

AIDS Calgary believes that prison inmates have the right to maintain their physical and mental health. Inmates should receive appropriate education, harm reduction materials, culture and gender sensitive support and counselling, HIV testing and drug treatment while incarcerated.

These considerations are compiled from the following sources:

1. **Canadian HIV/AIDS Legal Network (www.aidslaw.ca)**
 1. HIV/AIDS in Prisons: Final Report, 1996.
 2. HIV/AIDS in Prisons – Information Sheets, 2001.
 2. **AIDS Calgary Briefing Document #16**
 3. **American Foundation for AIDS Research (www.amfar.org)**
 4. **Canadian AIDS Society (www.cdnaids.ca)**
 5. **United States Centres for Disease Control (www.cdc.gov)**
-

The Situation in Prisons

In Canada's federal prison system the number of reported cases of HIV/AIDS rose from 14 in 1989 to 159 in 1996 and to 217 in 2000. This is likely not totally accurate since many inmates have not disclosed their HIV status and others may not know that they are HIV+. In provincial prisons, the situation is much the same. Overall, it is estimated that the rate of HIV infection is 10 times higher in the prison population than in the general Canadian population.

Why is the HIV+ rate higher in prisons?

Despite the fact that prisons are tightly controlled environments inmates use injection drugs, engage in sex and receive tattoos. At the same time, inmates do not have the same access to clean drug syringes and needles, condoms and dental dams and tattoo needles and ink that unincarcerated people do. In addition, inmates do not have the same access to education (that has a harm reduction component to it), support, counselling, HIV testing and drug treatment as unincarcerated people do. It is these factors combined that contribute to a higher than normal HIV/AIDS infection rate in prisons than in the unincarcerated population.

Why is this increased HIV+ rate a concern to Canadian society?

There is a twofold concern that follows from this discussion:

1. Prison inmates are discriminated against in terms of their ability to prevent HIV infection. This is a serious concern because punishment for a crime should not include an increased risk for HIV infection in addition to incarceration. Inmates lose their right to liberty through incarceration, but they should not lose their right to maintain their physical and mental health.
2. Because prison inmates have an increased HIV infection rate compared to Canadian society in general, when inmates are released into the general population they may pose a threat of infection to the general population. The corollary of this is that if inmates receive appropriate education, harm reduction materials, support, counselling, HIV testing and drug treatment, they pose less of a health risk to the rest of Canadian society once they are released.

Why is a comprehensive approach essential?

In 1996 CAS and HIV/AIDS Legal Network joined with numerous other international AIDS organizations to call for a comprehensive approach to addressing HIV/AIDS in prisons. The most significant recommendations are:

1. Create and implement education programs with a harm reduction component with the cooperation of inmates. Have inmates actually administer the programs to other inmates as the presence of this common ground facilitates more effective reception of the educative message. Continue this education past the inmates' release dates.
2. Provide inmates with clean needles, bleach, condoms, dental dams and lubricant. The condoms, dental dams and lubricant should be available to the inmates without having to request them, as stigma attached with prison sexual activity may prevent some inmates from obtaining protection if they are required to request it.

Along with the provision of these harm reduction tools to the inmates, the same message of harm reduction must be communicated to the public, namely we must take a realistic view of the situation in prisons rather than ignoring the high risk activities of the inmates or trying in vain to eliminate them. This realistic view includes incorporating the same harm reduction principles into prisons that should be incorporated into mainstream Canadian society. To combat public misperception that provision of such harm reduction tools promotes high risk behaviour, prisons can implement pilot harm reduction projects on a trial basis and evaluate their success after one year.

3. Provide inmates with voluntary and anonymous on site HIV testing including pre-and post-testing support and counselling.
4. Provide inmates with access to drug treatment and rehabilitation programs.
5. Because such a high percentage of the prison population is aboriginal, education, support, counselling and drug treatment must not be provided in a homogenous manner to the entire prison population. Rather, special initiatives should be taken to recognize and address the unique cultural values of aboriginals in the provision of education, support, counselling and drug treatment.

In addition, because women inmates have different experiences and risk factors than male inmates, they too should have education support, counselling and drug treatment tailored to their specific realities.

6. Do not segregate HIV+ inmates as this does not prevent the spread of HIV and unless HIV testing for inmates is mandatory (which will likely not be constitutional) segregation can cause a false sense of security among inmates and may even lead to an increase in transmission.