INTRODUCTION

In 2005, the Correctional Service of Canada (CSC) opened tattooing pilot sites in six prisons of various security levels. CSC hopes that the safer tattoo parlours will stem the spread of blood-borne diseases by creating a safer alternative to the underground system of prison tattooing. Through this pilot project, selected prisoners are trained in how to prevent the spread of blood-borne diseases (like HIV and hepatitis), tattoo-shop maintenance, and the art of tattooing.

UNDERGROUND TATTOOING

CSC recognizes that tattooing is part of prison culture. Underground prison tattoo artists use a variety of tools in their craft including knives, guitar wires, sewing needles, ink from pens, empty plastic casings from pens and motors from hair dryers, fans, cassette players or radios. Often, artists will create a tattoo gun by threading a guitar string through a BIC pen that is attached to a motor! They might also employ a “pluck method” of tattooing which involves inserting ink with a single needle. In one notable Canadian case, an inmate popped the staples out of a Bible to use as a makeshift needle and created ink from the soot of the burnt pages.

THE REASONS BEHIND TATTOOING IN PRISON

- Tattooing is an integral part of the prison subculture
- Tattooing is a form of personal expression
- Tattoos indicate gang affiliation and status
- Homemade prison tattoos are worn as a badge of honour in recognition of deeds done and in recognition of a prisoner’s ability to endure the pain of rudimentary tattooing procedures
- Tattoos are used to celebrate racial pride and to propagate hate
- Prison tattoos exemplify one’s ability to break the rules

THE FACTS: TATTOOS AND BLOOD-BORNE DISEASE IN PRISON

“Jails and prisons are designed to break human beings, to convert the population into specimens in a zoo – obedient to our keepers, but dangerous to each other”

– Angela Davis

- The prevalence of HIV/AIDS in Canadian prisons is more than 10 times higher than the general Canadian population. Approximately 2% of prison inmates are HIV-positive (though some prisons indicate that this number might be as high as 12%)
- Approximately 4% of women prisoners are HIV positive
- 26% of Canadian prisoners are hepatitis C (HCV) positive (30 times the prevalence found in the general population)
In 1995, the National Inmate Survey conducted by CSC found that 45% of all federal prisoners had received at least one tattoo while incarcerated.

A 2003 research study by Prisoners HIV/AIDS Support Action Network (PASAN) of federally incarcerated women found that 27% of women had received homemade tattoos in prison.

Research conducted in 1999 in the Joyceville Penitentiary in Kingston Ontario indicates that 1/3 of prisoners who had been tattooed both inside and outside prison tested positive for HCV. Receiving a prison tattoo was associated with being infected with HCV.

INTERNATIONAL RESEARCH

A series of international studies conducted both inside and outside prisons have found anecdotal and undeniable evidence of a causal relationship linking prison tattooing with both HCV and hepatitis B (HBV) transmission and to a lesser extent, HIV transmission.

In 1990, a study from Madrid that included 383 prisoners determined that tattooing was an independent risk factor for HIV infection.

In 1993, a research study of 73 newly incarcerated prisoners in Norway found that injection drug use was the primary indicator of HCV status among the 46% of inmates who seroconverted in prison however, tattooing was also identified as an important factor in HCV seroconversion independent of drug use.

In a 1994 study of prisoners in New South Wales, The University of New South Wales concluded that the two most frequent modes of HCV transmission were injection drug use and tattooing.

40% of the research participants had received a tattoo while incarcerated and 68% of these had shared needles.

In 2002, a Brazilian study examined the correlation between prison tattoos and the prevalence of blood-borne diseases including HCV and HBV and concluded that there was a significant positive correlation between the presence of non-professional tattoos and blood-borne infections.

The degree/prevalence of blood-borne infections in research participants was dependant on the number of tattoos, type of tattoo and conditions under which the tattoo was given.

In 2005, Center of Disease Control (CDC) epidemiologist Richard Tewksbury in conjunction with the Georgia Department of Corrections, studied 88 males inmates who were HIV-negative upon entering prison but seroconverted during incarceration.

59% of the interviewees had received homemade tattoos
49% had protected or unprotected sex with another man in prison
10% had used injection drugs
(Although compelling, much of this CDC data is anecdotal because it is difficult to demonstrate a clear casual relationship between prison tattoos and HIV/HCV transmission due to the other potential modes of transmission present in the subject group.)

