

# Drug misuse and sharing of needles in Scottish prisons

Dermot H Kennedy, Gwyneth Nair,  
Lawrence Elliott, Jason Ditton

Department of Infection  
and Tropical Medicine,  
Ruchill Hospital, Glasgow  
G20 9NB  
Dermot H Kennedy, FRCP,  
consultant physician

Criminology Research  
Unit, University of  
Glasgow, Glasgow  
G12 8QQ  
Gwyneth Nair, PHD, research  
fellow  
Jason Ditton, PHD, director

HIV and AIDS Resource  
Centre, Ruchill Hospital,  
Glasgow G20 9NB  
Lawrence Elliott, MA,  
research officer

Correspondence to:  
Mr Elliott.

BMJ 1991;302:1507

More than a half of the people in Scotland with known HIV infection are drug injectors.<sup>1</sup> Two recent studies have suggested that injecting with a consequent risk of HIV transmission is prevalent among drug misusers in prison.<sup>2,3</sup> There is also concern over the lack of treatment for drug misuse in prison.<sup>4</sup> Drug misusers attending needle exchange centres seem able to maintain a low level of risk behaviour,<sup>5</sup> although their attendance may be interrupted by imprisonment.<sup>3</sup> Little is known about their drug taking, injecting, and sharing of needles in prison.

## Subjects, methods, and results

A questionnaire was administered to 81 drug injectors at two Glasgow needle exchanges in January 1990. Semistructured indepth interviews were conducted with another 19 injectors at the same exchanges in June 1990.

Of the 81 injecting drug misusers (61 men and 20 women), 56 (69%) had served at least one term in custody (median 5 terms, range 1-40), of whom 39 (31 men and 8 women, mean age 23.7 years) had served their most recent sentence during 1989. Of the 56 former prisoners, 55 were aware that other inmates had misused drugs and 36 said that they themselves had misused drugs in prison. Only four (11%) of those misusing drugs in prison had taken cannabis alone. Other drugs taken were buprenorphine, temazepam, heroin, cocaine, and valium. Forty nine had seen other inmates injecting drugs, and 14 men said that they themselves had injected drugs in prison. Forty five had seen others sharing needles in prison, and six said that they themselves had shared needles in prison. This means that 43% (six of the 14) of those admitting to injecting also shared needles.

Fifty one subjects said that they had not been offered treatment for drug problems while in custody, although 46 stated that the prison authorities knew that they were drug misusers. Four of the eight women had been offered some form of treatment for withdrawal symptoms, but 47 of the 48 men said that they had not been offered any treatment.

Department of Psychology,  
University of Stirling,  
Stirling FK9 4LA  
K G Power, PHD, principal  
clinical psychologist  
I Markova, PHD, professor of  
psychology  
A Rowlands, MPHIL,  
principal clinical psychologist  
K J McKee, PHD, research  
fellow  
P J Anslow, MA, research  
assistant

Department of  
Psychological Medicine,  
University of Glasgow  
C Kilfedder, MAPPSCI,  
clinical psychologist

Correspondence to:  
Dr Power.

BMJ 1991;302:1507-8

## Sexual behaviour in Scottish prisons

K G Power, I Markova, A Rowlands,  
K J McKee, P J Anslow, C Kilfedder

Attention has recently focused on the issue of HIV in prisons.<sup>1</sup> The Prison Reform Trust suggests that up to 20-30% of long term prisoners may engage in homosexual acts.<sup>2</sup> Moreover, some prison officers reportedly believe that up to 60% of inmates participate in homosexual acts.<sup>3</sup> This supposed high incidence of homosexuality within prisons has led to recommendations for the issuing of condoms to male inmates.<sup>4</sup> Unfortunately, all reports regarding sexual behaviour of inmates are anecdotal, and calls for more detailed investigations have been made.<sup>5</sup> Furthermore, little

All 81 subjects were asked whether they might inject and share needles in prison in the future. Sixty seven thought that they would misuse drugs and 55 that they would inject them; 20 thought that they would share injecting equipment. These figures are higher than those reported for actual misuse, injecting, and sharing needles.

