



Study senior and lead authors, Dr. Kora DeBeck and Brittany Barker

Aboriginal youth face higher rates of incarceration, new study finds

A new study from the Urban Health Research Initiative (UHRI), a program of the BC Centre for Excellence in HIV/AIDS (BC-CfE), is the first to show street-involved Aboriginal youth in Vancouver are significantly more likely to be imprisoned than their non-Aboriginal peers. Past studies have explored risk factors involving adult Aboriginal populations; however, much less is known about incarceration among street-involved Aboriginal youth.

A paper describing the study, *Aboriginal street-involved youth experience elevated risk of incarceration*, was recently published in the journal *Public Health*. It looked at data collected from 1050 youths between the ages of 14 and 26 years – one quarter identified as Aboriginal – over an eight-year period between September 2005 and May 2013 through the At-Risk Youth Study (ARYS). Over the study period, 36 per cent of participants reported having spent at least one night in detention, prison or jail in the last six months, with significantly higher rates for youth from an Aboriginal background.

Researchers took into account drug use, homelessness and other factors that might place youth at greater risk of imprisonment, but still found street-involved Aboriginal youth were more likely to end up incarcerated. Study senior author Dr. Kora DeBeck, Research Scientist at UHRI and Assistant Professor in the School of Public Policy at Simon Fraser University, notes, "One possible explanation is that policing

practices disproportionately target Aboriginal youth, resulting in higher rates of incarceration among this group, although further research is needed to confirm this."

Aboriginal people make up four per cent of Canada's population, yet a quarter of all inmates in federal and provincial correctional facilities are Aboriginal. The study data confirm Aboriginal youth face disproportionate levels of incarceration and goes a step further in pointing to the need to investigate the possible role of discrimination in policing practices as a potential contributing factor.

"Given what we know about the destructive impacts of the imprisonment of youth, in the context of this study, preventing Aboriginal youth from becoming incarcerated is crucial," added Dr. DeBeck. "It appears from our study addressing institutional discrimination may be a critical piece of the puzzle."

Study authors also highlight the importance of involving Indigenous communities in addressing this complex issue. "We need solutions driven by the Aboriginal community to prevent incarceration and strengthen the health and wellness of young Aboriginal people," said study lead author, Brittany Barker, researcher with UHRI and a doctoral student at the University of British Columbia.

Those working on the front lines agree that more needs to be done to support Aboriginal youth.

ABOUT THE AT-RISK YOUTH STUDY (ARYS)

The At Risk Youth Study (ARYS – pronounced 'Arise') is a multi-year study of street-involved youth being conducted by researchers at the Urban Health Research Initiative, which is a program of the BC Centre for Excellence in HIV/AIDS at St. Paul's Hospital. The study was established in 2005 to explore the individual, social, economic, and environmental factors that influence health and well-being of street-involved youth in Vancouver. Through interviewer administered surveys and clinic visits, ARYS is currently following a group of over 800 youth.

"The disproportionate incarceration of Aboriginal youth is not new to those of us working here in the Downtown Eastside," said Michelle Fortin, Executive Director of Watari Counselling and Support Services. "It is just one of the many ways the system is not responding effectively to Aboriginal youth and the broader community at large. For example, while Aboriginal adults are overrepresented in traditional streams of the criminal justice system, they are underrepresented in diversionary measures, like community courts and mental health and addiction treatment services."



» All the evidence considered, it seems that cannabis is being held to an entirely different standard than other commonly prescribed drugs...It's time to recognize its therapeutic value and remove barriers to access medicinal cannabis.

– Dr. Thomas Kerr, Co-Director of the BC-CfE Urban Health Research Initiative.



Liberal Party of Canada supports global plan to end AIDS



BC-CfE Director, Dr. Julio Montaner with Prime Minister-designate, Justin Trudeau

» The BC-CfE congratulates Prime Minister-designate Justin Trudeau and the Liberal Party of Canada for their recent majority win. Mr. Trudeau was invited to the BC-CfE this past March where he met with Dr. Julio Montaner, BC-CfE director, to discuss ways to combat HIV/AIDS in Canada, and later graciously shook hands with staff members as he toured the facility.

Following the initial meeting and shortly before the 2015 federal election, Mr. Trudeau sent a letter to Dr. Montaner where he announced the Liberal Party's support for the adoption of the global plan to end AIDS and called on Canada to make a commitment on the world stage. Mr. Trudeau highlighted grave inaction on the part of the Conservative federal government and wrote,

"Unfortunately, since taking office in 2006, the Harper Conservatives have been slow to either embrace or accept any scientific innovation, and have failed to consult with leading experts..." He continued, "Should the Liberal Party of Canada form the next government, we are dedicated to taking aggressive action to combat both the disease, as well as the unfortunate stigma that continues to surround it."

