



## Education and other services for the prison context

**RECOMMENDED BEST PRACTICE POLICIES** to increase access to education related to the prevention of human immunodeficiency virus (HIV), hepatitis C (HCV), hepatitis B (HBV), and other pathogens, and to other harm reduction and support for prisoners who use drugs and those soon to be released from federal prisons or provincial correctional facilities (both contexts referred to as “prisons” below):

- Establish and maintain relationships with nearby prisons to develop and deliver in-reach education related to the prevention of HIV, HCV, HBV, and other pathogens
- Develop educational interventions that can be delivered by trained peers
- Provide prisoners with educational interventions in a variety of formats targeted toward reduction of injection-related risk behaviours (e.g., needle and other injection equipment reuse and sharing) associated with pathogen transmission and other drug-related harms
- Involve prisoners wherever possible in the design and evaluation of educational materials to ensure message acceptability, relevance, and comprehension. Tailor education for the populations and prisons served by the program, with special attention to the needs of women and Indigenous prisoners.
- Provide prison staff with educational interventions about harm reduction and basic HIV and HCV information (e.g., transmission)
- Refer prisoners coming up for release and newly released persons to a variety of community-based services including harm reduction programs (with emphasis on overdose prevention education) and other health and social services
- Evaluate and publish any initiatives undertaken

### Key messages

Compared to the general population, prisoners, especially Indigenous prisoners, and people recently released from prison in Canada are at elevated risk for transmission of HIV and HCV. Community-based organizations can provide important outreach or “in-reach” education and prevention information to prisoner populations and correctional staff. While gaining access to prisoner populations can be challenging, we encourage harm reduction programs to be creative and persistent in their efforts to deliver services. There is currently limited research and evaluation of these types of programs.

Evidence shows that drug use, including injection drug use, occurs inside Canadian prisons. Evidence also shows that risk behaviours for transmission of HIV, HCV, HBV, and other pathogens, such as needle sharing and reuse, are common among people who inject drugs during incarceration – yet there are no prison-based needle and syringe programs operating in Canada to offer prisoners access to sterile injecting equipment. Educational programs are longstanding components of prevention and harm reduction services in prisons. Such programs can cover a range of topics, including risks related to injection drug use and overdose prevention, and can be delivered with assistance from community educators, staff, prisoners/peers, or a combination of these groups in the form of one-on-one and group sessions. Across Canada, there are examples of community-based programs that provide in-reach services to prisoners. People recently released from prison are at increased risk of overdose and other harms. Overdose prevention education and provision of naloxone kits and/or referrals to programs offering overdose prevention education and kits are thus important components of education and planning for those exiting prison.