



HARM REDUCTION and PRISONERS: Mitigating Risk and Improving Health

Harm Reduction - What is it?

Many Canadians are concerned about drug availability and use in their community. But is saying, "Stop using, get clean and then we'll get you some help" the only way to assist substance users? Many who work in the field argue it isn't. Sometimes this approach is either not welcomed or not possible. Often the approach that stands the best chance of improving the health and safety of those who engage in risky behaviour is one that reduces negative consequences and promotes the use of safer methods or equipment: this is called a harm reduction approach. Harm reduction is client-centered, non-confrontational and non-judgmental. For most people, trying to make sense of this approach requires a shift in thinking. One from ideology to pragmatism. One that recognizes that people use substances. And that society is unlikely to ever be drug and alcohol-free.

Drug-related harm reduction approaches include any program or policy designed to reduce harm without requiring the cessation of drug use. Needle exchange programs are an example. The primary focus is on people who are already experiencing some harm. It involves strategies that focus on the immediate harms in a person's life and seeks to create realistic goals that aim to decrease risks.

Harm reduction services do not operate exclusive of traditional addictions services; they are often the gateway to other addiction programs. Given that abstinence-based programs appear to have limited effectiveness for drug use and drug-

related problems in our communities, harm reduction is an attractive option.

Researchers, as well as John Howard Society staff across Ontario, recognize the need for harm reduction initiatives in addition to traditional approaches to addiction. This is particularly true in the prison environment, where the people show greater rates of infection than the general population and are more likely to engage in risky behaviours like tattooing or injecting drugs with unsterile equipment.

These activities can lead to the spread of blood-borne infectious diseases. The literature is clear that unsafe tattooing practices and injection drug use with shared needles are the main reasons for the spread of blood-borne diseases, such as the Human Immunodeficiency Virus (HIV) and the Hepatitis C Virus (HCV), within our prisons.

The implementation of comprehensive harm reduction strategies in prisons has the potential to reduce harm associated with risky behaviours. Measures such as safer tattooing practices and prison needle exchange programs should take priority in prison harm reduction initiatives. Many also argue that there is a need for a continuum of harm reduction services and programs, stretching from the community into prisons and back again.

This document provides a brief overview of current prison-based harm reduction strategies, discusses the need and justification for expanding such an approach, and profiles new and innovative harm reduction initiatives.

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Infectious Diseases in our Prisons: By the Numbers

7-10: the number of times prisoners are more likely to have HIV than the general population

1.4: the percentage of federal prisoners who were infected with HIV in 2004

0.2: the percentage of the general population who are infected with HIV

3.8 & 12.9: the percentage prevalence of male and female prisoners, respectively, who have HIV and also have a history of injection drug use

\$29,000: the annual cost to our public health care system of providing HIV treatment to one prisoner

30: the number of times prisoners are more likely to have HCV than the general population

25.2: the percentage of federal prisoners who were infected with HCV in 2004

0.8: the percentage of the general population who are infected with HCV

73: the percentage prevalence of prisoners, who have HCV and also have a history of injection drug use

\$22,000: the annual cost to our public health care system of providing HCV treatment to one prisoner



Prison Harm Reduction Initiatives: The Justification

Having a history of injection drug use significantly increases one's likelihood for contracting the Human Immunodeficiency Virus (HIV) and the Hepatitis C Virus (HCV). Also, injection drug users more frequently come into conflict with the criminal justice system. Not surprisingly then, injection drug users are overrepresented in the prison population, as are people living with HIV and HCV.

Combined with their high rates of poor health and histories of chronic injection drug use are the potentially risky behaviours, such as unsafe sexual activity, injection drug use or tattooing, in which some prisoners engage inside prisons. However, as these activities are illegal in Canadian prisons, prisoners who participate in them place themselves at risk for institutional charges which can ultimately lead to increases in their sentence. They also place themselves at greater risk for infectious disease. "Rigs", or handmade injection equipment, are often the vehicles of infectious disease transmission. Sharing needles to inject drugs or get a tattoo places prisoners at an even higher risk for acquiring HIV and HCV.

In order to prevent the spread of infectious diseases in prisons, a prison health strategy must be comprehensive. It must include more than classic health strategies such as health promotion, illness prevention, testing and educational and treatment programs. The research is clear that the strategy must also include harm reduction measures to be effective.

Over the last few years, many experts have highlighted the importance of implementing measures to reduce the risks of HIV and HCV transmission in Canadian prisons. They have cited legal, medical and financial responsibilities. The fact that prisoners have the right to comprehensive health care inside prison is not often well understood by the public. International human rights instruments clearly dictate

that prisoners retain the rights of citizens except for those necessarily limited by reason of their incarceration. In matters of health care, prisoners should be provided with the same standards of care that are offered in the community. Limiting access to medical resources like harm reduction education and supplies, that are the standard for reducing the risk of disease in the community, means depriving prisoners of their rights to essential health care.

