



# BACKGROUND

## HIV and Other Sexually Transmitted and Blood-Borne Infections (STBBI) in Nova Scotia's Correctional Facilities

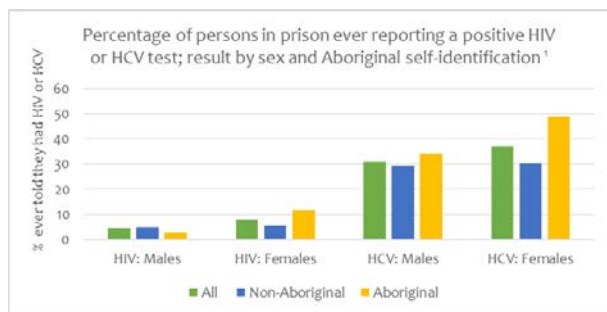
### Purpose

The purpose of this Backgrounder is to provide an overview of issues in Nova Scotia related to HIV issues among people who are incarcerated in Nova Scotia prisons. It will demonstrate that reducing HIV-related vulnerabilities requires an intersectoral response.

### What is the issue?

Rates of HIV and Hepatitis C (HCV) infection are much higher among prisoners in federal and provincial jails than in the general population. Injection drug use and syringe sharing, high-risk sexual behavior, and unsafe tattooing occur in prisons.

HIV and HCV pose serious threats to the health of inmates and prison staff. The public health implications of HIV and HCV among inmates do not stop at the doors of prisons because incarcerated women and men come from and return to families and communities.



### Why is this important for NS?

The health and social sectors have a responsibility to protect the health of inmates, prison staff, and the public by developing policies, programs, and services that prevent the spread of HIV, HCV, and other sexually transmitted and blood-borne infections (STBBIs).

Government is also accountable for the efficient use of resources and investing in the prevention of STBBIs in prisons will save taxpayer dollars. "According to CSC, treating a person in prison with HCV costs an estimated \$22,000 and treating a person in prison with HIV costs \$29,000 per year."<sup>2</sup> Investment in health promotion, disease prevention, and early intervention – for prisoners, staff, and the public – is more cost-effective than treating HIV and HCV infections.<sup>3</sup>

Interventions to improve the health of people who are incarcerated will decrease health care costs, improve health in the general population, improve public safety, and decrease re-incarceration.<sup>4</sup>

The prison population is made up of a disproportionate number of individuals who come from **backgrounds of vulnerability and disadvantage**: low-income backgrounds, less formal education, mental health care needs, experiences of sexual and physical abuse; substance use and depression; racialization (Indigenous, 23%; Black, 9.5%) and the history and ongoing consequences of colonization and racism.<sup>5</sup>

### Who needs to be involved in addressing the issue?

Ensuring the health of inmates requires a multi-sectoral response. Below are some examples of government departments which have a joint responsibility on this issue:

**Department of Justice (DoJ)** - addressing STBBIs in provincial correctional facilities aligns with DoJ priorities to improve access to justice (including restorative justice), and to improve community safety and well-being. Incarceration provides an opportunity to provide health care, to initiate programs to improve health, and to link persons with appropriate services on release that will reduce vulnerability to HIV/AIDS and other STBBIs.

**Department of Health and Wellness, NS Health Authority** - addressing STBBIs in provincial correctional facilities aligns with strategic goals of:

- ⊙ Improving the health and wellness of the population through health promotion, chronic disease and injury prevention; and enhanced primary care and culturally competent chronic disease and disability management
- ⊙ Enhancing access to quality, evidence informed, appropriate care (improved safety and service delivery)
- ⊙ Providing mental health and addictions care for incarcerated adults, in collaboration with the DoJ.<sup>5</sup>

**Department of Community Services (DCS)** - plays a key role in ensuring social and economic well-being for all Nova Scotians, including individuals who have completed their prison sentences. The DCS can contribute to reducing the stigma for those returning to their communities and re-engaging individuals into the workforce.

**Department of Aboriginal Affairs** – Aboriginal people are overrepresented in prison populations and among the homeless and unstably housed, both physical environments contributing to HIV vulnerability. This department plays a key role in creating improved and stable relations, restorative justice programs, and reduced social and economic disparity experienced by Aboriginal people in NS.

