JohnHoward SOCIETY OF ONTARIO

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The Counter Point

Myth: People who are incarcerated receive the same health care as the rest of Ontarians.

Main Points in this Issue:

1. Health care in correctional facilities is delivered through a parallel yet unequal system
2. People with high and complex health needs are overrepresented in correctional facilities
3. Health care in correctional facilities is a matter of vested interest for all Ontarians
4. The current model of health care in correctional facilities is not serving Ontario well

*For more comprehensive information on health care in correctional facilities, see our 2016 Report: Fractured Care: Public Health Opportunities in Ontario's Correctional Institutions.

Reality: Health care for incarcerated individuals in Ontario is delivered by the Ministry of Community Safety and Correctional Services, rather than the Ministry of Health and Long-Term Care.

WHO DELIVERS HEALTH CARE TO INCARCERATED PERSONS?

In Canada and the provinces, the delivery of health care to incarcerated individuals is a product of jurisdiction.

Individuals in **federal correctional facilities** (individuals over 18, sentenced to two or more years) have their health care provided by Correctional Services Canada – the Ministry responsible for corrections. In this regard, Canada is an anomaly compared to other countries such as Norway, France, the UK, and Australia, where prison health care is the responsibility of national health ministries.

DID YOU KNOW?
The *Constitution Act* 1867 divides powers between the federal and provincial governments. This division of powers has implications for corrections and the provision of health care to people who are incarcerated.

Depending on the province, the health care of individuals in **provincial correctional facilities** (those sentenced to less than two years, as well as youth aged 12-17) is overseen by either the corrections ministry or the ministry responsible for health. Alberta , BC, and Nova Scotia have integrated the health care in provincial prisons with the public health care system. In Nova Scotia, health services for provincially incarcerated individuals have been the responsibility of the Ministry of Health since 2003. In Ontario, the correctional system oversees health care for the incarcerated in Ontario correctional facilities.

ONTARIO EXAMPLE

Health care in Ontario's provincial correctional facilities and in Ontario's federally run facilities are delivered by the corrections ministries.

So, an individual sentenced to 10 years in Millhaven maximum security – a federal facility in Kingston – will have his health care provided by Correctional Services Canada, the federal corrections body, not the Ministry of Health and Long-Term Care.

An individual on remand (awaiting trial or a bail decision) or serving a sentence of less than 2 years at Maplehurst, - a provincial facility – will have his health care provided by the Ministry of Correctional Services and Community Safety, not the Ministry of Health and Long-Term Care.

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The Counter Point is a publication series of the John Howard Society of Ontario on a number of criminal justice issues, intended for public education and use.

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DIFFERENTIAL HEALTH STANDARDS REVEALED: NEEDLE EXCHANGE

Similar to communities, intravenous drug use occurs in federal and provincial correctional facilities, despite attempts at prohibition.

To help reduce the harm associated with addiction – including transference of communicable disease and overdose – some cities in Ontario provide needle exchange programs and safe injection sites for drug users. While the health benefits of such harm reduction programs are clearly established by research, prison needle exchange programs do not exist in correctional facilities in Ontario.

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WHAT ARE THE IMPLICATIONS WHEN CORRECTIONAL MINISTRIES DELIVER HEALTH CARE?

Correctional facilities' – jails, prisons, detention centres – primary purpose is not treatment. They are facilities of a correctional system: a system that is designed to punish, restrain people's liberties, and rehabilitate. The punishment and liberty restricting elements that are present in a correctional environment come into conflict with the accessibility and well-being elements associated with health care.

The results of this conflict, and the fact that the Ministry of Community Safety and Correctional Services are not experts in health care, means that standards of care can look very different for individuals who are incarcerated than they do for people who live in communities or those serving their sentences in communities.

IMPLICATIONS FOR COMMUNITIES

Every year, thousands of individuals return to Ontario communities from correctional facilities, carrying with them the health effects of their time inside. Unmanaged or worsened health conditions, such as mental health, may also impact an individual's ability to find housing, employment, and connect with a primary health care provider – all factors which help individuals lead healthy, crime-free lives.

A PARALLEL YET UNEQUAL SYSTEM

Access to medications, treatment options, access to nurses and doctors, and tracking of health issues can be constrained in a correctional environment. This is particularly concerning given that Ontario's correctional facilities are overrepresented by people with poor health, such as people with mental illness, HIV/AIDS, FASD, substance abuse, addiction, and obesity.

The provincial Ombudsman – who acts as a "watchdog" over provincial correctional institutions – is the body to which incarcerated individuals can make complaints. Complaints from incarcerated persons about health care services (e.g. access to medications, medical staff) are consistently a large proportion of overall complaints, with 2138 such complaints in 2015.

Data reveal that a significant number of individuals with mental health issues are placed in segregation (solitary) in Ontario, which can have negative mental and physical health consequences. Access to care can be more constrained when an individual is in solitary.

Making appointments outside of the correctional institutional (say, for chemotherapy), may be limited by institutional resources, meaning delays in appointments and conditions which may worsen. Ontario's correctional facilities do not use electronic health records, making continuity of care between incarceration and the community extremely difficult.

JHSO Position: The current model of health care in Ontario's correctional facilities is not meeting the complex needs of the population it serves. The gaps and shortfalls in delivery have implications for some of Ontario's most vulnerable and marginalized citizens, but also come at risk and expense to the province and communities. The opportunity for equitable, effective health care in correctional facilities begins with the transfer of health care from the Ministry of Community Safety and Correctional Services to the Ministry of Health and Long-term Care.