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## Health care problems in prisons

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The principle that prisoners are entitled to the same level of health care as that provided in the wider community is accepted in enlightened society and within enlightened prison systems.<sup>1</sup> Ruth Elwood Martin<sup>2</sup> (page 637) documented the number of female inmates at a BC institution who would be willing to undergo Papanicolaou smear screening if the test was offered. Her results raise a disturbing issue with respect to the population that she studied, one that has wider implications for prison health care at both provincial and federal institutions. Martin found that 75 of the 100 women who responded to her survey at the time of their entry to the Burnaby Correctional Centre for Women (BCCW) (in February and March 1998) would accept Pap smear screening for cervical neoplasia if it was offered. However, a 1995 study at the same institution found that only 15% of inmates actually

received such screening while incarcerated.<sup>3</sup> Martin's data indicate that most prisoners at BCCW have been convicted of drug-related crimes; she points out that female inmates are at greater risk for cervical dysplasia than the general population and, furthermore, that chaotic lifestyles and drug use outside prison usually result in limited contact with the health care system. Thus, a period of incarceration may be the only opportunity for these women to benefit from screening and treatment programs. Martin's study suggests that the level of medical care in prisons, at least in this instance, is failing to meet community standards.

Screening for disease and provision of adequate treatment programs in short-term detention facilities (i.e., provincial jails), which have high turnover rates, is difficult although possible, if these programs are integrated with community services. Because periods of stay are longer in

federal penitentiaries, these institutions should be able to do better. Unfortunately, the same problems exist at the federal level.<sup>4</sup>

Many prisoners in both provincial jails and federal prisons across Canada come from marginalized sectors of society. Many also originate in countries where there is inadequate health care and high rates of diseases such as hepatitis, HIV and tuberculosis. In 1998, 32% of occupants of federal institutions in Ontario were born outside Canada (about twice the national average for the general population), and the number from countries with high rates of diseases such as hepatitis, HIV and tuberculosis was about 19%, well above the rate for the Canadian population as a whole. A 1998 study by the Queen's University Prison Study Group<sup>4</sup> showed that 37.4% of the inmates at one federal penitentiary had used drugs by injection, with 73% of them testing positive for hepatitis C; earlier studies showed that the prevalence of hepatitis C was 40% in a prison for women<sup>5</sup> and 28% in a prison for men.<sup>6</sup> The 1998 study showed that in the same prison for men the rate of infection with hepatitis C had risen to 33%.<sup>4</sup> Rates of positive results for tuberculosis skin tests of 21% to 23% have been reported,<sup>7</sup> and rates of HIV infection are well in excess of those for the general population.<sup>4</sup> Thus, for some diseases, we are looking at levels usually found in developing countries.

Prison administrations have not only an opportunity but a moral duty to address the health care issues of a population that might otherwise not access the health care system until their problems are well advanced. Injection drug users are especially unlikely to access health care outside prison, and incarceration may be the only opportunity to address their addiction and their other health problems.<sup>8</sup> At the BCCW, a primarily short-term detention facility, a high proportion of inmates are injection drug users. These people often serve several sentences in such facilities before committing more serious offences and being incarcerated in the federal detention system.

There is little evidence that Correctional Service Canada is making any serious effort to provide treatment to any drug users, whether they take drugs by injection or other means. Drug rehabilitation programs are inadequate or nonexistent, and, on the whole, methadone is available only for heroin addicts who were enrolled in methadone programs before imprisonment. The physician who attempts to provide appropriate treatment often meets with resistance from prison authorities. Failure to address the addiction makes treatment of HIV or hepatitis C difficult, given that compliance with therapy is linked to treatment of the addiction.<sup>9</sup> Inadequate treatment of HIV may lead to resistant forms of the virus in an environment where sharing of injection equipment facilitates the spread of infection.

Failure to provide adequate screening<sup>3</sup> and failure to provide timely treatment may increase the burden of ill health later on and may also increase the costs to the health

care system. Transmissible diseases that spread in prisons and that are left undetected or untreated will ultimately spread to the community.<sup>10</sup>

Certainly, improved medical care for prisoners in Canada is a humane course of action, but it will also serve the best interests of society as a whole.<sup>11</sup> At present there is clear evidence that prison authorities are failing in their responsibilities. The 1994 report of the Expert Committee on AIDS in Prisons,<sup>12</sup> commissioned by Correctional Service Canada, recommended treatment of drug addicts and control of the spread of HIV in prisons. In the subsequent 5 years, very few of these recommendations have been implemented. This situation may be due to lack of funding, lack of political will or public indifference, but most likely a combination of all 3 of these factors. The broad issue of health care in prisons is too important to be left to prison administrators. We need rigorous national standards for accreditation of health care facilities in prisons,<sup>13</sup> adequate funding to allow those standards to be met and supervisory bodies (independent of prison authorities) at both the provincial and the federal levels to ensure compliance.

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