## What can we do to improve the situation?

**Education:** Enhancing rehabilitative programming for adult offenders, and improving rehabilitation programming for youth may re-direct those who are at elevated risk of HIV exposure or transmission into effective drug and other rehabilitative programs.<sup>5</sup>

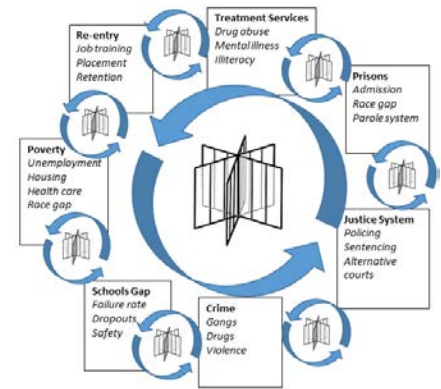
**Access to Health Services:** Enhancing access to primary care, mental health and addictions services, and disease prevention and management will help to reduce the spread of STBBIs within correctional facilities and in the community. Measures to do so include:

- ⊙ Improve access and continuity of addiction and/or HIV/HCV treatment for individuals while awaiting a court date and/or held in custody
- ⊙ Provide access to sterile injection supplies that is easy, confidential and not subject to discipline
- ⊙ Provide access to sterile tattooing equipment
- ⊙ Provide regular access to information, education and support from trained personnel regarding safer drug injection and safer tattooing
- ⊙ Improve access to methadone maintenance treatment: seamless continuation as well as initiation in prison, at adequate dosages
- ⊙ Provide confidential access to safer-sex tools (condoms, dental dams)
- ⊙ Improve access to confidential pre- and post-test STBBI counseling and testing, and (sexual) health services, counseling and support
- ⊙ Improve access and continuity of HIV/HVC treatment
- ⊙ Enhanced discharge planning to better support individuals to transition in and out of the community

**Supports for Reintegration:** Most people who are incarcerated eventually return to the community. A key feature of successful crime prevention strategies is attention to the social reintegration of ex-prisoners into the community and interventions to reduce the rates of re-offending. These interventions represent a wide array of efforts sponsored by the justice system, often in collaboration with community-based organizations (such as the John Howard Society, the Elizabeth Fry Society, AIDS Service Organizations, harm reduction organizations, etc.).

**Breaking the Cycle of Recidivism:** Prisons are not only unhealthy environments, but are costly for both the offenders and for the NS government. To break the cycle of re-offending, to prevent exposure to high-risk

environments inside and outside prisons, and to adequately support and assist individuals in social reintegration, multiple programs are needed.<sup>6</sup> The figure shows the the ‘revolving door’ of prisons, and the multiple points for intervention to break the cycle of recidivism.



## What are some key considerations to guide our joint efforts?

The following are some key principles and overarching issues to consider in our response:

- ⊙ **A criminal response to drug use creates harms.** The overreliance on criminal law as a response to drug use and addiction means that many people who use illicit drugs are incarcerated. The Government of Nova Scotia should move toward addressing drug use as a social and health issue.
- ⊙ Prisoner health is closely intertwined with public health, public safety and community well-being. Policy and program responses **grounded in human rights and best practices** will have the greatest chance of reducing transmission and promoting health and safety within and outside prison settings.<sup>7</sup>
- ⊙ The current policy and legislative environment, and the structure of the health system in Nova Scotia provides **strategic opportunities** for strengthening policies and programs from both a communicable and chronic disease, and crime prevention perspective.
- ⊙ **Reducing the vulnerabilities** of Nova Scotians who are disproportionately imprisoned is a shared effort for many government departments and programs. Incarceration is only one spoke in an epidemic wheel of poverty and racial inequities, education failures, inadequate mental health and addiction resources, and re-entry back into poor housing and unsafe neighborhoods. Those of us working in any one of the systemic problems need to be aware of forces across the whole cycle.

<sup>1</sup> Zakaria D, Thompson JM, Jarvis A, Borgatta F. Summary of emerging findings from the 2007 National Inmate Infectious Diseases and Risk-Behaviours Survey. Ottawa: Correctional Service of Canada; 2010.

<sup>2</sup> Canadian HIV/AIDS Legal Network. Prisons Needle & Syringe Programs: Policy Brief

<sup>3</sup> Marshall C. (2008). HIV/AIDS and Hepatitis C in Correctional Facilities: Reducing the Risks.

<sup>4</sup> Kouyoumdjian FG, Schuler A, Hwang SW, Matheson F (2015). Research on the health of people who experience detention or incarceration in Canada: a scoping review. BMC Public Health; 15:419.

<sup>5</sup> Together We Can (2012). Nova Scotia Health and Wellness.

<sup>5</sup> Government of Canada (2013). [The Changing Face of Canada's Prisons: Correctional Investigator Reports on Ethno-Cultural Diversity in Corrections.](#)

Emily van der Meulen, Stéphanie Clavaz-Loranger, Seth Clarke, Annika Ollner, and Tara Marie Watson (2016). On Point: Recommendations for Prison-Based Needle and Syringe Programs in Canada. Toronto, ON.

<sup>6</sup> Griffiths CT, Dandurand Y, Murdoch D. (2007). [The Social Reintegration of Offenders and Crime Prevention.](#) The International Centre for Criminal Law Reform and Criminal Justice Policy (ICCLR)

<sup>7</sup> Canadian HIV/AIDS Legal Network and Prisoners HIV/AIDS Support Action Network. (2007). [Promoting HIV and Hepatitis C prevention programming for prisoners in Canada](#)