

# Driving the Point Home: A Strategy for Safer Tattooing in Canadian Prisons

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## 1. Background

Tattooing is an art practiced by Canadians from all walks of life. It is also a popular form of personal expression among Canadian prison populations.

While tattooing in the general community is legal, and practiced under sterile conditions that minimize risks of disease transmission, infection, and dermal damage, it is a prohibited practice within Canadian prisons. At present, none of Canada's fourteen prison jurisdictions (federal, provincial, territorial) permit prisoners to engage in tattooing. Those who are caught are subject to sanctions ranging from fines to segregation. These sanctions can negatively affect a prisoner's security rating, institutional placement, transfer applications, temporary absence requests, parole applications, and ultimately release dates.

Institutional prohibitions against tattooing detrimentally affect the health and lives of prisoners and prison staff. Because the practice of tattooing is punished in prisons, the activity necessarily occurs underground. This results in imprisoned tattoo artists and customers being denied access to sterile tattooing equipment, hygienic environments, and the ability to practice without constant fear of detection by prison guards. As tattooing involves breaking the skin with needles, it is an activity that poses a high risk of hepatitis C (HCV), and to a lesser extent HIV, transmission through the sharing and reuse of tattooing equipment (tattoo needles, guns, and inks). This is a cause for concern not just for incarcerated tattoo artists and their customers, but also for correctional services and the Canadian public at large.

This paper examines the issue of tattooing in prison with the objective of formulating recommendations to reduce the risk of disease transmission via unsafe tattooing practices. It was prepared by the Prisoners' HIV/AIDS Support Action Network (PASAN), the Canadian HIV/AIDS Legal Network, and HIV/AIDS Regional Services (HARS). The paper reviews the Canadian and international evidence of prison tattooing and the health risks related to unsafe tattooing practices, the results of consultations with federal prisoners across Canada on the issue, and makes a series of recommendations for implementing tattooing-related harm reduction measures in Canadian federal prisons.

## 2. What do we know about tattooing in prisons?

Tattooing is a popular art form practiced by prisoners in many countries of the world. Despite prohibitions against the activity, research has shown that significant numbers of prisoners continue to give and to receive tattoos while incarcerated.

Several studies have indicated that tattooing activity is common within Canadian prisons. In 1995, the *National Inmate Survey* of the Correctional Service of Canada found that 45% of federal prisoners had received a tattoo in prison.<sup>1</sup> Research conducted in 1998 at Joyceville Penitentiary in Kingston, Ontario by Dr. Peter Ford found that 57% of prisoners had received tattoos both inside and outside prison, and that 11.1% had been tattooed in prison only. Ford found that more than one-third of those who had been tattooed both inside and outside of prison tested positive for HCV.<sup>2</sup> More recently, a 2003

study of federally incarcerated women by the Prisoners' HIV/AIDS Support Action Network found that 27% had been tattooed in prison.<sup>3</sup>

This data is by no means unique to Canada. International studies have shown that tattooing among incarcerated populations is prevalent in many countries.

Tattooing in prison has been studied extensively in Australia, where six studies since 1989 have found that between 11% and 58% of prisoners receive tattoos while in prison.<sup>4</sup> One 1994 study of prisoners in New South Wales found that 40% had received a tattoo while incarcerated, 68% of these sharing tattooing needles.<sup>5</sup> In Ireland, a 2000 study found that almost half of the prisoners surveyed were tattooed, and that a quarter of those (nearly 15% of total study participants) had received a tattoo while incarcerated.<sup>6</sup> The researchers concluded "hepatitis C was more common in those with a tattoo than those without a tattoo". They also concluded that those who had been tattooed in prison were more likely to test hepatitis C positive than those who were tattooed outside of prison.<sup>7</sup>

Other international evidence of tattooing in prison includes studies in the United States [Hull, 1985; 82% of prisoners and Smith, 1991; 24% of prisoners] and in Spain [Martin, 1990; 53% to 91% of prisoners].<sup>8</sup>

### 3. What do we know about the risk of disease transmission via tattooing?

*Despite gaps in our knowledge, there is sufficient evidence to address the two most frequent modes of [HCV] transmission: injecting drug use and tattooing.<sup>9</sup>*

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Conclusive clinical evidence of HCV or HIV transmission via tattooing is elusive. However, there is significant anecdotal evidence of blood borne disease transmission through tattooing (inside and outside prisons), as well as a body of scientific opinion identifying the potential health risk when tattooing occurs in a non-sterile environment.

