

Final Report of the Study Group for the Risk Management of Infectious Diseases

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REVIEWED BY ATIP DIVISION
Correctional Service of Canada
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ISSUE

The Mission Statement of the Correctional Service of Canada (CSC) asserts that CSC "contributes to the protection of society by actively encouraging and assisting offenders to become law-abiding citizens, while exercising reasonable, safe, secure and humane control."

The current level of injection drug use in correctional institutions threatens the safety and security of the public, CSC staff and offenders:

- ❑ **the public.** Because of the high degree of mobility of offenders between the community and correctional institutions, public safety is at risk from harms associated with injection drug use.
- ❑ **CSC staff.** CSC staff are at risk from the presence of dirty needles in the correctional environment:
 - The chances of acquiring infectious diseases from needle stick injuries are 30% for Hepatitis B (HBV), 3% for Hepatitis C (HCV) and 0.3% for HIV.
 - Staff are exposed to injurious and aggressive behaviors associated with high risk injection drug use of offenders.
- ❑ **offenders.** HIV and HCV are currently spreading rapidly in correctional institutions as a result of offenders sharing injection equipment. Additional harms associated with injection drug use include:
 - drug overdoses;
 - injurious and aggressive behaviors;
 - long term chronic illnesses; and
 - injection site abscesses and other related infections such as septicemia, endocarditis, etc.

A needle exchange program (NEP) would both advance this government's promise of building safer communities and reinforce the Solicitor General's commitment to public safety and protection. A NEP operates by exchanging used/dirty needles for sterile/clean needles.

A NEP can work in tandem with CSC's interdiction efforts by creating a controlled and stabilized environment while strong measures are still used to stop the flow of illicit drugs into correctional institutions.

A NEP can also reach offenders who are at relatively high risk for HIV and HCV infection and act as a gateway that links them to other appropriate health-care services,

drug treatment programs, counseling and social services. This gateway encourages treatment and rehabilitation, which is important for the reintegration of offenders back into the community where NEPs are often available.

Implementing a NEP in federal correctional institutions can do the following:

- ☐ contribute to the protection of society by facilitating and assisting offenders to become law-abiding citizens through changing and stabilizing their behaviors with a goal of reducing drug use, violence and recidivism;
- ☐ enhance the occupational health and safety for CSC staff by —
 - ☐ creating a safer environment where there is control and management of used and sterile needles;
 - ☐ reducing the odds of acquiring infectious diseases due to needle stick injuries from contaminated syringes;
 - ☐ monitoring the number of used and sterile needles; and
 - ☐ stabilizing injurious and aggressive behaviors by offenders who inject drugs in a high-risk manner because of lack of access to sterile needles;
- ☐ reduce the long-term costs of providing care, treatment and support for offenders with infectious diseases. For this fiscal year alone, the cost to treat infectious diseases in federal correctional institutions is estimated to be \$2.5 million; and
- ☐ improve the mental and physical health of offenders, which encourages their responsibility to themselves and others and facilitates their re-integration into the community.

A NEP is not and cannot be a stand-alone program. Rather, a NEP in correctional institutions must be offered as part of comprehensive prevention and treatment programs such as methadone maintenance programs, substance abuse and addictions programs, and counseling.

BACKGROUND

The Correctional Service of Canada (CSC) has consistently sought to ensure that illicit drugs do not enter federal correctional institutions. CSC has accordingly committed significant financial and human resources to achieving this goal. Despite this commitment, illicit drugs can and do enter federal correctional institutions, with serious implications for HIV and HCV prevalence rates among offenders.

Over the past three years, injection drug use by offenders in federal correctional institutions has doubled. The number of inmates known to be living with HIV or AIDS has increased by 70% in the same period. Furthermore, the prevalence rate for HIV and HCV is very high in correctional institutions — much higher than that in the general population.

- ☐ It has been estimated that at least one in three offenders is infected with HCV.

- ☐ Federal correctional institutions have HIV and HCV prevalence rates that are as high as those found in some third world countries.
- ☐ The HIV prevalence rate in federal correctional institutions is 10 times greater than that in the general population.
- ☐ The HCV prevalence rate in federal correctional institutions is 35 to 50 times higher than that in the general population.
- ☐ It is estimated that the number of offenders in federal correctional institutions who are unaware that they have HIV and HCV infections is significantly higher than the known prevalence rates.

