



# Research at a glance

## Aboriginal Men: A Summary of the Findings of the 2007 National Inmate Infectious Diseases and Risk-Behaviours Survey

**KEY WORDS:** *risk-behaviours, harm-reduction, health education, HIV, HCV, testing, treatment, infectious diseases, inmate survey, Aboriginal self-identification.*

### Why we did this study

Correctional Service Canada (CSC) conducted this study to obtain information about inmates' health risk-behaviours, use of health programs, and knowledge of human immunodeficiency virus (HIV) and hepatitis C virus (HCV). This information will help CSC to better address the health needs of Aboriginal inmates.

### What we did

In collaboration with inmates and the Public Health Agency of Canada, CSC developed a self-administered questionnaire and a random sample of men were invited to complete it. Inmate participation was voluntary. To ensure privacy and confidentiality, a private company administered and retained the anonymous questionnaires, and provided CSC with a database for analysis. In total, 612 Aboriginal and 2,281 non-Aboriginal men completed the questionnaire in 2007.

### What we found

Aboriginal and non-Aboriginal men were aware of the harm reduction items (e.g., condoms or bleach) and tried to access them. The majority of Aboriginal and non-Aboriginal men who reported engaging in sex, injecting drugs, tattooing, and/or piercing in penitentiaries attempt to access and/or use harm-reduction items. Some experienced access problems, such as broken or empty dispensers.

The majority of Aboriginal and non-Aboriginal men were tested for HIV and HCV during their sentence. The most common reason for not being tested was not being offered the test. Few cite fear of being reported and/or discriminated against at CSC as reasons for not being tested.

The self-reported rates of HIV and HCV infections are much higher among Aboriginal and non-Aboriginal male inmates than the Canadian population. Men who have HIV worry about discrimination in federal penitentiaries.

Both Aboriginal and non-Aboriginal men entering federal penitentiaries report a high rate of drug- and sex-related risk-behaviours during their last months in the

community, but these behaviours decline substantially during incarceration for both groups of men.

Overall, the risk-behaviours associated with the transmission of BBSTIs, knowledge of HIV and HCV, patterns of testing and treatment for these infections, and the self-reported rates of infections since admission were similar for both Aboriginal and non-Aboriginal men.

### What it means

Both Aboriginal and non-Aboriginal men in Canadian penitentiaries have access to, and make use of harm-reduction items, such as condoms and bleach, and HIV/HCV testing and treatment services. There is some evidence that knowledge of risks was associated with behaviour that reduces the transmission of HIV and HCV, such as less injecting and greater use of bleach. Finally, while drug use continues in penitentiaries, it dramatically declines from use in the community.

Although there are similarities between Aboriginal and non-Aboriginal men in terms of risk-behaviours and rates of infectious diseases, these similarities do not preclude the use of culturally specific interventions to prevent and manage infectious diseases at CSC.

### For more information

Thompson, J., Zakaria, D., & Grant B. (2011). *Summary of the Findings from the 2007 National Inmate Infectious Diseases and Risk-Behaviours Survey for Aboriginal Men*. Research Report R-237. Ottawa: Correctional Service Canada.

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