One of the scientific barriers to demonstrating a clear causal relationship between HIV/HCV transmission and tattooing, particularly among prison populations, is the very high level of injection drug use history among this group. It is therefore difficult to identify conclusively whether the source of infection was tattooing or syringe sharing. However, despite a lack of definitive evidence, the majority of the research concludes that the risk of hepatitis transmission (and to a lesser extent HIV transmission) via tattooing is an issue of concern, and one that demands attention and further study.

While a small number of studies question the transmission of HCV via tattooing, these views are in the minority. Few researchers dispute the conclusion that unsafe tattooing practices pose a risk of disease transmission, and a number offer compelling anecdotal evidence linking tattooing and hepatitis infection both inside and outside of prisons.

Outside of prisons, several studies have examined the link between tattooing and body piercing and the transmission of hepatitis. One of the largest is an Italian study in which researchers investigated several thousand individual cases of hepatitis A, hepatitis B, and non-A, non-B hepatitis to examine the association between infection and various beauty treatments including

ear-piercing and tattooing. Tattooing and ear-piercing were both found to be associated with both HBV non-A, non-B hepatitis infection. The authors conclude, “the role of beauty treatments in transmitting hepatitis B and hepatitis non-A, non-B should not be underestimated.”<sup>10</sup>

Another study providing strong anecdotal evidence is a 2002 Brazilian study which examined 182 people with tattoos to investigate whether there was any association between tattoos and the prevalence of blood-borne diseases including HBV and HCV. The study assessed risk of transmission based upon several factors including number of tattoos, type of tattoo, and conditions under which the tattooing was performed. It found “significant associations” between HBV infection and an increasing number of tattoos, having non-professional tattoos and at least one blood-borne infection, and three tattoos or more and at least one blood-borne infection.<sup>11</sup>

A strong association between hepatitis infection and tattooing was also found in a 1992 Taiwanese study, where researchers examined 213 young men who were not injection drug users. Eighty-seven of them had tattoos while 126 did not. The study found that 12.6% of the tattooed cohort tested HCV positive, as opposed to only 2.4% of the non-tattooed group. Furthermore, the researchers found that an increased risk of HCV seropositivity was linked to an increased number of tattoos, and to those who had been tattooed by non-professionals.<sup>12</sup>

Links between tattooing and HCV infection have also been found by researchers in the U.S.<sup>13</sup>, Japan<sup>14</sup>, Brazil<sup>15</sup>, Nigeria<sup>16</sup>, and the Czech Republic<sup>17</sup>.

Several studies of prison populations have found evidence linking tattooing and transmission of blood-borne diseases. One of the most often cited is a 1993 study conducted in Norway in which researchers monitored 70 newly admitted prisoners over a course of three months, 46% of whom were found to be HCV positive. While the researchers identify injection drug use as the primary indicator of HCV infection, they also conclude that tattooing was a significant risk factor independent of injection drug use.<sup>18</sup>

Compelling evidence for HCV transmission in prisons via tattooing is also provided by two Australian case studies. One documented the case of a prisoner in which the authors conclude that multiple tattoos done in the institution was the probable source of the person’s HCV infection.<sup>19</sup> A similar study examined the case of an Australian prisoner who tested positive for HCV within the clinical incubation period following two tattooing sessions in the prison.<sup>20</sup>

Further prison specific studies include a 1990 Spanish report that found tattooing to be an independent risk factor for HIV infection among a group of 383 male and female prisoners in Madrid.<sup>21</sup> A 2001 U.S. study also found that being tattooed in prison was associated with both HBV and HCV infection.<sup>22</sup>

On the related issue of body piercing, an article reviewing the findings of 12 different studies on the relationship between piercing and hepatitis transmission found,

Eight of the 12 studies identified percutaneous exposure, including body piercing and ear piercing, as a risk factor for viral hepatitis. Six studies found that hepatitis seropositivity was significantly associated with ear piercing. Conclusions indicate that evidence is sufficient to institute public health education along with regulation of the body-piercing industry.<sup>23</sup>

On balance of opinion, it is clear that disease transmission via tattooing (and body piercing) is a cause for concern, particularly when the practice is done in a non-professional environment. Studies conducted both inside and outside of prisons have found evidence linking tattooing with HCV/HBV transmission, and to a lesser extent HIV transmission. Given the high rates of tattooing among prisoners, as detailed in Section 2, this situation clearly calls for an effective prevention strategy in Canadian prisons.

