

Addressing vulnerability to and resilience against sexually transmitted and blood borne infections among street-involved youth in Canada

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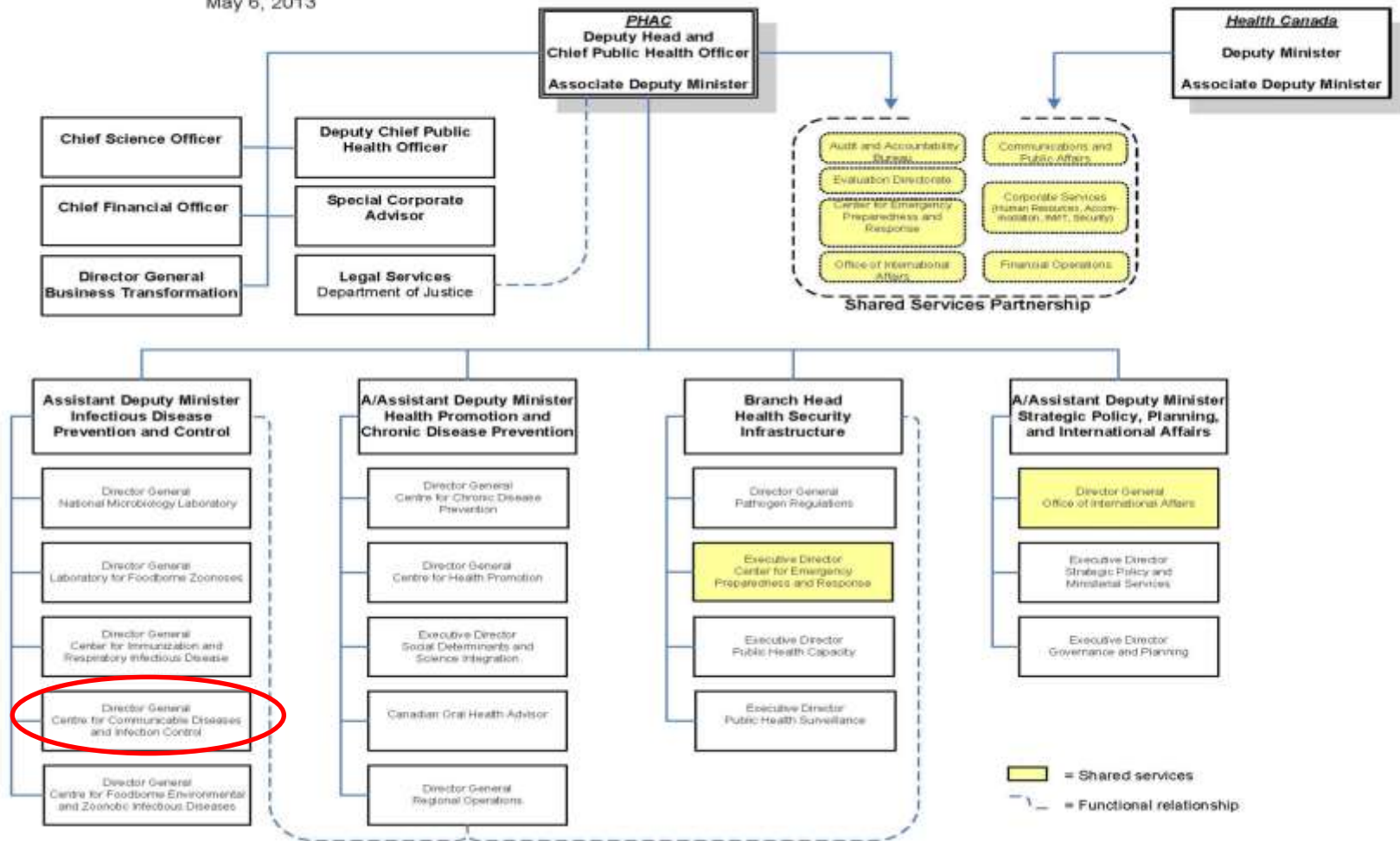
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– Organizational Chart –

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Methodology

- Data from Enhanced Street Youth Surveillance Cycle 5
- Systematic review of the literature
 - » Databases searched: Scopus, PubMed
 - » Articles published from 2001 to present
- Internet Google search and review of evaluated programs or “promising practices” in STBBI prevention among street-involved youth in Canada

