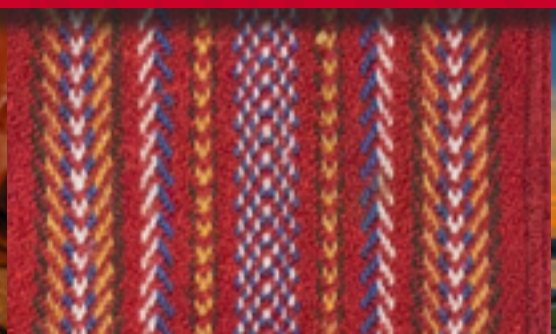
# Indigenous People and HIV in Ontario

AN OVERVIEW
OCTOBER 2015




## *Acknowledgements*

This overview summarizes the report: Current state of the HIV Epidemic among Indigenous People in Ontario. Toronto: Ontario HIV Treatment Network, May 2014. This overview was produced by Jessica Demeria, Chris Carriere, Lori Lyons, and Jean Bacon. The content was reviewed by the OHTN Indigenous Research Steering Committee.

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# *Overview*

In 2014, the Ontario AIDS Bureau commissioned a report on the Current State of the HIV Epidemic among Indigenous People in Ontario. Produced in consultation with Indigenous organizations, it offers a detailed picture of how First Nations, Métis and Inuit Peoples in Ontario are being affected by HIV and recommends effective ways to respond. This is a brief overview of that report.

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## *HIV Risk for Indigenous Peoples*

Racism and colonialism have created economic, social and systemic barriers to good health that affect Indigenous people in Ontario and across Canada. However, Indigenous communities in this province have proven resilient to HIV and targeted funding for HIV prevention programs has helped reduce the risks.

### *Indigenous People at Greater Risk to Acquire HIV than the General Population*

**1.7x more likely**
**in Ontario**

**3.6x more likely**
**across Canada**

While Ontario appears to have fewer cases of HIV among Indigenous peoples, HIV testing rates are also lower (37% of First Nations people in Ontario report having an HIV test compared to 49% nation-wide). Our knowledge is still limited.

**REPORT RECOMMENDATION:**

- **Encourage Indigenous people to test as part of their health regimen.**

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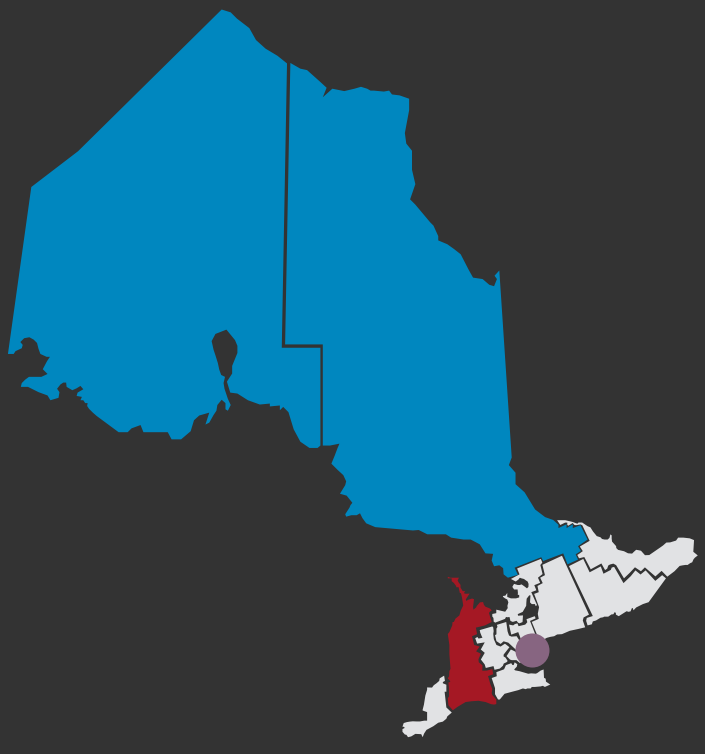
## *Highest Risk Regions*