#### 4. Health effects of prohibitionist policies in Canadian prisons

*Purpose: To reduce harm and transfer of infectious diseases in the inmate population and subsequently to the society as a whole. The risk is not only to inmates but to staff as well who, during their normal daily routine run the risk of getting a needle prick through searching activities.*

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Tattoo Pilot Project Proposal (1997)<sup>24</sup>*

Rather than effectively addressing the issue of tattooing, current prohibitions and penalties for tattooing in prison actually increase the risk of unsafe tattooing practices among prisoners, and the risk of injury to prison staff. These risks include:

**Increased risk of HCV/HIV transmission among prisoners** – Because prisoners are denied access to sterile tattooing equipment, they are forced to use (and often reuse) homemade equipment. This situation creates a high risk environment for the transmission of HCV/HIV through the reuse of tattooing equipment, and an increased risk of other infections and dermal damage resulting from the use of substandard tools and inks. The lack of access to a hygienic working environment in which to practice tattooing – and the inability to properly sterilize workspaces and peripheral materials such as towels – also increases the risk of infection and contamination. Because tattooing is illegal in prisons, there is also an increased likelihood of prisoners rushing through the process to minimize the risk of detection. This need to hurry often means that homemade tattooing equipment is not cleaned as thoroughly as possible, and an increased risk of accidental needle stick injury to the tattoo artist.

Because of the current policy, prisoners are also less likely to report tattoo-related health problems to medical staff for fear of being punished. The fear of being reported also means that prisoners are less likely to attend other medical appointments if they have recently received a tattoo, even if it did not result in any health complications.

**Increased risk of HCV/HIV transmission to staff** – Prohibition of tattooing increases the likelihood of accidental needle stick injuries to staff. Tattoo artists are provided no means for safely disposing of contaminated items such as cloths, bandages, needles, and other peripheral items. These often end up being disposed of in standard garbage receptacles, increasing the likelihood of accidental injury to staff (and to other prisoners). Furthermore, because prisoners are forced to hide their tattooing needles and equipment, there is an increased risk of accidental injuries to staff during cell searches.

**Increased risk of HCV/HIV transmission to the public** – Few people stay incarcerated forever. The vast majority of people in prison are released at some point. Therefore, any infections or health problems created during incarceration become issues of community health concern. There is also the risk of prisoners transmitting HCV/HIV through intimate contact at a Private Family Visit.

## 5. Canadian recommendations on tattooing in prison

Numerous Canadian reports address the issue of tattooing in prisons, and call for the provision of safer tattooing measures to prisoners. These include *HIV/AIDS in Prison Systems: A Comprehensive Strategy* [Prisoners with AIDS Support Action Network, 1992]; *Final Report of the Expert Committee on AIDS and Prisons* [Expert Committee on AIDS and Prisons, Correctional Service of Canada, 1994]; *HIV/AIDS and Prisons: Final Report* [Canadian HIV/AIDS Legal Network and the Canadian AIDS Society, 1996]; *HIV/AIDS in the Male-to Female Transsexual/Transgendered Prison Population: A Comprehensive Strategy* [Prisoners' HIV/AIDS Support Action Network, 1999]; *Action on HIV/AIDS and Prisons: Too Little, Too Late – A Report Card* [Canadian HIV/AIDS Legal Network, 2002]; and *Unlocking Our Futures: A National Study on Women, Prisons, HIV, and Hepatitis C* [Prisoners' HIV/AIDS Support Action Network, 2003].

This consensus of expert opinion clearly demonstrates the urgent need for action to address the health risks posed by unsafe tattooing.

## 6. Feedback from prisoners

As part of the research for this report, input was solicited from federal prisoners across Canada. Letters were sent to the Inmate Committees requesting their suggestions on how safer tattooing could best be supported in their institution. Responses were received from 11 prisons.<sup>25</sup> The letter was also published in the newsletter of the Prisoners' HIV/AIDS Support Action Network (PASAN), which is distributed to hundreds of prisoners across the country. Prisoner input was also solicited by the staff of PASAN and HIV/AIDS Regional Services during institutional visits and programs.

