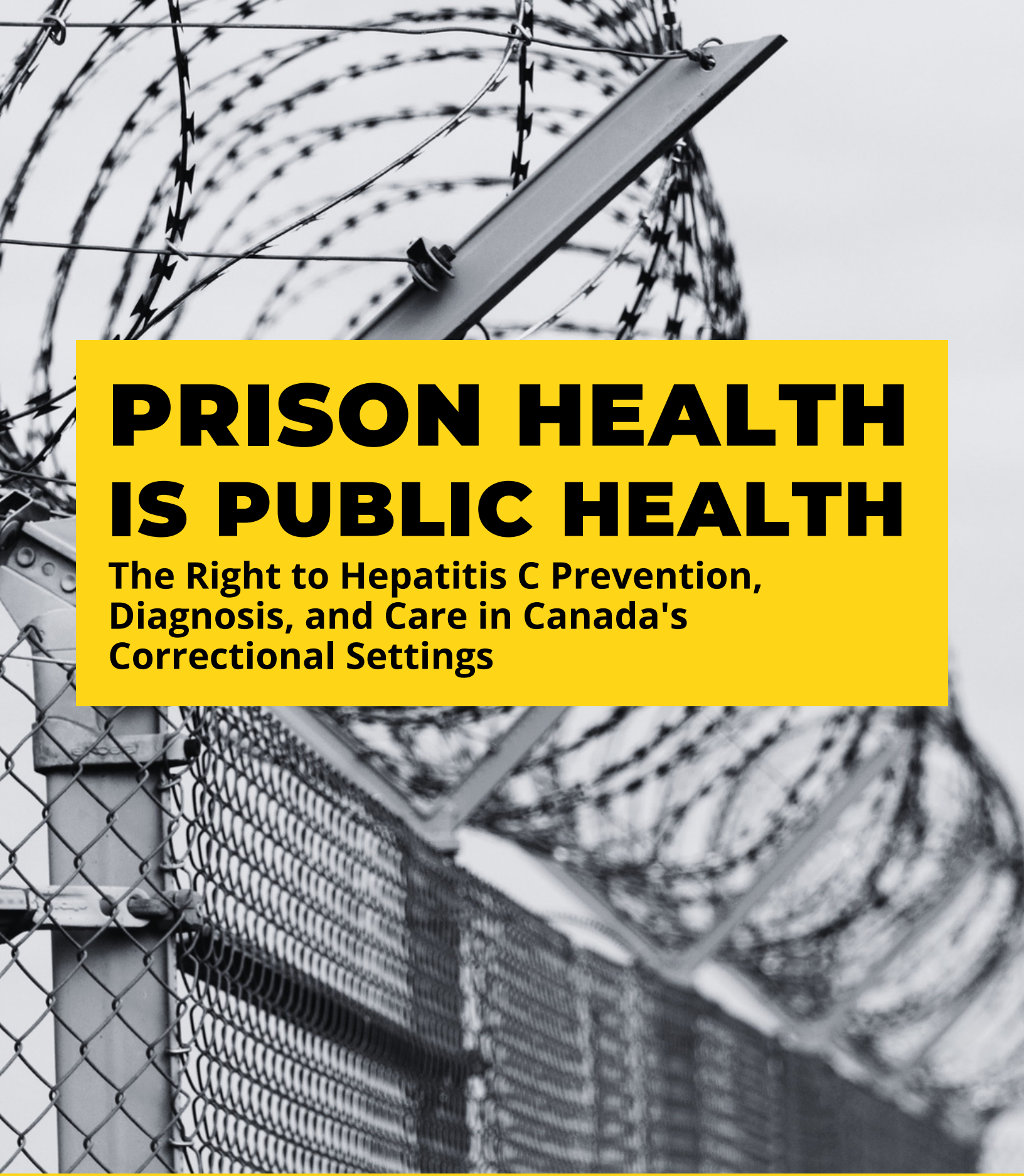

PRISON HEALTH IS PUBLIC HEALTH

The Right to Hepatitis C Prevention, Diagnosis, and Care in Canada's Correctional Settings

ACTION HEPATITIS CANADA
ACTION HÉPATITES CANADA

A 2022 report and recommendations for federal and provincial/territorial policymakers, prepared by Action Hepatitis Canada.

