

Building Dialogue on Prison Health: Improving Access to Harm Reduction in Federal Prisons

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Basé sur une étude qualitative effectuée auprès d'anciens prisonniers fédéraux en Ontario et de professionnels clés de la santé et de la communauté partout à travers le pays, ce commentaire cherche à établir un dialogue avec Service correctionnel Canada sur une mesure essentielle de réduction de risque en prison, notamment, les programmes d'aiguilles et de seringues en prison (PASP). Les participants ont élucidé les problèmes et défis principaux liés à l'implantation des PASP, citant les agents correctionnels et le syndicat qui les représente comme obstacles centraux. Puisqu'ils sont les travailleurs de première ligne dans le contexte carcéral et entrent le plus souvent en contact avec les prisonniers, les agents correctionnels jouent un rôle important dans la réussite de ces programmes indispensables. Mais malgré plus de vingt ans d'évaluations internationales qui ont démontré l'efficacité des PASP dans l'amélioration de la sécurité au travail, les agents correctionnels et les services carcéraux résistent toujours.

Mots clés : consommation de drogues, pénitenciers fédéraux, agent correctionnel, réduction du risque, programmes d'aiguilles et de seringues en prison

Drawing on a qualitative study with former federal prisoners in Ontario and key medical and community professionals from across the country, this commentary aims to build dialogue with the Correctional Service Canada on an essential harm reduction measure in prison, namely, prison needle and

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syringe programs (PNSPs). Research participants elucidated the main issues and challenges related to the implementation of PNSPs, listing correctional officers and the union that represents them as a central barrier. As the primary front-line workers in the prison setting and the staff with whom prisoners have the most frequent contact, correctional officers play a significant role in the success or failure of these indispensable programs. Yet despite the more than two decades of international evaluations that have demonstrated PNSP effectiveness in improving staff occupational safety, correctional officers and prison services remain resistant.

Keywords: drug use, federal prison, correctional officers, harm reduction, prison needle and syringe programs

The past decade of tough-on-crime legislation has led to troubling changes with regard to prisoners' health and safety, as well as the working conditions of those employed within the federal prison system. Longer and mandatory minimum prison sentences; fewer options for alternatives to incarceration, conditional release, and parole; and a lack of meaningful activities and programs in which prisoners can engage have contributed to increases in overcrowding, prison violence, and use of force by correctional officers (Crewe 2006; OCI 2013b, 2016; Zinger 2016). Those incarcerated within the federal system comprise a marginalized population, with the majority requiring mental health supports (Chu and Elliott 2009; OCI 2013a, 2013b; Beaudette, Power, and Stewart 2015). Many also deal with various drug and alcohol dependencies, both before and during their period of confinement. Almost two thirds of men had been using drugs when they committed the offence that led to their federal sentence, and 80% were identified as having a substance use problem upon prison entry (OCI 2014). Regarding women in prison, one quarter are serving time for a drug-related offence (Public Safety Canada 2015).

Basic harm reduction tools and programs have been available in federal prisons for years, including condoms, lubricant, and dental dams for sexual activities,¹ bleach to disinfect injection supplies,² and opioid substitution therapy and drug treatment programming.³ Access, however, is inadequate, and each of these options has accompanying limitations that diminish their effectiveness (see Lines 2002; Betteridge and Dias 2007; Matheson, Doherty, and Grant 2008; Zakaria et al. 2010; White 2017). A key harm reduction program not yet available is prison needle and syringe programs (PNSPs), despite the fact that injection drug use is both a frequent occurrence and a major contributing factor to exceptionally high rates of HIV and hepatitis C virus (HCV) among prisoners

(Zou, Tepper, and Giulivi 2001; Zakaria et al. 2010; PHAC 2014; Trubnikov, Yan, and Archibald 2014; Kouyoumdjian et al. 2016).

In addition to tough-on-crime policies, the ongoing “war on drugs” – which prioritizes criminalization and interdiction over rehabilitation and public health – has contributed to a federal correctional system that is in dire need of transformation, especially for prisoners who require drug-related harm reduction. Greater access to such programs can improve health and safety for prisoners and prison staff. In this commentary, we consider a specific prison health issue (injection drug use) and a corresponding health care service (PNSPs) to initiate dialogue about how to improve access to and implementation of harm reduction programs. We draw on a qualitative study with former prisoners in Ontario and key medical and community professionals from across the country who provide support to incarcerated populations. In doing so, we aim to elucidate some of the main issues and challenges related to improving prisoners’ health as well as staff occupational safety.

