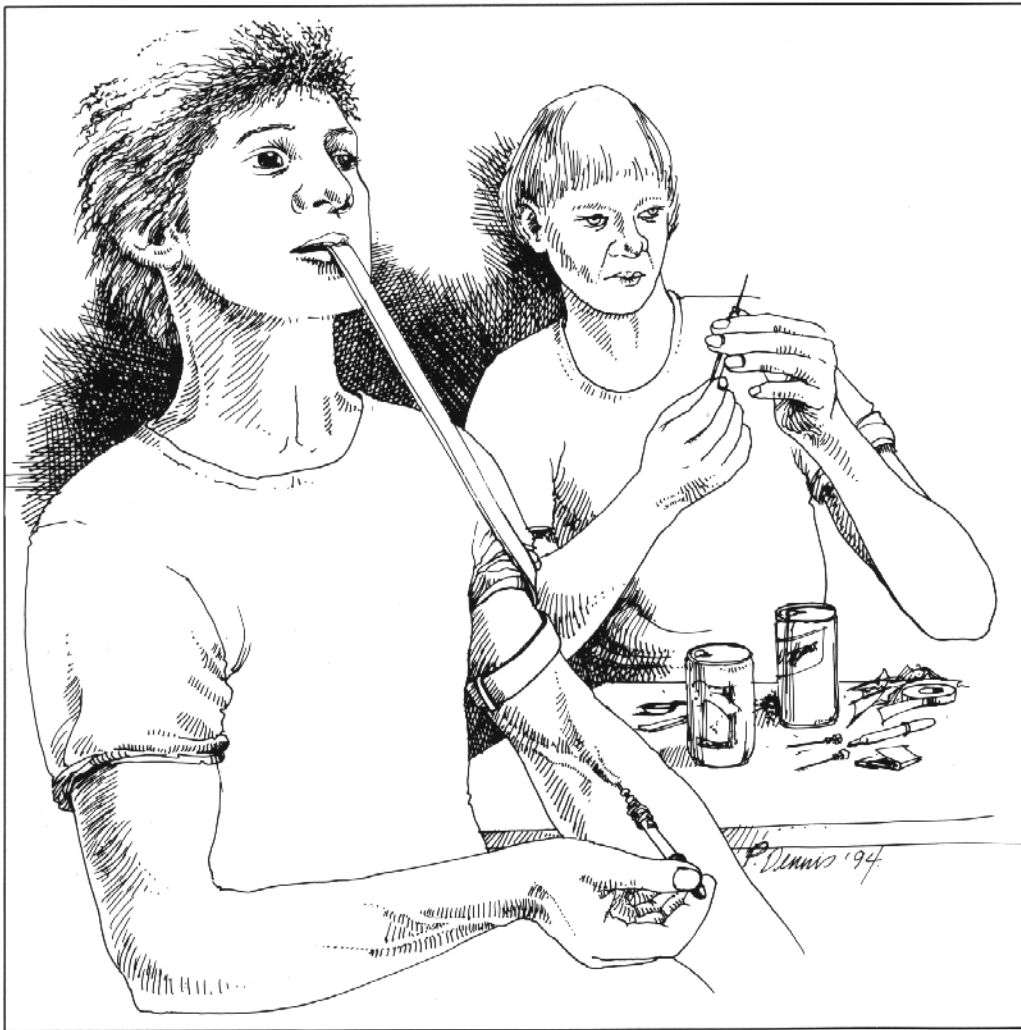


Intravenous Drug Use and Needle Sharing Among Toronto Street Youth

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PAULETTE DENNIS

Covenant House (CH) in Toronto, it was found that 27% had tried intravenous drugs at least once and 11% were habitual users. Of the 45 individuals who had taken IV drugs, 14 had injected themselves with needles that had previously been used by another drug user; 9 of the 14 either did not clean the needles or cleaned them incorrectly. Ten of the users had given their needles, without cleaning them first, to others for reuse. Thus, at least 19 young people were placed at high risk of contracting HIV. These data suggest that there is a need for increased education of the youth about the dangers that they are exposing themselves to, and for greater accessibility to clean needles in Toronto.

Abstract

The sharing of intravenous needles has been shown to be a factor in 15% of HIV cases. In order to curtail this outbreak, there has been considerable effort on the part of health care workers dealing with Toronto's street youth to provide education about the dangers of sharing needles. In spite of these efforts, there remains a significant proportion of young people who are still using intravenous drugs in a high risk manner. In a study of 168 runaway youths conducted at

Introduction

The use of contaminated needles for drug injection has been shown to be an efficient means of transmission of many blood-borne infections including HIV, hepatitis, malaria, and bacterial endocarditis^{1,2,3}. Intravenous (IV) drug use accounts for up to 20% of HIV-positive cases in 13 to 23 year olds in the United States⁴. The dangers of sharing needles with someone who has been infected with a blood-borne disease is a reality that health care workers are still seeing the ravages of, in spite of the valiant effort of many agencies. Although most of the

young people are aware of this risk, the scarcity of needles, combined with social and cultural factors, generates dangerous sharing practices.

In Toronto, there are several places where youths can go to obtain sterile injecting equipment at no cost to themselves. These include The Works, SOS, and Inner City/Youth Link, among others. This study was designed to determine whether or not young adults who use IV drugs are being adequately reached by existing programs to prevent HIV infection and if there is a demonstrated need for CH, a crisis centre for street youth, to operate another such programme.