Significant consensus emerged from this consultation process, particularly in regards to equipment funding, project management, artist training, and institutional/health policy. Much of this feedback was in keeping with the recommendations contained in *Tattoo Pilot Project: Joyceville Institution Proposal (September 29, 1997)*, which also outlined a model for a prisoner driven safer tattooing project. Both the prisoner feedback and the Joyceville Proposal have been used in formulation of the recommendations in Section 7.

## 7. Recommendations for the Correctional Service of Canada

Based upon the research and the prisoner consultation process, we are making the following recommendations to the Correctional Service of Canada.

### 1. **Tattooing should be decriminalized.**

Institutional penalties for giving or receiving a tattoo must be eliminated. Prohibitions must be removed both for tattoos taking place within an official safer tattooing program, and for those taking place outside of an official program.

### 2. **CSC should authorize the establishment of pilot safer tattooing projects in each of its five administrative regions. Each project should be housed in a specific room in each institution. At least one of the pilot projects should be in a women's institution. CSC should consult with prisoners and community-based organizations in establishing these projects.**

The establishment of safer tattooing projects will enable artists and customers to practice tattooing in a sterile and hygienic environment. Pilot test sites should be established in each CSC administrative region to enable CSC staff and prisoners to develop implementations plans unique to each region. Establishing pilot sites in each region will also help educate staff and prisoners in each region about the safer tattooing project, and promote its benefits. Based upon experience and evaluation of the pilot, each CSC Region Headquarters can expand the availability of the projects into other institutions.

**3. Facilities for safer body piercing should be provided within the pilot projects.**

As discussed in Section 3, body piercing is another activity in prisons that can present a high-risk of blood-borne disease transmission. Therefore, measures to allow safer body piercing should be included within the mandate of the safer tattooing pilot projects.

**4. Inmate Committees in each institution should be authorized to purchase the equipment and materials for the safer tattooing and body piercing projects from their own funds, and be responsible for paying for the ongoing maintenance costs of the equipment.**

The Inmate Committee should be allowed to pay for the purchase and maintenance of the equipment for the project, and tattooing and body piercing materials. This was preferred by prisoners both to create confidence in the program, and to minimize any negative public opinion that might develop were CSC seen to be funding a “tattoo parlour”. Prisoners also expressed confidence that in this manner they need not fear CSC budget cuts, rationing of tattooing and body piercing materials, or the purchase of substandard equipment. The Inmate Committee is the strongest organized body within the prisoner population, and is elected by the prisoners to represent their interests.

**5. Project funding should be sustained by the prisoners obtaining tattoos and body piercing from the project, who themselves pay for tattooing and body piercing services out of their personal savings accounts.**

Once the initial set up costs have been paid by the Inmate Committee, the project would be financially sustained by the prisoner customers paying for the tattoos and body piercing from their own personal savings (a portion of the proceeds of which would go to the individual artist, and a portion to the project itself).

**6. The safer tattoo and body piercing project should consist of the same items as a tattoo and body piercing shop in the community.**

Equipment to be purchased for the project should be consistent with that set out in the federal and provincial guidelines for tattoo and body piercing shops, and with Health Canada’s Infection Control Guidelines.<sup>26</sup>

**7. Tattoo artists should be drawn from the general prisoner population and selected by the Inmate Committee.**

There are many talented tattoo artists in Canadian prisons. These artists, many of whom are already engaged in underground tattooing, should be encouraged to participate as part of a safer tattooing and body piercing project. Several tattoo artists should be allowed to provide services in the project to allow customers a choice, and to bring as many artists as possible into the safer

facilities offered by the program. During the research for this report, 15 of the 16 prisoners interviewed by HIV/AIDS Regional Services stated that they would choose a homemade tattoo over one performed under professional conditions if they were not able to choose the artist themselves. Therefore it is clear that providing a choice of artists will encourage more customers to obtain their tattoos in a safe environment.

- 8. Tattoo artists should be trained in safer tattooing practices, HIV and hepatitis C prevention, infection control and universal precautions, and should be given an opportunity to learn all aspects of their trade including body piercing.**

Tattoo artists should be trained in infection control guidelines, safe tattooing practices, universal precautions, and the proper use of professional tattooing equipment. Training should be available from *at least* one tattoo artist from the community, community-based organizations, and public health officials.

