

RESEARCH REPORT SUMMARY

Aboriginal People and Incarceration Issues Related to HIV/AIDS, Hepatitis C and Residential Schooling

Prepared by the Canadian Aboriginal AIDS Network, 2006

Perhaps because of the transient nature of prisoners, there have been no organized efforts to screen all that are incarcerated. One reason may be the reluctance to start a treatment for patients who are at very high risk for failure to follow-up, to become re-infected by the virus, or to continue their high-risk behaviour (injection drug use). In addition, the economic consideration of treating appropriate prisoners (estimates are that 40% of most HCV-positive populations would be candidates for antiviral therapy) makes a decision to screen without offering treatment a political decision of intense magnitude (Berger & Karver, 2003).

Within the past 10 years, while there have been numerous articles written regarding HIV/AIDS (Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome) and Hepatitis C Virus (HCV) in the Canadian prison system, there is little in-depth analysis regarding their effect and prevalence amongst the Aboriginal inmate population. Also, it is difficult to ascertain with any certainty the prevalence rate within the total prison population. Three major shortcomings in the literature hinder attaining an accurate picture of these infectious diseases within the correctional system. One, many of the reports were written at different times using different statistics; two, some reports have included both provincial prisons and federal penitentiaries in their calculations and others have concentrated either on those numbers provided by Correctional Services Canada (CSC) or on a particular provincial system. The third major issue concerns the definition of the incarcerated population. That is, some reports use incarceration statistics which include those in remand, holding cells, etc., and others use inmates, i.e., those who are actually in the prison system. For example, one study says there are 33,000 people in Canadian prisons on any given day (Lines, 2002b), while the 2001 Census states there are 21,415 (Statistics Canada, 2001).

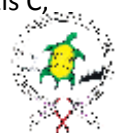
Risk behaviours during incarceration as reported by individuals who have been imprisoned:

Injection drug use
Unsafe sex practices
Informal/'Home' tattooing

The literature review for this paper was completed by the midpoint of 2005. Many of the available reports were written in the early 2000s, relying heavily on the statistics in the 1996 Census. Infection rates of HIV/AIDS and Hepatitis C are continually on the rise and "true" infection rates are likely to be much higher than represented by statistics. When attempting to gain a clearer understanding of the epidemics of HIV/AIDS and Hepatitis C in the Canadian prison system, a number of other factors have to be taken into consideration: rates of disclosure within the prison system; non-testing; non-screening; and underreporting. Also, some provinces do not report ethnicity, which makes assessing the impact of HIV/AIDS on differing ethnic groups incomplete. It is therefore difficult to obtain an accurate assessment of the number of Aboriginal people infected with HIV/AIDS and/or Hepatitis C within the correctional system. All the numbers that have been presented in various reports from the literature are estimates.

...the lack of government acknowledgement of the risks faced by people who are incarcerated has been detrimental to the monitoring, prevention and reduction in the spread of HIV in prisons....

In June 2006, CAAN conducted seventeen interviews at four healing lodges that house incarcerated Aboriginal men: Wahpeton Healing Lodge in Prince Albert, Saskatchewan; Stan Daniels Healing Centre in Edmonton, Alberta; O-Chi-Chak-Ko-Sipi Healing Lodge in Crane River, Manitoba; and Waseskun Healing Centre in Quebec's Laurentian district. The purpose of the interviews was to gather information about how HIV/AIDS, Hepatitis C,



and residential schooling are addressed within lodges. We also asked about views on the need for further information and resources. Information from the interviews is woven throughout this paper. The interviews were conducted with directors, Elders, parole officers, program facilitators, case managers, counsellors and residential coordinators. Consent forms were signed. Given the small number of participants, this report does not identify interviewees by their position or by the lodge where they are employed. An overview of the healing lodges is found in Appendix 1.

The first part of this paper looks at the issues affecting the prevalence of HIV/AIDS and Hepatitis C in the Canadian correctional system. The second section presents statistics on the levels of incarceration for Aboriginal inmates as well as average length of sentence in federal and provincial institutions across the country. The third section focuses on the prevalence rates of HIV/AIDS and Hepatitis C amongst inmates in the Canadian correctional system, with an additional focus on Aboriginal inmates. The fourth section looks at whether there is evidence in the literature that links Aboriginal inmates with residential schools, either personally or inter-generationally. Two short sections follow this: the first provides an overview of work done in prisons by the Aboriginal AIDS movement; the second summarizes the insights gained from the healing lodge interviews. The report concludes with a short review of the data and its implications. Appendix II contains relevant recommendations drawn from some of the literature surveyed for this paper.

Some recommendations from the literature include...

- Make sure that people with experience in prison have a basic understanding of HIV/STD; this is essential.
- Many people who are in prison would benefit from an individualized risk-reduction plan shortly before their release.
- Coordination with probation and parole ... This must occur long before the inmate's release to engage the parole officer in the transition process from institution to community setting.
- Provide transitional services for people leaving prison – it is important to make contact within the first week following release.
- Coordinated discharge planning between the correctional setting and community providers supports people who are released from prison to be mainstreamed back into the community without any interruption in their health care.
- Inmates educated in HIV risk reduction and long-term behaviour changes have the skills to impart that knowledge and understanding to others within their own families and communities.

Suggested reference:

Canadian Aboriginal AIDS Network. (2006). *Aboriginal people and incarceration issues related to HIV/AIDS, Hepatitis C and residential schooling*. Ottawa, ON: Aboriginal Healing Foundation.

Full report available at www.caan.ca