Quick facts on street-involved youth in Canada

- According to E-SYS Cycle 5 data on street-involved youth in Canada:
 - » Ratio of male to female is 2:1
 - » Average age of 19.7 years (range of 15-24 years)
 - » 1/10 were born outside of Canada
 - » 1/3 reported Aboriginal ancestry
- More vulnerable to STBBIs due to a variety of factors
- Herpes simplex virus type 2, chlamydia and hepatitis C seropositivity are the most commonly identified STBBIs through lab tests
- Greater engagement in high risk behaviours (e.g., unprotected sex, injection drug use, trading sex) that increase vulnerability to STBBIs than the general youth population
- Mortality rates up to 11 times higher than the general youth population from suicide and drug overdose

Mental health

- Street-involved youth experience mental illness (e.g., depression, anxiety) at a higher rate than the general youth population
- Stress associated with finding food and shelter, in addition to experiences of stigma, discrimination, substance use and victimization can result in poor mental health and mental illness
- Poor mental health (e.g., low self-esteem) and mental illness (e.g., depression) can influence:
 - » the development and maintenance of sexual risk behaviours (e.g., inconsistent condom use, multiple sex partners, substance use and involvement in sex work which increase vulnerability to STBBIs
 - » Not accessing/using health services
- Poor mental health and mental illness can lead to unstable housing and homelessness

Unstable housing and homelessness

- Experiences of unstable housing and homelessness can be very transient
- Many street-involved youth leave home and become street-involved due to conflict within their family and home environments
- Homelessness has a direct impact on physical health, including tuberculosis and STBBIs
- Experiences of violence, abuse and poverty on the streets may lead to negative coping mechanisms and risk behaviours that increase risk of STBBIs
- Lack of safe, stable, clean and affordable living arrangements may force street-involved youth to engage in unsafe sexual behaviour, sex work or unsafe injection drug use

Education and employment

- Many street-involved youth drop out or get expelled from school and have a difficult time finding stable employment
 - » Lack of education can increase vulnerability to homelessness, unemployment and poor health outcomes
 - » Missed opportunities for sexual health education
 - » Low health literacy impacts SY's ability to access, understand and apply health information and communicate their personal health needs
- Street-involved youth may seek marginal sources of income (e.g., panhandling) or engage in high risk (e.g., sex work) and/or illegal activities (e.g., selling drugs)

Experiences with the criminal justice system

- Street-involved youth experience higher levels of crime and violence compared to youth in the general population
- Experiences of family conflict, physical, sexual and/or emotional abuse, and involvement with child welfare services increase vulnerability to involvement with the criminal justice system and homelessness
- Participation in “survival crimes” (e.g., stealing, selling drugs) as a direct response to conditions of poverty faced in their lives
- Prevalence of STBBIs among people in prisons is higher than the general population

Access to health services

- Street-involved youth face multiple barriers to health testing, treatment and care (e.g., wait times, limited hours of operation, lack of health card or insurance)
- Social stigma, mistrust of health care system and fear of rejection can impact street-involved youth's willingness to seek medical support and get tested for STBBIs
- Minority groups face unique barriers to accessing health services such as homophobia, racism and lack of culturally appropriate services
- Not accessing STBBI testing services, treatment (e.g., ARVs) or other prevention services (e.g., condoms) can contribute to further transmission of and vulnerability to STBBIs

“So what?”

Future responses to STBBI prevention among street-involved youth in Canada would benefit from:

- » Integrated and upstream approaches that address or consider the social determinants that lead to STBBI vulnerability
- » Collaboration across sectors (e.g., housing, mental health and addictions)
- » Engagement of street-involved youth in the planning and implementation of programs and policies related to STBBI prevention
- » Gender and culture-specific interventions that are tailored to sub-groups of street-involved youth
- » Ongoing knowledge translation and exchange activities to inform evidence-based policy and programs
- » Evaluation of STBBI prevention interventions/programs among street-involved youth to identify best practices

Promising practices

- Establish a steering group of diverse stakeholders from housing, mental health, police/corrections and primary care focused on identifying and addressing the needs of street-involved youth in the community and areas for action
- As part of comprehensive sexual health education, incorporate skills-building workshops that build positive mental health (e.g., self-esteem) communication skills, and skills for healthy relationships
- Use peer-based approaches to provide information on STBBIs and to build positive mental health and health literacy
- Recruit street-involved youth for youth advisory boards or steering committees to identify priority health concerns and assist in programming planning, development and implementation

Promising practices (cont'd)

- Provide STBBI services in a variety of settings (e.g., shelters, mobile units)
- Provide training workshops for those working with street-involved youth on key issues and needs among street-involved youth, strategies for building trust with street-involved youth, and available community resources and supports
- Vary hours of operation to accommodate needs of street-involved youth
- Organize a community awareness campaign to increase knowledge and understanding of risk factors for STBBIs and to reduce stigma and discrimination experienced by street-involved youth
- Coordinate a local street-involved youth forum and conversation on STBBIs to share promising practices in STBBI prevention

For More Information

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