Given the two decades of empirical evidence on PNSPs in various international penal contexts – research that has found these programs to reduce needle sharing, overdoses, abscesses, and both HIV and HCV transmission while not compromising prison security or contributing to institutional violence (Dolan, Rutter, and Wodak 2003; Stöver and Nelles 2003; Lines et al. 2006) – the goal of our study was to determine which PNSP model or approach currently employed would be most supported by prisoners in Canada (see UNODC 2014). We wanted to develop recommendations about PNSP implementation, based both on the evidence and on prisoners’ own lived experience of incarceration and knowledge of injection drug use.

The study was developed collaboratively with two organizations that engage in advocacy on issues related to prisoners’ rights and, in the case of the latter, provides services and supports for current and former prisoners in Ontario: Canadian HIV/AIDS Legal Network and Prisoners with HIV/AIDS Support Action Network (PASAN). Approved by the Ryerson University Research Ethics Board, primary data collection occurred in 2014 and 2015 and comprised a series of audio recorded focus groups and interviews with former prisoners in Ontario ($N = 30$), as well as interviews with specifically targeted medical and community professionals from across the country ($N = 10$) (for more information about the research process, participant demographics, recruitment, and data collection, see van der Meulen et al. 2016; Watson and van der Meulen 2018).

Following a deductive analysis process (Hyde 2000; Gilgun 2005) that drew on the research team's knowledge of in-prison injection drug use, blood-borne virus transmission, and prisoners' rights as developed through their professional and advocacy work, we uncovered several salient themes in the verbatim transcripts. Participants shared important insights about PNSP best practices for prisoner uptake (see van der Meulen, Watson, and De Shalit 2017) and spoke candidly about the scope and frequency of injection drug use in prison (see van der Meulen 2017). They also discussed gender and racial considerations with regard to drug policy and carceral experiences (see van der Meulen, De Shalit, and Chu 2018) and, as this commentary explores, challenges to implementing PNSPs specifically and to prison-based harm reduction more generally. Importantly, the challenges participants identified were systemic, multi-faceted, and multi-level, comprising various agencies, institutions, individuals, and procedures, including the Correctional Service Canada (CSC), its policies regarding drugs in prison, and its adherence to federal anti-drug legislation; wardens or institutional heads who exercise control over the management and functioning of prisons; and prison staff, especially correctional officers, who are opposed to administering or supporting harm reduction programs. In what follows, we focus specifically on correctional officers. As the primary front-line workers in the prison setting, and as the staff with whom prisoners have the most frequent contact, correctional officers play a significant role in the success or failure of programs such as PNSPs. Our aim here is to initiate dialogue with correctional service personnel to advance prisoners' health and human rights while also improving employee workplace safety.

Officially designated as "peace officers," correctional officers' primary responsibility is to maintain safety and security within the institution, having corresponding powers to use force to prevent incidents that may compromise security, such as stopping a prisoner from escaping or suppressing a riot (CSC 1992, 2017). As noted by CSC (2004), the work environment within federal prisons can be challenging and can include "interaction with an offender population that may have extensive histories of violence and violent crimes; previous convictions; affiliations with gangs and organized crime; higher rates of infectious diseases; serious substance abuse histories; and serious mental health disorders." Despite the references to infectious disease and substance use, however, the CSC (2015a) Commissioner's Directive 800 on health services is silent on the issue of officers' responsibility for the promotion of prisoners' health, including the prevention of disease transmission. Detaching correctional officers from health services can have

negative consequences for prisoners' access to essential harm reduction measures. Godin and colleagues (2001), in their research on Quebec federal and provincial prison officers' views of HIV prevention tools such as sterile injection equipment, for example, found that a key factor in officers' reluctance to provide access to these tools was their lack of understanding or feeling of moral obligation that doing so was part of their workplace responsibilities.

Across our interviews and focus groups, many study participants discussed the antagonism between officers and prisoners, especially the perception that officers have little compassion for prisoners' health and well-being. Participants expressed the following:

Some guards just don't give a shit. They don't care about the prisoners, you know what I mean? (Indigenous outreach worker, Southern Ontario)

Most guards who work in a prison have real raunchy attitudes. . . . It's about safety and security, it's not about rehabilitation when it comes down to a guard or man in uniform, or a woman, right? (Indigenous prison in-reach and community harm reduction worker, Southern Ontario)

Other comments, however, were somewhat more tempered, acknowledging a diversity of experiences with officers:

There are some officers that are really good and receptive to the idea and look at these people as being saved . . . more safety conscious like that. But I can see that there are always one or two that are going to be against the program [PNSPs], so they are going to be probably resistant to try to approach it properly. (Former prisoner, interview #10)

