



Volume 5, Number 4, 2000

PRISONS

Needle Exchange Programs in Prisons in Spain

On 11 July 2000, at the XIII International AIDS Conference in Durban, yet another country – Spain – presented evidence that needle exchange programs in prisons work.⁽¹⁾ We reproduce here the text of the presentation entitled "Needle Exchange Program at the Bilbao Prison, Spain: Two Years of Experience (1997-1999)."⁽²⁾

Objectives

In 1995, the Spanish government and the government of the Basque Country made a decision to implement a pilot project involving the exchange of needles at the Bilbao prison. The aim was to determine whether a program of this type could be successfully carried out at a prison in our country, and to resolve any difficulties that may arise.

Methods

The first needle exchange program (NEP) in Spain – a community-based program – was set up in Bilbao in 1987 by a non-governmental organization (NGO). In 1992, NEPs were started up in pharmacies. Three years later, in 1995, drug users in the Basque Country used nearly half a million needles, 29 percent of which were obtained through pharmacies or NGO-run needle exchange programs. Evaluation of these programs has shown them to be effective in changing the behaviour of drug users.

The Bilbao prison is an all-male penal institution with 250 prisoners, with more convicts than remand prisoners. There is a high prisoner turnover. In 1995, other programs targeting drug users were already underway: methadone and abstinence programs, distribution of bleach and condoms, etc. Some of them were run by an external NGO.

Of the 180 prisoners admitted that year, 48 percent were regular drug users, of whom 75 percent were intravenous drug users and 46 percent of the latter were seropositive.

In January 1996, a NEP Planning Committee was created, and a year and a half later it made a number of recommendations:

- the prison NEP should be run by the staff of the NGO that was working at the prison, rather than use needle exchange machines;
- the prison rule preventing the possession of needles should be modified;
- and
- an external evaluation of the program should be undertaken.

There were four reasons behind preferring a NEP run by staff of an NGO over installing needle exchange machines:

- the possibility of providing health education;
- the positive experience with NGOs and community pharmacies;
- the negative experience with needle dispensing machines in Spain; and
- the fact that there was already an NGO working inside the prison.

The NEP got underway in July 1997, after education and information activities for correctional officers and inmates were undertaken. The slogan for one of these activities might be translated as: *One way of getting out of jail is needle exchange.*

The two places where needles could be exchanged were discreet and the service was available five hours a day.

Used needles were always returned in hard plastic containers and prisoners were given an "anti-AIDS" kit. These kits, like the ones that have been dispensed to drug users at pharmacies in Spain since 1989, contain a needle, an ampoule of distilled water, an alcohol-soaked disinfectant wipe, a hard container for carrying the needle, and a condom.

Results

Two and a half years later the program continues to run normally, with no incidents reported. During this time 16,500 needles have been exchanged, and over 600 drug users have been attended to.

A Monitoring Committee has been in charge of ongoing program evaluation. Inmates and correctional officers participated in an evaluation process at zero, three, and six months. The process could not be repeated at 12 months, since most of the prisoners who had used the program when it started were no longer in the prison. NGO staff and correctional officer evaluations were carried out at 22 months.

Prisoners reported during the evaluation that:

- they had no program-related problems with the correctional officers;
- they saw the personalized aspect of the program (in contrast to a needle dispensing machine) and the fact that it was run by an NGO as positive;
- drug consumption had not increased; and
- their risk behaviours had been reduced.

Correctional officers indicated that:

- they had not experienced any conflicts due to the program;
- prisoners had at no time used needles as weapons;
- they considered the program positive; but
- they would rather see the program run by prison personnel than by external NGO staff.

The evaluation of the performing team (the NGO) and of the health personnel showed that:

- participation in the program did not influence prison benefits (eg, weekend leave privileges for good behaviour). In other words, inmates were not "punished" for exchanging needles;
- the program assists in the task of health education and encourages drug users to be channeled toward other types of programs (drug-free, methadone, etc); and
- a certain amount of flexibility must be allowed, instead of insisting that

sterile needles can only be obtained in exchange for used ones.

This last point was intensely debated in the Monitoring Committee, with the NGO focusing on HIV risk reduction and the correctional officers on security. The NGO promoted giving out needles without a one-on-one exchange, whereas the correctional officers insisted that used needles be returned in exchange for new ones. A consensus involving an 80 percent needle-return rate was eventually reached. In our prison, we reached a return rate of 82 percent.

Since the beginning of this experience, the needle exchange program has been extended to five additional prisons and it has been proposed that it be implemented in all prisons nationwide. In some prisons this program has been overseen by the health-care personnel of the prison itself – doctors and nurses – who carry out these tasks as part of their regular health-care activities. It is still too early to evaluate whether prison NEPs undertaken by health-care staff are more or less successful than those run by NGOs, but they could help bring about the normalization of prison NEPs and make them a regular part of the job of the health-care team.

Conclusions

The conclusions of this experience can be summed up as follows:

- the program can be carried out in prisons in our country;
- it does not generate conflict;
- needles were not used as weapons at any time;
- the program does not give rise to greater drug use;
- it encourages drug users to turn to other kinds of drug programs; and
- the program should be carried out with some flexibility.

– C Menoyo, D Zulaica, F Parras

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Abstracts of the other presentations on HIV/AIDS and prison issues at the Durban 2000 conference can be viewed using an easy-to-use, simple search engine for the conference at . A search for the term "prison" or "inmate" will turn up dozens of abstracts.

1. See also the many other articles on this subject in previous issues of this publication, in particular Stöver H. Evaluation of needle exchange pilot projects shows positive results. *Canadian HIV/AIDS Policy & Law Newsletter* 2000; 5(2/3): 60-64.

2. Menoyo C, Zulaica D, Parras F et al. Needle exchange programme (NEP) in the prison of Bilbao, 2 years experience: 1997-1999. XIII International AIDS Conference, Durban, 9-14 July 2000 (abstract TuOrD322).

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