

Promoting HIV and Hep C prevention programming for prisoners in Canada

FPT Heads of Corrections Health Care Working Group

Thursday, 17 April 2008, Vancouver, BC

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About the Canadian HIV/AIDS Legal Network

The Canadian HIV/AIDS Legal Network (www.aidslaw.ca) promotes the human rights of people living with and vulnerable to HIV/AIDS, in Canada and internationally, through research, legal and policy analysis, education, and community mobilization. The Legal Network is Canada's leading advocacy organization working on the legal and human rights issues raised by HIV/AIDS.

About the Prisoners' HIV/AIDS Support Action Network (PASAN)

PASAN (www.pasan.org) is a community-based prisoners' rights organization that strives to provide advocacy, education and support to prisoners and ex-prisoners in Ontario on HIV/AIDS, Hepatitis C and other harm reduction issues. Established in 1991 PASAN is the only community-based organization in Canada exclusively providing HIV/AIDS and Hepatitis C prevention education and support services to prisoners, ex-prisoners, youth in custody and their families.



Overview

Hard Time: Project & Report

Challenges & Opportunities To Address Them

Six Strategic Directions for Action – A Community Perspective

Hard Time: Project & Report



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The project goal

To encourage and aid stakeholders in responding to challenges of HIV and HCV prevention for prisoners.

The stakeholders (i.e., the people who need to be involved):

- Prison systems (administrators, management, Cx staff, health care staff)
- Other sectors of government (i.e., health and public health)
- NGO and community organizations (policy and service-providers)
- Prisoners

Increase knowledge, capacity, involvement and collaboration

The project sought to achieve its goal by increasing stakeholders’:

- Knowledge of legal, ethical and human rights issues related to HIV and HCV prevention and harm reduction.
- Capacity to respond to prisoners’ needs.
- Involvement in dialogue, info-sharing and problem-solving regarding policy and programming.

The *Hard Time* report is intended to promote greater collaboration at the FPT level and to expand collaborative efforts to include stakeholders beyond government.

Collaboration is already happening

- **FPT Heads of Corrections – Health Care Working Group**
- **Annual BC Corrections Health Care Conference**
- **Many of the Best and Promising Programs identified in *Hard Time***
- **MA Mulvihill, *Enhancing Collaboration Between Correctional Service of Canada (2000)* concept paper and action plan:**
 - “... a reflection of initiatives and mechanisms already in place ... much is ad hoc, sparked by particular events and/or by particular individuals...”
 - Formal structures, processes and mechanisms needed to ensure collaboration occurs in consistent and systematic way.

A basis for greater collaboration

- **We recognize that prisoners are a small, marginalized population with little access to or influence over the levers of political power.**
- **We want to improve the health and well being of prisoners.**
- **Prisoners' health and well being cannot be improved without also respecting the human rights of prisoners, as people.**
- **Prisoners are entitled to health care equivalent to that available in the community.**
- **We can better achieve our respective organizational mandates by working together in a collaborative manner rather than in isolation or at odds.**



Linking prisoner health, prisoner rights, and collaboration (1)

Corrections and Conditional Release Act, SC 1992, c 20

- Principles to guide CSC (s. 3):
 - “...prisoners retain the rights and privileges... except those necessarily removed or restricted as a consequence of sentence...”
 - “...facilitate the involvement of members of the public in matters relating to the operations of the Service;”
- Legally obliges CSC to provide health care to prisoners. (s. 86(1))
- Enshrines principle of equivalence in health care (i.e., “professionally accepted standards.” (s. 86(2))
- Unique in Canada; incorporates international legal standards.



Linking prisoner health, prisoner rights, and collaboration (2)

Correctional Services Act, SNS, 2005, c 37

- Minister of Health responsible for provision, administration and operation of health services for “offenders in custody.” (s. 25)
- Responsibility delegated by Minister to Capital District Health Authority, IWK Health Centre. (s. 26)
- Unique in Canada; in keeping with leading-edge policy internationally.

Challenges & Opportunities to Address Them



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Legislative and policy foundation is weak (1)

Legislative foundation for health care in prisons is weak.

- With exception of NS Correctional Services Act and CCRA legislation dated and does not reflect international standards.

Policy on health care, HIV/AIDS prevention and harm reduction could be updated and made more comprehensive.

- Exceptionally, CSC and BC have comprehensive, up-to-date policies.

Federalism presents challenges for working across jurisdictions and within areas of legislative responsibility.