In the most recent years evaluated (2009-2011), most HIV diagnoses among Indigenous people have occurred in three areas:

- **The North**
- **Toronto**
- **The Southwest**



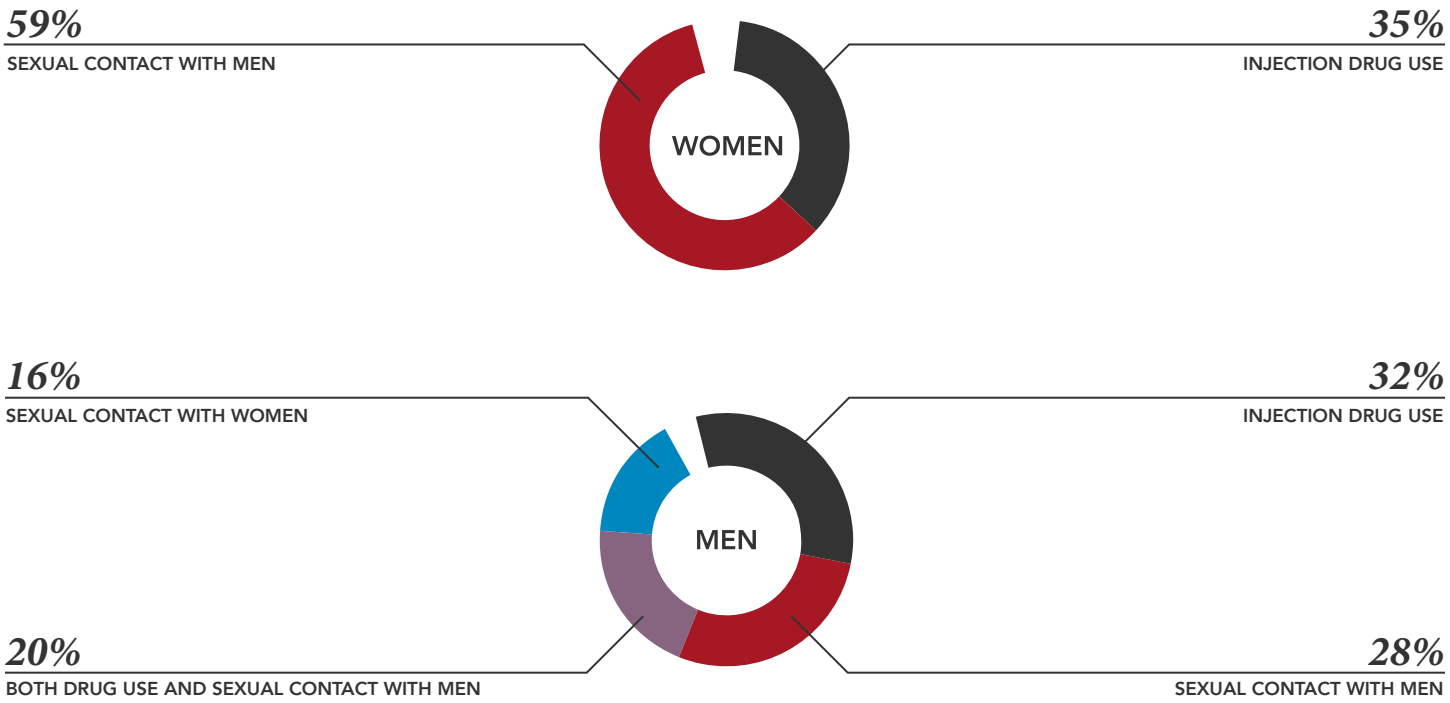
In these three areas, the rates of HIV infection in Indigenous people are 3-4x that of the general population, similar to the Canadian average.

