

CANADIAN TREATMENT ACTION COUNCIL



Canadian Treatment Action Council

Antiretrovirals and treatment interruptions in prisons

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In theory, Canadian prisoners have access to HAART. In practice, prisoners' access is complicated by a number of factors that determine whether medications successfully reach HIV positive prisoners. What makes the situation different from the community, aside from the obvious incarceration, is that prisons are under the care and control of a military style hierarchy with unresponsive chains of command, which leads to delay and



inconsistency in decision-making and policy implementation. Health care is often contracted out by the prison authorities, and health care personnel are looked upon as "civilians," meaning they occupy the lowest rung on the prison hierarchy. The militarism of the prison environment and the lack of power among health care staff within that system often result in lengthy delays when trying to rectify a medical problem for HIV positive prisoners, to bring about a policy change implementing harm reduction tools, or to ensure access to harm reduction tools where a policy already exists.

HAART access is not immune to the disease of militarism that too-often characterizes prison administration and that can get in the way of appropriate and timely health care. In a federal prison (where prisoners serve sentences of two years or more), prisoners must submit a written request explaining briefly why they wish to see a doctor, and then wait for a response. Few prisons in Canada have a doctor on-site daily so prisoners will usually first see a nurse in response to their request

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for care. The nurse would then refer to the institution doctor who, in the case of evaluating a prisoner for HAART, will usually consult with a specialist. In institutions with significant numbers of prisoners living with HIV, a specialist visits the institution monthly and usually has a very large caseload. If a prisoner is not satisfied with the health care they receive, they can file a first level grievance with the head of the institution. Failing resolution, the prisoner can submit a second level grievance to Regional Headquarters to be reviewed. A third level grievance to Correctional Service of Canada national headquarters is the end of the line.

This process can take weeks or months to reach a satisfactory conclusion. Most prisoners forego this process out of frustration with the system, thereby causing high risk situations to develop, for example, risk of virus mutation from running out of a single medication in a cocktail. The HIV/AIDS Legal Network¹ and HALCO² can attest to the problems that arise from the delays involved.

HAART requires specialized skills to administer and monitor to every patient, and new information becomes available at a rate that is difficult to keep up with in the community³. In prison, keeping up with current treatment options and new medications becomes almost impossible for health care staff treating often 500 prisoners or more. The burden of care in the BC/Pacific Region falls largely to the Infectious Disease (ID) nurse in the federal system, where one or two ID nurses per institution care for the entire prisoner population requiring treatment for HIV, Hepatitis C, and other infectious diseases. In BC, the close working relationship developed by community organizations with the ID nurses has allowed for much quicker and more effective access to treatment information and rapid answers to questions regarding HAART and the related effects.

The Prison Outreach Program at BC Persons With AIDS Society (BCPWA) recently helped facilitate more streamlined HAART service delivery in federal institutions located in BC. The institution pharmacy now obtains HAART medications

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directly from the BC Centre for Excellence (BCCfE). In BC, all HIV medications are administered free of charge to BC residents by the BCCfE, and HIV medication records are kept on file. Purchasing HAART directly from the BCCfE has almost eliminated lengthy treatment interruptions that can result when prisoners on HAART leave prison and re-enter the community health care system. In the case of people who return to prison, the delay to receive medications upon re-entry to prison has also been reduced due to the prompt availability of HIV medication records.

Problems with access to HAART and/or unscheduled treatment interruptions are considerably more problematic in provincial correctional facilities in BC, where the average length of stay is 17 days⁴. When a prisoner arrives at pre-trial, all medications are directed to health care for verification. An assessment of the prisoner is done immediately and medical history/records are obtained. If the prisoner is taking regularly prescribed medications and records are readily available then the process is facilitated quickly and the prisoner receives his/her meds without interruption. However, prisoners often complain that some of the components of their cocktail are not readily available and they are forced to choose between taking their remaining meds or interrupting their treatment entirely while waiting for the missing medication to be provided. Prisoners have reported they have been told by the prison doctor to just continue taking the rest of the medications while they wait for the missing component, a situation which increases the person's risk of developing drug resistance and treatment failure.

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In the past, many adherence problems were attributable to a system that required prisoners to notify health care when they were running low on medication, and then the required medication was ordered from the prison pharmacy. In a population with a high percentage of low-functioning individuals due to addiction, psychological barriers, and street involved habits, this system doesn't work very well to ensure adequate time to keep medications in stock and prisoner adherence.

Accessing specialists in the community to address HIV/AIDS related conditions or a required cocktail change also poses many barriers. Staffing of correctional officers required to escort a prisoner to a specialist, usually needing several visits to health care services to determine who should be consulted, and the prison doctors' steadily increasing prisoner caseload in provincial and federal prisons all across Canada are just a few factors to negotiate.

Many dedicated individuals and community groups provide support to HIV positive prisoners in Canada. The involvement of people from outside the walls provides the best opportunity for success in improving access to HAART for prisoners with the same consistency as anyone in the community. The Canadian AIDS Society⁵ and the HIV/AIDS Legal Network⁶ both coordinate national committees where community-based organizations strategize around improving the care and treatment available to prisoners living with HIV/AIDS. Through the HIV and HCV Networking and Advocacy Committees, groups providing support share best practices when bringing forward issues that require advocacy, and undertake collective action to address systemic problems, including problems involving access to HAART.

Across the country, prisoners complain of running out of their HAART meds, errors in prescription (e.g. incorrect or substitution of medication), and lengthy delays to deal with side effects/conditions, as well as little or no help with pain associated with HIV/AIDS. This has prompted the HIV/AIDS Legal Network to undertake a study to determine barriers to

proper access to HAART in prisons in Canada. The prison service delivery community eagerly awaits the findings of the study. ■

- 1 Canadian HIV/AIDS Legal Network publications on www.aidslaw.ca
- 2 HALCO publication: *Advocacy for care and treatment for prisoners*. CAS Skills building, October 2005.
- 3 Montaner, Julio et al., *ARV update – Vancouver*. November 30, 2005
- 4 Joye Morris Health Services, BC Corrections health care.
- 5 CAS HIV/HCV Prison Networking Committee – Claire Checkland
- 6 Canadian HIV/AIDS Legal Network HIV/HCV Prison Advocacy Committee – Glenn Betteridge

The Prison Outreach Program of BC Persons with AIDS Society is currently awaiting funding for "Breaking the Cycle", a community-based research project to determine the causes of recidivism in HIV positive, drug-addicted prisoners in Vancouver's downtown eastside. The project starts in April 2005 and will provide valuable programming information for the care and treatment of this population.

On a personal note...



What barriers stand in the way of accessing the HIV treatment that you need? Do you have a story to share about how you advocated for access to a treatment or therapy for yourself or on behalf of someone else? We want to hear your stories! **The next issue of the newsletter will have an article on women and leadership in the fight against HIV/AIDS.** If you have a story to share about access to treatment related to this story, tell us! Contact the CTAC office (see page 12) for more information. *Confidentiality will be respected. We may not print all stories submitted.*