



## Harm Reduction in Prison and in the Community: Mitigating Risks and Improving Health

Many Canadians are concerned about drug use in their community. “Stop using, get clean and then we’ll get you some help,” is one common reaction, but this attitude does not often work. The approach that stands the best chance of improving the health and safety of those who engage in risky behaviour is one that simply reduces the negative consequences of such behaviour. This is called a harm reduction approach. Harm reduction focuses on keeping people safe and minimizing disease, injury and death, while recognizing that the behaviour may continue despite these risks.

Drug-related harm reduction approaches include any program or policy designed to reduce harm without requiring the cessation of drug use. It involves strategies that focus on the immediate harm in a person’s life and seeks to create a realistic reduction in potential harm.

Researchers, as well as John Howard Society staff across British Columbia, recognize the need for harm reduction initiatives in addition to traditional approaches to addiction. This is particularly true with people who are incarcerated, homeless or live in shelters, as well as those who have serious mental health issues or other major barriers. Such individuals show greater rates of infection than the general population and are more likely to engage in risky behaviours, such as unsafe tattooing or injecting drugs with unsterile equipment.

Unsafe tattooing practices and injection drug use with shared needles are major cause of the spread of blood-borne diseases, such as the Human Immunodeficiency Virus (HIV) and the Hepatitis C Virus (HCV) with this population.

Safer tattooing practices and needle exchange programs should be made a priority both in community and prison harm reduction initiatives. There must be a continuum of harm reduction services and programs, stretching from the community into prisons and back, since people often move between them.



# Prison Harm Reduction Initiatives: The Justification

People living with HIV and HCV are over represented in Canadian prisons. Current data show that 2%-8% of the Canadian prison population is infected with HIV - 10 times more than in the general population. The prevalence of HCV in the Canadian correctional population ranges from 19.2% to 39.8% (Public Health Agency of Canada).

Since activities such as injecting drugs and tattooing are against regulations in Canadian prisons, inmates resort to handmade equipment, which increases the risk of infectious disease transmission. Sharing of equipment is also quite prevalent.

Except for those necessarily limited by reason of their incarceration, inmates retain the same rights as those of non-incarcerated citizens. Inmates are provided with the same standards of basic health care that are offered in the community, which may include successful harm reduction strategies.

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The Public Health Association of Canada supports harm reduction initiatives in prisons. The health of incarcerated persons is a matter of public health, because undetected or untreated infections can be transmitted to the general public upon the inmate's release.

Finally, investment in reducing the risks of HIV and HCV transmission in Canadian prisons has been shown to be financially beneficial. 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 at each federal prison was around \$100,000 per site. If each site prevented as few as four infections per year, it would be a cost effective investment.

## Spotlight: The First Safe Tattooing Program in Canada

In 2005, the CSC 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 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 consisted of the implementation of a tattoo room in six selected federal institutions across the country (Matsqui Institution).

Inmates were informed about the risks of unsafe tattooing and one inmate at each of the pilot sites received further training in infectious disease prevention and, under the supervision of staff, provided low-cost tattoos to inmates.

An evaluation of the Safe Tattooing program in B.C. at Matsqui Institution demonstrated that during the 376 day period that the program ran, a total of 63 inmates put in a request for a tattoo from one of the four fully trained tattoo artists. Overall, the outcomes of the

initiative indicated that the program successfully enhanced the level of knowledge of inmates and staff regarding blood-borne disease control and prevention. However, the federal government chose to discontinue funding, and the program was terminated at the end of its first year.

In 1995, a National Inmate Survey conducted by Correctional Service of Canada (CSC) revealed that 45% of inmates 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.

# Prison Harm Reduction Strategies: The Current Status

In all BC prisons, both federal and provincial, there are programs in place to help prevent the spread of infectious disease. These programs include education about infectious diseases, screening and testing for infectious diseases and helping to prevent the spread of infectious disease by making Harm Reduction supplies available within the prison.

## Basic Medical Care

Testing for and treating HIV and HCV are included in prisons' harm reduction initiatives. Once a person knows they are infected, they can take appropriate measures to ensure they are not spreading the disease further.