- 9. The safer tattooing and body piercing project should be accessible to prisoners.**

In order for a safer tattooing and body piercing project to be used by prisoners, it must be accessible in both its location and its hours of operation. A project operating only in the daytime would preclude many prisoners from participating in educational, employment, or other programs. The safer tattooing and body piercing program should therefore be accessible during all hours when prisoners have free movement, including evening hours and on weekends.

- 10. Prisoners should have the *option* of seeing Health Care before and after receiving a tattoo or body piercing.**

Examination by health care should be an option open to prisoners receiving tattoos and/or a body piercing, but it should not be mandatory.

- 11. All safer tattooing and body piercing projects should be inspected by the local Public Health Department.**

This is the regulations in the community for tattoo shops, and should also be observed in prisons.

- 12. Sterile tattooing and body piercing equipment and materials must be available for purchase by prisoners outside of an official safer tattooing project.**

Despite the presence of a safer tattooing and body piercing project, some prisoners will continue these practices unofficially. Some will opt not use the prison project. Others may find an artist willing to provide a tattoo or piercing less expensively outside of the official programs. Whatever the reason, the priority must be to minimize the risk of disease transmission in all circumstances. Therefore, sterile tattooing and body piercing equipment and materials must be made available to all prisoners for purchase. This will help reduce the continuation of unsafe practices occurring outside of the safer tattooing and body piercing program.

- 13. The pilot projects should be externally evaluated.**

Evaluation forms a crucial part of an effective pilot project. Therefore, evaluation of the projects' outcomes must be integrated into the design of the pilots. In order to maximize

prisoner confidence and participation in this process, external evaluators should be contracted for this purpose.

## 7. Conclusion

There are many benefits that the Correctional Service of Canada, and the public as a whole, would realize from the implementation of safer tattooing projects. These include

- A reduction in the risk of transmission of HIV/AIDS and HCV in prisons, thereby saving lives and reducing health care costs.
- An increase in institutional safety and security, and a reduction in the risk of staff injury that currently exists due to tattoo and body piercing prohibition.
- An opportunity to provide a healthy and monitored tattoo practice within the prison system that will enable prisoners to purchase and receive tattoos and body piercing in a safe and secure environment.
- An opportunity for prisoner tattoo artists to learn about, and practice, proper, safe and healthy tattooing and body piercing procedures.
- An opportunity for prisoners to learn about the business of tattooing and body piercing and leave the prison system with a marketable skill.
- A reduction in the number of people being released from prison into the community with HCV and/or HIV infection.
- A reduction of concerns of the families of prisoners and prison staff that will result from an enhanced level of institutional health and safety.
- The opportunity for Canada to provide international leadership in a pro-active and innovative health care response to a challenging prison health crisis.

Governments also have a moral and ethical obligation to provide for the health care needs of people in prison. This obligation includes preventative measures and programs. Given the significant risks of HCV/HIV infection posed by unsafe tattooing practices in prisons, it is clear that Canadian governments have a responsibility to act to reduce the risk of disease transmission behind bars. Taking action is not only in the best interests of prisoners, but also of prison staff, and the public at large.

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<sup>3</sup> DiCenso, A., Dias, G., Gahagan, J. (March 2003) *Unlocking Our Futures: A National Study on Women, Prisons, HIV, and Hepatitis C*. Prisoners' HIV/AIDS Support Action Network, Toronto.

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<sup>7</sup> *Ibid.*

<sup>8</sup> Cited in Dolan (1999).

<sup>9</sup> Dolan, K. (2001) Can hepatitis C transmission be reduced in Australian prisons? *Medical Journal of Australia* 2001; 174: 378-379.

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- <sup>24</sup> *Tattoo Pilot Project: Joyceville Institution Proposal* (September 29, 1997). Copy on file.
- <sup>25</sup> Responses were received from Alberta (1), Manitoba (2), New Brunswick (1), Ontario (6), Quebec(1), and Saskatchewan (1). The letter from Quebec included a petition signed by over 200 prisoners in support of a safer tattooing project.
- <sup>26</sup> See *Infection Prevention and Control Practices for Personal Services: Tattooing, Ear/Body Piercing, and Electrolysis* available online at [www.hc-sc.gc.ca/hpb/lcdc](http://www.hc-sc.gc.ca/hpb/lcdc).