

## AIDS & ADDICTIONS



### *Here Are the Facts!*

Intravenous drug users (IDU's) are the fastest growing at-risk group in Canada. In one study in Vancouver (1997) 57% of 151 Aboriginal HIV positive people reported injection drug use as their main exposure category.

It is not only injection drug users that are at higher risk for HIV infection. Cocaine and alcohol abusers are also at higher risk because of impaired judgement at time of use.

### *Why are Drug Users at High Risk for HIV/AIDS?*

Even intravenous drug users aware of the high rates of HIV transmission through needles and drug paraphernalia are sometimes unwilling or unable to clean their works. The compulsion to use is sometimes stronger than the need to protect themselves.

Men and women who abuse drugs are more likely to turn to sex-trade related work to feed their habit. In these sometimes dangerous environments they are not always possible to protect themselves.

Drugs may impair the judgement of a person so severely as to make them unable to negotiate safe methods of using or having sex.

### *What Can Be Done to Help?*

Although it is illegal to use certain drugs, it is not illegal for people to protect themselves while using them.

Although clean needles exchanges exist in some cities, clean works for addicts should be made more widely available.

Service providers in the addiction communities can recognize HIV as one of the most important issues that drug users have to confront. On site testing and culturally appropriate counseling in treatment and drop-in centers would go a long way to ensuring that addicted persons do not get overlooked when HIV/AIDS issues are being address and harm reduction techniques practised.

This fact sheet was prepared by The Canadian Aboriginal AIDS Network located in Ottawa, Canada. CAAN is a National Coalition of Aboriginal people and organizations that provide leadership, support, and advocacy for Aboriginal people living with and affected by HIV/AIDS regardless of where they reside. For more info call CAAN at 1-888-285-2226. Statistics taken from LCDC Epi-Updates.