Overwhelmingly, participants saw correctional officers as a key barrier to the implementation of PNSPs in Canada, with many articulating a certain fatalism about the possibility of changing officers' perspectives:

There's no way, I don't think, to get them on board. Basically, it would have to come from above them, it would have to come from Corrections Canada saying, "No, this is happening. If you don't like it, find another job." (Former prisoner, interview #3)

There are always going to be a few that are going to bust the system, that are very righteous individuals who are set in their ways. Like, it doesn't matter if the Lord himself walks down there,

they are not going to change their mindset – not you or I or anybody, not if it works a thousand percent or better. But . . . all you can do is try. (Former prisoner, interview #10)

It will be staff, you know, staff not wanting it, resisting it. It's going to be staff. A CSC staff thing. (Prison in-reach worker, Southern Ontario)

A narrow focus on prison security has meant some officers fear that PNSPs undermine their responsibility to maintain safety and security, with some expressing concern that supporting harm reduction could be seen as condoning drug use (see, e.g., Miller 2006). According to Stöver and Hariga (2016), prison staff are usually trained to see abstinence as the only goal of drug treatment programs. One of the community professionals in our study agreed: “They are scared that [PNSPs] will increase use . . . and that’s not the case. They just need to be educated that this is the way to go so that everybody is safe” (Prison in-reach worker, Southern Ontario). Several participants further indicated that correctional officers often overlook the fact that prison-based harm reduction not only promotes prisoner health but also improves workplace safety for staff, particularly when it comes to accidental needle stick incidents (see Lines et al. 2005). One of the prison physicians in the study noted that “if you had a needle exchange program it would seem like you would be less motivated to hide your needles” (Prison physician and infectious disease specialist, Eastern Ontario).

As Michel (2016) observed, prison staff are often insufficiently trained in harm reduction and consequently relegate harm reduction interventions in prison to secondary importance. An understanding of drug use as a security issue and moral failure rather than a health concern may lead correctional officers to view infection as the inevitable consequence of breaking prison rules. Beyond training on PNSPs specifically, participants stressed the importance of correctional officers being more broadly educated on drug use and drug dependence, suggesting they should “have education that is mandated on injection drug use, as well as maybe speaking to somebody who has been a drug user . . . understand the actual nature of addiction, not the perceived moral issue” (Prison in-reach worker and former prisoner, Northern Ontario).

Perceiving prisoners as untrustworthy, likely to misuse harm reduction equipment, and likely to ultimately engage in violence also leads to the conclusion that the provision of sterile injection equipment poses an intolerable risk to staff (see, e.g., Watson 2014b). One purveyor of this

perspective is the Union of Canadian Correctional Officers (UCCO), which represents over 7,400 federal correctional officers across the country. Representatives of the UCCO regularly comment on correctional policy to politicians and in the media, including on the issue of PNSPs. Union president Jason Godin has stated, for example, that scholars and prisoner rights advocates working to improve prisoner health through PNSP implementation are “completely out of touch with reality” (quoted in Ferguson 2017). In response to news of a lawsuit launched in part by the organizations involved in the present study, Godin responded, “These people don’t have any understanding of what our community is like behind the walls,” suggesting that a PNSP would be “more dangerous for inmates and staff,” as it would be “introducing a potential weapon,” and prisoners would abuse or take advantage of the program (quoted in Ferguson 2017). Yet, in over 20 years of functioning PNSPs in other jurisdictions, including in maximum security prisons that have high levels of institutional violence and are significantly overcrowded, there has not been a recorded incident of a needle being used as a weapon against staff or other prisoners. Nevertheless, this premise has been echoed by previous ministers of public safety, who have likewise expressed the same concern (Watson 2014a; Iafrate 2015).

In an environment where the correctional officers’ union is a vocal opponent to prison harm reduction, individual officers can feel pressure to conform to union views – pressure that is not limited to officers and can extend to wardens and other administrative staff. Several respondents underscored the power of the union in affecting correctional policy and programming:

If you don’t get buy-in from CSC and the guards union, we’re screwed. (Prison in-reach worker, British Columbia)

You need to educate them, get to the union. (Indigenous prison in-reach and community harm reduction worker, Southern Ontario)

Once you get the head of the unions to buy into it – it doesn’t have to be every member – once you get the head of the union, the top dog, to buy into it, then that will trickle down. (Prison in-reach worker, Eastern Ontario)