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We wish to also acknowledge the other people who have lived experienced of incarceration in Canada who are affected by hepatitis C, who are represented in the statistics and figures within this report. You are not just numbers to us. You are our parents, siblings, friends, and colleagues, and we stand alongside you on the journey towards equitable access to healthcare and eliminating viral hepatitis as a public health threat in Canada by 2030.

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Introduction

ABOUT HEPATITIS C

Hepatitis C (HCV) is a preventable and curable liver infection. It is the leading cause of liver disease and transplantation, and one of the most burdensome infectious diseases in Canada.[1] HCV spreads through contact with infected blood, but symptoms may be delayed for years, so many people who are infected are unaware. The only way to confirm a chronic HCV infection is through a blood test.

HEPATITIS C ELIMINATION IS WITHIN CANADA'S REACH

Progress in treating HCV is one of the great medical breakthroughs of our time, making elimination possible. Direct Acting Antivirals (DAAs) are a new generation of medications for treating HCV infection. These new therapies are highly effective, curing HCV infection in more than 95% of people treated with daily pills in as little as 8-12 weeks, with minimal side effects.

CANADA'S PROMISE

In May 2016, the first-ever Global Viral Hepatitis Strategy was endorsed by the 194 Member States of the World Health Organization (WHO), with the goal of eliminating viral hepatitis as a public health threat by 2030.

As a Member State, Canada signed onto this strategy and endorsed the targets contained within it. The WHO strategy includes specific targets, and all countries were tasked with developing a National Action Plan to meet these targets. The Public Health Agency of Canada (PHAC) responded by publishing the *Pan-Canadian framework for action to reduce the health impact of Sexually Transmitted and Blood-Borne Infections (STBBIs)* in 2018 and the *Government of Canada five-year action plan on STBBIs* in 2019.

WHY FOCUS ON CORRECTIONAL SETTINGS?

People who are incarcerated (PWAI) are 40 times more likely to be exposed to HCV than Canada's general population.[2] In addition, people who are released from incarceration often face barriers to accessing health care in the community. The delivery of HCV care to people in correctional settings in Canada is essential to HCV elimination.[2, 3]

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The Right to Care: Prison Health is Public Health

The United Nations *Standard Minimum Rules for the Treatment of Prisoners*, also called the Nelson Mandela Rules, state that "prisoners should enjoy the same standards of health care that are available in the community, and should have access to necessary healthcare services free of charge, without discrimination on the grounds of their legal status."

This principle of equity in accessing the highest standard of health care is also reflected in Canadian law under the *Canada Health Act* and the *Corrections and Conditional Release Act*.

However, this obligation is not consistently met in Canada. The health status of those incarcerated is poor relative to the general population in Canada as indicated by data on social determinants of health, mental health, substance use, communicable diseases, sexual and reproductive health, and mortality.[4]

This right to health care presents not only an urgent need for reform in health care delivery in correctional institutions but also an opportunity for improving public health and how we manage our health resources.[4]

Many PWAI face unacceptable barriers to health care services. While no one should ever have to be in the correctional system to access their right to health care, for many their incarceration may present an opportunity to access services including prevention, screening, early intervention, and treatment programs. This will improve individual and public health outcomes.[3, 5]

> I felt very judged in jail, in the healthcare system. It seems because you're a criminal, you don't deserve to be out of pain or to be able to get things cured and take anything seriously.
>
> *- Michelle, Ontario*

The Intersection of Priority Populations

- ✓ People who inject drugs (PWID)
- ✓ People who are incarcerated (PWAI)
- ✓ Indigenous people
- ✓ Gay, bisexual, and other men who have sex with men
- ✓ Newcomers and immigrants
- ✓ Adults born between 1945-1975

These six populations are identified as priority populations for HCV prevention, testing, and care as they carry the heaviest burden of HCV in Canada.[6] Many of these populations also have a history in Canada of inequitable access to health care.

Where these populations intersect, that inequity becomes more layered and pronounced: Due to the legacy of colonial harm, people who are Indigenous are grossly overrepresented in correctional centres in Canada, as are people who use drugs .[7]

More than 50% of PWAI in Canada report a history of drug use, and more than 75% of PWID in Canada have a history of incarceration.[8]

Given the close relationship between imprisonment, injection drug use, and HCV, PWAI and living with HCV are likely one of the most marginalized patient groups affected by HCV, and less likely to access health services in any other setting. They also face higher risk of HCV infection, occurring both in prison and in the community following release.[9]

> "I was really surprised that peoples' well-being didn't mean anything.
>
> *- A.M., Nova Scotia*

Current State

Correctional services in Canada are operated by both the federal and provincial/territorial (P/T) governments. Sentences of two years or more are served in institutions run by the federal government and those with a sentence of two years less a day fall under P/T jurisdiction. In 2020, the average cross-sectional population size was 14,022 people in federal prisons and 23,783 adults in P/T correctional centres.[10]

FEDERAL

The Correctional Service of Canada (CSC) runs the 43 federal prisons in Canada and is responsible for all policies related to, and the provision or delivery of, health care in these facilities.