## Comment

This study shows that most drug injectors attending Glasgow needle exchanges have been in prison. Six subjects (11%) admitted to sharing needles in prison. The true extent of sharing may be greater as the other eight who reported injecting drugs in prison were unlikely to have had exclusive access to their own equipment. Respondents in the semistructured interviews emphasised this fact—"When you hide your needle, someone else might find it and it gets used in their circle, so you can't say how many get to use it." Estimates of the number of people sharing one needle varied between five and 100. It therefore seems highly probable that when a drug misuser shares needles inside prison, this may occur more frequently and among a wider group of people than it would outside prison.

Little treatment seems to be offered for drug problems in Scottish prisons. Fifty one (91%) respondents said they had received no treatment at all. This contrasts with a recent study that found that only 40% of a group of 50 drug misusers in London had not received treatment while in custody.<sup>2</sup> This apparent lack of treatment offered in Scottish prisons, together with the prevalence of reported injecting drug misuse and sharing of needles are matters of serious concern.

This study was funded by the Nuffield Foundation, London. We thank Kathryn Farrow and Sam Phillips for their help with data collection and preparation.

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- 2 Carvell ALM, Hart GJ. Risk behaviours for HIV infection among drug users in prison. *BMJ* 1990;300:1383-4.
- 3 Dolan KA, Donoghoe MC, Stimson GV. Drug injecting and syringe sharing in custody and in the community: an exploratory survey of HIV risk behaviour. *The Howard Journal* 1990;29:177-86.
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(Accepted 27 March 1991)

has been said regarding the issue of female sexual behaviour in prison.

## Subjects, methods, and results

From a total of roughly 4800 inmates, a group of 559 (representing 11.7% of the total Scottish prison population and a response rate of 86.4%) were recruited from eight penal establishments. This random stratified sample was chosen on the basis of representing the three main categories among male and female prisoners—namely, remand (n=190); short term, serving less than three years (n=205); and long term, serving three years or more (n=164). Inmates were interviewed in privacy. Before participation they were informed that the survey was part of a series of studies concerned with assessing knowledge and attitudes with respect to HIV and AIDS. They were also informed that more personal information regarding sexual behaviour and intravenous drug use would also be required. We

emphasised that the study was anonymous, voluntary, and confidential; that inmates need not answer any questions they found objectionable; that their name and inmate number was not required; and that the data would be stored and analysed outside the Scottish Prison Service.

Only one male inmate reported being sexually active during a period of incarceration. He had participated in fellatio without the use of condoms. He had also taken part in anal intercourse both as a recipient and as a penetrator but had ensured that condoms were used. Only three women reported sexual activity during imprisonment. All three had engaged in cunnilingus and vaginal digital stimulation.

### Comment

Our most important finding was the reported low rate of high risk sexual behaviour in prison. Critics may suggest that the reported low rate of sexual activity was a result of inmates' unwillingness to admit to such behaviour for fear of disciplinary action. But we emphasised that responses were anonymous and confidential. Furthermore, questions concerning sexual activity during imprisonment were not specified with regard to time or place. Rather, inmates were asked simply if they had participated in certain sexual activities during imprisonment. It was therefore unlikely that inmates would expect to be disciplined for a temporally and situationally unspecified sexual activity. In addition, a substantial minority of inmates (7.7%) were willing to discuss having used intravenous drugs while imprisoned without fear of disclosure and subsequent punishment.

The low rate of reported homosexuality in our study may be explained by two factors. Firstly, it has been noted that "open homosexuality is not accepted by most of the prison population of The Netherlands and this militates against widespread anal intercourse."<sup>3</sup> We suggest that this also applies in Scotland. Secondly, the opportunity for sexual activity among inmates is limited in prison settings. If we accept that such behaviour is normally conducted secretly and in private then it is most likely to occur in the confines of a cell, especially when cells are shared. The predominantly single cell occupancy of Scottish prisons greatly reduces the opportunity for such behaviour. These issues and the results of our study should be taken into consideration when discussing whether condoms should be provided to inmates of prisons.