- 14 jurisdictions, federal prisons within provincial boundaries, feds and provinces share responsibility for health and public health.

Legislative and policy foundation is weak (2)

OPPORTUNITY:

New and creative initiatives have been developed within existing legislative and policy frameworks.

- Even in absence of strong, coherent legislative and policy foundation, programs have been implemented.
- CSC and provincial/regional public health authorities have entered into agreements to provide services to prisoners.

Arguably, a stronger legislative and policy framework could promote the expansion of HIV/HCV prevention and harm reduction.

- Legislative and policy development an opportunity to engage in dialogue and education about prison and staff needs.
- Presents opportunity to demonstrate high-level support
- Supporting front-line staff through greater guidance.

Health care resources are stretched

Increased demands on health care as a result of aging prison population, chronic diseases, and mental and other health needs.

Lack of resources for programs frequently identified as “limitation” by NGO, community, public health, prison health care, prisoners.

- Difficulty of having dedicated harm reduction / prevention / ID staff position.

OPPORTUNITY: From the perspective of corrections, untapped resources exist to augment existing programs and services.

- Public health renewal in many provinces and federally.
- Established NGO and community organizations.
- Prisoners as peers (paid and volunteer).



Gaps exist in policy and programs

Gaps in policy + program coverage:

- Prisoners in Canada do not uniformly have access to prevention measures, especially bleach, MMT continuation and MMT initiation.
- Education and information for health care staff appears ad hoc in numerous jurisdictions.

Gaps between policy and practice:

- Condoms and bleach prime examples ... despite what you may be hearing from institutional staff.
- Often not clear who is accountable for program, or if they will be held accountable. Are accountability frameworks working?

OPPORTUNITY: Jurisdictions do not have to start from scratch to adopt policy and implement programs. Many prison systems have a policy and are successfully implementing it. *Hard Time* presents many examples of enabling policy and best and promising programs. Contact people are willing to help.



Difficulties providing comprehensive harm reduction programs (1)

Harm reduction is contentious.

- Resistance from federal governing party and Cx unions for ideological and strategic reasons.
- Public resistance to “privileges” and rights for prisoners.

No sterile injection or tattooing equipment Canadian prisons.

- Bleach is sub-optimal; only available in 3 of 14 jurisdictions.

Prisoner population increasingly diverse, with complex vulnerability to HIV/HCV, and diverse prevention needs.

- Existing programming may not meet needs of Aboriginal, minority ethno-cultural, women, and trans prisoners.



Difficulties providing comprehensive harm reduction programs (2)

Methadone Maintenance Therapy

- Only available in 8 of 14 jurisdictions; initiation available in 4 of 14.
- Problem finding physicians licensed and willing to prescribe and to continue treating prisoners in community upon release.
- It is a narcotic. Addressing prejudices and valid security concerns takes resources.

OPPORTUNITY: Great deal of expertise and experience to draw upon.

- Models exist (MMT in Canada; needle exchange internationally).
- CSC first in the world to pilot safer tattooing.
- Prisoners, NGOs and public health are harm reduction advocates.
- Governments and public opinion change. Public service has continuity, knowledge and skills to take advantage of openings.

Six Strategic Directions for Action – A Community Vision



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Leadership is essential + Engage stakeholders

VISION: FPT Heads of Corrections Health Care Working Group leads national health care in corrections conference in 2010.

- FPT, PHAC, public health association, community organization, and university-based research centre as co-sponsors.
- All stakeholders are involved in design and delivery, including prisoners, of conference.
- People from all stakeholder groups participate in the conference.
- Ministries of health (health care and public health) are invited to join FPT in 2009 in lead up to conference.
- FPT members meet quarterly with their counterparts in the community beginning in second half of fiscal 2008/2009.



Review policies and programs + Agree on best policy and practice

VISION: *Hard Time* report is used by FPT members as an opportunity to review their policies and programs.

- Policy is amended or formulated in consultation with other jurisdictions and stakeholders.
- Collaboration between prison authorities and other stakeholders leads to improved or new programs for prisoners.

VISION: PHAC takes the lead in facilitating a process to identify best policy and practice for HIV and HCV (infectious disease?) prevention in Canadian prisons.

- As a public health initiative, the aim is to improve the health of prisoners and workplace health and safety of staff.

Identify barriers to prevention programs and strategies to overcome them

What is your VISION? What needs to be done to make this a reality?

Monitor and evaluate programs and policies using external expertise

What is your VISION? What needs to be done to make this a reality?

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