

Health issues for Aboriginal offenders

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In Canada, Aboriginal people represent approximately 2% of the adult population,² while Aboriginal offenders comprise 17% of the federal incarcerated population.³ The numerous health issues facing the incarcerated Aboriginal offender population in general, has become a concern for the Correctional Service of Canada (CSC). This article provides a summary of the literature on physical non-communicable and communicable diseases that impact the Aboriginal offender population as well as some other areas of concern. The majority of the research presented is on the health of Aboriginal people in the general population since very few studies have been conducted on Aboriginal offender health specifically. It should be noted that the majority of health research on Aboriginal people has been conducted on First Nations and Inuit populations, and to a much lesser extent, on Métis.

Death rate, causes of death, and life expectancy

In 1999, Health Canada reported that the death rate for First Nations and Inuit peoples from Eastern Canada, the Prairies, and the Western provinces was almost 1.5 times higher than the 1996 national rate. The three most common causes of death for First Nations and Inuit people were diseases of the circulatory system, cancer, and injuries and poisonings.⁴ More specifically, First Nations and Inuit were 6.5 times more likely to die as a result of poisonings and injuries than the general Canadian population.⁵ There was no information available on the causes of death for Métis.

According to Health Canada, the life expectancy of the Aboriginal population has been reported to be lower than the Canadian population in general. In 1998, the life expectancy of "Registered Indian men" was 69 years compared to 75 years for men in the general population. For "Registered Indian women" the life expectancy was 77 years compared to 81 years for women in the general population.⁶

Physical Non-Communicable Diseases

The majority of research completed on physical non-communicable diseases for Aboriginal people has focused on diabetes and cancer and,

to a lesser extent, on cardiovascular diseases, arthritis and rheumatism.

According to the 1991 Aboriginal Peoples Survey, the prevalence of non-insulin dependent diabetes, or type II, was highest among First Nations (6%), followed by Métis (6%) and Inuit (2%). The national rate (3%) for the general Canadian population was reported lower than the Aboriginal rates with the exception of the Inuit.⁷ However, this may be a result of under-reporting or under-diagnosis of diabetes by this specific group of Aboriginals.

Due to the lack of systematic or consistent collection of data by ethnic status, it is difficult to assess the incidence of cancer among Aboriginal people. However, one study concluded that Inuit in the Northwest Territories were more likely to develop cancer of the lung, cervix, nasopharynx, and salivary gland and less likely to develop cancer of the breast, uterus, prostate, and colon compared to the total Canadian population.⁸

Two recent studies explored the prevalence of cardiovascular disease among the Aboriginal population in Canada. The results of the first study indicated that First Nations and Inuit people in the Northwest Territories had a lower mortality rate for all circulatory diseases compared to the general Canadian population.⁹ In contrast, the second study reported that the prevalence of heart problems among First Nations and Inuit people were almost three times the national population (23% and 8% respectively). This finding was consistent across all age and sex groups.¹⁰

The First Nations and Inuit Regional Health Survey examines the prevalence of arthritis and rheumatism among First Nations and Inuit people. The report documents that Inuit suffer from osteoarthritis and rheumatoid arthritis equal to that of the general population. However, First Nations were found to have a higher incidence of osteoarthritis for all age and sex groups. The Inuit were more likely to develop other rheumatic disorders such as Reiter's syndrome.¹¹

Given the findings, it appears that Aboriginal people represent a higher risk to develop and suffer from a number of physical non-communicable diseases. This increased risk may have an impact upon the Aboriginal offender population in a number of ways. Many of the diseases may be triggered or worsened by poor eating habits, a sedentary lifestyle, stress and anxiety, and heavy smoking, which are typical characteristics of the incarcerated general population. CSC has made efforts to improve the physical health of offenders, such as offering salads as a meal option and providing access to physical and leisure activities. However, further provisions need to be generated to help alleviate an existing health condition(s) and to reduce the risk of developing one.

