



Women Who Use Injection Drugs

How do we know that women who inject drugs are at risk?

- Over time, there have been various shifts in the annual proportion of positive HIV test results among adult and adolescent Canadian women attributed to injection drug use. Since 1996, approximately one-third to one-half of new HIV test reports among women has been attributed to injection drug use¹. Before 1995, this exposure category accounted for 37% of new positive HIV tests among adult women, whereas in 1999 that proportion had increased to the highest level recorded of 48%. In 2003, the proportion of positive HIV tests among adult women attributed to injection drug use declined to 26.7% and then rose slightly to 34.9% in 2005.
- In Ontario, the overall HIV prevalence rate among 537 (125 women, 403 men) injection drug users was 6.7%. The prevalence rate among the women studied was 9.6% and 6.0% among the men².

What puts women who inject drugs at risk?

- Sharing of injection equipment, including needles, syringes, water, cookers, spoons and cotton filters, remains an important HIV-risk issue along with the continuing unmet demand for accessible methadone treatment³.
- Having a sexual partner who injects drugs and/or is street-involved also contributes to a woman's HIV risk⁴.
- The use of non-injected drugs and alcohol have been found to influence HIV risk. There is evidence to suggest that HIV may be transmitted through the sharing of smoking equipment⁵ and that alcohol consumption can decrease the likelihood of engaging in safer sex⁶.
- Gender issues such as violence against women, social and economic inequalities, as well as the biological vulnerability of women to HIV, increase a woman's individual risk.

HIV prevention efforts for women who inject drugs

- The social and economic context within which women live must be recognized as having a strong influence on their individual risk behaviours.
- The specific interventions often used with women who use drugs have focused on harm reduction principles, such as needle exchanges. Outreach efforts are necessary to make interventions accessible to particularly hard-to-reach drug users⁷.
- Incarcerated women who inject drugs have a harder time accessing harm reduction programs, as well as HIV testing, counseling and health care services in general⁸.
- Different trends of needle reuse patterns and condom use, were found among men and women injection drug users in an Ottawa study, showing that gender must be considered in HIV prevention efforts⁹



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Recommendations

1. Create non-stigmatizing, community-tailored, gender-specific HIV prevention services and resources for drug users and whenever possible involve drug users in the design, implementation and evaluation of prevention initiatives.
2. Provide improved HIV education and drug education curriculums for health care professionals and counselors.
3. Investigate the impact of all forms of drug and alcohol use on HIV risk behaviours.
4. The sharing and lending of injecting drug use equipment has gendered elements that must be addressed.
5. Create partnerships between AIDS service organizations (ASOs), drug treatment organizations and community groups (harm reduction, women's centers and detox).
6. Support harm reduction approaches to HIV prevention for drug users (i.e. - needle exchange programs, safer injection facilities, safer smoking facilities, methadone maintenance, and condom distribution).
7. Advocate for consistent access to anonymous HIV testing sites.
8. Create gender-sensitive and culturally-competent HIV prevention programs for drug users.
9. Improve general knowledge about interaction between safer sex, substance use and HIV prevention.
10. Explore the substance use and HIV prevention needs of women in both urban and rural communities.

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¹ Public Health Agency of Canada. (2006). *Surveillance Report to August, 2006*. Ottawa, ON: Centre for Infectious Disease Prevention and Control.

² Millson, P., Leonard, L., Remis, R. et al. (2004). *Injection Drug Use, HIV and HCV Infection in Ontario: The Evidence 1992 to 2004*. HIV Social, Behavioural and Epidemiological Studies Unit, Faculty of Medicine, University of Toronto.

³ Millson P, Myers T, Calzavara L et al. (2003). *Regional variation in HIV prevalence and risk behaviours in Ontario injection drug users (IDU)*. Canadian Journal of Public Health, 94(6): 431-35.

⁴ Whynot, E.M. (1998). *Women who use injection drugs: the social context of risk*. Canadian Medical Association Journal, 159(4): 355-358.

⁵ Haydon, E. & Fischer, B. (2005). *Crack use as a public health problem in Canada: Call for an evaluation of 'safer crack use kits'*. Canadian Journal of Public Health, 96(3): 185-188.

⁶ Kingree, J.B., Braithwaite, R. & Woodring, T. (2000). *Unprotected sex as a function of alcohol and marijuana use among adolescent detainees*. Journal of Adolescent Health, 27: 179-185.

⁷ Strike, C.J., O'Grady, C., Myers, T. & Millson, M. (2004). *Pushing the boundaries of outreach work: the case of needle exchange outreach programs in Canada*. Social Science and Medicine, 59(1): 209-219.

⁸ Rehman, L., Gahagan, J., DiCenso, A.M. & Dias, G. (2004). *Harm reduction and women in the Canadian national prison system: policy or practice?* Women & Health, 40(4): 57-73.

⁹ Leonard, L., Navarro, X., Hankins, C. & Birkett, N. (2001). *Gender differences in sexual and injection practices among injection drug users in Ottawa*. Canadian Journal of Infectious Diseases, 12(Suppl B): 351P.