

## ABORIGINAL ISSUES

# HIV rate soars among Vancouver's native drug users

BY ANDRÉ PICARD  
PUBLIC HEALTH REPORTER

Startling new research reveals that aboriginal drug users living in Vancouver's Downtown Eastside are contracting HIV-AIDS at twice the rate of non-aboriginal drug users.

Over the four-year study period, 18.5 per cent of aboriginal men and women who injected such drugs as cocaine and heroin became HIV-positive, compared with 9.5 per cent of non-aboriginal intravenous drug users.

"This is a tragedy," Evan Wood, a research scientist at the B.C. Centre for Excellence in HIV/AIDS, said in an interview. "Many people in the aboriginal community are reaching out for care and the care isn't there."

Dr. Wood, the lead author of the research, said the higher rates of infection among natives are not due to biological factors but rather to patterns of social networking: The fact that aboriginal people interact principally with other aboriginals heightens their exposure and speeds the spread of HIV-AIDS.

Better social programs tailored to aboriginals could help alleviate that situation, he said.

In fact, even before researchers started tracking new infections, they found that the proportion of aboriginal drug users with HIV-AIDS was already higher — 25.1 per cent versus 16 per cent for non-aboriginals.

The research suggests that, all told, two in every five drug users in downtown Vancouver who identify as being Indian, Inuit or Métis are infected with HIV-AIDS, a rate higher than some areas hardest hit by the pandemic in the developing world.

Among non-aboriginals, the HIV-AIDS infection rate among IV drug users is about one in four, still a disturbingly high number.

The study, published today in the American Journal of Public Health, shows that aboriginal and non-aboriginal injection drug users have essentially the same risk factors and behaviours, such as needle sharing, selling sex and practising unsafe sex.

But the social side is key. Lucy Barney, a nurse-researcher at the Children's & Women's Health Centre of British Columbia and co-author of the paper, said "people congregate in social networks where they feel safe — with their peers. This is a real problem when your peers are addicts and end up sharing needles."

However, Ms. Barney, a member of the Lillooet Titqet Nation, said the real explanation for the higher rates of HIV-AIDS infection goes beyond these daily interactions.

It has its roots in poverty, unemployment, lack of housing and dislocation that plague many aboriginal communities and send young people to the streets of Vancouver seeking solace.

"Many of our people are

walking around with no purpose in life, with no hope," she said. "Give them hope and there won't be so many drug addicts and alcoholics and there won't be so much HIV-AIDS."

Both researchers stressed that there need to be more "culturally appropriate" services offered to aboriginal IV drug users, including housing,

rehabilitation facilities and health services.

Ms. Barney said that while many programs are aimed at aboriginal people, there is a lack of co-ordination.

Dr. Wood agreed and said the "findings suggest the need for immediate action on the part of health policy-makers."

He bemoaned the fact that the current strategy seems to

deal with IV drug use principally as a law-enforcement issue rather than a public-health issue.

The study notes that aboriginal drug users have higher rates of incarceration than non-aboriginals and that doing prison time is a definite risk factor for contracting illness and a drug habit. An estimated one in five HIV-AIDS infec-

tions are contracted in prison.

The data for the study were derived from two similar cohorts of injection drug users, the Vancouver Injection Drug Users Study and the Scientific Evaluation of Supervised Injection.

A total of 2,496 individuals were recruited between May, 1996, and December, 2005, of whom 585 identified as being

aboriginal — Indian, Inuit or Métis. During the study period, 159 people became newly infected with HIV-AIDS, including 44 aboriginals.

The study found that those most likely to contract HIV-AIDS were people who routinely injected cocaine. (Cocaine can be injected up to 30 times a day, while heroin is injected far less frequently.)



Supporting Canada's diverse energy drilling environments with top quality products and dedicated service. Made in Canada.

From the oil sands to the northern frontier, from deep and sour gas wells to East Coast offshore applications, Tenaris is committed to being a leading supplier to Canada's energy industry. We are integrating a complete industrial system of seamless and welded manufacturing, premium threading and service centers to secure the supply of high performance OCTG and line pipe products designed to meet the broad array of Canadian conditions. And we're proud to say that there is no better place to do this than in Canada.

**Tubular technologies. Innovative services.**

[www.tenaris.com/canada](http://www.tenaris.com/canada)

 **Tenaris**

## ABORIGINAL ISSUES

## Innu village bans alcohol in bid to halt tragic abuse

After suffering the ravages of alcohol abuse for generations, an isolated native reserve in northern Labrador has narrowly voted in favour of becoming a dry community.

The Innu of Natuashish voted 76-74 yesterday to outlaw the sale, distribution and possession of alcohol on their reserve, where bootlegging has been rampant, profitable and the root of many social ills.

"It's a historic day for us," Chief Prote Poker said in an interview from his home.

"Alcohol has devastated our lives in the past and I think it's time to move forward and get on with healing."

The vote came as police investigate the freezing deaths Tuesday of two young girls at a Saskatchewan reserve. Alcohol is said to be at the centre of the tragedy on the Yellow Quill First Nation.

Natuashish band members printed news accounts of the tragedy and distributed them to residents before the vote, Chief Poker said.

» The Canadian Press