NEPs in correctional institutions have been associated with reduced harm to offenders and reduced injuries to correction services staff:

- ☐ NEPs have been found to reduce new HIV infection by as much as 30% *without leading to increased drug use.*
- ☐ NEPs have not lowered the age at which people inject illicit drugs for the first time.
- ☐ NEPs have been shown to help individuals enter drug treatment.
- ☐ Numerous studies have found NEPs to be cost effective. For example, a NEP in Swiss correctional institutions has resulted in a 50% reduction in health-care costs.
- ☐ An evaluation of a NEP in Swiss correctional institutions found the following:
 - ☐ fewer overdoses among offenders;
 - ☐ a decrease in the number of injection-site abscesses;
 - ☐ no incidents of needle stick injuries; and
 - ☐ no incidents in which needles were used as weapons.

A number of leading organizations support increased access to clean needles:

- ☐ World Health Organization
- ☐ Council of Europe
- ☐ Canadian Public Health Association
- ☐ Canadian Medical Association
- ☐ Canadian AIDS Society
- ☐ Canadian Centre for Substance Abuse
- ☐ Health Canada
- ☐ Prisoners with AIDS/HIV Support Action Network
- ☐ Expert Committee on AIDS and Prisons
- ☐ American Public Health Association
- ☐ American Medical Association

SITUATIONAL ANALYSIS

The process to examine the implications of a NEP for correctional institutions was initiated by CSC Senior Management. As a result, a CSC Task Force of health services and security representatives visited three prisons in Switzerland in February of 1999 to learn more about their harm-reduction strategies, particularly needle-distribution programs and their implications. The CSC Task Force comprised a Warden, a Senior Project Officer-Security, a Union of Solicitor General Employees (USGE) representative, a Professional Institute of the Public Service of Canada (PIPSC) representative and the National HIV/AIDS Program Coordinator.

In April, a NEP CSC Study Group was convened in Ottawa to examine the implications of a NEP for federal correctional institutions. A number of people expressed interest in this initiative, and CSC strategically selected participants. The CSC Study Group had representation from CSC staff (security, health services and women offenders), health and community organizations, Health Canada, offenders and the public.

During the Study Group meeting, CSC's role and responsibility to provide a NEP were discussed. The Study Group focused on CSC's legislative obligations under the Corrections and Conditional Release Act (CCRA), which is a modern, fair and internationally respected correctional framework. Canada must continue its role as an international leader by constantly striving to make the correctional system more effective. To achieve excellence within the CCRA framework, CSC must do everything possible to ensure public protection in all decisions relating to the treatment and release of offenders.

CSC's obligation to protect society necessitates solid assessment, risk management and referral of offenders to programs and treatment that reduce recidivism. A NEP increases safety on offenders' release to the community as their risk-taking behaviors are stabilized, harms associated with their injection drug use are managed, and offenders' responsibility for themselves and others is heightened.

CSC also has a legal obligation under the CCRA to provide offenders with essential health care that contributes to their rehabilitation and reintegration into the community. Health care provided to offenders by CSC must reflect the standards of care available in the larger community. Not doing so could leave CSC open to legal action.

It is recognized that USGE is opposed to a NEP in federal correctional institutions. There are many fears and concerns about NEPs, including the use of needles as weapons. However, needles are already present in the correctional environment, and these needles are most likely to be dirty. Given the high degree of fear and concern about a NEP, it is imperative that there be significant consultation with and education of all stakeholders, including CSC staff.

A NEP, offered as part of a comprehensive prevention and treatment program, would contribute to safety and security and reinforce Canada's world leadership in the area of corrections.

RECOMMENDATION

The current level of injection drug use in correctional institutions threatens the safety and security of the public, CSC staff and offenders. In correctional institutions, the HIV rate is 10 times greater than the general Canadian rate, while HCV rates are 35 to 50 times greater.

A NEP is an effective and well-proven method of reducing the harms associated with injection drug use, and would:

- ☐ advance this government's promise of building safer communities;
- ☐ reinforce the Solicitor General's commitment to public safety and protection;
- ☐ be an effective way for CSC to meet its legislative obligation under the CCRA to do everything possible to ensure public protection in the treatment and release of offenders;
- ☐ not leave CSC open to legal action as the provision of CSC health-care services would mirror those available in the community as per the CCRA;
- ☐ put Canada, once again, in the forefront as a world leader in the area of corrections.

The NEP CSC Study Group therefore makes the following recommendations:

To obtain ministerial approval in principle for a multi-site NEP pilot program in men and women's federal correctional institutions, including

- **the development and planning of the program model; and**
- **the implementation and evaluation of the pilot program**

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