men: 1.37%), while 235 HIV-positive inmates were released.

Corrections Canada pegs the annual cost of providing HIV treatment for an inmate at $29 000, and for hepatitis C treatment at $26 000. Those costs of roughly $90 million absorb the bulk of a burgeoning $100-million or so annual Corrections Canada health care budget.

Meanwhile, a national survey indicates tattooing has become such an inherent part of prison culture that 45% of inmates receive tattoos and 17% have body piercing, often using dirty needles.

Day declined to release an evaluation of the pilot undertaken by Corrections Canada's audit branch, saying it's in the final stages of translation and unavailable. It remained so, as of *CMAJ*'s Jan. 10 press deadline.

Day's spokesperson Melissa Leclerc rejected suggestions the evaluation indicated the program was reducing risky behaviour. "The minister hasn't seen any evidence, or any way, or any reasons to support continuing this program," Leclerc said. "From his perspective, on what was presented in the evaluation, this was not where we wanted to put the money.... We believe the taxpayer's money should be put where it counts most. That means tackling crime, keeping drugs off our streets."

Canadian HIV/AIDS Legal Network Deputy Director Richard Elliott countered that discontinuing the program is nothing short of "public health folly" and "fiscally irresponsible." He argues the $100 000 per prison cost of the pilot completely offsets health care costs if just 4 cases of infection are prevented annually. "It's a sensible investment in public health."

Moreover, kiboshing the program violates human rights law and international obligations to safeguard prisoners, Elliott added. "We sentence people to be in prison. We don't sentence them to a greater risk of bloodborne diseases like HIV or hepatitis C while performing a perfectly legal act like obtaining a tattoo."

The pilot, launched in August 2005, with funding from the $85-million Federal AIDS Initiative, was overseen by the Public Health Agency of Canada, which had representation on the steering committee overseeing its development.

Corrections Canada Director General of Health Services Dr. Francoise Bouchard says the program targeted 6 prisons, including a women's site. An inmate at each institution was trained in infectious disease prevention and began providing tattoos under supervision of correctional staff.

Bouchard declined comment on the public health consequences of discontinuing the program. Demonstrating a reduction in transmission would require a huge, long-term study, she added. "The objective was to see if such a project could contribute to minimize the risk in terms of high-risk behaviours, and also to look at minimizing the risk of staff injuries, and to educate inmates about infectious disease, as well as promoting health and wellness, while maintaining security." — Wayne Kondro, *CMAJ*

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Conservative government scuttles needle exchange

Rejecting the findings of a Public Health Agency of Canada (PHAC) review that indicated needle-exchange programs for injection drug users in prisons reduce the need for health care interventions, the Conservative government says sterile syringes aren't needed to control the spread of AIDS and hepatitis C in cellblocks.

Although a Prison Needle Exchange Program (PNEP) has long been advocated as a means of reducing the spiraling incidence and cost of treating infectious diseases within the prison population, Public Safety Minister Stockwell Day has decided a needle-exchange program is fiscally unjustified.

"We prefer to educate inmates about the dangers of using drugs in prison. Tolerance zero," says Day spokesperson Melissa Leclerc. "We will move ahead with some concrete [educational] initiatives when we review the corrections system."

But a recently-released risk–benefit review of PNEPs, conducted by PHAC for Corrections Canada, found that PNEPs reduce the sharing of dirty syringes. The report, *Prison Needle Exchange: Review of the Evidence*, crafted by a 9-member panel also indicated that PNEP's yield higher participation in drug treatment programs, a decrease in health care interventions related to injection-site abscesses, and a decrease in the number of overdose-related deaths.

PNEPs have no effect on the extent of injection-drug use or on the incidence of needle-stick injuries as there's no evidence syringes are more widely used as weapons against staff or inmates, the report adds. As well, "prison staff attitudes and readiness to accept PNEPs shifted from fear and resentment to acknowledgement that PNEPs represent an important and necessary addition to a range of harm reduction services and health and safety interventions — many staff advocate strongly to safeguard the ongoing support and delivery of the programs."

The report also indicates that infectious diseases have become an enormous public health problem within Canada's prisons. In 2004, some 25.2% of 13 107 federal inmates were infected with hepatitis C and 1.4% with HIV, compared with 0.8% and 0.2%, respectively, within the general population. Those stats become even more alarming for inmates with a history of injection drug use. For those, the hepatitis C prevalence rate is 73% and the HIV rate is 3.8% (men) and 12.9% (women).

Studies cited in the report show that roughly 11% of inmates inject drugs while incarcerated and roughly 30% of those share dirty needles.

Information about post-PNEP bloodborne virus rates internationally was generally unavailable, except for Spain, where evidence indicates there's been significant decreases in hepatitis C (from 5.1% to 2.0%) and HIV (from 0.6% to 0.2%) seroconversion rates.

Among those who have urged the adoption of PNEPs are the Ontario Medical Association, the 1994 Expert Committee on AIDS in Prison, the Standing Senate Committee on Social Affairs, Science and Technology, and the Canadian HIV/AIDS Legal Network. — Wayne Kondro, *CMAJ*

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