

High Risk Youth in Vancouver: An Ongoing Study of Risk and Behavior

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HISTORY

- Recent reports of increasing injection drug use and high-risk behavior by street youth in North America highlight the growing risk of HIV and HCV transmission among younger age groups.
- Estimates of the number of street youths in Canada have ranged as high as 150,000, with injection drug use reported by 38% and 54% of these individuals in Vancouver and Montreal respectively.

HISTORY

- **BCCfE HIV/AIDS** conducts an array of research and treatment programs for HIV and related diseases.
- Sole distributor of ARV's for the province of British Columbia.
- In response to the mid 1990's HIV epidemic the B.C Centre for Excellence in HIV/AIDS began research cohorts in the DTES to find the risks and reasons for HIV and HCV infection rates being so high in IDU's.
- Secured funding in 2005 to look at risk and behaviors of drug using youth.

ARYS

- 5 year project focused on the investigation of risk factors related to illicit drug use and infectious disease transmission among youth.
- Began in Aug 2005.
- Located in the DTS area of Vancouver.
- Cohort involves at risk youth between the ages of 14 – 26.
- Currently has 530 participants enrolled.

ARYS

- Recruitment done through postering area, word of mouth, visiting agencies, email and website. www.homelessnation.org
- Eligible if using drugs in past 30 days. Injectable or non injectable.
- Informed consent.
- Semi annual F/U.
- \$20 incentive

METHODS

- At baseline and every six months, consenting participants are asked to complete an interview administered questionnaire and provide a blood sample for HIV and HCV testing.
- Questionnaire asks for various information, including: demographic characteristics, drug use and sexual behaviors, family history, access to health and social services, experiences with law enforcement.

GOALS

- **HIV and Hepatitis Provide C testing services for youth.**
- **Document other social, health and medical issues affecting youth, such as overdoses, policing, and access to necessary health services.**
- **Identify social, demographic and behavioral determinants of initiation into injection drug use, HIV and hepatitis C infection**

EDUCATION

- Harm Reduction strategies are discussed around injection and non-injection drug use, and sexual practices. Some of these include:
 - HIV and HEP C transmission and routes of infection.
 - IVDU health, vein maintenance, site rotation, injection techniques.
 - Non IVDU health, routes of ingestion, proper hydration, mouth pieces, personal hygiene.
 - Safe sex guidelines for rsp's, casual, and sex trade workers. STD history and referrals.
 - Healthier lifestyle choices, nutritional counseling and health care options.

EDUCATION

- HIV pre and post test counseling. Includes nominal/non nominal testing choices, window period, reportability and contact tracing for HIV + tests. Clients are encouraged to return in 2 weeks for results.
- When HIV/HCV test results are given, we educate clients in risk reduction methods, provide support, and refer clients to appropriate resources.

FINDINGS

*** Based on 509 Participants**

- **149 Females – 30%, 360 Males-70%**
 - **25% Aboriginal**
 - **Median Age – 22**
 - **Homeless in last 6 months – 386 – 75% ***
 - **Homeless now – 303 – 60%**
- * Includes NFA, on street, or in a Shelter ***

FINDINGS

***Past 6 Months**

- Crack Use - 295 - 58%
- Cocaine - 225 - 45%
- Heroin - 169 - 34%
- Crystal Meth - 250 - 49% ever 73.4%
- Ever Injected - 213 - 41%
20% of these report sharing or lending used needles.
- Treatment Ever -264 - 52%

FINDINGS

- Sexually Active – 502 – 98%
- STD'S – 142 – 28%
 - Chlamydia -71 - 50%
 - Gonorrhea – 26 - 18%
 - Herpes – 18 - 13%
 - Genital Warts – 11 – 8%
 - Syphilis – 9 – 6%
- HIV – 15 – 3%
- HCV – 66 – 13%

CHALLENGES

- **Transient youth. Hard to follow D/T relocating, seasonal movement, settling down.**
- **Building trustful relations. Youth can be wary of info gathering and who see's it. Embarrassed by some of the questions and some of their actions.**
- **Getting people to follow up on health appointments.**

MINORS

- **Duty to report any physical or sexual abuse reported by participants under the age of 19.**

Includes current abuse, past abuse that has gone unreported, and reporting on any other family member that could be at risk.

- **Anonymously reported to Ministry of Children and Families.**

RESOURCES

- Directions
- Crystal Clear
- Youthco
- Three Bridges Medical Clinic
- BCCfE
- Gathering Place
- UGM
- Covenant House

QUOTE

- Without research programs to build its knowledge, a profession is limited to existing knowledge that is often inadequate, or to knowledge developed by other disciplines that may or may not be appropriate to the problems of professional practice in question.

Research In Nursing And Health: Understanding and Using Quantitative and Qualitative Methods...

by Carla Mariano, Carol Noll Hoskins

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