Indigenous communities and overrepresentation in child welfare systems, a potential risk factor for HIV/AIDS?

Lessons for nurses and the harm reduction community from young Aboriginal women in two Canadian cities.

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Focus

• Nursing and Community Based Research

• Intersections of Drug Use, Child Protection and HIV in Indigenous Communities

• The potential role of nurses and other providers in mitigating risk: lessons from innovative programs
Honouring

- The research participants who share their stories
- The Aboriginal elders who support the study, Violet Bozoki and Earl Henderson
- The women, children, and families at Sheway
- Dr Patricia Spittal, Akh Moniruzzaman & Margo Pearce at CHEOS
- Dr Annette Browne from UBC School of Nursing
- Dr Vivian Hope and Dr Shakoor Hajoot from the London School of Hygiene and Tropical Medicine
- The Cedar Project Partnership
Cedar Project Partners

- Violet Bozoki & Earl Henderson, Elders
- Prince George Native Friendship Centre
- Carrier Sekani Family Services
- Q’wemtsin Health Society
- Positive Living North
- Healing Our Spirit
- Splats’in Secwepemc First Nation
- Central Interior Native Health
- Red Road Aboriginal AIDS Network
- Vancouver Native Health
- Katharina Patterson
Background

• Pathologized perceptions of Aboriginal people in health research
• Historical trauma: loss of lands/territories
• Residential School and “Stolen generations”
• Aboriginal children account for approx 9% of the child population, but make up 49% of children-in-care in BC
• Higher rates of youth pregnancy
• Legacy of population control
• Aboriginal women 6X more likely to become infected with HIV
• Epidemic uniquely related to experiences of colonial violence and intergenerational trauma
Historical Trauma

Community

Men

Women

Elders & Children
Objectives of Research

• To describe the prevalence of pregnancy, abortion & child apprehension in young Aboriginal women who use drugs
• To explore the possible impact of individual, community and structural violence on aboriginal women’s sexual and reproductive health, including vulnerabilities to HIV
• To inform future reproductive health and child welfare policy for Aboriginal young women in British Columbia
Study Design

- Prospective cohort of Aboriginal young people who use non-cannabis illicit injection and non-injection drugs
- Use of non-injection or injection drugs at least one month prior to enrollment
- Age between 14 and 30
- Informed consent
- Target enrolment: Vancouver 300, Prince George 300
Study Methods

- Recruitment through street outreach and word-of-mouth
- At each visit, participants complete questionnaires administered by trained Aboriginal interviewers and nurse
- Data collection includes demographic characteristics, injection and non-injection drug use, injection practices, and sexual practices
- Blood samples are drawn at each visit for HIV and HCV antibody testing by nurses
- Follow-up visits occur approximately every six months since enrolment
Secondary Analysis of Pregnant Cohort: Methods

• Multivariate analysis comparing young women who reported *ever being pregnant versus those who hadn’t* was done to determine predictors of pregnancy and sexual vulnerabilities relating to HIV.

• Multivariate analysis comparing HIV outcomes in *women exposed to child apprehension versus those who hadn’t* had a child apprehended
Sociodemographic Findings

- Of 512 participants, 54% lived in PG and 46% lived in Vancouver

- 56% ever injected drugs, no significant difference between PG and Vancouver

- Median age of first injection: 17 years

- 48% reported ever experiencing sexual abuse; average age of first abuse: 6 years
Reproductive Health Findings

• 76% of the female sample (n=262) aged 14-30 reported having ever been pregnant.

• Greater than 50% of the sample reported having 2 or more children

• The median age of first pregnancy was 17 (range 10-25)

• 36% reported ever having had an abortion

• No significant risk factors for pregnancy were found
Gender differences

Among injectors, rates of HIV were 2.16 times higher (CI: 1.03-4.53, p=0.037) in young women then men in the sample
Experiences of Child Apprehension

- 65% of participants were taken from their biological parents and put in care; average age taken from parents: 4 years
- 44% reported having at least one child apprehended by child welfare
- Only 5% of children born to the sample are currently living with their mothers
- Women who reported ever having had a child apprehended were **2.2 times more likely to have contracted HIV** (95% CI: 1.061-4.562), p=0.031.
Voices of Cedar Participants

“What type of services or people do you feel could help you in meeting your needs” qualitative analysis of women who reported ever being pregnant (n199)

- Addiction Services
- Counselling
- Harm Reduction
- Peer Support Programs
- Housing
- Pregnancy and Parenting Supports
- Income Supports
- Aboriginal Cultural or Spiritual Services
- Medical Services
- Food
Innovative models in Nursing:

Sheway: Coast Salish for “Growth”

Sheway provides comprehensive health and social services to women who are:

✓ Pregnant and parenting women
✓ Experiencing current or previous issues w/ substance use
✓ Children less than 18 months
✓ Live in Vancouver
Support to build networks - both friendship and ongoing service support networks

Healthy Babies, Infant/Child Development

Drop In

Out Reach

Crisis Intervention

Advocacy

Support

Connecting with other services

Nutritional Support and Services

Pre and postnatal Medical Care and Nursing Services

Advocacy and Support on Access, Custody and other Legal issues

Advocacy and Support on Housing & Parenting issues

Support/ Counselling on Substance Use/Misuse issues

Support in reducing exposure to violence and building supportive relationships

Support on HIV, Hepatitis C and STD issues

Support on HIV, Hepatitis C and STD issues

Support in reducing exposure to violence and building supportive relationships

Sheway Project

Reducing barriers to care
What Sheway does to welcome women...

