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HIV AND HEPATITIS C CRISIS IN FEDERAL PRISONS, ACCORDING TO NEW CSC REPORT

***Half the prisoners who reported injecting drugs
shared their needles or syringes***

TORONTO, April 21, 2010 — A report released by the Correctional Service of Canada (CSC) earlier this month reveals an HIV prevalence rate in federal prisons that rivals those of many countries in sub-Saharan Africa and is greater than the HIV prevalence rates in all other regions of the world.

At 4.6 percent, the rate of HIV infection in federal prisons is 15 times greater than that in the community as a whole. As for hepatitis C in federal prisons, the 31 percent rate of infection is 39 times greater than the population as a whole. In both cases, incarcerated women and especially Aboriginal women — of whom 11.7 percent are infected with HIV — are disproportionately infected with HIV and hepatitis C.

“I am troubled by the lack of continuity HIV-positive prisoners experience with their anti-viral medications,” said Greg Simmons, Prisoner’s Representative for the Canadian Treatment Action Council. “Any interruption in their regimen could have serious implications on their health, and lead to them becoming resistant to medications. CSC must allow prisoners to retrieve their medication upon incarceration and change the way pharmacies in federal prisons monitor and order medications.”

“About half the prisoners surveyed reported sharing used needles or syringes to inject drugs, and about one third reported sharing a needle with someone who has HIV, hepatitis C or unknown infection status,” said Sandra Ka Hon Chu, senior policy analyst at the Canadian HIV/AIDS Legal Network. “This clearly poses a risk of HIV or hepatitis C transmission, a risk that could be remedied with prison-based needle and syringe programs.”

Increasing rates of incarceration will only aggravate the public health crisis in federal prisons. Crime bills recently proposed have included mandatory-sentencing policies even though they have produced record incarceration rates of non-violent drug users in the United States. In addition to the massive costs imposed by a larger prison population, higher incarceration rates lead to even higher rates of HIV and hepatitis C.

“What the figures in this report illustrate is the urgency of comprehensive harm reduction measures in federal prisons, including prison-based needle and syringe programs,” concluded Seth Clarke, federal community development coordinator at the Prisoners’ HIV/AIDS Support Action Network. “Given the dire conditions in federal prisons today, our federal government should respond with a sensible approach to drug policy based on solid scientific evidence, sound public-health principles and respect for human rights — both in and outside prisons. That means doing away with crime bills that incarcerate people with addictions and introducing needle and syringe programs in prisons to mitigate prisoners’ risk of harm.”

The report “Summary of Emerging Findings from the 2007 National Inmate Infectious Diseases and Risk-Behaviours Survey” is available at www.csc-scc.gc.ca/text/rsrch/reports/r211/r211-eng.shtml

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For more information, please contact:

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Gilles Marchildon
Director of Communications
Canadian HIV/AIDS Legal Network
Telephone: +1 416 595 1666 ext. 228
E-mail: gmarchildon@aidslaw.ca

Béatrice Cardin
Communications Manager
Canadian Treatment Action Council
Telephone: +1 647 330 0114
E-mail: ctac@ctac.ca

Anne Marie DiCenso
Executive Director
Prisoners’ HIV/AIDS Support Action Network
Telephone: +1 416 920 9567 ext. 228 / +1 416 779 9569 (cell)
E-mail: annemarie@pasan.org

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.

About 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.

About the Canadian Treatment Action Council (CTAC)

The Canadian Treatment Action Council (www.ctac.ca) is a national non-governmental organization run by and for people living with HIV/AIDS, including those who are co-infected. CTAC promotes informed public policy and builds awareness on issues that impede access to treatment and health care for people living with HIV/AIDS.