**REPORT RECOMMENDATION:**

- **Focus resources and prevention efforts in these regions.**

# *Modes of HIV Exposure*

About 1 in 3 Indigenous people diagnosed with HIV were exposed through injection drug use. This compares to less than 1 in 10 in the general population. Many Indigenous people are also exposed to HIV through sexual contact with people who use drugs.




Although we do not have detailed exposure data for trans Indigenous people, 12% of people accessing services through Indigenous HIV agencies in 2012 were trans.

## *Indigenous women*


Indigenous women are more likely to be diagnosed with HIV than women in the general population.

Recent data suggests that up to 40% of new infections in Indigenous people are in women. Drug use and sexual contact with men who use drugs are the main risk factors for women.

Despite the relatively high rate of HIV infection among Indigenous women, only three babies born to Indigenous women from 1984-2010 were diagnosed with HIV. Indigenous women are succeeding in stopping mother to child transmission.

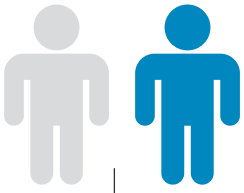
**REPORT RECOMMENDATIONS:**

- **Focus on harm reduction services that are culturally safe for Indigenous women.**
- **Ensure Indigenous women who are pregnant have timely access to treatment.**

# *Indigenous Men who have Sex with Men*

***nearly 50%***
OF INDIGENOUS MEN DIAGNOSED WITH HIV REPORT HAVING SEX WITH OTHER MEN AS A RISK FACTOR FOR HIV

Unprotected sex with other men is the most common risk factor for HIV infection in Ontario. Indigenous men who have sex with men are at particular risk.



***Indigenous Men who have Sex with Men***
ARE MORE LIKELY TO BE LIVING WITH HIV THAN OTHER MSM

IN TORONTO

***39%***
OF INDIGENOUS MSM ARE HIV+


***23%***
OF NON-INDIGENOUS MSM ARE HIV+


42% of Indigenous MSM report using injection drugs.

Indigenous MSM have high rates of hepatitis C infection compared to other ethnic groups. The Lambda study, which surveyed HIV-positive gay men, showed that 7.9% of Indigenous men were also HCV positive (10% in Toronto).

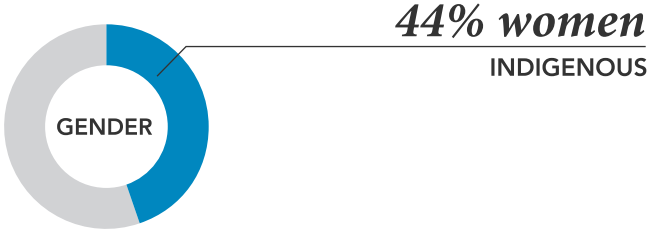
**REPORT RECOMMENDATIONS:**

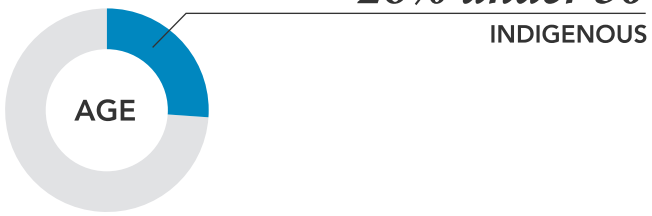
- **Make Indigenous MSM a focus of Indigenous HIV/HCV prevention programs.**
- **Develop culturally appropriate healthy sexuality and safer sex programs for Indigenous people that include all sexualities and genders. Do not marginalize Indigenous, gay, bisexual, two-spirit and trans people.**