Physical Communicable Diseases

A number of studies have addressed the incidence of Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), tuberculosis (TB), and hepatitis. Although research has been conducted on offender populations in these health areas, there has not been a specific focus on Aboriginal offenders.

HIV/AIDS has dramatically affected the Aboriginal population in Canada. According to Health Canada, the annual number of reported AIDS cases among Aboriginal people has steadily increased from 1991 to 2000. The proportion of reported Aboriginal AIDS cases has increased from 1% before 1990 to 11% in 1999 and 9% in 2000. It is important to note that these figures represent the proportion of reported AIDS rather than HIV cases and that many individuals carry HIV for a number of years before the disease is detected. An examination of HIV cases found that Aboriginal people are over-represented among new diagnoses for known cases. There was a higher proportion of Aboriginal women across all age groups, and Aboriginal people between 20 and 29 years diagnosed as HIV positive, in comparison to their non-Aboriginal counterparts.¹²

Relatively few studies have examined the prevalence of tuberculosis (TB) among Aboriginal people. However, it is known that the overall rate of TB in Canada reached a plateau in 1989 with approximately seven cases per 100,000. Unfortunately, the rate for the Aboriginal population continued to rise with 70 cases per 100,000 in 1995.¹³ Further, the TB rates are particularly high for the more northerly

and remote areas.¹⁴ To date, the rate for Métis people has not been examined. Since 1998, the prevalence of TB among the federal offender and correctional staff population has been available due to the implementation of the Tuberculosis Tracking System (TBTS). A CSC report revealed that one out of every five offenders who enter the federal correctional system in 1998 was infected with TB. Furthermore, Aboriginal offenders reported positive tuberculin skin test (TST) results at twice the rate of non-Aboriginal offenders.¹⁵

There is also very little research on hepatitis among the Aboriginal population. One study in Canada detailed the outbreak of hepatitis A in a small Aboriginal community. Although the disease was confined, the incident demonstrated how easily it could be spread in a small remote area.¹⁶ Health Canada has estimated that there are 1,477 Aboriginal people infected with hepatitis C and HIV. According to these data, the majority of infected persons (56%) live in British Columbia.¹⁷

These findings have important implications for correctional operations and programming. More specifically, prisons are at a higher risk for infection than non-prison communities. For example, offenders tend to practice more high-risk behaviour such as injection drug use, tattooing, and fighting. Given that communicable diseases are spread easily, an analysis of the prevalence of these specific diseases in the offending population is needed. Due to the higher rates of communicable diseases among Aboriginal people, this is an area that requires attention in order to contribute to the reduction and containment of diseases through treatment and education.

Other health concerns

There are a number of other areas that directly affect the health of Aboriginal people including substance abuse, nicotine, suicide, and mental illness. The incidence of alcohol, drug, and solvent abuse appears to be much higher in some Aboriginal communities than in other parts of Canada. This is particularly prevalent among Aboriginal youth that have a 2 to 6 times' higher risk for alcohol-related problems than non-Aboriginal youth. Furthermore, it has been suggested that Aboriginal men are more likely to abuse alcohol, whereas Aboriginal women are more likely to abuse drugs. A pattern of binge drinking also has been evident in some Aboriginal communities'.¹⁸

Due to the frequency of alcohol abuse among the Aboriginal people, the prevalence of Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE)¹⁹ among this specific population has generated concern. A study of a First Nation's reserve in Manitoba found that approximately 100 cases per 1,000 births were diagnosed with FAS or FAE. In contrast, the rate of FAS in western countries is approximately 0.33 cases per 1,000 births.²⁰

The 1996 Northwest Territories Alcohol and Drug Survey examined the incidence of substance abuse in the Northwest Territories. The study concluded that Aboriginal residents aged 15 years or older were almost three times more likely to have used marijuana or hashish and three and a half times more likely to have used LSD, speed, cocaine, or heroin than non-Aboriginal residents. In addition, Aboriginal respondents aged 15 and over were 11 times more likely to sniff solvents or aerosols than non-Aboriginal respondents. Furthermore, the surveyed Aboriginal people were almost 24 times more likely to abuse solvents compared to the rest of Canada.²¹

