

A Preliminary Bibliography on Injection Drug Use and Users (IDU) in Canada.

A work in progress: comments and additional references are welcome.
Please forward to the contact below.

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Abstract: Objective. To identify who are the drug users sharing injection material. Methods. In Quebec City, 618 injection drug users (IDU) who used the services of a needle syringe exchange program (8.4% HIV+) participated in a face-to-face interview. Information regarding behavioral variables related to the last 6 months as well as sociodemographic variables were obtained. A logistic regression analysis was performed on two models of sharing needles during the last 6 months. The first model compared those sharing IDU with those who do not; the second model was based only on sharing IDU and subdivided them in 3 groups: those who lended (n=78), borrowed (n=102), or lended and borrowed (n=153) injection material. Results. In the first model, several variables appeared to discriminate sharing IDU from non-sharing IDU. These variables were: living in a shooting gallery (OR: 4.6, CI95%: 1.5;14.2); the number of hits with the same needle syringe (OR greater than 1 hit: 2.9, CI95%: 1.8;4.6); injecting with an acquaintance (OR: 2.7, CI95%: 1.7;4.2); heroin users (OR: 2.2, CI 95%: 1.3;3.5); injecting in a shooting gallery (OR greater than 10 times: 2.1, CI95%: 1.2;3.6); for males, having male sexual partners (OR: 2.3, CI95%: 1.3;4.1) and age at the interview (OR: 0.97, CI95%: 0.95;0.99). In the second model, the discriminating variables differed between each logistic equation (IDU who lended/borrowed/lended and borrowed); and also differed from the variable in the first model. Conclusion. Important variables discriminate those who share from those who do not share. There is evidence that type of sharing is also related to specific variables.

This study was supported by a grant from the National Health Research and Development Program, Health Canada.

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Abstract: The association between NEP [needle exchange programs] use and HIV infection was examined in three risk assessment scenarios using intensive covariate adjustment for empirical confounders: a cross-sectional analysis of NEP use at entry as a determinant of seroprevalence, a cohort analysis of NEP use at entry as a predictor of subsequent seroconversion, and a nested case-control analysis of NEP participation during follow-up as a predictor of seroconversion. [...] Risk elevations for HIV infection associated with NEP attendance were substantial and consistent in all three risk assessment scenarios in our cohort of injection drug users, despite extensive adjustment for confounders. In summary, in Montreal, NEP users appear to have higher seroconversion rates than NEP nonusers. (Author) This research was funded by a grant from the National Health Research and Development Program, Health Canada.

