Is Harm Reduction Possible in Prison?
THE PROBLEM

- More than 2.2 million people incarcerated\(^1\)

- Higher likelihood of past risk behavior for hepatitis C (HCV) and HIV
  - Drug offenders = 16% (210,200 inmates) of the total state prison population in 2012 in US.\(^2\)
  - ~24% of state prison inmates have history of IDU \(^3\)
  - ~17% of State and 18% of Federal prisoners committed crime to obtain money for drugs
  - Other risks = tattoos, unprotected sex

- CDC:
  - HIV rates: <0.5% general pop vs. 1.4% corrections
  - HCV rates: 1-2% general pop vs. 12-35% corrections (recent estimate 17.4%)

Zero-tolerance policies are the norm for drug use, sexual behavior, and tattooing in prison.

- Possible consequences include, but are not limited to:
  - Infraction
  - Revocation of normal privileges (i.e., loss of good time, access to commissary, exercise privileges, visitation)
  - Segregation/isolation
  - Additional charges/time added to sentence
  - Change in security classification
  - Change of facility
  - Social consequences/conflict with other inmates

- Other barriers to HR in prisons/jails may include prioritization of security over public health, political aversion, short-term cost, staff and inmate safety concerns, lack of understanding of/buy-in to harm reduction, etc.

We know that these behaviors persist despite these policies and that disease transmission occurs in prison.\(^5\)

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Syringe Exchange

At least 11 Countries with Prison Syringe Exchange:

- Switzerland
- Belarus
- Germany
- Armenia
- Spain
- Luxembourg
- Moldova
- Iran
- Portugal
- Romania
- Kyrgyzstan

These programs operate in men’s and women’s institutions of all security classifications and all sizes.

Programs utilize:

- Hand-to-hand exchange by nurses and/or the prison physician
- One-for-one automated syringe dispensing machines
- Distribution by prisoners trained as peer outreach workers
- Distribution by external NGOs or other health professionals

These programs are shown to:

- Reduce cases of HIV or HCV
- Decrease fatal and non-fatal heroin overdoses
- Decrease in abscesses and other injection-related infections
- Facilitate referral of users to drug dependence treatment programs

They are shown not to lead to increased drug use or injecting, and needles are not used as weapons.

Condom Distribution

- **Condom distribution** is not common in US prisons or jails, but is more accepted in other parts of the world.

- **Results of condom distribution programs are positive:**
  - Supported by inmates and correctional staff
  - No operational or security problems
  - Replicable in many places
  - Low-cost

According to a report by the Harm Reduction Prison Coalition of AIDS Foundation Chicago:

Five cities or counties have condom distribution programs in their jails: Los Angeles, New York, Philadelphia, San Francisco, and Washington DC.

Two states, Vermont and Mississippi, have condom distribution programs in their prisons.

TATTOO PROGRAMS

In 2005, Correctional Service Canada ran first safe tattooing program:

- 6 Facilities, one tattoo room in each facility
- Trained inmate artists provided 324 prisoners tattoos over 12 months
- Educational component at each intake facility and again at main facility
- Program ended after 1 year (planned for 2 years)

This program was shown to: 10, 11

- **Reduce** the cost of a prison tattoo, making it easier to make the sterile choice.
- **Reduce** contraband and increase staff perceptions of safety
- **Enhance** the knowledge of prisoners and staff
- **Provide** employment training skills to artists

The program “had high potential to reduce harm, reduce exposure to health risks and to enhance health and safety for prisoner, correctional staff and visitors,” and the Chief Public Health Officer of Canada, Dr. David Butler-Jones indicated it wasn’t given enough time to work. 10, 11

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So is Harm Reduction Possible in Prisons?

YES

So what can we do?

Advocate
Study and Build Evidence
Build relationships with champions
Meet professionals where they’re at
Empower and educate people in prison
One Example: Project SHIELD

- **Self-Help In Eliminating Life-threatening Diseases** ([www.effectiveinterventions.org](http://www.effectiveinterventions.org))

- 6 Session peer educator training for HIV/HCV risk reduction
  
  - Spread info among social networks
  
  - Drug and sex related risk reduction techniques, peer communication and leadership skills

- Safer injection and safer sex demonstrations allowed in facilities

- Keys to success include persistence over several years following pilot, administrator buy-in, and an insider champion

We can teach harm reduction in prison while we advocate for harm reduction in prison!
Tattoo Risk Ladder

- Getting a tattoo on the street or in prison with a used needle and ink
- Getting a tattoo with a clean needle, but re-using ink
- Using a sterile needle and ink every time you get a tattoo
- Getting tattooed in a licensed tattoo shop
- Not Getting a Tattoo
THE HEPATITIS EDUCATION PROJECT’S WORK IN CORRECTIONS

- Longstanding (10+ years) contract with WA DOC
  - Direct education to offenders in 13 WA DOC Facilities
  - Curriculum includes hepatitis basics, prevention, self-care, treatment, resources, navigating health services

- King County Correctional Facility and Juvenile Detention

- Project SHIELD

- National Hepatitis Corrections Network
  - Resource and info sharing hub for professionals
Thank you!

For more info, please visit:

www.hcvinprison.org
www.hepeducation.org

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