Alternative medicines in corrections: A survey

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An important aspect of the Corrections and Conditional Release Act *is the legal mandate it provides, directing the Correctional Service of Canada to ensure offenders receive health care services consistent with community standards. Juxtaposed against this requirement are changes in community approaches to health care and changes in the offender population. Complementary and alternative therapies are receiving increasing attention in delivery of health care services.*[3] *These therapies are considered alternative by the medical profession because physicians do not traditionally practice them, they are not usually used as the primary method of treatment, and they are not widely accepted by insurance companies.*[4] *Recent research has indicated that 60% of medical schools are now incorporating alternative medicine into their curriculum.*[5]

Regarding changes in the offender profile, two notable areas are age and diversity. Current estimates are that the offender population will have a proportionately greater number of older offenders, such that there will be a bimodal distribution of younger and older offenders.[6] This change will introduce challenges with respect to the delivery of health care services to offenders.[7] The proportion of non-Caucasian offenders is also expected to rise markedly for both male and women offenders, with the population becoming notably more diverse. This too raises challenges regarding the delivery of heath care services to offenders.[8]

Familiarity with and support of alternative medicinal approaches, may well vary by ethnicity. Accordingly, as the offender population becomes more diverse, the demand for alternative medicines may also increase. As well, as the correctional population ages, alternative medicinal approaches could be adopted to ameliorate some of the somatic symptoms relating to aging and palliative care. Further, as community interest in alternative medicines increases, it is reasonable to expect that offenders who have had positive experiences with these approaches will seek such continuation of care while incarcerated. As this is an emerging issue, policy guidelines regarding such practices also need to be developed. For these reasons it seemed timely to survey correctional health care staff to determine their views regarding alternative medicines. This paper presents a summary of findings from a national survey regarding complementary and alternative medical practices (CAM) of all federal prisons in Canada.[9] Alternative therapies are treatments or interventions that are not within the mainstream of conventional Western (allopathic) medicine. Complementary therapies are alternative therapies that have gained some acceptance with Western medicine. Generally, complementary and alternative forms of medicine have certain common characteristics. They, and the practitioners who deliver them, operate from a holistic perspective; that is to say, they treat the whole person rather than just an affected part. Additionally, they work to stimulate the body's natural ability to heal itself. Finally, it is important to remember that non-orthodox therapeutic practices often have unconventional explanations. From the survey, using the York University/Health Canada (1999) overview we describe CAM usage below. The first 5 examples are components of larger CAM systems, whereas the last 4 are complete traditional systems.

1. *Nutritional therapies* - diet, vitamins, minerals, oxygen therapies.
2. *Herbal or botanical medicine* - various traditions, including Chinese, Ayurvedic, Aboriginal, naturopathic.
3. *Physical or movement therapies: movement/ exercise regimes* - Chi Kung, yoga, Tai Chi; Feldenkrais; Alexander Technique; chiropractic; massage - Swedish, Hawaiian, Shiatsu, etc.; craniosacral; reflexology; colonic irrigation; cell extraction; chelation therapy.
4. *Energy or Life-force therapies* - therapeutic touch; Reiki; light
5. *Psychological therapies* – hypnosis; imagery or visualization; meditation; psychotherapy

and counselling; support groups; art and music classes.

6. *Traditional Chinese medicine* (TCM) – a health system that is said to be between 3000 and 7000 years old that sees diseases, disorders, and dysfunctions as imbalances in the body's energy. It includes nutritional therapy, tuina massage, herbal therapy, acupuncture, and exercise regimes for relaxation and balancing of the body's energies.
7. *Ayurvedic medicine* - a traditional Hindu medicine using naturally-based therapies.
8. *Naturopathic medicine* - a system of primary health care that uses natural methods and substances to stimulate the body's inherent self-healing processes. It includes botanical medicine, clinical nutrition, homeopathic, lifestyle counselling, stress management, manipulation, oriental medicine, and physical therapies including hydrotherapy, light therapy, and massage.
9. *Aboriginal medicine* - a highly complex group of systems that draws on and develops the physical, mental, and spiritual talents and powers of individuals. It includes intervention by *Elders* and in some cases by *Healers*. Practices include, but are not limited to, ceremonies and the use of herbals and medicinal substances.