In federal prisons, HCV testing is universally offered upon admission and is supposed to be available on demand. If diagnosed with chronic HCV, DAA treatment is available, regardless of disease stage.

For prevention, as of 2021, Needle and Syringe Programs (NSP) have been implemented in nine institutions, and an Overdose Prevention Site (OPS) has been implemented in one institution. Opioid Agonist Therapy (OAT) is available in all institutions, though many have substantial waitlists and eligibility is not universal.[11]

> **It's like a McDonald's drive-thru.** Whether that's the nurse or the doctor, they're not really giving you much time, or it just seems like they're not really that concerned or interested. And I don't know if that has to do with the stigma around inmates that we're all criminals and we're all bad. Maybe their caseloads are just too much. I don't know, but when I would have issues, I wasn't taken as seriously as I thought I should be.
> *- E.C., Alberta*

CSC could be well-positioned to achieve HCV elimination in people incarcerated within federal Canadian correctional institutions by 2030, with best practices such as universal HCV screening, universal access to treatment, and some harm reduction services available.[8]

Few PWAI Using Flawed Needle Exchange Program[12]

- An October 2020 report commissioned by CSC found flaws in the federal PNSP.
- Only four of the nine prisons that implemented the PNSP had people enrolled at the time of the report, with just 42 people participating in the program.
- The report stated that low uptake needs to be investigated in order to identify barriers that might prevent participation. A lack of anonymity for participants was identified as a barrier to program participation. Participants in the program reported being subject to negative and stigmatizing remarks from correctional staff.
- The model adopted by CSC involves the program being implemented in part by guards, which compromises participant confidentiality. This reduces the program's effectiveness.

PROVINCIAL/TERRITORIAL

In each province and territory, the Ministry for Public Safety and Solicitor General (or equivalent) is responsible for corrections and runs all provincial and territorial prisons.

For prevention, there are zero prison-based needle and syringe programs.[13]

Only 46% of provincial prisons offer universal HCV screening, either opt-out or opt-in, despite national and international recommendations to screen all people who experience incarceration for HCV.[13]

The table below shows the results of a 2020 survey to determine HCV services in P/T correctional institutions.

> **We're not dogs.** We're not just a number. We're human beings and our health needs to be taken seriously. We know our bodies more than anybody else. If we say something's wrong, 99.9% of the time, something is wrong.
> *- A.M., Nova Scotia*

> There were no referrals made to healthcare in the community. Any care I received was care I sought out myself.
> *- G.Y., British Columbia*

The same standard of health care is not available to people in correctional centres as in the community in any province, and significant disparities in HCV care exist across provincial correctional centres. HCV elimination is unlikely to occur in the Canadian provincial/territorial prison system by 2030.[13]

Table 1. HCV Ministerial responsibility, testing, treatment, and prevention access in provincial/territorial corrections [13]

Province	Ministry of Health responsible for health care?	Offering Universal HCV testing?	Providing HCV treatment?	Providing HCV treatment without restrictions?	OAT available?	NSP available?
Alberta	Yes	100%	25%	No	100%	No
British Columbia	Yes	60%	100%	90%	100%	No
Manitoba	No	29%	57%	No	57%	No
New Brunswick	No	50%	No	No	100%	No
Newfoundland & Labrador	Yes	67%	No	No	67%	No
Nova Scotia	Yes	67%	33%	33%	33%	No
Ontario	No	N/A	N/A	N/A	N/A	No
Prince Edward Island	No	100%	100%	100%	50%	No
Quebec	Partially	12%	56%	56%	88%	No
Saskatchewan	No	17%	67%	67%	83%	No

Colour code: 80-100% | 40-79% | 0-39%

Recommendations: Overarching Guidelines

Health care in correctional settings should be:

- an equivalent standard of care to what is available in the community, including harm reduction services
- person-centred
- trauma-informed
- culturally safe
- informed by people with lived experience
- run by peers (where available and applicable)

"I made a choice that put me in jail, but I didn't deserve to be treated like a beast when I was in there. It brought a lot of shame into my world.
- Michelle, Ontario

Furthermore:

- Evidence supports moving health care in provincial/ territorial correctional settings to the Ministry of Health, both for better healthcare outcomes in corrections and better linkage to care post-release.[8, 13]

- Discharge planning that makes linkages to support in the community is also shown to improve both engagement and retention in health care.[14] Discharge planning should begin at admission.

