

CORRECTIONAL SERVICE CANADA

CHANGING LIVES. PROTECTING CANADIANS.

Infectious Diseases, Risk Behaviours, and Harm-reduction in Women's Institutions: Findings from the 2022 National Health Survey

Among participants of the 2022 National Health Survey from women's institutions, under a third had antibodies for HCV; less than 5% had an active HCV infection. About 8% of participants were found to have syphilis antibodies.

Why we did this study

This study provides an overview of self-report responses from the 2022 National Health Survey, as well as an examination of serological data to determine prevalence estimates of infectious diseases of participants in women's federal institutions, including Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV), and syphilis. Responses were used to examine factors that can increase risk for infection, such as engagement in risk behaviours (tattooing, drug use, and unprotected sex), and awareness of, and access to, harm reduction services.

What we did

The 2022 National Health Survey consisted of two parts: 1) a self-report questionnaire, and 2) a dried blood spot (DBS) sample to test for infectious diseases. The study population comprised of people who were housed in Canadian federal prisons who met three eligibility criteria: consented to participate, were able to participate in French or English, and had been continuously incarcerated in a federal prison for at least six months prior to the start of the study. This report focuses on findings from 119 people who were incarcerated in women's federal institutions, of which 57 identified as Indigenous and 62 non-Indigenous. The largest proportion of participants came from the Ontario Region (40%), followed by the Atlantic Region (21%). Just under one-fifth of participants were from the Quebec Region (19%), 15% were from the Prairie Region, and 5% were from the Pacific Region.

What we found

Through serological information, HIV antibodies were detected for less than 5 participants—due to this small number, the percentage could not be reported. HCV antibodies were detected for 32%, with less than 5% of participants found to have an active infection, and syphilis antibodies were detected for 8% of participants. Over 50% of participants indicated that they had not been tested for these infections within the past six months while in a federal prison.

In terms of risk behaviours, 21% reported getting a tattoo in prison within the past six months. Just over a quarter of those who had gotten a tattoo within the past six months indicated that they had used a device that was previously used by

someone else. Almost all participants (96%) who got a tattoo within the past six months indicated that they would use a safer tattooing program if one were available. In terms of drug use, 25% of participants indicated using drugs in federal prison within the past six months, of which 30% reported smoking drugs and 94% reported snorting drugs. Very few participants reported injection drug use; thus, this data could not be analyzed further. A quarter of participants indicated having sex over the past six months while in federal prison. Of those individuals who had sex while in federal prison, 40% indicated that they never used harm reduction supplies such as condoms, lubricant, or dental dams. However, when asked about access to harm reduction supplies, few participants reported having issues accessing these supplies, like dental dams and condoms.

What it means

Overall, prevalence rates of HIV, HCV, and syphilis in women's federal prisons are elevated in comparison to both the general population and men's federal prisons. Findings demonstrated that a large proportion of drug users in women's institutions tend to snort their drugs. Findings suggest that risk behaviours, including device sharing (for drug use and tattooing) and engaging in unsafe sex may be contributing to the current rates of infection. Additionally, participants may not be accessing or consistently using harm reduction programs or services. Findings highlight the need for effective prevention services, including increasing screening and improving awareness of, and access to, harm reduction programs within women's institutions. Results can be used to help improve harm reduction strategies and prevention practices.

For more information

Wanamaker, K., Filoso, D., Mahboob, W., & Johnson, S. (2024). *Infectious Diseases, Risk Behaviours, and Harm-reduction in Women's Institutions: Findings from the 2022 National Health Survey*. (Research Report R-480). Ottawa, Ontario: Correctional Service of Canada.

To obtain a PDF version of the full report, or for other inquiries, please e-mail the [Research Branch](#).

You can also visit the [Research Publications](#) section for a full list of reports and one-page summaries.