## STI Prevention

Some inmates engage in sexual activity and may thereby place themselves at risk for Sexually Transmitted Infections (STIs). Unprotected sex can lead to the transmission of HIV and other STIs. Therefore, condoms, dental dams and lubricants are distributed in all BC prisons as another form of harm reduction.

## Bleach Kits

Because tattooing and injection drug use equipment is contraband in prison, inmates often share equipment out of necessity. This, in turn, greatly increases the risk of transmitting HIV and HCV. In order to reduce the harm associated with the sharing of unsterile equipment, bleach kits are available in all BC prisons.

## Methadone Maintenance Programs

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.

Current harm reduction approaches seek to protect not only inmates, but also the correctional staff who work with them and the communities in which they will live when released. However, there is a lack of standardization across provincial and federal correctional facilities in terms of harm reduction implementation. By offering inconsistent and spotty - as opposed to comprehensive--harm reduction programs, best practices are not met.

## Spotlight: The First Prison Needle Exchange Program: Switzerland Leads the Way

In 1992, Switzerland became the first country to introduce a Prison Needle Exchange Program. A physician at a prison provided sterile needles to inmates who were injecting drugs in order to prevent the transmission of infectious diseases, and eventually established a formal needle exchange program. Inmates are now able to obtain needles from automatic dispensing units, by inserting a used needle, which causes a new, clean needle to be released.

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 HIV and HCV in the prison population. Additionally, there were no reports of needles being used as weapons against staff or other inmates, no evidence of increased drug use, and a significant decrease in drug

overdoses.

As of 2009, prison needle exchange programs had been introduced in over 60 prisons in 10 countries, according to the Canadian HIV/AIDS Legal Network. Countries that have followed Switzerland's lead include Germany, Spain, Luxembourg, Moldova, Kyrgyzstan, Armenia, Romania, Portugal, and Iran.





# Harm Reduction Initiatives in the Community: InSite

The Downtown Eastside (DTES) of Vancouver is one of the poorest neighbourhoods in Canada. It has been estimated that about half of the residents who live in the area are drug users, of which 90% have HCV, and 30% HIV/AIDS. It is because of these high numbers that the BC Ministry of Health Services implemented a harm reduction initiative in this neighbourhood. InSite, North America's first legal and supervised injection site, opened its doors in 2003 and has since saved hundreds of lives.

InSite aims to decrease the adverse health, social and economic consequences of drug use, without requiring abstinence. It has 12 injection booths, where clients can inject their previously-bought illicit drugs under the supervision of nurses. There are also counselors, support workers and peer staff on site. It is because of this circle of support, that there has been no fatalities at InSite since its opening.

A retrospective population-based study found that fatal overdoses within 500 meters of InSite decreased by 35% after the facility opened compared to a decrease of 9% in the rest of Vancouver.

InSite is not a standalone facility – it works together with the Portland Hotel Community Service Society (PHS) and Vancouver Coastal Health to bring accessible health services to the DTES. Once clients are ready to detox and want to access withdrawal

management, they can move to OnSite – the first step in the recovery process, which is located above InSite. There, clients can detox in a bedroom, and eventually move up to the 3rd floor, where transitional recovery housing is located.



## The John Howard Society of BC position

Harm Reduction focuses on risk management and is client centered, non-confrontational and non-judgemental. The John Howard Society of BC (JHSBC) views drug misuse as a health issue, not a criminal issue. With this principle informing our response, we advocate for education and access to testing and supplies that prevent the spread of infectious diseases. JHSBC advocates for treatment as opposed to punishment. We therefore support a comprehensive harm reduction strategy in prison and in the community. JHSBC believes that harm reduction strategies should be the first strategy in minimizing addiction and disease, as these services are then often the gateway to other addiction programs. Harm reduction services allow for motivational based interviews and person-centered plans, which has shown to be more effective than many traditional

abstinence based programs. Most importantly, JHSBC supports the development of a continuum of harm reduction responses for those involved in the criminal justice system stretching from the community to prison and back.

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