

## ABORIGINAL PEOPLE IN CANADA: HIV ESTIMATES

### *Here are the Facts!*

In Canada, the Aboriginal population is very diverse reflecting variations in historical backgrounds, language and cultural traditions. The term Aboriginal in this fact sheet refers to First Nations, Inuit and Metis.

Available information suggests that Aboriginal persons are infected with HIV at a younger age than non-Aboriginal people, that injection drug use is an important mode of HIV transmission, and that **the HIV epidemic among Canada's Aboriginal community is not slowing.**

First, Aboriginal people are over-represented in recent estimates of HIV infection among the Canadian population. Even though Aboriginal people represent 2.8% of the Canadian population, they accounted for approximately 9% of new HIV infections in 1999.

Second, between 1996 and 1999, there was an 19% increase (from 310 to 370 infections) in the number of Aboriginal people newly infected by HIV. When one considers all HIV information with known ethnicity this number increases to an estimated 91% in the number of Aboriginal persons living with HIV (from 1,430 to 2,740 infections). **This means, each day one more Aboriginal person becomes infected with HIV.**

Third, among the 2,740 Aboriginal people estimated to be living with HIV infection at the end of 1999, 54% got HIV through injection drug use, 15% through heterosexual sex, 23% through male to male sexual activity and 6% through male to male sexual activity and injection drug use.

Other information shows that between 1998 and 2000, among reported HIV tests within the Aboriginal population (365), 59.5% got HIV through injection drug use compared to 33.6% for the non-Aboriginal population (1,299). From the same time period, within the Aboriginal population, 25.8% got HIV through heterosexual sex, and 9.9% through male to male sexual activity.



It would be equally important to acknowledge that HIV estimates are largely determined from data in provinces with ethnicity reporting (British Columbia, Saskatchewan, Manitoba, Newfoundland, Prince Edward Island). Therefore, HIV estimates may not accurately characterize the epidemic in provinces that do not have ethnicity reporting. In other words, **HIV transmission trends might be different in provinces that do not report ethnicity.**

### *Why Are These Numbers so High?*

It is not known for certain why these numbers are so high. However, several possible reasons might explain this situation. Aboriginal people are disproportionately affected by adverse social, economic and behavioural factors (such as high rates of poverty, exploitation, racism, and cultural oppression leading to substance use, sexually transmitted diseases and limited access to or use of health care services). These factors may increase vulnerability to HIV infection.

Furthermore, high rates of mobility between rural/northern communities to urban centres without appropriate education, prevention tools and resources is another factor that may also increase risk of HIV transmission.

## ***How Accurate Are HIV Estimates?***

The methods to estimate HIV infections in Canada make use of available information (surveillance and research data). Aboriginal HIV estimates are mainly determined by data from large cities as well as HIV and AIDS cases with reported ethnicity. The resulting estimates are therefore imprecise, but the degree of certainty is improved by using several methods in a combined approach. Overall, statistics indicate that HIV infection among Aboriginal people in Canada is on the rise. Sufficient data specific to First Nations, Inuit and Metis populations were not available to produce separate estimates.

## ***What is the Difference Between HIV and AIDS?***

The Human Immunodeficiency Virus (HIV) is the virus that causes AIDS. AIDS stands for Acquired Immune Deficiency Syndrome. When HIV attacks the t-cell (fighter cells) in the body's immune system it may eventually kill enough of them for opportunistic infections to occur. This syndrome, when enough of these infections occur to an HIV damaged immune system, is known as AIDS. Al-

though a person with AIDS will often be very sick, a person simply carrying the HIV virus may look and feel perfectly healthy and have no or few AIDS-related illness.

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

**The message that HIV infection among Aboriginal people is on the rise must be widely shared.**

This information can help Aboriginal prevention workers and community activists in their work. For example, knowing that 64% (235) of the new infection among Aboriginal persons in 1999 were because of injection drug use can help focus prevention efforts to target these risk behaviours. In this case, the estimates can also be used as a tool to advocate for more Aboriginal-specific needle exchange and harm reduction programs. Likewise, knowing that 46.6% (371) HIV infections between 1998 and 2000 were female and that 33.3% were between the ages of 20 and 29 may help target prevention efforts to women and youth through schools and/or community programs.

Using these estimates to target relevant prevention and education efforts to those most affected may help reduce the numbers of Aboriginal people who become infected with HIV in the future.

### **Note:**

All statistics used in this fact sheet are taken from "HIV/AIDS Epi-Update: HIV/AIDS Among Aboriginal people in Canada remain a Pressing Issue" (May 2001) and the "Focus Group Meeting on Aboriginal HIV Estimates" (April 2001), Centre for Infectious Disease Prevention and Control, Health Canada.

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.

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