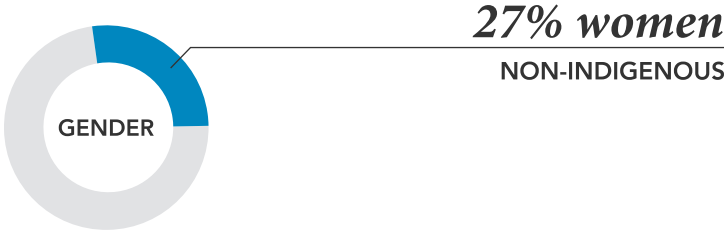
# Drug Use and Indigenous People

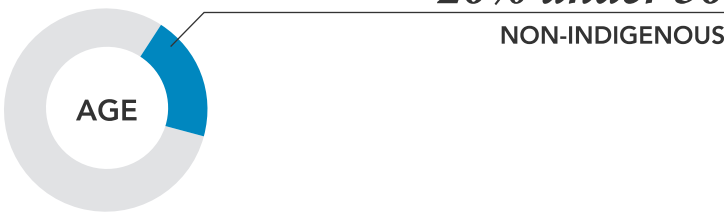
Drug use is often associated with an individual and collective history of trauma. Racism and colonialism have created situations where many Indigenous people have experienced multiple traumas and family disruptions. Thus Indigenous peole are part of most drug-using communities in Ontario. The I-Track study (2010-2012) interviewed people who use drugs, including over 850 Indigenous participants, in these six cities:

***Proportion of people who use drugs who were Indigenous in I-Track survey cities.***


## Patterns of Drug Sharing

Indigenous people are more likely to share drug equipment with family members and to inject drugs at the home of a family member. These family relationships may help protect against overdose and other hazards, but needle sharing is also the primary risk factor for transmitting HIV and other blood-borne infections. Indigenous women are much more likely than men to use drugs and share needles with a regular sex partner.

## Frequently Used Drugs

Indigenous people are more likely to inject prescription drugs such as morphine, oxycodone/OxyContin and Ritalin and less likely to inject traditional street drugs like heroin and crack. Morphine and OxyContin were used by more than 50% of the Indigenous I-Track study participants.

## *Hepatitis C*

Hepatitis C (HCV) is transmitted much more easily than HIV when people share needles. The I-Track Study suggests that about 60% of people using injected drugs in Ontario cities have acquired Hepatitis C.

**3.5x** **Rates of Hepatitis C infection in Indigenous people in Ontario are 3.5 times those found in non-Indigenous populations.**

**One in three Indigenous people in Ontario living with HIV is also co-infected with hepatitis C (HCV).**

People living with HIV, who also have hepatitis C, are at a higher risk of developing liver disease, liver cancer and other complications.

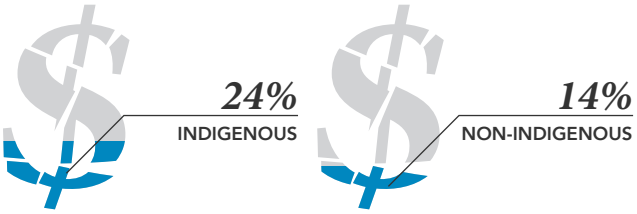
**REPORT RECOMMENDATIONS:**

- **Ensure that quality, coordinated care for HIV and HCV co-infection is available to Indigenous people.**
- **Provide harm reduction and addiction services to Indigenous people in accessible, culturally safe ways.**
- **Recent changes aimed at reducing OxyContin use and shifting patterns of prescription drug use, such as the surge of Fentanyl use, may have a greater impact on Indigenous communities.**

# *Social and Economic Disparities*

The gaps in socioeconomic status between Indigenous and non-Indigenous people in Ontario are narrowing, and the number of Indigenous people with higher levels of education, higher incomes, and stable employment and housing is increasing. However, Statistics Canada data shows that there are still significant gaps in these social determinants of health.

**Proportion of individuals with low income:**




**Secondary or Post-secondary education:**


Poverty and social disadvantage are risk factors for both drug use and HIV infection. Indigenous people living with HIV are amongst the most vulnerable members within the Indigenous population. Nearly half have household incomes of <$20,000. Indigenous people living with HIV are more likely than non-Indigenous PHAs to report a history of homelessness (61% vs 36%).