The Public Health Association of Canada and many other groups have come out in support of harm reduction initiatives in prisons. They have informed Correctional Service of Canada of internationally supported evidence of the effectiveness of operating prison needle exchange programs. This research shows numerous beneficial outcomes, such as a decrease in needle sharing and a reduction in the need for health care for injection site abscesses. Prisoner health is a matter of public health, because undetected or untreated infections can be transmitted to the general public upon release. Prisoners come from the community and almost all return. By effectively attending to the health of prisoners, the health of those who work in or visit correctional facilities and, more broadly, the public are also safeguarded.

Finally, investment in reducing the risks of HIV and HCV transmission in Canadian prisons has been shown to be financially sound. The estimated annual cost to our public health care system of providing HIV treatment to one inmate is approximately \$29,000, and for HCV around \$22,000. However, the annual cost of running the Safer Tattooing Program in federal prisons was around \$100,000 per site. Therefore, if a site was to prevent as few as four infections per year, the project would be a cost effective investment. Overall, the cost of running this program was low compared to the potential benefits and cost savings for the public.

"Prisoner health is a matter of public health"

Prison Harm Reduction Initiatives: The Current Status

Prison harm reduction initiatives can include one or more services that reduce the harm of certain risky behaviours. For instance, providing educational information about safer sex or safer injection drug use, are often considered harm reduction initiatives.

However, harm reduction can also take the form of basic medical care, such as testing for and treating HIV and HCV, or providing vaccines; services which are not always available in the prison environment.

Some prisoners engage in sexual activity and may thereby place themselves at risk not only for institutional charges but also for Sexually Transmitted Infections (STIs). Unprotected sex can lead to the transmission of HIV and other STIs. Therefore, condoms and lubricants are distributed in some prisons as another form of harm reduction.

Other activities, such as tattooing and injection drug use are also illegal in prison yet occur regularly. These often

leads to the sharing of tattoo or injection drug use equipment out of necessity. This in turn greatly increases the risk of transmitting HIV and HCV. In order to reduce the harms associated with the sharing of unsterile equipment and promote health, bleach kits were introduced into some prisons.

Methadone Maintenance Programs are another form of harm reduction used. This treatment provides a safer, non-injection substitute to users of opioids, such as heroin. For those who find themselves in prison after initiating methadone treatment in the community, methadone maintenance treatment is continued while incarcerated. However, it is quite difficult for prisoners to begin methadone maintenance treatment once incarcerated.

Current harm reduction approaches seek to protect not only prisoners, but also the correctional staff who work with them and the

communities in which they will later live. However, there is a lack of standardization across provincial and federal correctional facilities, in terms of availability of harm reduction services. By offering only selected, as opposed to comprehensive, harm reduction programs, the gold-standard is not met.

The literature is clear - current harm reduction programs and services have succeeded in mitigating certain risk factors. However, more can be done to improve the health of prisoners and by extension, the broader community.



Spotlight: The First Safe Tattooing Program in Canadian Prisons

Tattooing has long been a central part of prison culture. In 1995, a National Inmate Survey conducted by Correctional Service of Canada revealed that 45% of prisoners reported receiving a tattoo in prison. Of those, 30% reported that they had used unsterile tattooing equipment or could not confirm that the tools were clean. Illicit tattooing has been associated with high incidence and prevalence rates of blood-borne infectious diseases, such as HIV and HCV, within institutions. Harm reduction initiatives in prisons directly targeted at these risky behaviours, are therefore crucial.

In 2005, the Correctional Service of Canada implemented the Safer Tattooing Practices Pilot Initiative. The goals of the program were to minimize the risk of blood-borne disease transmission in the prison population and more broadly the community, to minimize the risk of correctional staff injuries, to educate inmates about the risks associated with illicit tattooing and to promote health while still maintaining security.

The program had both an operational and educational component. The operational component consisted of the implementation of one tattoo room in each of six selected federal institutions (in Ontario, at Bath Institution). The educational component was delivered at all five of the regional reception centres. Prisoners were informed about the risks of unsafe tattooing practices in the prison environment. They were also provided with a guidelines document and pamphlet at each of the six tattooing rooms. As well, a prisoner at each of the pilot sites received further

training in infectious disease prevention and, under the supervision of staff, provided low-cost tattoos to prisoners.