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Abstract: The relative contributions of needle use practices and sexual behaviors to human immunodeficiency virus (HIV) antibody seropositivity among 394 women incarcerated in Quebec were determined by risk factor assessment and serology with a nonnominal methodology. HIV positivity was found in 6.9% (95% confidence interval [CI] = 4.6, 9.9) of all participants and in 13% (95% CI = 8.6, 18.6) of women with a history of injection drug use. HIV seropositivity among women with a history of injection drug use was predicted by sexual or needle contact with a seropositive person, self-reported genital herpes, and having had a regular sexual partner who injected drugs, but it was not predicted by prostitution. Nonnominal testing is an ethical alternative to mandatory and anonymous unlinked testing among correctional populations.
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Abstract: OBJECTIVE: To examine the contribution of injection drug use (IDU) to HIV infection among Aboriginal people in Canada. METHODS: AIDS data were derived from the Canadian AIDS Case Reporting and Surveillance System. HIV testing data were obtained from the British Columbia (BC) Enhanced HIV Surveillance Study, the Northern Alberta (NA) HIV Clinic, the HIV testing programs in Saskatchewan. HIV prevalence/risk behaviour data were obtained from 3 studies with Aboriginal identifiers: Vancouver IDU Cohort Study, Alberta STD clinic study, and Montreal street youth study. RESULTS: As of 30/09/97, 249/13 310 AIDS cases were reported among Aboriginal people in Canada. The proportion of adult Aboriginal AIDS cases (> age 15) attributed to IDU were 54.0% in women and 17.8% in men, with an additional 13.9% of adult men attributed to the category MSM/IDU. The proportion of cases attributed to IDU alone among adult Aboriginal AIDS cases has increased over time, from 3.2% (< 1989) to 10.4% (1989-92) and 35.3% (1993- 96). Recent HIV testing data (1993-97) in BC and Saskatchewan as well as HIV clinical data in NA all found that the IDU exposure category in combination with other risk factors (MSM/Lesbian, sex trade, heterosexual contact) accounted for 52-60% of male HIV+ diagnoses and 40-75% of female HIV+ diagnoses. A history of IDU was also more common among Montreal street youth aged 13-25 years of Aboriginal background (43.7%, n = 71). The Vancouver IDU cohort study found a significantly higher HIV prevalence among Aboriginal than non-Aboriginal persons (30.4% vs 21.1%, p = 0.01). In the Alberta STD clinic study, the 3 HIV+ cases in Aboriginal women (n = 226) were all associated with IDU while the 2 cases in non-Aboriginal women (n = 2,677) were both attributed to heterosexual transmission. CONCLUSION: Evidence suggests that IDU is increasingly becoming an important risk factor for HIV infection among Aboriginal people in Canada, and appears to be involved in half or more of new infections. Therefore, targeted programs for Aboriginal IDU are urgently needed to slow the spread of HIV.
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Abstract: Objective: To assess the impact of the needle exchange program (NEP) of Quebec City on HIV risk behaviours and to determine HIV prevalence and associated risk factors among IDU attenders. Methods: HIV prevalence and associated risk factors will be compared between IDU who began to attend NEP recently (less than 2 months) and the others, at 3 time points (3 data collection cycles) over 2 years. For each collection, attenders who injected drugs during the previous 6 months will be asked to answer a questionnaire on risk behaviors and to provide an oral fluid sample. An encrypted code based on sex, date of birth, first and last initials will be used to follow participants over two years. Two data collection cycles have now been completed. Results: For the second collection, 339 IDUs (247 men and 91 women) accepted to participate. Nearly 65% have been attending the NEP since at least 2 months. The HIV prevalence was 11.8% (40/339); CI 95%: 8.6%-15.7%. The prevalence was significantly lower among IDU who began to attend NEP recently than among the others: 4.2% vs 15.9%, p is less than 0.01. Through univariate analysis, HIV-positive IDUs were older and they reported more often previous imprisonment and a history of hepatitis. In addition, HIV infection was found to be associated with duration of intravenous drug use, having shared needles with HIV-positive IDU, having same sex partners and being involved in prostitution or having sexual partners with these risk factors. Nine of 108 negative subjects seroconverted for an incidence rate of 6.3 per 100 person-years. Conclusions: Most of these results are similar to those obtained in the first collection and they are consistent with results previously reported about NEP attenders and non-attenders. The follow-up analyses will help to estimate the incidence rate among this population and to assess the impact of NEP on HIV behaviours.

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Abstract: OBJECTIVE: To investigate the dissemination of human immunodeficiency virus (HIV) and hepatitis C infection in association with sexually transmitted diseases (STDs), sexual practices, and injection drug use. All eligible men and women attending two STD clinics in Alberta, Canada, from May 1994 to May 1995 were studied. STUDY DESIGN: Anonymous, unlinked serosurveys were performed using leftover sera drawn for routine syphilis, hepatitis B, or HIV testing. Self-administered questionnaires collected a wide range of data: demographic, sexual behaviors, condom use, STD history, the exchange of drugs or money for sex, and drug and alcohol use. RESULTS: HIV seroprevalence in the overall sample group (n = 6,668) was 1.5%. Univariate analysis showed significant relationships for age between 30 years and 49 years, men having sex with men, injection drug use regardless of sexual orientation, history of STD, anal sex, and exchanging money or drugs for sex. At the multivariate level, only men having sex

with men, injection drug use, and age more than 30 years remained predictive of HIV infection. The prevalence of hepatitis C was 3.4% with significant associations being injection drug use and exchanging money or drugs for sex. **CONCLUSION:** The behavioral associations between sex practices, injection drug use, and HIV and hepatitis C seroprevalence warrant ongoing investigation. Continuing prevention programs targeted at safer sex practices (particularly for men having sex with men) and the use of clean needles are needed.