With regard to Aboriginal people in the offender population, research has clearly demonstrated that substance abuse is a high-need area. For instance, in an Aboriginal Offender Survey, the majority of respondents reported an early history of alcohol (58%) and drug abuse (60%).²² Furthermore, a higher proportion of North American Indian (93%), Inuit (93%), and Métis (91%) were identified as having high substance abuse needs at admission to federal custody.²³

The heavy use of nicotine is quite frequent in Aboriginal communities. In 1997, 62% of First Nations and Labrador Inuit over the age of 15 were smokers. This rate is twice as high as the general Canadian population (29%). The rate of Aboriginal smokers does not appear to be declining as the smoking rate has remained unchanged since the 1991 Aboriginal Peoples Survey.²⁴

In 1994, the National Task Force on Suicide in Canada identified Aboriginal people as a high-risk group for suicide.²⁵ A study of the Innu in Newfoundland revealed suicide rates of 178 per 100,000 population. The overall Canadian rate was 12 per 100,000 population.²⁶ Likewise, a retrospective study of suicide in Manitoba between 1988 and 1994 found that suicide rates were higher for Aboriginal people (31.8 per 100,000) than non-Aboriginal people (13.6 per 100,000).²⁷

Similar to the trend in the general population, Aboriginal offenders are over-represented among offenders who commit and attempt suicide.²⁸ For example, an examination of inmate suicide in federal Canadian prisons reported that although the largest proportion of suicide victims were Caucasian (89%), 9% of victims were Aboriginal. Further, a study of attempted suicide in the male offender population also found that the majority of suicide attempts were committed by Caucasian offenders (81%). However, Aboriginal offenders represented 15% of suicide attempts.²⁹

In conjunction with other health problems such as substance abuse and suicide, mental disorders are common characteristics of some Aboriginal communities. Epidemiological studies have reported high levels of mental health problems among Aboriginal people in Canada.³⁰ Results from the First Nations and Inuit Regional Health Survey indicated that 17% of Aboriginal parents reported that their children had more emotional or behavioural problems than non-Aboriginal children in the same age group. These problems significantly increased with age.³¹ However, many research studies on mental health only provide crude estimates rather than actual rates, and very little information is available on specific disorders.

Many of these health issues, such as smoking and substance abuse, may complicate and exacerbate pre-existing health conditions. Furthermore, other health problems may facilitate thoughts of suicide and initiate occurrences of mental illness among offenders. Gradually, more treatment efforts have been developed to alleviate Aboriginal health problems including access to Elders, substance abuse programs, sweat lodges, and other spiritual ceremonies. However, there is a need to research these specific health issues as it is known that the Aboriginal offender population presents diverse needs and poses different risks than the non-Aboriginal offender population.

Conclusion

It is evident that there is very limited research in the area of health for Aboriginal people in Canada. Most studies have focused on selected Aboriginal communities and Aboriginal youth, as well as different age and gender groups. Furthermore, the literature available has not equally examined the prevalence of health problems among the three Aboriginal groups. For the most part, studies have focused on First Nations and Inuit populations. However, it is

clear that the many health-related problems faced by Aboriginal people in general are greatly intensified for Aboriginal people incarcerated in correctional facilities. Aboriginal offenders may have easier access to medical services than Aboriginal people living on reserves and in rural areas, but this does not imply that there is a complete understanding of their diverse and complex health needs, nor does it suggest that Aboriginal offenders use the services available. Aboriginal offenders continue to be at a greater risk than non-incarcerated Aboriginals for developing, spreading, and

contracting diseases especially in an environment that is characterized by a sedentary lifestyle, violence, stress, and sometimes unsanitary accommodations. It has been clearly demonstrated that more research needs to be conducted in all health-related areas for the Aboriginal offender population. This research could help health services inform the development and improvement of education programs, treatment models, as well as assist in the safe reintegration of Aboriginal offenders into the community. ■

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