This report includes specific recommendations for both federal and provincial/territorial governments.

Those recommendations should be considered within the context of these recommended overarching guidelines.

Recommendations: Federal

1. Implement Prison Needle Syringe Programs (PNSP) across all correctional centres using a model with multiple distribution channels for accessibility and anonymity.
2. Implement Overdose Prevention Sites (OPS) across all correctional centres.
3. Improve accessibility and acceptability of Opioid Agonist Therapy (OAT) across all correctional centres.
4. Review policies and implement training and education to promote health promotion and harm reduction, including HCV and other STBBIs, for both PWAI and staff.
5. Improve discharge planning to include linkage with community resources including health care.
6. Develop pan-Canadian guidelines for STBBI testing that could be applied in correctional settings.

> They need to make everybody aware that there is treatment for Hep C, with no side effects to be honest with you, none whatsoever. None for me anyway, I was fine. A lot of guys don't know there's treatment there. They don't know. **They don't know you can take the pill for 8-12 weeks and you're good.** They don't know that, and so they need to know that.
> *- Richard, Ontario*

ALTERNATE MODELS OF PNSPS

PHAC's own reviews (1999, 2006) confirmed not only the health benefits of PNSPs for prisoners but that PNSPs "can enhance the occupational health and safety for CSC staff." They found that with respect to institutional security and safety, PNSPs do not result in syringes being used as weapons, increased violence, increased needle-stick injuries, or increased drug use.[15]

The evidence does not support the model currently implemented at CSC and the security measures taken at the cost of participant anonymity and program accessibility are unwarranted. Evidence suggests that an alternate model from the options below, paired with increased education for CSC staff and developed in consultation with both staff and prisoners, would be more effective.

Barriers to participation in CSC's PNSP:[12]

- Lack of anonymity for participants
- Negative and stigmatizing remarks from correctional staff
- Tension between security and health aspects of the program

Evidence-based alternatives from the 60+ PNSPs operating around the world for more than two decades:[15]

- **Distribution by dispensing machines:** high accessibility and anonymity when placed discreetly and not under surveillance.
- **Distribution by trained peers:** high accessibility, anonymity with prison staff, allows for information and education.
- **Distribution by NGOs or external personnel:** high anonymity with prison staff, high level of counselling possible, facilitates connections within community for continuity of care after release, potentially limited accessibility.
- **Distribution by prison health services:** high level of counselling possible, limited accessibility, lower anonymity.

Recommendations: Provincial/Territorial

1. Transfer healthcare responsibility to Ministry of Health (where not yet done).
2. Improve accessibility and acceptability of Opioid Agonist Therapy (OAT) across all correctional centres.
3. Implement Prison Needle Syringe Programs (PNSP) across all correctional centres using a model with multiple distribution channels for accessibility and anonymity. *This could be complemented by a suite of harm reduction services that mirror what is available in the community, including OPS.*
4. Offer universal STBBI testing to everyone admitted in all correctional centres, with informed consent, within 72 hours of admission.
5. Offer treatment to everyone diagnosed with chronic HCV and a reflex referral to community-based supports, with consent, for continuity of care regardless of length of stay.
6. Improve discharge planning to include linkage with community resources including healthcare.

> "I'd love to see more testing available in prison. So many people I know don't access healthcare in the community and the only healthcare they receive is while they're in prison. Often people face multiple barriers in the community like drug use, mental illness and are often in survival mode and healthcare isn't a priority. I'd like to see the healthcare of incarcerated folk be more prioritized as it's a perfect opportunity to test and start treatment.
> *- G.Y., British Columbia*

> "Oh, God, yeah. If I had been offered Hep C treatment inside, I would've done it for sure. That would have been the perfect time.
> *- Molly, Nova Scotia*

