who would use together. To inject, we used a syringe that was either stolen from health care or homemade. The homemade syringes were made with the plastic from a Bic pen and beading needles. I would share the syringe that I used occasionally, depending on whether someone asked me. We always cleaned the syringe with Javex bleach between uses. The bleach was from the kitchen, where I worked.

I would probably get or make a new syringe a couple of times a month.

Back then, I'd heard of HIV and hepatitis C, but I didn't know I could get it from sharing a dirty syringe.

After they shut down Kingston Penitentiary for Women, I went to the SHU [Special Handling Unit of CSC, near Montréal], where I spent a few more years because I had time added on to my sentence for trying to escape ....

After I was released from the SHU, I was not out for not even a week before I was charged again for assault. I was sent to Springhill [Institution, in Springhill, Nova Scotia] ... where I was for a few more years. At Springhill, it was like its own society. There were even more drugs than there was at Kingston, but pretty much the same kinds of drugs were available. I stuck to heroin at Springhill, where I snorted and injected it. I used a syringe from health care or a homemade syringe. I shared that syringe too, with a lot of people. The syringe got passed around, between at least seven of us. At Springhill, there was no bleach, so we would rinse the syringe out with water between uses ....

I am hepatitis C-positive. I was diagnosed six months ago while I was in Nova Institution [in Truro, Nova Scotia]. I think I got it from tattooing. I got tattoos while I was at Kingston Penitentiary [Prison for Women], and we never used clean needles to tattoo. But I could have been infected from sharing dirty syringes too.”

**Christopher Charles McPartlan**

*age not provided*

Vancouver, British Columbia

“The needles I used to inject drugs were used by many people in the ... institutions I was incarcerated in. On average, at least 50 people would share one needle. I did not have access to bleach at either ... institution [Regina Correctional Centre, Saskatchewan and Matsqui Institu-

tion, British Columbia]. I knew I could become infected with a blood-borne disease from sharing my needles, but I didn't think it could happen to me and I thought I could clean my needle before I used it by rinsing it three times in hot water.

From my experience ... I would estimate that at least half of the ... prison population used drugs, and about a third of the ... prison population injected drugs. Everyone who injected drugs in prison shared their needles because they were so hard to come by.”

**Ronald George Sallenbach, 42**

Edmonton, Alberta

“I never wanted to share a needle; I didn't choose to share. But when you need to get a hit, and don't have a rig, you end up sharing. I would estimate that about 80 percent of the time that I was injecting, I was sharing. Even when I had my 'own' rig, if I didn't have drugs, I would supply the rig and the other person would supply the dope. If I had dope, but not a needle, then I would share the other guy's needle. I can't think of a heroin addict that I knew in jail who did not share a needle at some point.

When I was in Kent [Institution, in Agassiz, British Columbia], I injected using a makeshift rig made out a Q-tip, masking tape, Bic pen and a piece of gum. I used the Bic pen and masking tape to fashion the barrel and plunger; the gum was used to attach the 'needle' to the end of the barrel. The 'needle' was fashioned out of a Q-tip, which is hollow, but which makes quite a wound when being inserted into the vein. Sometimes I would need to make a cut in my arm to make it easier to insert the Q-tip 'needle'; it works to inject, but is very painful.

Other things I witnessed people using to make rigs for injecting included eye-droppers, pieces of glass from light bulbs and plastic pens that had been melted and stretched. I regularly shared injecting equipment while in various prisons, without knowing whether the people I was sharing with had HIV or hepatitis C. You try not to think about the risks of sharing equipment like HIV and hepatitis C. Some people try to use bleach and hot water. Some people try to avoid 'flagging', meaning avoid retracting the plunger after injecting (and drawing up blood out of the vein). I've seen guys not even bother trying to clean equipment after someone else has used it. Sometimes, someone will just ask the other person "are you dirty?" meaning whether the person has HIV or hepatitis C.”



