How to set up syringe exchange programs in French prisons?

A community-based organization advocacy strategy

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AIDES’ advocacy to fight the absence of sterile injection equipment in French prisons

1. What is AIDES?

2. Current results of our advocacy strategy

3. French context

4. What we’ve already tried

5. What we’ll try next (next steps)
What is AIDES?

- Organization founded in 1984 based on Foucault’s thought
- Fight against Aids and hepatitis
- Community approach
- Actions among various populations: MSM, migrants, women, drug users, prisoners...
  → National network all over France
  (1,500 activists, actions in 75 cities in France)
Current results of our advocacy strategy

- We haven’t succeeded in getting syringe exchange programs into French prisons!

- We have to find new arguments to enhance political pressure
Epidemiology
- High rate of drug users and risk behaviors in French prisons (30 to 60% of the inmates are concerned)
- High rate of HIV and HCV in French prisons compared to the outside
  HIV: 2 to 3 fold higher // HCV: 5 fold higher

Available HR tools
- Bleach
- Opioid Substitution Treatments (methadone and buprenorphine/subutex®)
The French context

What’s quite rare compared to other countries

Health system in prison

Independence of health services within French prisons since 1994

⇒ “equal access to health and care“

⇒ The public health law should be implemented in prison (including HR which has been in the law since 2005)...but it’s not

Institutional context
Institutional context = total paralysis!

Inter-ministerial Mission
to fight Drugs and Drug addiction (Prime Minister)

Ministry of Justice

Ministry of Health

Absence of clean syringes in French prisons - Advocacy strategy
Strategy so far: get closer to the inmates

Development of AIDES’s actions in prisons

- Actions in **60 French prisons** out of 194

- Collective workshops and individual interviews in prison for people living with HIV and/or HCV, and active drug users
  // Trust relationship

- Observe and collect inmates’ needs
Strategy so far: partnerships

- With other **complementary organizations**: prison ones, HR ones, HIV/AIDS ones
  - Strengthens both field observation and advocacy

- With **health professionals** involved in HR
  - Prepares concrete actions

- With **parliamentarians** concerned by the prison issue
  - Empowers them to increase political pressure
Strategy so far: analysis of the arguments we’ve heard **against** syringe exchange programs in prison

- **Scientific and health arguments**
  lack of data OR the injection as marginal, non transposability of foreign experiences

- **Security arguments**
  syringe as weapon, syringe trafficking

- **Ethical arguments (the most challenging!)**
  tension = meaning of the sentence VS the health issue
Absence of clean syringes in French prisons - Advocacy strategy

Next steps of our advocacy strategy:

- Work with field professionals
- Need for more knowledge on drug use in prison
- Criticism on the current HR policy in prison
- Involvement of new interlocutors
Next step: to keep working with field professionals

- To keep **promoting foreign experiences** through a peer to peer approach among the staff

- To **present harm reduction** to prison and health staff (concept, equipment, field actors in the outside world)

- To get **more HR activists implementing actions** in prison (training programs, operational partnerships, etc.)
Next step: to develop our knowledge on drug use in prison

- Through AIDES’ actions, to **work with the inmates** on their reality and their needs

- To get involved in any **scientific study** on incidence, interventional protocol, etc.

- To ask health services in prison to **report indirect healthcare related to drug use** (abscesses, nose bleeding, etc.)
Next step: to highlight the scientific weaknesses of the current HR policy in prison

- Till now, main focus on the **illegality** of the HR policy in French prisons

- For now, main focus on the **scientific weaknesses**: inefficiency of bleach on HIV and HCV in prison, lack of data, disregard for the WHO guidelines, etc.
Next step: to involve new interlocutors

- **General opinion** through mass media
- **Elected representatives** through various possible means (administrative trials, open letters, media tribunes, petitions, etc.)
Conclusion - Main points

Our advocacy strategy hasn’t worked yet

➡️ Need to overcome various obstacles including unbearable ones:

- Lack of political willingness
- Poverty of scientific arguments used by MILDT and Ministries (especially the non transposability of foreign experiences)

Hope that sharing strategies and questioning at the European and international levels will bring new ideas to set up syringe exchange programs in prison, in France and in many other countries
Thanks!

- To the public of this session
- To IHRA for letting us present our strategy and questioning
- To the prisoners we’re working with
- To AIDES’ activists involved in prison issues
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