PROHIBITIONIST POLICIES AND UNDERGROUND PRISON TATTOOING

Prison tattooing is on par with back alley surgery. Prohibited in all circumstances (prior to the pilot project introduced by the CSC in 2005), those caught giving or getting a tattoo were subject to sanctions ranging from fines to segregation; these sanctions could negatively affect a prisoner’s security rating, institutional placement, transfer applications, temporary absence requests, parole applications and ultimately release date.

Due to the clandestine nature of prison tattooing, customers are often denied access to sterile equipment and hygienic
environments. Cross-contamination occurs when artists reuse equipment and materials (such as needles, guns, ink, towels, bandages) on multiple clients. Rushing the tattoo process in order to minimize the risk of detection exacerbates the risk of disease transmission as a result of accidental needle stick injury and inadequately cleaned equipment. According to Rick, a prisoner at Ontario’s Bath Institution who contracted HCV in 2000 as a result of a dirty tattoo session, the new regulated tattoo parlours are important because inmates “can relax knowing that the artist is working with clean equipment and [they] won’t get in trouble for having done it.”

THE HEALTH RISKS ASSOCIATED WITH UNDERGROUND TATTOOING:

1. Increased risk of disease transmission or infection among inmates
   - Prisoners who receive homemade prison tattoos are at increased risk for HCV, HBV, HIV, superficial skin infections (including staph), syphilis, damage to the skin and scarring
   - Prisoners are less likely to access health services because the fear they will be punished for getting a tattoo in prison. Newly tattooed prisoners don’t report infections and other problems associated with their tattoo, and are less likely to go to unrelated medical appointments.

2. Underground tattooing poses a risk to correctional staff
   - There is an increased risk of needle stick injuries as a result of underground tattooing because there are no means for safely disposing of contaminated items such as cloths, bandages, needles and materials. These items are often discarded in standard garbage receptacles increasing the likelihood of accidental injury to staff (and to other prisoners).
   - When homemade tattooing equipment is hidden, there are also risks of accidental injuries during cell searches.

3. Increased risk of transmission to the public
   - According to Dr. Françoise Bouchard, the director general of Health Services for Correctional Services Canada - 95% of inmates will eventually be released back in to the community. Therefore, prisons have a public health responsibility.
   - Without prison-based harm-reduction strategies, prisons are the incubators for health problems that later surface in the community. Prison health issues inevitably become public health issues.

BENEFITS OF THE NEW PILOT PROJECT

Under the new CSC prison tattooing pilot project guidelines, prisoners are not permitted to select any tattoo designs that represent a gang affiliation or flaunt hate propaganda. These guidelines also dictate that prisoners are not permitted to receive tattoos on their hands, above their neck or below their ankles. In this way, the guidelines support the successful reintegration of prisoners into society because higher quality tattooing coupled with neutral (and easily hidden) images reduces the chance that the prisoner will be identifiable as an offender.

Prisoners will be encouraged to use the CSC regulated in-house tattooing parlours because they are less costly; a 4x6 inch tattoo on a shoulder in the underground tattooing system would cost approximately 20 packs of cigarettes. The same size tattoo at a CSC tattoo parlour, the costs would be $5 per session.
In addition, the initial CSC investment of $700,000 is pittance compared with the amount of funding the Centre for Disease Control invests to treat prisoners infected with HIV and/or HCV. To treat HCV with Pegylated Interferon/Ribavirin could cost $30,000 per course of treatment and a liver transplant could cost $250,000!

Another benefit is protection of prisoner and public health.

Through this tattooing pilot project, prisoners are given the opportunity to learn a new and viable trade and Canada will have the opportunity to provide international leadership in a pro-active and innovation health care response to a challenging prison health crisis.

A FEW OF THE ORGANIZATIONS INVOLVED IN THIS ISSUE

Prison Outreach Program, BC Persons with AIDS Society (BCPWA)
Prisoners HIV/AIDS Support Action Network (PASAN)
Canadian HIV/AIDS Legal Network
HIV/AIDS Regional Services (HARS)

A FEW NATIONAL REPORTS CALLING FOR THE PROVISION OF SAFER TATTOOING MEASURES IN PRISONS...