# THE INADEQUACY OF BLEACH

A number of prison systems in Canada have responded to the problem of HIV and HCV transmission in prison by making bleach available.<sup>40</sup> While bleaching used needles and syringes is an important second-line strategy in the absence of access to clean needles and syringes, numerous studies have demonstrated that using bleach to clean injecting equipment is not fully effective in reducing HCV transmission.<sup>41</sup>

Moreover, while research has demonstrated that thorough, repeated applications of bleach may eliminate HIV in syringes,<sup>42</sup> field studies also indicate that many people who inject drugs have trouble following the correct procedure to properly disinfect syringes of HIV using bleach and have concluded that disinfection with bleach appeared to offer no, or at best little, protection against HIV infection.<sup>43</sup> Evidence also indicates that a substantial proportion of people in prison do not use bleach even when it is made available.<sup>44</sup> The likelihood that people will effectively clean their needles or syringes using bleach is further decreased in prison because cleaning is a time-consuming procedure and some people are reticent to engage in any activity that increases the risk of alerting prison staff to their drug use, given the possibility of punishment.<sup>45</sup>

ACCORDING TO THE WORLD HEALTH ORGANIZATION (WHO), “EVIDENCE SUPPORTING THE EFFECTIVENESS OF BLEACH IN DECONTAMINATION OF INJECTING EQUIPMENT AND OTHER FORMS OF DISINFECTION IS WEAK.” BASED ON A REVIEW OF FIELD STUDIES EXAMINING THE EFFICACY OF BLEACH IN INACTIVATING HIV, THE WHO CONCLUDED THAT DISINFECTION OF NEEDLES WITH BLEACH APPEARED TO OFFER AT BEST LITTLE PROTECTION AGAINST HIV INFECTION. BECAUSE OF THEIR LIMITED EFFECTIVENESS, THE WHO RECOMMENDED THAT BLEACH PROGRAMMES ONLY BE REGARDED AS A SECOND-LINE STRATEGY TO PNSPS.

*(WHO, Interventions to Address HIV in Prisons: Needle and syringe Programmes and Decontamination Strategies, Evidence for Action Technical Papers, 2007)*

**Rebecca Sherwood, 40**  
Saint John, New Brunswick

“In 1994 or 1995, I was diagnosed with a cocaine addiction by Addiction Services, Prince Edward Island. They removed my daughter as a result of my cocaine use. At the time, I was dealing and using cocaine. I used drugs for emotional stability and because I was shy. I dealt cocaine to help support my habit. I couldn’t afford drugs otherwise.

During my sentence at Nova Institution [in Truro, Nova Scotia], I remember having access to bleach kits. Clean needles were not provided to us at Nova. We only received one bleach kit at admission, so there was never enough bleach and I didn’t feel it cleaned the needles properly for injecting. When you had to ask for additional bleach, you were automatically assumed to be using drugs inside the institution and/or bringing the drugs into the institution, so it discouraged people from asking for it.”

**Darin Jenkins, age not provided**  
Vancouver, British Columbia

“In the federal institutions I was incarcerated in, I had access to watered-down bleach, condoms and lubricant. At Mission Institution [in Mission, British Columbia], these materials were easy to access. I’m not sure whether they were easy to access in the other institutions I was incarcerated in ....

I always bleached my needles before I used them, because I didn’t want to become infected with HIV. I think people who didn’t clean their needles with bleach before they used them were just too anxious to get the drugs inside them. There were many people addicted to drugs in prison.

I was infected with hepatitis C in prison because I shared needles. Even though I knew I could catch hepatitis C by sharing my needles, I continued to inject heroin because I was addicted. I figured the benefits outweighed the consequences.”

**Roger Lee Burke, 54**  
Halifax, Nova Scotia

“If drugs were available, and if I had the money, I would inject three times a week. I knew I could get HIV and hepatitis C from sharing needles. But I didn’t really believe I was going to get it, and I didn’t care, because I just wanted to get high.

At the end of my sentence, around 1998 or 1999, we had access to bleach. After that, sometimes I would clean my syringe with bleach but I didn’t always do it because I wanted to get the drug in me. It didn’t matter what it cost. Also, if someone saw you getting bleach, you could get ratted on. You could get sent to a higher institution or you might not get out. So that was another reason why I didn’t use bleach.”

**“Cynthia”, 55**  
Etobicoke, Ontario

“When I was in Kingston [Prison for Women], I knew I could get hepatitis C and HIV from sharing needles. I shared needles anyway because I had no other way of using. When I could get my hands on bleach, I would clean my needle before I used it. Other times, I would use hot water to clean the needle. Sometimes bleach was easy to get, because it would be kept in cupboards we had access to, and sometimes it would just run out. We never felt like we had enough time to clean needles with bleach, because we were worried about getting caught, but we did the best we could.”