Barriers:	Solutions:
OAT prescribing varies significantly between correctional centres in the same jurisdiction, representing inequitable access.[16]	OAT access should be universally available across all P/T correctional centres and tailored to patient population.[16, 17]
Competing priorities at release and an absence of routine discharge planning make linkage to care difficult.[17]	Transfer responsibility of healthcare to Ministries of Health to assist in retention in care after release.[8, 13] Navigators, or mobile phone-based apps and text messaging also known as mHealth, could improve linkage to care after release.[8]
A knowledge gap among PWAI regarding HCV and the testing to treatment journey leads to low uptake.[3]	Increased health promotion/ counselling for PWAI could increase HCV testing and treatment uptake.[3, 17] Patient navigators could assist with testing and treatment participation.[3]
High turnover/short stays interrupt the continuity of care and present a challenge for the completion of a course of HCV treatment.[17]	Universal HCV testing within 72 hours of admission improves diagnosis rates and supports entry into HCV care. HCV testing and DAA medication should be available to all PWAI to fulfill legal and moral obligations. However, for some short stays and depending on the PWAI's circumstances, a link to community care for treatment may be best in order to avoid an incomplete course of treatment.[17]

Bright Spot: Switzerland
Successful Prison Needle Syringe Program (PNSP)

Hindelbank Prison in Switzerland is a multi-level women's institution with a PNSP running successfully since 1994 with a high level of institutional and staff support for the program. The aim of the program is to allow women who inject drugs to access sterile injection equipment with anonymity and confidentiality, and an opportunity for prisoners to forge safe and trusting relationships with healthcare staff.[15]

The Model

STAFF EDUCATION

Prior to PNSP implementation, prison staff underwent a full year of training and educational workshops on HIV, HCV, drug use, and other health topics to increase staff knowledge of PNSPs and staff support for the program.

UNIVERSAL OPT-IN

Upon entry, PWAI meet with the nurse who runs the PNSP. The program is explained.

SYRINGES PROVIDED

PWAI who choose to use the program are given a kit with one syringe and five detachable needles.

SYRINGE EXCHANGE VIA DISPENSING MACHINES

Syringe dispensing machines are placed in discrete locations accessible to everyone. Syringes can be exchanged with the nurse or via the machines.

> **About needles in prison: we need them.** This would've never happened to me if they were available and easy to get. It didn't need to happen. It was totally preventable. If there had been clean needles available, I wouldn't have gotten HCV in prison. There are already drugs in prison. This doesn't encourage anything.
>
> *- Steve, Ontario (contracted HCV while in federal prison)*

Bright Spot: British Columbia
Universal STBBI Testing and Improved Linkage to Care

Correctional Health Services (CHS) in British Columbia has been working for two years with BC Centre for Disease Control to develop an STBBI testing and linkage to care policy that is person-centred, trauma-informed, and culturally safe, informed by people with lived experience of incarceration as well as HCV treatment providers and public health experts. Their collaborative development process has resulted in a policy for universal STBBI screening that is expected to both increase the number of people receiving screening and improve the quality of care for STBBIs provided in BC Provincial Correctional Centres. Staggered implementation in BC's ten Provincial Correctional Centres will take place throughout 2022, with ongoing monitoring and evaluation to determine impact.

The Model

UNIVERSAL STBBI TESTING APPOINTMENT

Everyone is scheduled for a health care appointment with a CHS nurse within 72 hours of admission. A full panel of STBBI tests, including HCV, are offered. PWAI can choose which, if any, they want to receive. Consent for Release of Information (ROI) is requested.

TREATMENT IS OFFERED

All PWAI diagnosed with chronic HCV who consent to ROI are referred to a community HCV treatment provider of their choice. Community HCV treatment providers provide telehealth care in collaboration with CHS physicians. The timing of HCV treatment initiation (while in custody or after release) is determined in collaboration between PWAI, HCV treatment providers, and CHS, based on personal circumstances and motivation.

COORDINATION WITH COMMUNITY-BASED CARE

Working with a community-based HCV treatment provider facilitates continuity of care post-release. With ROI consent, additional referrals can also be made automatically for further support post-release, such as to Peer Health Mentoring programs like Unlocking the Gates Services Society.

"Through the process of listening to our patients and staff, as well as looking at the data and speaking to experts, we were able to learn what everyone's needs and preferences are. The new policy avoided creating new rules or reinventing processes that already worked, instead focusing on streamlining and standardizing care. Simplicity is key!

- Dr. Nooshin Nikoo MD, Physician with BC Correctional Health Services

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