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► [Needle and syringe programs and bleach in prisons: reviewing the evidence.](#)

**Betteridge R, Jürgens R., Kerr T.
Canadian HIV/AIDS Legal Network, 2008.**

Brief but thoroughly researched review argues that prison needle exchange is among the best ways to contain the potential for rapid spread of HIV infection in prison and possibly too in the community after prisoners are released.

Abstract Substantial scientific evidence has shown that needle and syringe distribution programmes in the community are the most effective intervention available to prevent HIV transmission associated with injecting drug use. As well, needle and syringe distribution programmes have been associated with increases in access to care and treatment and substantial cost savings, and have not led to increased levels of risk behaviour among visitors or increased drug use by people who inject drugs.

There is also an important and growing body of evidence demonstrating the success of prison-based needle and syringe distribution programmes. Since the early 1990s, the number of such programmes has steadily grown. There are now in excess of 60 programmes in nine countries. While existing quantitative evaluations have some limitations, overall evaluations have been highly and consistently favourable. Needle and syringe distribution programmes in prison have been associated with substantial reductions in needle and syringe sharing, and there have been no recorded cases of HIV infection among participating prisoners. Additional benefits include reductions in overdose incidents and deaths, increased referral to drug treatment, increased awareness of infections transmission and risk behaviours, and a reduction in injection site abscesses. None of the projected adverse consequences have been found. In particular, there have been no incidents in which programme syringes or needles were used as weapons, drug use has been stable or has decreased, and there has been no increase in injecting drug use among prisoners. In general, needle and syringe distribution programmes have been accepted by prison staff, including staff initially opposed.

Bleach programmes to help prisoners decontaminate used injecting equipment should be available in prisons without needle and syringe distribution programmes, and also in prisons which have as a complement to these programmes. However, because of bleach's limited effectiveness, bleach programmes can only be regarded as a second-line strategy

and cannot replace needle and syringe distribution programmes.

From a public health perspective, piloting and rapidly expanding needle and syringe distribution programmes is a priority for responding to the dual epidemics of injecting drug use and HIV infection among prisoners. Outbreaks of HIV infection among prisoners in the former Soviet Union have been documented. Given the evidence of entrenched epidemics of injecting drug use and HIV infection in prisons in many countries in Eastern Europe and the former Soviet Union, it is clear that further inaction on the part of prison officials will result in increased morbidity, including HIV infection, and mortality among people who inject drugs in prison. Moreover, the failure to implement needle and syringe distribution programmes could result in spread of HIV infection among the prison population as a whole, and could potentially lead to generalised epidemics in communities into which prisoners are released. Such further spread of HIV would lead not only to greater suffering for affected individuals and their families, but also would result in substantial, avoidable health care costs.

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