# HIV AND HCV

## INFECTION IN PRISON

In Canada and elsewhere, prisons have become breeding grounds for HIV and HCV. A study in Vancouver estimated that incarceration more than doubled the risk of HIV infection for people who use illegal drugs, and estimated that 21 percent of all HIV infections among people in Vancouver who inject drugs may have been acquired in prison.<sup>46</sup>

While reported prevalence rates for HIV and HCV within Canadian federal prisons are already much higher than in the community as a whole, the prevalence rates among incarcerated people who inject drugs and incarcerated women are even higher than the general prison population.<sup>47</sup>

Worldwide, a number of outbreaks of HIV and HCV infection in prisons in Australia, Lithuania, Russia and Scotland have been attributed to the sharing of injection equipment.<sup>48</sup> In the first documented outbreak in 1993, 13 cases of HIV transmission were attributed to syringe-sharing between people in prison who injected drugs in Glenochil prison, Scotland.<sup>49</sup> In Lithuania, almost 300 new cases of HIV were identified in a correctional facility in 2002, an outbreak believed to be due to the sharing of drug injection equipment.<sup>50</sup> A similar outbreak was documented in a prison in Tatarstan, Russia, where 260 prisoners contracted HIV in 2001.<sup>51</sup>

### **“Kate”, 49** Halifax, Nova Scotia

“At Nova [Institution for Women in Truro, Nova Scotia], there were mostly pills, like Valium, Oxycontin and Dilaudids. People snorted and injected the pills. About 70 percent of the prison population was using drugs, and 10 percent were injecting. I used Oxycontin and Dilaudids. I started snorting, but I progressed to injecting about a year into my sentence. It was the first time I ever injected drugs. The girls there told me the high was more intense and the drugs would work faster if I injected, and they were right. That was the start of my life on needles. I would inject drugs about twice a day.

We got needles from the nurse’s station, from the dirty needle container. We would take them from there. Or someone would bring in the occasional needle. About five or six girls would share one needle. We did not clean the needle with bleach first, but we did use hot water to rinse it out. We only got one new needle every five or six months.

I’ve seen a needle so used that when I injected with it, it would rip my skin off.

I knew I could get HIV and hepatitis C from sharing a needle, but I didn’t think about that because I wanted to get high. After a while, I got addicted to the needle itself.

We did not have access to methadone while I was at Nova. We did have access to bleach, but it was too time-consuming to bleach the needles first, and the guards would always start asking questions if the bleach was gone. They would search our cell if they were suspicious. If they found a needle, we would get charged. It happened to a girl I knew. Someone told the guards this girl had a needle, so without telling her, they searched her room, found it, and charged her with possession of contraband. She was sent to Springhill Institution [in Springhill, Nova Scotia], maximum security, for a month ....

Sometime in 1999, three other girls and I broke into the nurse’s station to get a box of clean needles. We got caught, and we got charged with a break-and-enter. Another six months were added to my sentence.

I was diagnosed with HIV and hepatitis C in 1999, when I was in Nova. I am 100 percent sure I got infected from sharing used needles, because I didn’t have sex inside and I didn’t get tattoos. I didn’t do anything else that would put me at risk. I lost my mind when I found out. CSC put me in segregation after that, because I flipped out. They told me to take a while to think about it.”

### **“David”, age not provided** Vancouver, British Columbia,

“When I was first incarcerated in Stony Mountain Institute [near Winnipeg, Manitoba], I did not know about blood-borne diseases like HIV or hepatitis C. We did not have access to bleach to clean our needles. We used water to quickly rinse a needle between uses.

While I was in prison, I believe I became addicted to heroin and I left Matsqui Institution [in Abbotsford, British Columbia] with a nasty heroin addiction.

I became infected with hepatitis C in 1986 when I was inside Matsqui Institution. At the time, I was feeling ill so I went to health care and they tested me and that is how I found out I had hepatitis C. I believe I was infected inside prison because I had already been inside Matsqui for over a year when I showed the symptoms of hepatitis C. I am confident that I was infected through sharing needles.”

