



## Editorials

### Human immunodeficiency virus *Emerging epidemic in aboriginal people*

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As a family physician working in Native\* communities on the western James Bay Coast, I go to work every day in what used to be a tuberculosis sanatorium. It has since been converted into an acute care hospital. The threat of epidemic disease was thought to have lessened, if not to have disappeared, over the past 50 years. Sadly, it has not.

Acquired immune deficiency syndrome is a devastating and growing problem in Canadian aboriginal communities. As with previous epidemics, most notably tuberculosis, AIDS has the potential to thrive in communities already facing daily struggles with poverty, violence, and the reserve system. The nature of the AIDS epidemic in Native communities reflects social disparity and raises disturbing questions about health care and justice. The entry point of human immunodeficiency virus for aboriginal people in Canada is likely through the criminal justice system.

Native people in Canada represent just 3% of our population, yet they account for 15% of AIDS cases in this country.<sup>1,2</sup> This is a dramatic growth from 1990, at which time only 1% of AIDS patients were aboriginal.<sup>2</sup> The increase in HIV transmission is thought to be due to patterns of intravenous drug use (IVDU). In 1991, only 5% of AIDS cases among Native people were related to IVDU, but by 1999, a full 51% of cases were traced to sharing needles.<sup>2</sup> What is going on?

#### **Prisons as breeding grounds**

A key aspect of AIDS epidemiology in Canada is the prison system. Nowhere is this more striking than when we consider aboriginal health. Native men make up 16% of the male federal prison population, and Native women make up 20% of the female population.<sup>8</sup> In provincial prison systems the numbers are even more striking.

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\*Native is used throughout this article to refer to the indigenous and aboriginal inhabitants of Canada and their descendants.

In Manitoba and Saskatchewan, Native people make up about 6% to 7% of the population.<sup>3</sup> In Manitoba, aboriginal people account for 72% of admissions to provincial jails, and in Saskatchewan, 55% of admissions.<sup>3</sup>

Both HIV and AIDS are growing problems in prisons. In April 1994, 109 inmates were known to have HIV or AIDS in federal prisons.<sup>4</sup> By March 1996, 159 inmates had HIV or AIDS—an increase of almost 50%.<sup>4</sup> In provincial prisons the HIV seroprevalence rate ranges from 1% to 7%.<sup>4</sup>

Rates of IVDU in the federal prison system have been directly assessed. In a large federal prison in Ontario a study found that, in 1995, 12% of inmates had injected drugs while in prison; by 1998 the rate had doubled to 24%.<sup>5</sup> The same study also noted that a full 79% of inmates who injected drugs while in prison shared needles.<sup>5</sup>

The large numbers of Native people in the prison system, high rates of IVDU and needle sharing in prisons, presence of HIV in the prison population, and the increasing proportion of aboriginal AIDS cases attributed to IVDU all point to an emerging HIV epidemic in aboriginal communities. The dramatic overrepresentation of aboriginal people in prison is a serious problem; it has its roots in social inequity.<sup>2</sup> What has not been recognized is that imprisonment itself is contributing to the increase of HIV in Native communities.

Once people are released from prison, the problem becomes a serious issue for communities at large. It is crucial, therefore, to work with aboriginal people in HIV education and to address the problems in the prisons. Harm reduction approaches, such as needle exchange programs, have proven effective and are used in prisons in Europe.<sup>4,6,8</sup> Creative approaches to curbing the threat of an AIDS epidemic in aboriginal communities must be developed soon.

Organizations, such as the Canadian Aboriginal AIDS Network and the Canadian HIV/AIDS Legal Network, are working hard to bring to public attention the growing problem of HIV in Native

communities. Health Canada is funding community initiatives aimed at HIV prevention. What is lacking, however, is a concerted federal and provincial effort to address the spread of HIV through IVDU in Canadian prisons. It is time to consider the relationship between the justice system and aboriginal peoples and to institute formal harm reduction programs in Canadian prisons, including needle exchange programs. The struggle against HIV in aboriginal communities will not succeed unless the source of the infection is dealt with.

### Return of tuberculosis

Those of us who practise medicine in aboriginal communities also worry greatly about the return of tuberculosis, especially multidrug-resistant tuberculosis. Native people still have the highest rates of tuberculosis in the country (80/100 000).<sup>9</sup> This rate is 25 times the rate of tuberculosis in Canadian-born non-Natives.<sup>9</sup>

Whether we are in the middle of an HIV epidemic in aboriginal communities is perhaps arguable, but given the trend of rising HIV infection due to IVDU, the threat is surely real enough for a sustained effort at prevention. If the likely source of infection (sharing infected needles in prison) is not dealt with, then, as a family physician in a remote Native community, I will simply be recording the

evolution of an epidemic as results of HIV tests more and more frequently come back positive. ❁

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