

In Canada, the prevalence of individuals living with HIV/AIDS within prison populations has been estimated to be considerably greater than in the population at large:

- At the end of 2005, the rate of HIV infection among inmates in federal institutions was 1.66 percent¹. The actual numbers are thought to be even higher since the Correctional Service of Canada only reports cases that are actually known to them, but many incarcerated individuals have chosen not to disclose their HIV status and many may not even know that they are living with HIV¹.
- The HIV infection rate in the inmate population is estimated to be 7-10 times higher than in the general population in Canada².

Inmates are at exceptional risk for infection with HIV/AIDS. Many inmates come from economic and social backgrounds that preclude proper education, prevention and treatment which may put them at a higher risk for infection. They are often incarcerated for activities related to high-risk behaviours, such as intravenous drug use, the support of which leads them into criminal behaviour and or sex trade work, which can also increase the chance of infection.

Institutional policies have not yet recognized the potential danger of HIV/AIDS within prison populations. Correctional policies – including those affecting administration, staff, and prisoners – are not conducive to education, prevention or treatment. Furthermore, the nature of incarceration – particularly the physical, political, social and economic isolation of prison populations – increases the difficulty of addressing the many complex issues of HIV/AIDS and prison populations.

This issue is not a concern only to those in prison, because the prison population is highly transitory, and as such poses a high risk for exportation of infection into the general population when they leave the incarceration. Many of these inmates will eventually make their way back into the general population or into the federal prison system. As a result, health care costs are going to rise drastically in the next few years and anything we can do to prevent this is a bonus⁶.

Women and Prison

According to the Canadian HIV/AIDS Legal Network, the number of women in prison who are HIV positive generally exceeds the number of men who are living with HIV. In a 2002 study of Canadian federal institutions, 3.71 percent of female inmates were known to be HIV positive compared with 1.96 percent of males.

Differences in health care needs between men and women are also prevalent in the prison system. The majority of the prison population is male which results in programs and health services being targeted towards men and their specific needs. Since women are becoming increasingly infected with HIV, there is an increased need for gender specific education and health services for incarcerated women. Women are vulnerable to HIV infection because many are part of social groups that are traditionally marginalized by society not only on the basis of gender, but on the basis of race, class, sexual orientation, disability, substance use and/or occupation as sex trade workers¹.

Aboriginals in Prison

The Canadian Aboriginal population is over-represented in prison populations. The representation is as follows:

- In Canada, the Aboriginal population makes up approximately 15 percent of the total prison population, despite the fact that they make less than 3 percent of the total Canadian population.
- In the prairie provinces, aboriginal people make up 64 percent of the Prison population.

Aboriginal communities are at an increased risk for HIV Infection. One of the issues is that even remote aboriginal reserves are becoming a concern because many aboriginal individuals are mobile and move from cities back to their rural communities. Within prisons, aboriginal prisoners have different needs. One of the main suggestions is that the programs implemented need to address their cultural values¹.

HIV Transmission in Prison

Sexual Activity – Sexual activity among inmates is not uncommon in prison. Correctional Services of Canada conducted studies in 1995 indicating that six percent of inmates reported engaging in sexual intercourse inside prison. While the study was federal, provincial institutions have recorded similar results¹. A study in 2003 reported that 37 percent of female prisoners had engaged in sexual activities sometime while in prison³.

Drug Use – Although imprisoned, people who inject drugs do not use drugs with the frequency that they can outside, but when they have access to the drugs, there is increased sharing of injection equipment and it is seldom sterilized because of scarce resources. For example, one inmate may not tell another of his HIV positive status, because if they did, they might not be able to continue to share needles, which is done because clean needles are not available. Corrections officials have historically been reluctant to implement needle-sharing programs. There are several rationalizations for this. For example, such programs could be seen as condoning illegal activity, as encouraging drug use, and there is fear that the needles will be used as weapons.

Tattooing – Tattooing is widely practiced in prisons and is usually performed without sterile instruments. A recent study indicates that 37.9 percent of male prisoners and 4.8 percent of female prisoners report having had a tattoo while incarcerated⁴. A large percentage said that they had used non-sterile equipment. In 2005 Correctional Services of Canada began a pilot project providing inmates with sterile tattooing equipment. The minister of public health discontinued funding the following year. This news was quite disappointing as evidence shows that prevention is more cost effective than treatment after inmates become infected. Many argue that the one year pilot was not enough time to determine the effectiveness of the program⁵.

Solutions

Education – Education of inmates remains one of the most important ways to promote and protect the health of inmates and prevent the transmission of HIV. It should not be limited to written information but include ongoing educational sessions, and should be delivered by community-based AIDS organizations, health or prisoner organizations. Wherever possible, inmates should be encouraged and assisted in delivering their own peer education counseling and support programs⁶.

Education should not be limited to inmates. There is a great need for on-going education for both staff and inmate⁶. The HIV/AIDS in Prisons Final Report goes on to say that CSC administration and staff need to learn about how to deal with prisoners living with HIV/AIDS and to respect their rights and dignity, the absence of risk of HIV transmission from most contact with inmates, and the need to respect medical confidentiality⁶.

Harm Reduction

Three options exist within the harm reduction approach:

1. Availability of kits to sterilize needles, a measure which has been implemented in some but not all federal correctional institutes in Canada;
2. Availability of methadone to bypass the need for injection by needle.
3. The implementation of needle exchange. In Canada, as elsewhere, providing sterile needles to inmates has been widely recommended. A pilot needle exchange program in a women's prison in Switzerland was expanded when it was established that:
 - o The health of prisoners improved;
 - o No new cases of HIV or hepatitis occurred;
 - o A significant decrease in needle sharing was observed;
 - o There was no increase in drug consumption and;
 - o Needles were not used as weapons.

The HIV/AIDS in Prisons Final Report recommends that because of the threat of the spread of HIV/AIDS, and given the prevalence of injection drug use in prisons that the introduction of needle-exchange programs in prisons is even more pressing today than in the past⁶. At this point in time, there is no needle exchange program available in federal correctional institutes in Canada.

Condoms and Dental Dams

Condoms are recognized to be a fundamental part prevention of the spread of HIV/AIDS. According to Jeff Potts of the Corrections Services Canada- Health Services, condoms are available at some but not all correctional institutions. In many provincial institutions, condoms are unavailable. In addition, water-based lubricants and dental dams are available at some but not all federal correctional institutions.

References:

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