### **“Gordon”, 54** Toronto, Ontario

“I served the last year and a half of that sentence at Joyceville [Institution near Kingston, Ontario]. About a week before I finished my sentence, I was told by the staff there that I had tested HIV-positive. The staff seemed happy about that because they didn’t like me. There is no doubt in my mind that I was infected with HIV from using an infected needle, but I’m not sure when. My doctor at the time put me on methadone.

From the time I was released from this sentence, I was in and out of federal jails until roughly 2006. During this period, heroin, cocaine and crack cocaine flooded the federal jails. Cocaine and heroin were the drugs of choice. Dealers made the most money off of these drugs. Depending on the jail, I would say roughly 30 to 75 percent of the guys in prison would be using drugs. Some people would not admit to injecting drugs, but I would say about 20 percent were injecting. I know that 30 or 40 people would share one syringe. Sometimes there was only one syringe in the whole jail, and you would have to pay to use it. I’ve seen six guys use a single syringe without cleaning it.

During this period, depending on how much heroin I had, I would try to fix heroin at least twice a day everyday, and if I had more, I would fix three times a day. I tried to pace myself so I wouldn’t get too wired and wouldn’t run out of heroin too fast. I was addicted. I used a syringe for diabetics from the jail hospital. I shared it with only one other person because I was afraid if I lent the syringe out to someone I didn’t know, he would overdose. I also didn’t want to infect other people with HIV or hepatitis C or get re-infected myself.”

**“I KNOW THAT 30 OR 40 PEOPLE WOULD SHARE ONE SYRINGE. SOMETIMES THERE WAS ONLY ONE SYRINGE IN THE WHOLE JAIL, AND YOU WOULD HAVE TO PAY TO USE IT. I’VE SEEN SIX GUYS USE A SINGLE SYRINGE WITHOUT CLEANING IT.”**

**Thomas Charles Black, 50**  
Winnipeg, Manitoba

“Many people inside prison did drugs to escape the reality of being there. At Stony Mountain [Institution, near Winnipeg, Manitoba], I saw drugs like marijuana, hashish, speed, heroin and morphine. I saw people injecting drugs with homemade needles and needles for diabetics that were so dull they would damage their arm. Fellow prisoners would pay a lot of money for drugs and to use needles. They shared their needles. Needles would be passed from range to range, and I would guess about a quarter of the guys on the ranges I lived in were full-time users.

When we arrived, we were given little bottles of bleach and clean water, as well as condoms, at Stony Mountain. These came with instruction manuals on how to clean a needle. People used the bleach to clean their needles, but there was never enough supply. People were scared to ask for more bleach from the health department because it would single them out as drug users.

I know prisoners inside Stony Mountain who were infected with HIV and hepatitis C. I personally know three fellow prisoners who passed away from HIV. I think they got infected by sharing their dirty needles, and I’m sure two of them were infected inside prison. I believe they were infected inside because they were my friends on the street and they were strong, healthy guys before they were incarcerated. After they were in prison and sharing their drug injecting needles, they started to show physical symptoms and realized they were HIV-positive when they were tested.”

**“Michael”, 49**  
Joyceville Institution, Kingston, Ontario

“At the time I shared my injecting needles inside Joyceville, I did not know I could become infected with anything from sharing. I started to feel ill around 1993 or 1994. Around 1994, I started injecting heroin again at Matsqui Institution because it helped numb my pain.

I never had to share my syringes in Matsqui Institution [in Abbotsford, British Columbia] because there were new syringes available for purchase. I had my own syringe which I would never lend to anybody. Later that year, I was tested for hepatitis C at Matsqui Institution and I learned I was infected. I believe I was infected at Joyceville Institution [near Kingston, Ontario] because that was the only place where I shared my injecting needles. My illness became very severe in 1995. In 1999, I started hepatitis C treatment, which was very challenging, but my hepatitis C is now undetectable.

Today, I am a peer health counsellor at Joyceville Institution. I no longer use any drugs. I teach people how to clean their syringes and tattooing equipment properly. I have seen people here use heroin, cocaine, speed and other drugs inside and the syringes they use are ridiculous. I have seen syringes made with bent needles and makeshift plungers made with wood, metal or rubber, which have resulted in some cases of abscesses and infections. People share syringes all the time. There are probably about four syringes inside Joyceville now and there are approximately 80 to 90 guys using these four syringes.