We are grateful to the Chief Scientist Office and the Criminology and Law Research Group of the Scottish Home and Health Department for jointly funding this research. We are grateful for the assistance and cooperation of the Scottish Prison Service. We are also indebted to those inmates who took part.

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- 2 Prison Reform Trust. *HIV, AIDS and prisons*. London: Prison Reform Trust, 1988.
- 3 Farmer R, Preston D, Emani J, Barker M. *The transmission of HIV within prisons and its likely effect on the growth of the epidemic in the general population*. London: Department of Community Medicine, University of London, North West Thames Regional Health Authority, 1989.
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- 5 McMillan A. HIV in prisons. *BMJ* 1988;297:873-4.

(Accepted 17 May 1991)

## ONE HUNDRED YEARS AGO

Not many years ago European civilisation was in an optimistic phase, and people went about saying that, what with railways, steamers, and telegraphs, we might thank Heaven that we were born in the nineteenth century. Satiety, disillusion, and the increase of the population have thrown a gloom over these old and happy notions. Thoughtful people wish to know if we are really better than our ancestors. One positive fact is ascertained—we are certainly cleaner. It is difficult to say that anybody can be too clean, but it is easy to understand that a man can clean himself in the wrong way. Dr. M Ricketts has discovered a skin affection almost peculiar to women who wash and powder too frequently. There is redness, with scaliness and considerable burning. Exposure to draughts increases the symptoms. At times there is pain, causing loss of sleep. The zeal of some American ladies in the practice of the virtue which is next to godliness is marvellous. One is said to have confessed to having applied a well-known cosmetic powder thirteen times in twelve hours, each time after the face had been thoroughly washed with a yet more famous soap. Dr. Ricketts prefers good pure olive oil from the south of France, applied two or three times a day with some soft silk or linen fabric, to the blandest soap. We feel no surprise at the above information as to the evil effects of too much soap. There is such a thing as using too much water, especially if cold or very hot. In our profession frequent washing of the hands is an absolute duty and necessity; yet how well we know that chaps once formed are aggravated by washing, and that glycerine often irritates the hand which it whitens. The roughening of the hand by frequent ablutions is a grave matter, as it diminishes tactile sensibility and is very disagreeable to patients. Thorough drying of the hands after the use of tepid water and a bland soap is the surest way to keep them clean without inducing conditions which cause them to become dirty again with rapidity. As for the cold bath, its dangers are well known. The middle-aged

man must beware of it; nor feel ashamed to mingle with its flood half or more of the contents of his shaving-water jug. Otherwise he runs as much risk as he entails on his constitution by violent athletic contests with men twenty years younger than himself, if not more risk, as he always has to find time for his toilet, though his pursuits may keep him from frequent indulgence in sports.

(*British Medical Journal* 1891;ii:84)

An inquiring stranger who was being shown over a British wine manufactory was struck by several high mounds of crimson dust. These he was told were the refuse of the wine presses in which the juice of raspberries, currants, and other fruit used in the business was extracted for making the wine. As it is seldom that anything is wasted in an English factory an inquiry was made as to the form in which these mounds of dust would re-enter the market; the visitor was promptly told that it was disposed of to jam makers to give the appearance of fruit to the pulp of turnip, vegetable, apple, or what-not which forms the basis of the confection. It would seem that almost anything will do to make jam of, as the chemist can produce a flavour to imitate every kind of fruit. It is commonly supposed that orange peel is picked up in the streets wherewith to make marmalade; probably this is a slander on the preserve maker, but according to the report of a case heard this year in a metropolitan police-court, rotten oranges in the condition of a "black pulpy substance," and "quite unfit to eat," as the inspector very sapiently remarked, are considered by the owners of the fruit as good enough to be "chopped up for marmalade." Oranges for this "excellent substitute for butter at breakfast," it was shown, cost only 4s. a box, whereas fruit for eating costs 12s. A disquieting fact indeed.

(*British Medical Journal* 1891;ii:135)