- **REPORT RECOMMENDATION: Continue to improve social determinants of health for Indigenous people.**

# *Living with HIV in Ontario*

Although Indigenous people continue to experience serious health and social challenges, there are few differences between the health of Indigenous and non-Indigenous people living with HIV in terms of their quality of life or HIV-related deaths.

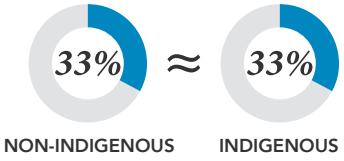
**Three of every four Indigenous people who are receiving HIV care in Ontario rated their health as "good" or better.**

## *Prevention, Engagement and Care of Indigenous People Living with HIV*

The Prevention, Engagement and Care Cascade is a public health model adapted by Ontario to assess whether people are receiving optimal HIV care at each step of the process.

### Diagnosis

Diagnosing a person with HIV late in the disease when their immune system is damaged or when they have begun to develop AIDS-related illnesses can have serious consequences. Rates of late diagnosis in Ontario are similar for Indigenous and non-Indigenous people.




### Engagement

Once a person has been diagnosed, they are considered to be engaged if they are seeing a doctor and receiving treatment.

***84%***
OF INDIGENOUS PEOPLE, COMPARED TO 87% OF NON-INDIGENOUS PEOPLE HAVE SEEN A DOCTOR IN THE PAST 12 MONTHS

***96%***
OF MEN AND 91% OF INDIGENOUS WOMEN IN CARE ARE RECEIVING ANTIRETROVIRAL TREATMENT

### Care

When people with HIV receive good care, they have a suppressed viral load and are less likely to develop AIDS-related infections.

***84%***
85% OF INDIGENOUS PEOPLE VS 88% OF NON-INDIGENOUS PEOPLE HAVE A SUPPRESSED VIRAL LOAD.

***6%***
OF INDIGENOUS PEOPLE IN CARE VS 4% OF NON-INDIGENOUS PEOPLE HAVE AIDS-RELATED INFECTIONS

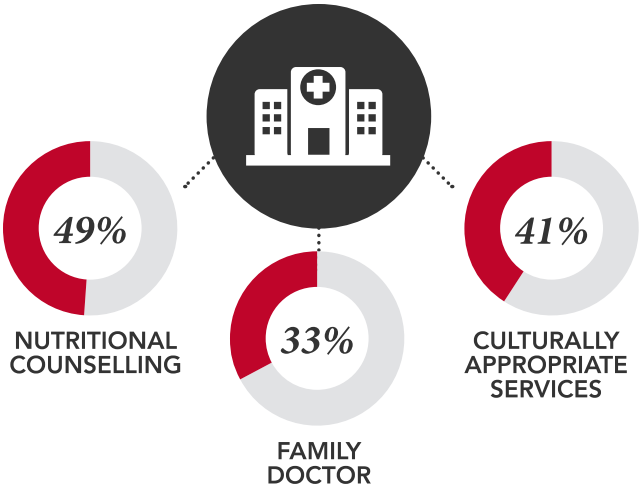
Care for Indigenous people in Ontario has improved dramatically in the past 10 years when only 34% of Indigenous people had suppressed viral load. Today, Indigenous people receiving care are no more likely to die of HIV than non-Indigenous people. However, there is still work to do to ensure Indigenous people living with HIV are diagnosed and engaged in care.

Some gaps remain in treatment outcomes. In particular, Indigenous women taking anti-retroviral drugs have more virus in their bodies on average than non-Indigenous women and more signs of immune system damage. These differences are not due to drug use, and more research is needed to understand this gap.