A seemingly intransigent workforce can change, however. In Germany, where the government abolished several PNSPs after years of evidence of the programs’ success, prison staff were among the most vocal critics of the government’s decision and lobbied to have the programs reinstated (Lines et al. 2006). At Hindelbank prison in Switzerland,

prison staff underwent a full year of training and educational workshops on HIV, HCV, drug use, and other health topics to increase their knowledge of PNSPs before implementation. When the PNSP was finally introduced, correctional officers had some apprehension but were not resistant, and there has been a high level of staff support for the program ever since (van der Meulen et al. 2016). When members of the study's research team travelled to Switzerland to meet with staff at Hindelbank and two other prisons with functioning PNSPs, all of the prison personnel with whom we spoke were highly supportive of the programs, including the warden of the most overcrowded prison in the country. Some of the officers went so far as to say they would never work at a prison that did not have a PNSP, as they would fear accidental needle stick incidents from hidden syringes, as well as other related issues. A collation of available information on PNSPs corroborates these examples and similarly finds that prison staff in Switzerland, Germany, and Spain have indicated a high level of acceptance for the programs (Dolan et al. 2003).

To shift correctional officer perspectives in Canada, one participant suggested that "if you could get correctional workers from jurisdictions that have implemented PNSPs and have a knowledge exchange session between them, that might actually make a difference" (Prison doctor and infectious disease specialist, Eastern Ontario). This was echoed by another: "Have some of the union fellows attend to explain it to them. You can demonstrate that anywhere it's been implemented, those fears have been there. Other staff in other countries have had the same fears and concerns, but they've been unfounded. If we could make them understand that this is not something to be feared, then we would be a lot farther" (Prison in-reach worker, Eastern Ontario).

Barring support from within the correctional system, it is critical for the federal government to uphold its commitment to a "comprehensive, collaborative, compassionate and evidence-based approach to drug policy" (Government of Canada 2016), which includes harm reduction, by implementing PNSPs in consultation with correctional staff, people in prison, and others. While a lawsuit is currently under way to compel CSC to implement PNSPs as a matter of prisoners' constitutional rights to security of the person and equal treatment before and under the law, the federal government need not continue to defend its ongoing failure to provide prisoners with an essential health measure. Such actions are not in line with the Canadian Charter of Rights and Freedoms, the government's stated approach to drug policy and harm reduction, or international law, such as the recently adopted UN Mandela Rules,

which stipulate that prisoners enjoy the same standards of health care available in the community and be entitled to continuity of treatment and care, including for infectious diseases and drug dependence (United Nations General Assembly 2016). Lessons from other jurisdictions with functioning PNSPs are doubtless applicable in Canada: Although the challenges to PNSP implementation arising from the resistance of correctional staff are considerable, they are not insurmountable. With education and training about the manifold benefits of PNSPs, including for workplace health and safety, misconceptions about these programs can be addressed, concerns can be eased, and staff can eventually become their champions.

Notes

- 1 The Correctional Service Canada's (CSC) (2015a) Commissioner's Directive 800 states that harm reduction supplies such as condoms, lubricant, and dental dams must be accessible in at least three locations in each prison, plus in all private family visiting units, so that prisoners do not need to make requests from staff members. Some of our participants suggested that this is not always the case in practice: "The nurse said she has condoms. And as soon as I asked for a condom, I was thrown in the hole" (Former prisoner, focus group #1).
- 2 According to the CSC's (2015b) Commissioner's Directive 800-6, bleach is distributed "as a harm reduction measure against the transmission of HIV and other infectious diseases"; however, bleach is considered a substandard health practice by community harm reduction organizations, as it does not kill the hepatitis C virus and is rarely employed in such a way that can eradicate HIV (Betteridge and Dias 2007). Nevertheless, each federal prison is required to have at least three locations where bottles can be refilled so that prisoners do not need to approach staff. In our study, participants indicated that it is common for bleach machines to be empty or broken. One participant noted that when staff are approached for bleach,

they are like, "well, what do you want the bleach for?" ... And they seem to ask questions that they don't really need to because they pretty much know what is going on and what you are using it for. So, it tends to make guys sneak around, and then the sad part of it is you have some who just won't ask for it because they don't want the attention or the extra stress of knowing that they are going to be targeted for cell searches and stuff like that. (Former prisoner, interview #10)

- 3 As per CSC's guidelines on opiate dependence, the correctional service is required to maintain and initiate opioid substitution therapy in the form of methadone or Suboxone upon prison entry. Yet, for some participants, ongoing access to methadone was an issue while in prison: "I've had so many fights over getting my methadone, with the nurses or doctors. Just trying to get your methadone, just trying to get your medication is a big hassle" (Former prisoner, focus group #1). Further, access to opioid substitution therapy is inappropriate for prisoners who are not dependent on opioids and is of limited use for those who are, and there are long wait-lists for treatment (White 2017).

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