There is no way of cleaning those needles out properly. And I know some of the prisoners sharing these needles have hepatitis C. I am sure they are spreading hepatitis C to other prisoners.”





# IMPLEMENTING NEEDLE AND SYRINGE PROGRAMS IN PRISONS

In Canada, PNSPs have been called for by bodies ranging from CSC's own Expert Committee on AIDS and Prisons<sup>52</sup> and the Correctional Investigator of Canada,<sup>53</sup> to the Canadian Medical Association,<sup>54</sup> the Ontario Medical Association<sup>55</sup> and the Canadian Human Rights Commission.<sup>56</sup>

Moreover, in 2006 PHAC affirmed in an extensive report on PNSPs many of the positive findings of evaluations of PNSPs worldwide, and concluded that staff in prisons where the programs exist see PNSPs as an important and necessary addition to a range of harm reduction services and health and safety interventions.<sup>57</sup> This view is overwhelmingly shared by the individuals interviewed for this project, who all supported the introduction of PNSPs in Canadian prisons, and provided various suggestions for how to implement them effectively.

**Jean Blouin, 51**  
Montréal, Quebec

"From the very beginning of my injection drug use, I was taught about safe injection by community needle exchange programs. I was a responsible user. Because these programs distribute new needles, I don't get infected or hurt by old needles. I really believe needle exchanges can stop a lot of sickness. The same concept can apply to prisons. Along with needle distribution, there can be education and support for people with hepatitis C and HIV.

I think prisoners should be in charge of distributing the needles. I wouldn't go to prison staff to get a clean needle because I wouldn't want them to know that I am using. This could get me in trouble, if they find out that I am using. It is better to keep that information anonymous."

**Corey Ritchie Brian, 49**  
Halifax, Nova Scotia

"Prisons need a needle exchange. There are a lot of people who come in, and haven't done drugs before, and become addicted inside. People become highly addicted inside, come out with a HIV or hepatitis C infection, and their lives are over. I saw a young guy who came in on a 16-month sentence, become addicted to drugs and contracted HIV. He ended up hanging himself in his cell. If they had ... needle exchanges in institutions a long time ago, it would have saved a lot of people's lives. So many people have become infected from one dirty needle."

**"Richard", 43**  
Joyceville Institution, Kingston, Ontario

"I think prisoners should have access to clean needles. It is a way for a user to protect himself; it's better that everybody have his own syringe rather than sharing. It would also be of benefit to staff: if I had a spot where I could safely store a syringe, there is less chance of a staff member getting pricked during a search. If I disclose the presence of a syringe to staff, I would be charged with contraband, and could go to the hole."

**Brigitte Martin, 47**  
Montréal, Quebec

"I think it is a good idea to have a prison needle exchange. If they are doing it on the outside, why wouldn't they do it on the inside?"

**Harold ("Buck") Griffin, 48**  
La Macaza Institution, Quebec

"A prison needle exchange is the best thing prisons could implement. Drugs, like tattooing, are going to happen in prison, whether you like it or not. There is no way corrections can stop drugs from getting in or stop people from using drugs. Disease is not just going to stay in prison. We are all going home. We are going out to our families. It affects society. If a guy has to take a hit, he will do everything he can to get the drugs in his system. He doesn't even need a needle. He will cut his arm and get the drug in his vein one way or another. That's the extreme a guy will go. They cannot allow guys to go to that extreme. It's better to keep it clean, so the guards actually know. They would know who would be using drugs.

To make it work, either inside or outside the cell, there should be a little metal box, where the needle would have to be. If your needle is not inside that box when they come and search the box, then you would not be able to get new needles. It wouldn't work for every institution either. It would have to be more along the lines of a maximum security institution, or the institutions where they know the intravenous drug problems are. Corrections Canada knows which ones they are. Or it could be a safe injection room. On each block there could be a room where you could use your drugs. At the same time, this could get people in trouble, so there would have to be some kind of confidentiality or anonymity so the guards don't know."

**Lenita Sparks, 47**  
Halifax, Nova Scotia

"I think there should be clean needles in prison. There are too many people catching hepatitis C and AIDS in prison. I know 13 women and men who caught hepatitis C or HIV while they were inside. They got it from sharing needles. Prison is not going to stop anybody from doing drugs. But CSC can stop people from sharing needles if they gave it out. The rates of hepatitis C and HIV would go down if they did that. Right now, in prison we are given courses on infectious diseases, but what is the sense of that if they don't also give out clean needles?"