An evaluation of the program illustrated that during the 12 month period that the program ran, a total of 384 prisoners put in a request for a tattoo, and 324 prisoners received tattoos from the Safer Tattooing Practices Pilot Initiative. In Ontario, the outcomes for Bath Institution were as follows: four prison tattoo artists were fully trained, the program operated for a total of 238 days and there were 36 requests for tattooing sessions.

Overall, the outcomes of the initiative indicated that the program successfully enhanced the level of knowledge of prisoners and staff regarding blood-borne disease control and prevention. Initial results also indicated that the program had high potential to reduce harm, reduce exposure to health risks and to enhance health and safety for prisoner, correctional staff and visitors. Furthermore, the outcomes supported goals related to employability and successful re-integration. Interestingly, one-third of prisoners who worked as tattoo artists or assistants in the program also had prior experience as a tattoo artist in the community. In this way, the program also served as an employment training opportunity.

Sadly, though the program was implemented in an effort to enhance infectious disease management and control, and though it demonstrated effective results, the government chose not to sustain program funding. The program was terminated at the end of its first year.

Spotlight: The First Prison Needle Exchange Program - Switzerland leads the way

FactSheets are a publication of the John Howard Society of Ontario on a variety of social and criminal justice policy issues, intended for our Affiliate staff and community partners. All FactSheets are available online.

In 1992, Switzerland became the first country to introduce a Prison Needle Exchange Program. The program was established in the Oberschon-grum Prison for men by Dr. Franz Probst, a part-time physician at the prison. Probst began to realize that prisoners were actively injecting drugs and sharing needles. He felt it was his moral responsibility to prevent the transmission of infectious diseases and began providing sterile needles to prisoners who were injection drug users. He sought and obtained official approval from prison authorities to establish a needle exchange program in the prison.

Shortly after this time, prison needle exchange programs began appearing in other prisons in Switzerland, such as the Hindelbank Institution for Women in 1994. The exchange program operated on a one-to-one needle exchange basis. Prisoners were able to obtain needles from automatic dispensing units, by inserting a needle, which caused a new needle to be released.

The prison needle exchange program at the Hindelbank Institution was rigorously evaluated dur-

ing its first five years of operation. The efficacy of the program was supported by numerous positive outcomes. First, needle sharing virtually disappeared with the introduction of the exchange program. Secondly, there were no new cases of the Human Immunodeficiency Virus (HIV) and the Hepatitis C Virus (HCV) in the prison population. Both had been main goals in the implementation of the program. In addition, there were no reports of needles being used as weapons against staff or other prisoners, no evidence of increased drug use and a significant decrease in drug overdoses.

As of 2006, the Hindelbank Institution was still running the prison needle exchange program. In fact, since its implementation the program has been further adapted to meet the needs of the prisoners. For example, the prison currently provides additional needle tips that attach to the syringe, for those prisoners having difficulty locating veins or injecting. This additional measure assists in preventing the use of dull needles for injection drug use, a practice which increases the risk of infection.

“Needle sharing virtually disappeared with the introduction of the exchange program”

JohnHoward
SOCIETY OF ONTARIO

111 Peter Street
Suite 603

Toronto ON
M5V 2H1

416-408-4282
www.johnhoward.on.ca

The John Howard Society Position

Harm reduction services in Canadian prisons are fundamentally different from community-based harm reduction services. Current legislation and policy is shaped by abstinence-based ideology, prohibiting prisoners from possessing needles for safer injecting or tattooing, thereby creating a situation in which prisoners share used needles. Currently, there is no system in Canada that provides prisoners access to sterile injection and tattooing equipment.

Instead, governments have continued to declare that since drug-free prisons are the goal, abstinence-based programs are the only means. In doing so, they are ignoring the research, which supports harm reduction initiatives.

The John Howard Society (JHS) views drug misuse as a health issue, not a criminal issue. With this principle informing our response, we advocate for education, access to testing and supplies

that prevent the spread of infectious diseases. Most importantly, JHS advocates for treatment as opposed to punishment. We therefore support a comprehensive prison harm reduction strategy.

The evidence speaks for itself. Prison needle exchange programs reduce the harms and risks of harm associated with injection drug use. As well, safer tattooing programs have the potential to reduce harm, exposure to health risks and to enhance overall health and safety. Both initiatives decrease needle-sharing, are evidence-informed and after evaluation, have demonstrated positive results. For these reasons, JHS supports the establishment of accessible needle exchange and safer tattooing programs in federal and provincial prisons, and the development of a continuum of

harm reduction responses for those involved in the criminal justices system.

Most importantly, JHS supports public health practices and policies being implemented in prisons as they are in the community. Therefore harm reduction strategies like needle exchange should be available inside. After all, prisoner health is public health.