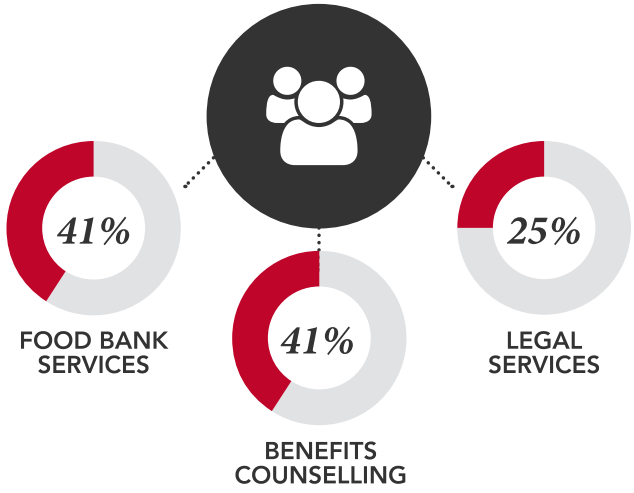
## *Gaps in Health and Social Services*

In the Positive Spaces, Healthy Places study conducted in Ontario, Indigenous people living with HIV reported unmet needs at higher rates than non-Indigenous people in key areas:

### Unmet Health Needs




### Unmet Social Services Needs




Indigenous people living with HIV are more likely than other Ontario people living with HIV in Ontario to live in rural and remote areas where the lack of local services and the cost of travel to services are substantial barriers to good health.

## *Mental Health Services*

Mental health is a challenge for all people with HIV. About one in three experience depression. Indigenous people and particularly Indigenous women are more likely to score strongly on measures of psychological distress than non-Indigenous people. Unfortunately, support continues to be limited; 34% of Indigenous people report an unmet need for mental health services.

***34%***
OF INDIGENOUS PEOPLE REPORT AN UNMET NEED FOR MENTAL HEALTH SERVICES.

**REPORT RECOMMENDATIONS:**

- **Develop more culturally safe and appropriate services for Indigenous people.**
- **Ensure that federal and provincial policymakers collaborate to address the systemic barriers to coordinated and timely health services for Indigenous communities.**
- **Explore innovations such as telemedicine to improve services in remote communities.**

## *How could the impact of co-morbidities on the health of Indigenous PHAs be reduced?*

Co-morbidities are health issues related to HIV infection or risk factors that impair a person's well-being. For example, hepatitis C co-infection increases the risk of liver disease in a person with HIV. Co-morbidities, such as heart disease, liver problems and osteoperosis, are an increasingly important focus in HIV care.

Better treatment for co-morbidities requires more effective diagnostics, new treatments and equitable, culturally-safe care. Factors like smoking and alcohol use also increase the risk of health complications. The impact of some co-morbidities could also be reduced through targeted health promotion programs.

**Indigenous PHAs who smoke:**


**Indigenous PHAs who drink:**

INDIGENOUS MEN < NON-INDIGENOUS MEN

INDIGENOUS WOMEN = NON-INDIGENOUS WOMEN

Although fewer Indigenous people living with HIV use alcohol, those who do drink are more likely to report hazardous patterns of use with signs of harm and dependency.

REPORT RECOMMENDATIONS:

- **Encourage health promotion services designed specifically for Indigenous people.**
- **Collect information about HIV co-morbidities including separate data about Indigenous people living with HIV.**

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## *In Summary*

Indigenous people in Ontario have proven remarkably resilient, and HIV rates in Ontario are lower than elsewhere in Canada. Treatment outcomes are also more positive, and very similar to the outcomes for non-Indigenous Ontarians. However, challenges remain. To improve HIV prevention and care for Indigenous people in Ontario, we must address the racism and colonialism that continue to create and maintain barriers to health for all Indigenous people and develop comprehensive culturally safe, accessible services.

REPORT RECOMMENDATIONS:

- **Ensure evidence-based policy and practice by improving the collection of Indigenous health data.**
- **Explore the best approaches to understand and build cultural resiliency in partnership with Indigenous communities and organizations.**

The findings in this overview are summarized from **The Current State of the HIV Epidemic among Indigenous People in Ontario**. Details of the studies reviewed by this report can be found in full document, available at: http://www.ohtn.on.ca/indigenous-report

PREPARED BY THE
ONTARIO HIV
TREATMENT NETWORK

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