I think the nurses should distribute the clean needles. They can give out the whole kit and can monitor it. People are very judgmental when they know you use needles. I think only the nurses and the doctor in the prison should know. It's no one else's business. Confidentiality is important."

# RIGHTS AND REASON: THE WAY FORWARD

In spite of compelling evidence of the public health benefits of PNSPs and growing community support for such programs, the Canadian government has chosen to focus primarily — and ineffectively — on drug interdiction. Not only does this harm the health of people in prison and public health more broadly, but it is also a violation of the human rights of people in prison.

Everyone is entitled to human rights, and people do not surrender those rights when they enter prison. Rather, by law, people in prison are supposed to retain all human rights that are not necessarily removed as a consequence of their imprisonment.<sup>58</sup> This includes the right to the “highest attainable standard of health”<sup>59</sup> and the right to life, both of which are fundamental human rights recognized in international human rights treaties ratified by Canada.<sup>60</sup> People in prison are also entitled to have access to a standard of health care that is equivalent to that available in the community.<sup>61</sup> This means governments in Canada have a legal obligation to act to protect and promote health, including of people in prison — and this includes taking measures to prevent the spread of contagious diseases in prison.<sup>62</sup> The government’s specific obligation to provide clean needles or syringes to people in prison to prevent the spread of blood-borne viruses has also been considered and supported by numerous international organizations as a matter of both sound public-health policy and human rights.<sup>63</sup>

Under Canada’s Charter of Rights and Freedoms, individuals also have the rights to life, liberty and security of the person, a right to equality, and the right not to be subjected to cruel and unusual treatment or punishment.<sup>64</sup> Many of the experiences reflected in the affidavits and testimonials in this report constitute violations of those rights, particularly in cases where individuals suffer from addiction, are compelled to go to dangerous lengths to inject, or have been infected with HIV and/or HCV in prison from a used needle because they were denied access to sterile injection equipment that would have been available to them from a community-based needle exchange program

on the outside. People in prison — who are disproportionately Aboriginal,<sup>65</sup> disproportionately suffer from mental illnesses<sup>66</sup> and from addictions<sup>67</sup> — are being discriminated against when they are denied the same tools those in the community have to protect themselves from disease.

Significantly, the increasing transmission of HIV and HCV in prisons affects not only those behind prison walls, but the larger community. Most people in prison will return to their communities after serving relatively short sentences and possibly after acquiring a blood-borne virus. In Canada’s federal prisons, between 2000 and 2002, the number of people living with HIV and/or HCV being released into the community increased 60 percent and 13 percent respectively.<sup>68</sup> With skyrocketing rates of HIV and HCV in prison, society also bears the cost of treatment for those who are infected; according to CSC, treating a person in prison with HCV costs an estimated \$22,000 and treating a person in prison with HIV costs \$29,000 per year.<sup>69</sup> It is far more cost-effective to provide people in prison with clean needles and syringes than to treat their HIV or HCV infection.

PNSPs are a pragmatic and necessary response to the HIV and HCV epidemic in Canadian prisons. For years, scientists, activists and others have provided the Canadian government with ample public health and legal evidence supporting PNSPs, but public and parliamentary apathy towards people in prison has impeded an effective response. The goal of this report is to supplant this apathy with empathy, ideology with evidence, and inertia with action. With increasing HIV and HCV prevalence in Canadian prisons, the urgency for action is mounting: people’s lives, both inside and outside prisons, are dramatically affected by the lack of clean needles every passing day. The dire need for safe access to clean needles within Canadian prisons must be met to ensure that the rights enshrined in Canadian and international law are not abstract values, but tangible rights to be enjoyed by all. No one can better attest to this than the brave women and men who shared their stories in this report.



## WHAT YOU CAN DO

Introducing PNSPs in Canadian prisons is the solution but this requires political will. Contact your Member of Parliament and encourage him or her to support the immediate implementation of PNSPs. You can educate your MP about PNSPs by

- sharing this report; and
- writing to your MP using the postcard in the centre spread of this document.



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