

Concerns of the Prison Needle Exchange Program (PNEP)

On April 12, 2018, CSC advised us that it had experienced political pressure to implement a prison needle exchange program. At this meeting, the National Executive Committee indicated its profound disagreement with the implementation of such a program and we asked CSC to give provide them with the written information it had on the subject. The employer responded favourably to the request. However, weeks have passed without receiving the employer's documentation. Therefore, the Union asked the CSN's Research Department to provide them with as much information as possible on the subject in countries that have implemented these measures. At the end of May, we have learned that the employer was moving forward with a pilot project scheduled to start in mid-June at two locations, the Grand Valley Institution in Ontario and the Atlantic Institution in the Atlantic region. During the meetings we had with the employer, he often quoted the success of this type of program in Switzerland.

Given that the employer had advised us that it hoped to implement such a program in all institutions at the beginning of 2019, we took advantage of the summer to send a delegation to Europe in August. The objective of this trip was to gather the maximum amount of information possible to be ready for the meeting of the National Labour Management Consultation Committee on September 6, 2018, in Ottawa.

What We Learned About PNEP in Switzerland & France

Since the implementation of the program in Switzerland, there had been no attacks using a needle against the staff. On the other hand, almost 2% of the needles distributed were never found. Moreover, our institutions under the responsibility of CSC do not resemble the Champ-Dollon Prison.

Here are some differences between our two prison systems:

1. The inmates of Champ-Dollon Prison are awaiting sentence compared to all Canadian federal inmates who received their sentences. So, the former have an interest in putting themselves in a good light before they receive their sentence.
2. Drug detection is very different; for example, they do not have a dog-handler dog and ion scanner.
3. For the director of Curabilis prison, it is clear that the needle exchange program is inconceivable in prison with a psychiatric vocation, because the prisoners are on medication and the use of drugs would be detrimental to medical treatment.
3. The way in which offenders are treated is very different. In Switzerland, the use of 10 days in segregation is automatic for an assault against the staff. The institution manager seems to have complete autonomy and no pressure from senior managers.
5. Management of the prison population is very different. No classification according to the crime committed or membership in a criminal group is made.
6. The penitentiary administration is managed by Canton (province), independently of other cantons. So, there is no standard form or model unlike our standardized federal system.
7. Prison wardens seem to have much more leeway than in our administrations. In fact, they can decide to apply or not measures such as the needle exchange program, for example.
8. Only 13 of the 117 prisons in Switzerland have a needle exchange program.
9. No European country has implemented the Needle Exchange program in all of its prison.

A word on the French system, the government tried to implement such a system, but the union mobilized, and the employer backed off. Therefore, there is no exchange of needles in cells, but there is a supervised injection site under the sole responsibility of the health department.

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Table 2: Countries offering Prison Needle Exchange Program (in 2012)

Country	Start of the program	Number of prisons with PNEP
Switzerland	1992	11 (of 113 prisons in total)
Germany	1996	1 (of 185 prisons in total)
Spain	1997	41, 31 prisons (of 82 prisons in total) + 10 in Catalonia
Moldavia	1999	9 detention houses in 2012 (of 17 prisons in total), vs 3 in 1999
Kyrgyzstan	2002	10 (9 colonies and 1 detention centre)
Belorussia	2003	3 (1 pilot project in Minsk, extended to 2 other prisons)
Armenia	2004	3 (of 12 prisons)
Luxembourg	2005	1 (in the country's only prison, Schrassig)
Romania	2006 (law)- 2008	6 (of 44 prisons in total)—only 2 declare PNEP participants)
Currently in implementation or reflecting phase		
Scotland	2007/2012	Experimental project in the Aberdeen prison postponed since 2007
Tajikistan	2010	1 (of 13 prisons in total)
Kazakhstan	2010–2011	18 (on 93 prisons)
Abandoned experiments		
Iran	2005–2011	3 pilot projects
Portugal	2007–2008	2 pilot projects (Paçao de Ferreira & Lisbon) of 49 prisons in total

Sources: Lines & al., 2006; OMS, ONODC & UNAIDS, 2007; EMCDDA, 2012, UNAIDS, 2012

ISSUES WITH IMPLEMENTING A PNEP IN FEDERAL INSTITUTIONS IN CANADA:

- The Union was not consulted on the subject. We were informed by CSC that they would implement a program where inmates would be able to have a needle in their cell to inject.
- CSC has a zero tolerance policy on drugs institutions so what are officers supposed to do with CSC condoning needles inside an inmate's cell to inject drugs? What is our role?
- Correctional Officers are not part of Threat assessment when issuing needles
- There are synthetic drugs to help inmates get off drugs.

- Needles will go missing prior to the inmate's release, which is a safety issue for staff.
- Inmates on the program will not be a consideration in front of the parole board (a concern for public safety)
- Statistics Canada references most inmates committed crimes in the community while on drugs or alcohol
- We believe treatment & prevention is the answer not condoning drug use inside.
- CSC has several harm reduction strategies in place i.e. methadone programs, dental dams, condoms, peer health counselling, etc. & rates of infectious disease are declining inside the walls due to treatment & programs
- "The prevalence of hepatitis C declined inside the walls from 32% in 2007 to 8% in 2017, and the prevalence of HIV in the same period declined from 2% to 1.2%."
- Furthermore, correctional officers do not have protective gloves that can stop needle stick injuries.
- Finally, most institutions do not provide 24 hours a day health care, which forces correctional officers to intervene when inmates overdose.