Rothon DA, et al (1997) Determinants of HIV-related high risk behaviours among young offenders: a window of opportunity. *Canadian Journal of Public Health* 88:14-17 Technical and financial support for this project was generously provided by the Bureau of Communicable Disease Epidemiology, LCDC, Health Canada, Dr. Don Sutherland, Chief, Division of HIV/AIDS Epidemiology. Financial assistance was also received from the Medical Services Branch, Pacific Region, Health Canada.

Abstract: **PURPOSE:** To study HIV-associated risk behaviours among young offenders. **METHODS:** Juveniles aged 12 to 19 years entering correctional facilities in British Columbia volunteered in an unlinked anonymous study. Logistic regression was used to identify factors associated with high-risk sexual behaviours and injection drug use (IDU). **RESULTS:** Despite low HIV prevalence (0.25%), patterns of risk behaviour were evident. IDU and homosexual/bisexual activity were equally prevalent among youth aged 12 to 15 and 16 to 19 years. For both age groups, IDU and female gender were significant predictors of sex for trade and sex with another drug user. Natives aged 12 to 15 years were five times more likely to inject drugs than non-Natives. However, predictors of IDU differed for older vs. younger youth. **CONCLUSIONS:** Patterns of high-risk activity begin early and selective pressures may differ for younger vs. older young offenders. Youth in detention provide a window of opportunity for enhanced HIV/AIDS education.

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Abstract: Describes similarities & differences in the experiences of acquired immune deficiency syndrome (AIDS) programs targeting Navajos in rural Chinle, AZ, & Native Americans in New York City. Site-specific barriers that prevent or discourage access to health care for Native Americans living with human immunodeficiency virus/AIDS were identified. On the Navajo reservation, the critical issues were confidentiality, lack of faith in local medical services, & lack of access to nonlocal medical services (a function of both finances & transportation). In New York City, the critical issues were dual or multiple diagnosis (eg, substance addiction & tuberculosis infection), budget cuts, lack of adequate housing, & confusion about cultural values. 6 References. Adapted from the source document

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Abstract: **BACKGROUND:** In 1995, an epidemiological study showed that 36.1% of Montreal street youth had injected drugs. **OBJECTIVES:** To describe drug injection initiation among street youth and explore how initiation occurs within their drug use itinerary. **METHODS:** In an exploratory qualitative study, in-depth semi-structured interviews were conducted with 25 new injection drug users (IDUs) (initiation < 4 years) aged 15-22 years. Participants were recruited among Montreal street youth through various means including outreach at street youth agencies and snowballing technique. **RESULTS:** Most participants started drug use around 12-13 years of age, experimented with a variety of drugs in the following years (pot, hash, acid, PCP, mushrooms) and started injecting within five years. Many seemed attracted by the experience of the injection itself (whatever the drug); a few were particularly attracted by heroin and believed injecting was the only way of taking that drug. Some were initiated into injection by friends or acquaintances, others asked to be injected or tried by themselves. Girls tended to be more pro active, more self-reliant and more organized than boys regarding their first injection. Overall, initiation of injection did not seem to be experienced by street youth as a major happening in their life. Indeed, their first injection was either idealized because of the 'trip' they had or seen as a casual event since 'everybody was doing it' and 'it's just another way of taking a drug'.

CONCLUSION: Initiation of injection among street youth does not seem to be the result of a dependence toward a specific drug. For these youth who are heavy users of multiple drugs, drug injection initiation

appears to be just another way of experimenting with drug use.

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Abstract: Injection drug use involves a wide variety of adverse health and social consequences which have negative impacts on the economy. This presentation describes a recently developed set of guidelines for estimating the costs of substance abuse and presents findings from a cost estimation study utilizing these guidelines. It was estimated that 732 deaths, 31,147 years of potential life lost and 7,095 hospitalizations were attributable to illicit drug use in Canada in 1992 and that illicit drug use cost more than \$1.37 billion to the Canadian economy. The largest economic costs of illicit drug use are \$823 million for lost productivity due to morbidity and premature mortality and \$400 million for law enforcement and \$88 million in direct health care costs. While it is not possible to distinguish the extent to which many of the costs are attributable to injection drug use rather than other aspects of illicit drug misuse, it is clear that much of these costs result from injection drug use. The largest causes of drug-attributable death are suicide, overdose and AIDS contracted from sharing needles - all of which are strongly associated with injection drug use.

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