Demand for CAM Therapies

Of the 42 surveys sent to sites with Health Care units, 39 were returned for a 92.9% rate of completion, with the majority being completed by the Chief of Health Care. Respondents were asked to rank order the CAM therapies according to current demand within each institution. The results are presented in Table 1. Although there was some variability across the 5 regions in the Service, nutritional therapies were ranked first for all regions. The majority of respondents reported an existing need for CAM from their perspective (84%), from the inmates' perspective (80%), and the perspective of health service professionals (70%).

A general pattern emerged across the regions, with more well-known therapies ranked as higher demand than other therapies. Notably, the demand for Aboriginal medicine was higher in the Prairies where there are a greater number of Aboriginal offenders. Further, most respondents (79%) expected that the overall demand for CAM will increase in the future.

Table 1

Overall ranking of CAM Therapies

Form of CAM	Rank
Nutritional Therapies	1
Psychological Therapies	2
Herbal or Botanical Medicine	3
Physical and Movement Therapies	4
Aboriginal Therapies	5
Naturopathic Therapies	6
Chinese Medicine	7
Energy or Life-Force Therapies	8
Ayurvedic Medicine	9

Their reasons for this expected increase included (not in any particular order):

- An increase in the number of persons from differing ethno-cultural backgrounds and their previous experiences with CAM in the community
- Changing community standard encouraging CAM and increased awareness and education regarding CAM
- Encouragement by CSC to change habits and lifestyles —focus on health in prison
- Increased contact with elders in the institution
- Inmates are becoming more aware of their rights
- More herbals are being offered as an alternative to Western medicine (i.e., sleeping pills)

Effect of ethnocultural makeup on demand for CAM

As expected, most respondents anticipated that the ethno-cultural makeup of their inmate population would impact on their need for CAM therapies (84%). The most common reason cited for this anticipated impact was the growing population of Aboriginal offenders and to a lesser extent other minority groups (e.g., African and Asiatic) who use CAM therapies in their communities. However, several respondents noted that the growing population of older offenders and the specific needs of women may also affect the need for CAM therapies.

Utility of CAM therapies

When asked about the usefulness of different forms of CAM, very few therapies were noted to

be preferable as *the first* approach to treatment. However, a majority of respondents noted that Nutritional, Physical and Movement and Psychological Therapies were very useful to treatment in some cases (see Table 2). Interestingly, over one third of the respondents were unfamiliar with Traditional Chinese Medicine, and a majority had no knowledge of Ayruvedic medicine. Notwithstanding the profile of Canada's Aboriginal offenders, just over one quarter of the respondents had no knowledge of Aboriginal medicine.

Table 2

Usefulness of CAM Therapies for inmate's treatment

CAM Therapy	Most Popular Response
Nutritional	Very useful to treatment in some cases (64%)
Herbal/Botanical	Limited usefulness (44%) and very useful (44%)
Physical or Movement	Very useful to treatment in some cases (72%)
Energy of Life Force	Limited usefulness (33%)—28% No knowledge
Psychological	Very useful to treatment in some cases (80%)
Traditional Chinese	No knowledge (33%) and Limited usefulness (31%)
Ayruvedic	No knowledge (72%)
Naturopathic	Very useful (44%) and Limited usefulness (31%)
Aboriginal	Very useful (51%) and No knowledge (26%)

Provision of CAM in the institution

Approximately half of the respondents indicated that some form of CAM was currently provided in their institution (51%). For those who did not provide CAM (n = 19), most often endorsed reasons included: lack of policy, lack of funding, security concerns, and lack of demand.

Of the institutions where CAM was provided (n = 20), physical and movement therapies and Aboriginal medicine were most often provided followed by nutritional therapies. There were no instances were Ayurvedic medicine was provided, and only one facility reported the provision of Energy and Naturopathic approaches.

Summary

CAMs have been incorporated into social work,[10] psychological treatment,[11] and treatment with Aboriginals.[12] Encouragingly, from this survey it is apparent that CAM is also an emerging issue within corrections, with almost half the sites currently providing some alternative approach. Further, the majority of respondents report an existing need for complementary and alternative medicines, expecting this need will increase with time. Cautions regarding the uncritical acceptance of CAMs are represented in the literature.[13] Also, several approaches appear to be viewed has having greater utility and demand, in part because information regarding some CAMs remain limited, notably Aboriginal approaches. Finally, respondents indicated the need for policy development to inform practice. ■

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[9] A copy of the survey is available from the first author.

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