
LETTERS TO EDITOR

In regard to the paper:

DEVELOPMENTS IN THE NECESSITY AND COVERAGE OF THE SYRINGE EXCHANGE PROGRAM IN SPANISH PRISONS, 1992-2009. ESTIMATION AFTER CORRECTION

Dear Editorial Committee

This letter has a double aim. On one hand, to provide all the readers of this Journal who are interested on the programs of harm-reduction in prisons additional empirical data to the published in papers and Letters to the Editor of previous issues in order for them to have a better global view on the matter. On the other hand, in regard to the paper “Developments in the necessity and coverage of the syringe exchange program in Spanish prisons, 1992-2009. Estimation after correction”¹ I would like to point out to its authors that the underestimation of coverage persists since they have preferred to maintain their estimations in view of the lack of empirical data instead of adopting the information provided by the undersigning. However, they did correct the mentioned paper in view of the first critical comment I addressed in my first Letter to the Editor². The information therein provided derives from the clinic history of inmates carried out by prison doctors upon their entrance. Finally, the response to the submitted Letters to the Editor³ in reference to the original paper provided data on the effectiveness of programs on HIV seroconversion in prisons attached to the General Secretary of Prisons (in Spanish, *Secretaría General de Instituciones Penitenciarias*, SGIP). However, even if such data is great news on the issue, it should be appropriate to the media in which it is published, a Scientific Journal.

1. Decrease in the prevalence of drug injecting

The recent presentation and publication online of the main data of the “Survey on Drug Use and Health in inmates ESDIP 2011”⁴ shows:

- That sporadic drug injecting among Spanish inmates in the first 30 previous days upon

entrance in prison passed from 11.4% in 2006 to 5% in 2011.

- That sporadic drug injecting among Spanish inmates in the last 30 days of imprisonment passed from 1.4% in 2006 to 0.4% in 2011.

Such results confirm the data provided by professionals who directly work within prisons and, thus, there is no need for estimations alleging that there is no existing empirical data on the matter. The second result is especially important since it shows a higher proportional decrease in relation to the first result. Professionals who work in prisons know well the effort that has been done in recent years on drug dependency and on the prevention of HIV transmission thanks to the National Plan on AIDS. In that regard, we also have to mention the harm-reduction programs, as well as other direct therapy activities as free-drug prison modules, therapy units (in Spanish, *unidades terapéuticas*, UTEs), respect workshops, therapy on mental health and dual pathology... As the authors of the mentioned paper point “*No one has better information than those in charge of prison health in order to explain the issue in a convincing way*” in reference to the break in the tendency since 2007 that the above data shows. The resting information includes only mere intuitions, suppositions and assumptions that scarcely help to acknowledge the huge effort of prisons and their professionals in such matter.

2. Periodic HIV testing in inmates during their imprisonment and HIV seroconversions

The “Program on HIV prevention and infection control in prisons”⁵ effective in prisons attached to the SGIP establishes in the Chapter on Epidemiologic

Surveillance and Detection of HIV infection that imprisoned inmates will be offered HIV testing annually. If we add the number of HIV positive inmates that do not need re-testing to the number of HIV negative inmates who repeated their HIV testing in the first 12 months after entering prison, HIV total coverage in prisons attached to the SGIP exceeds 80%. This result differs from the 95% coverage of imprisoned inmates who have sometime been tested. The subjects comprised in the latter percentage have been imprisoned for over 15 days. This peculiarity of Spanish prisons in reference to the general population is unknown by many professionals who don't belong to this sector. A literal citation from the paper in question says "*To our knowledge there is not a periodic HIV testing among inmates during their imprisonment...*"³.

In the period running from 2009 to 2011 the information systems detected through an active computerized research that among inmates attached to SGIP who meet the methodology conditions, 8,093 inmates presented an HIV seroconversion. This implies an average impact rate of HIV seroconversion of 0.04 every 1,000 HIV negative inmates and each year (CI 95% 0.001-0.23) for the examined period.

Sincerely,

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