• Provide services in a flexible, welcoming, non-judgmental manner and environment
• Support women’s self-determination, choices and empowerment
• Demonstrate respect for First Nations culture, history and tradition
• Utilize a harm reduction approach and provide practical supports

Conclusions

- Aboriginal young women who use drugs are increasingly vulnerable to HIV in Canada

- Further research is needed to examine child apprehension as a potential trauma that may increase HIV risk
Policy Recommendations

• Young Aboriginal women who use drugs require improved access to:
  • Low threshold, culturally relevant reproductive health services
  • Youth and family-friendly treatment centres
  • Parenting supports
  • Alternatives to foster care including flexible family centres and supports for grandparents and fathers
  • Harm reduction services
  • Programming centered on healing from the intergenerational transmission of trauma
  • Nurses and other health care providers who treat them with dignity and honour their histories
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HIV Infection among Canadian Aboriginal young people using drugs.

THE CEDAR PROJECT: PREVALENCE AND CORRELATES OF HIV INFECTION AMONG YOUNG ABORIGINAL PEOPLE WHO USE DRUGS IN TWO CANADIAN CITIES

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ABSTRACT

Introduction. During the past decade, the number of Aboriginal people diagnosed with HIV in Canada has grown more than any other ethnicity. Whereas the majority of infections are related to injection drug use, factors that explain elevated risk and transmission of HIV among Aboriginal young people who use illicit drugs are not well understood.

Study design. Observational study.

Methods. The Cedar Project is an observational study of Aboriginal youth living in Vancouver and Prince George, BC. Eligibility criteria included age (14–30 years) and self-reported use of non-injection or injection drugs at least once in the month before enrolment. Between October 2005 and April 2005, 512 participants were recruited and completed a questionnaire administered by an Aboriginal interviewer. Multivariable logistic regression analysis was used to model the independent association of demographic and behavioural variables of individuals with HIV infection.

Results. Of the participants, 235 resided in Prince George and 277 in Vancouver. Among the 276 participants that used injection drugs, HIV prevalence was significantly higher in Vancouver (17% vs. 7%) but HCV prevalence was higher in Prince George (62% vs. 57%). In Vancouver, 40% of injectors reported daily heroin use compared with 12% in Prince George. In contrast, Prince George participants were more likely to report daily injection of cocaine compared with those in Vancouver (37% vs. 21%). A higher percentage of Prince George participants reported having difficulty accessing clean syringes (22% vs. 8%). History of non-consensual sex, residing in Vancouver and duration of injection drug use were independent factors associated with increased risk of HIV infection.
The Cedar Project: A comparison of HIV-related vulnerabilities amongst young Aboriginal women surviving drug use and sex work in two Canadian cities

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Abstract

Background: In Canada, Aboriginal women and youth continue to be overrepresented amongst new cases of HIV, and are considered at increased risk for sex and drug-related harm. Young women involved in sex work are particularly vulnerable. The purpose of this study was to determine HIV-related vulnerabilities associated with sex work amongst young Aboriginal women in two Canadian cities.

Methods: This study was based on a community-based cohort of Aboriginal young people (ages 14 to 30) in two Canadian cities: Vancouver and Prince George, British Columbia. Between October 2005 and July 2006, 242 participants were recruited by word of mouth, posters, and street outreach. A baseline questionnaire was administered by Aboriginal interviewers, and trained nurses drew blood samples for HIV and HCV antibodies and provided pre- and post-test counselling. This study included 242 young women who participated in the baseline. Analyses were conducted to compare socio-demographic, drug use patterns, injection practices, sexual experiences, and HIV and HCV prevalence between young women who report having been involved in sex work in the last 6 months (n=154) versus young women who did not (n=88). Logistic regression was used to identify factors independently associated with recent sex work involvement.

Results: Both sexual violence and drug use patterns were found to be similarly different for women having recently been involved in sex work. Multivariate analysis revealed daily injection of cocaine (OR=4.4, 95% CI: 1.5, 13.4) and methadone (OR=2.9, 95% CI: 1.4, 5.9) in the previous 5 months, and lifetime medical injection (OR=2.5, 95% CI: 1.4, 4.3) were independently associated with recent sexual work involvement.

Interpretation: Harm reduction and treatment programs that address historical and lifetime trauma amongst Aboriginal people and prioritize emotional and physical safety for young Aboriginal women involved in sex work are required.

Keywords: HIV; AIDS; Hepatitis C; HCV; Aboriginal; Women; Injection; Drug use; Canada; Sex work

Introduction

In Prince George, Canada, the Ramsey case, involving a judge sentencing to 7 years in prison for sexually assaulting four Aboriginal teenage girls has garnered national media attention (Arnascimento, 2004). More recently, there has been