The BC-CfE looks forward to working with a new government that sees the value in Treatment as Prevention (TasP®) to alleviate the burden of this disease on people in Canada and around the world. We, too, are excited to finally usher in an era of "sunny ways" together.

Read the letter at: bit.ly/LiberalPartyLetter

GSHI publishes editorial in *The Lancet Psychiatry*

» BC-CfE Gender and Sexual Health Initiative (GSHI) Research Scientist Dr. Shira Goldenberg has published an editorial entitled *Harms of conflating sex work and trafficking, need for evidence-based approaches* in the October 2015 issue of *The Lancet Psychiatry* journal.

Dr. Goldenberg highlights the problems that result from conflating sex work (i.e. the sale/exchange of consensual adult sexual services) with trafficking. Such conflation is often ideologically or politically motivated, as exemplified by the 'anti-prostitution pledge', requiring all recipients of funding from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) to explicitly oppose sex work. In some cases, service providers and law enforcement officers assume sex workers to be 'trafficked', an assumption that negatively impacts both sex workers and trafficked persons. Such an assumption often results from a lack of training in evidence-based methods of identifying and responding to trafficking, as well as media messages that conflate sex work and trafficking.

Dr. Goldenberg's editorial also discusses the dire need for mental health services for trafficked people, based on scientific evidence and human rights. The continued training of front-line workers (e.g. healthcare workers, law enforcement officers, and social workers) in evidence-based strategies for identifying and supporting trafficked persons is discussed, as is the



need for such strategies to be developed with leadership from sex workers and trafficked persons themselves.

The editorial notes while trafficked persons often come from very diverse contexts, inequalities in mental health related to migration (e.g. trauma related to smuggling or detention, or stress related to adjustment to a new setting) remain inadequately addressed. Addressing migration-related health influences within health and social services provision, especially mental health services, remains critical for meeting the diverse needs of women, men, and children who experience trafficking.

UPCOMING EVENT

Fall HIV/Antiretroviral Update

Monday, November 23, 2015, 8:30 AM to 5 PM
Grand Ballroom-North Tower, Sheraton Wall Centre Hotel

This is an open educational event sponsored by the BC Centre for Excellence in HIV/AIDS and accredited by the College of Family Physicians of Canada. A light breakfast and lunch will be provided on site. Registration is on-line only using the following link and will close on November 6 or sooner once full capacity is reached.

<http://www.cfenet.ubc.ca/events/fall-hivantiretroviral-update-2015>

GSHI and lead partners from HIV-affected communities receive global health community-based research grant

The BC-CfE Gender and Sexual Health Initiative (GSHI), led by Canadian Principal Investigator Dr. Putu Duff, has received a new global health community-based research catalyst grant from the Canadian Institutes of Health Research. This grant will allow GSHI to work in partnership with lead knowledge users, researchers, and community in Bali, Buenos Aires and Vancouver. The research aims to explore the ethical implications and challenges of scaling up of the HIV cascade of care through Treatment as Prevention (TasP®) efforts across these diverse settings within key populations.

LECTURES & EVENTS

What's New in Addiction Medicine? Vol. 24

Speaker: Dr. John Harding

Tuesday, November 24, 2015, 12–1PM

Hurlburt Auditorium (2nd floor), St. Paul's Hospital

Forefront Lecture Series

Near real-time monitoring of HIV transmission hotspots in B.C.: Harnessing big data for public health

Speaker: Dr. Art Poon

Wednesday, November 4, 2015, 12–1PM

Cullen Family Theatre, Providence Level 1, St. Paul's Hospital

HIV Care Rounds

HIV Nutrition: Practice across Continuum of Care

Speaker: Cheryl Collier, Rani Wangsawidjaya, Alena Spears, Gerry Kasten

Thursday, November 5, 2015, 8–9AM

Chronic pain management and addictions

Speaker: Dr. Launette Rieb

Thursday, November 19, 2015, 8–9AM

For more information, contact us at Education@cfenet.ubc.ca or visit our website at www.education.cfenet.ubc.ca

BC Centre for Excellence in HIV/AIDS

- > Improve the health of British Columbians with HIV through comprehensive research and treatment programs;
- > Develop cost-effective research and therapeutic protocols;
- > Provide educational support programs to health-care professionals;
- > Monitor the impact of HIV/AIDS on B.C. and conduct analyses of the effectiveness of HIV-related programs.

Physician Drug Hotline
1.800.665.7677

St. Paul's Hospital Pharmacy Hotline
1.888.511.6222

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