

PRISON NEEDLE EXCHANGE PROGRAM...OR...OVERDOSE PREVENTION SITE...OR...BOTH? PERSPECTIVES OF PEOPLE INCARCERATED IN CANADIAN FEDERAL INSTITUTIONS.

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Background:

Correctional Services Canada (CSC) has implemented Prison-based Needle Exchange Programs (PNEPs) in nine Institutions and an Overdose Prevention Service (OPS) in four. Objectives of each include reducing HCV and HIV transmission, mitigating overdose risk and increasing opportunities for health interventions.

Offenders approved to participate in the PNEP provided with an exchangeable kit containing injection and drug-preparation equipment.

Offenders voluntarily accessing the OPS issued injection- and snorting-related supplies for one-time use with personal drug supply; supplies returned at end of visit. Health care staff provide emergency response and counselling.

Methods:

Convenience sampling in each Institution enhanced by purposeful sampling to obtain maximum variation in offender experience drove confidential anonymous interviews followed by thematic analysis informed by grounded theory.

Results:

Offender pressure to share PNEP equipment: *"Guys are forced, muscled to give up their needles." "It was putting too much heat on me. I can't handle the pressure. I gave up my kit."* Whereas OPS participants reported, *"I can use safely away from the unit and cleanly."*

Lack of counselling when accessing PNEP: *"No follow-up when have been given a needle. That's what's needed here. Follow-up."* In contrast, the required post-injection OPS observation time experienced as an opportunity to engage with the supervising nurse, *"Because of OPS now OK to admit that I have an addiction, not a secret anymore."*

Safer snorting supplies: Straws available in OPS sites, but not component of PNEP kit.

Hours of operation: OPS only accessible during the day, during work or programming hours. *"Doesn't make sense. If they think I am high on my job, I'm gone."* Offender's reported preferred time of evening substance use possible with PNEP-distributed equipment.

Conclusion:

Do the reported differential program-specific personal and structural impacts - which are influencing uptake - indicate concurrent implementation of both PNEPs and OPS at each Institution?

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