

11. Koplan JP, Bond TC, Merson MH, Reddy KS, Rodriguez MH, Sewankambo NK, et al. Towards a common definition of global health. *Lancet*. 2009;373(9679):1993–5.
12. CCGHR. Canadian Coalition for Global Health Research CCGHR Strategic Plan 2015–2019 [Internet]. 2015 [cited 2010 Jun 20]. Available from: <http://www.ccghr.ca/wp-content/uploads/2013/04/CCGHR-Strategic-Plan-2015-19.pdf>
13. Grant RL, Hood R. Complex systems, explanation and policy: implications of the crisis of replication for public health research. *Crit Public Health* [Internet]. 2017;1596(September):1–8. Available from: <http://dx.doi.org/10.1080/09581596.2017.1282603>
14. Salway S, Green J. Towards a critical complex systems approach to public health. *Crit Public Health* [Internet]. 2017;27(5):523–4. Available from: <https://www.tandfonline.com/doi/full/10.1080/09581596.2017.1368249>

Inequities Behind Bars

Opinion Editorial

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Chances are you don't recognize the name Steven Simons.

Incarcerated in Ontario's Warkworth Institution from 1998 to 2010, Simons was infected with hepatitis C when a fellow inmate used his needle to inject. Hepatitis C negatively impacts a person's quality of life, and chronic infection can cause serious health complications such as cirrhosis and liver cancer.¹ Now, Simons is leading a lawsuit against the Government of Canada with the support of the Canadian HIV/AIDS Legal Network and a number of other community organizations. The lawsuit aims to get safe injecting equipment into Canada's prisons, arguing that the refusal of Correctional Service Canada to provide access to clean injecting equipment further disadvantages persons in custody who suffer from addiction, and violates basic human rights.²

The United Nations' Basic Principles for the Treatment of Prisoners states that "prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation".³ Why are the primary prevention tools that are available to the public, such as needle and syringe programs, not available to persons in custody? Why don't we offer universal screening and treatment to diagnose this infection in all correctional facilities? These questions have ignited quite the debate in Canada – a debate that highlights the apathetic and discriminatory attitudes that our communities and political leaders can hold towards people in custody.⁴⁻⁷

In engaging with this debate, it's important to understand who is inside Canada's prisons. There are more than 250,000 admissions to correctional facilities each year. A quarter of prison admissions are for Indigenous persons, many of whom suffered in residential schools. The majority of female offenders have been physically abused. Most persons report using drugs in the recent past before they were admitted to custody, and many continue to use drugs in prison.^{8,9} Canada's prison population is undeniably disadvantaged and marginalized, and has great need for supportive services. The system is failing them by neglecting to effectively confront the health risks that exist within prison walls.

The reality is that prison could serve as a great opportunity for health intervention. These institutions provide a space in which society's most marginalized populations can be supported. High-risk behaviours, such as injection drug use and tattooing, can be recognized and the risks can be mitigated. A remarkable example of this came in 2005, when Correctional Service Canada (CSC) rolled out a project to make tattooing safer in prisons. Inmate tattoo artists were given access to safe equipment and were trained on infection control. Despite positive health outcomes, the project was shut down by federal Public Safety Minister Stockwell Day, who claimed that the project was a waste of tax dollars.¹⁰

CSC has voiced concerns that needles from prison needle and syringe programs (PNSPs) could

be used as weapons, and the organization stands behind their “zero tolerance” policy on drug use.¹¹ Evidence from over 60 prisons worldwide reveals, however, that while PNSPs reduce needle sharing, decrease drug-related health problems and deaths, and increase inmate referrals to drug treatment programs, they do not increase violence, drug use, or needle-stick injuries.¹² Despite widespread calls for CSC to recognize drug use and needle sharing within prisons, it hasn’t happened.

While certain harm reduction measures, such as condoms and bleach, can be found in Canadian prisons, we have yet to introduce the community standards for primary prevention into these institutions, which include PNSPs. This certainly isn’t for lack of evidence. This is an issue of discrimination – human rights are being violated.

I’ve spent the past few months living in Sydney, Australia, researching hepatitis C at the Centre for Social Research in Health at the University of New South Wales. Last year, the Australian government invested in making the new curative treatment for hepatitis C universally accessible – a major achievement on the road to elimination. The Centre is currently involved in a study evaluating the impact of hepatitis C treatment scale-up within Australian prisons, in an effort to reduce the spread of infection among this particularly vulnerable population. It’s been remarkable to witness and engage with research that is determined to address the health needs of the incarcerated population, and I look forward to continuing this work in Canada. However, while the government has made a solid investment in eliminating hepatitis C, the battle for PNSPs is ongoing in Australia as well. Treatment is necessary, but our governments must prioritize prevention.

Steven Simons is leading the effort to end hepatitis C transmission inside Canada’s prisons, and he’s not alone. Behind him are persons in custody, medical professionals, advocacy and service organizations, and communities across the country. Transmission of this infection is preventable, and the introduction of harm reducing measures into prisons is in the interest of public health and human rights.

REFERENCES

1. Cho HJ, Park E. Quality of Life of Chronic Hepatitis C Patients and Its Associated Factors. *Osong Public Health Res Perspect.* 2017;8(2):124.
2. Notice of Application of Application to Ontario Superior Court of Justice, Rule 14.05 of the Rules of Civil Procedure, R.R.O. 1990, Reg. 194 (2012).
3. UN General Assembly. Basic principles for the treatment of prisoners. UN General Assembly Resolution Geneva. 1990.
4. Chu S, Peddle K. Under the Skin: A people’s case for prison needle and syringe programs. Toronto, Canada: Canadian HIV/AIDS Legal Network, 2010.
5. Gravel J, Deschner M. Don’t forget opioid users behind bars. *Policy Options.* 2017 [September 2017]; Available from: <http://policyoptions.irpp.org/magazines/august-2017/dont-forget-opioid-users-behind-bars/>.
6. Kouyoumdjian FG. Persons in correctional facilities in Canada: A key population for hepatitis C prevention and control. *Canadian Journal of Public Health.* 2015;106(6):E454.
7. Webster PC. Prison puzzle: Treating hepatitis C. *Can Med Assoc;* 2012.
8. Kouyoumdjian F, Schuler A, Matheson FI, Hwang SW. Health status of prisoners in Canada: Narrative review. *Canadian Family Physician.* 2016;62(3):215-22.
9. The Correctional Investigator Canada. Annual Report of the Office of the Correctional Investigator 2014-2015. 2015.
10. Webster PC. The redlining of harm reduction programs. *Can Med Assoc;* 2012. p. E21-E2.
11. Correctional Service Canada. What Happens After Sentencing. 2015 [September 2017]; Available from: <http://www.csc-scc.gc.ca>.
12. Van der Meulen E, Claivaz-Loranger S, Clark S, Ollner A, Watson TM. On point: Recommendations for prison-based needle and syringe programs in Canada. 2016.