Table 1

The number of times IV drug users surveyed (n=45) have tried IV drugs.

Times IV drugs tried	Number of young people	Percent of total
Once	9	20
2-10	10	22
10-100	7	16
>100	19	42

Methods

The surveys were conducted at three locations associated with CH: Health Care Service, a walk-in clinic servicing health needs of street youth; 100 Bond Street, the CH community outreach program; and The Van, a vehicle which moves around the city assisting street youth who are in need of emergency services.

The survey sample consisted of 168 young people aged 16 to 21, of which 120 were males and 39 were females, who had visited CH or The Van between June and August of 1991. They were informed of the nature of the survey; confidentiality, informed consent, and the voluntary nature of answers to questions were emphasized. A standardized questionnaire was given to the youth who agreed to participate. To avoid recording inconsistencies, it was administered by the authors in all cases.

Questions were asked regarding the total length of time spent on the

street, places lived in other than the street, the duration of the latest episode on the street, and the highest level of education attained. The number of times respondents had injected IV drugs was determined, along with who they were usually with when using drugs, reasons for drug use, types of drugs injected, and where the drugs and needles were obtained.

In order to assess the general level of knowledge about the dangers inherent in IV drug use, all of the youths surveyed were asked what diseases they knew of that could be contracted by sharing needles. They were also asked where they could obtain clean needles and how they would clean a needle if they were ever in a situation where they or their friends needed clean needles quickly.

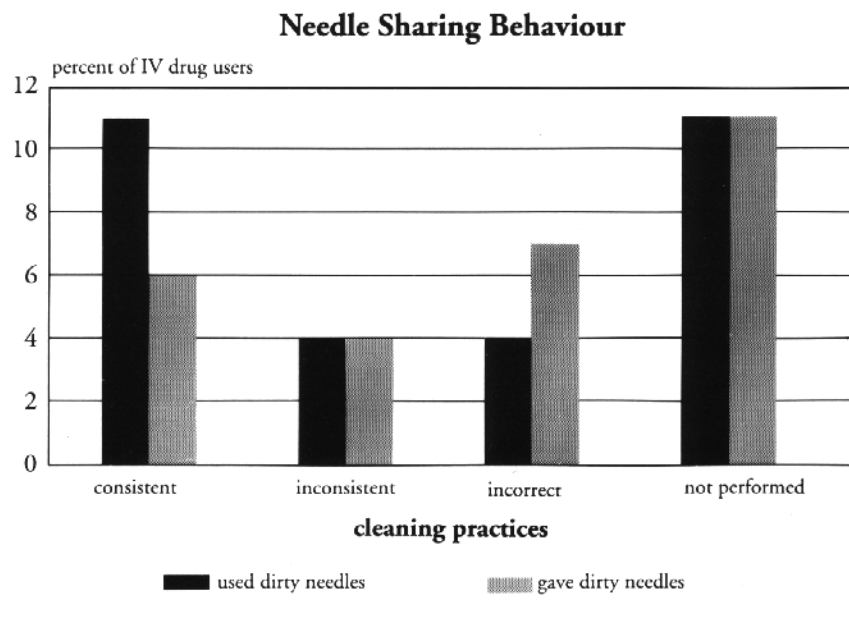
Results

Among the youths surveyed, the average respondent had first come to live on the street 35 months ago (range: 1 day to 12 years). While 64% had lived in places other than the street since first leaving home (e.g. apartments, motels, with friends), 36% had stayed on the street the entire time. The average length of the most recent episode on the street was 10 months. The mean level of education achieved was grade 10.

Twenty-seven percent of those interviewed had used IV drugs at least once and 60 (36%) had friends who used IV drugs regularly. In 11%, one or both parents were habitual users. Frequency of IV drug use is summarized in Table 1.

Figure 1

Needle sharing behaviour among users. The percent of users who cleaned their needles correctly each time, not always, not correctly, and not at all is shown by the dark bars. Those who gave their used needles to others are divided similarly (hatched bars).



The most common reason given for using IV drugs (45%) was that it provided a "better high" compared with other routes of administration. Other reasons cited included peer pressure (26%) and curiosity (26%). The average time since last using IV drugs prior to the survey was 16 months (range: 1 day to 6 years). Three of the 45 users took drugs when alone, 31 did so with friends, and 10 used drugs both alone and with others; our youth did not respond to this question. Thirty-three had used cocaine and 18 had tried various other drugs intravenously.

Drugs were obtained from dealers (54%), friends (41%), or family members (4%). Needles were acquired from drugstores and hospitals (18 of 45 cases), friends or family members (14), The Works (9), SOS (6), Inner City Youth Link (5), or dealers (2).

Of the 45 youths who had tried IV drugs, 14 had reused a needle. Five of this group did not clean the needles before they injected the drug and 2 cleaned them inconsistently.

sharing needles was greater than the fear of contracting a disease. Other reasons included the belief that others did not have the AIDS virus (20%); one individual stated that it was just his own "stupidity".

Most of the users of IV drugs knew of several places where they could obtain clean needles, including Inner City Youth Link, SOS, The Works, drugstores, hospitals, doctors' offices, the Hassle Free Clinic, and Mercury Youth Substance Abuse program. Forty percent had actually used these places to obtain clean needles; the remaining 60% had obtained their needles from other sources such as dealers or friends.

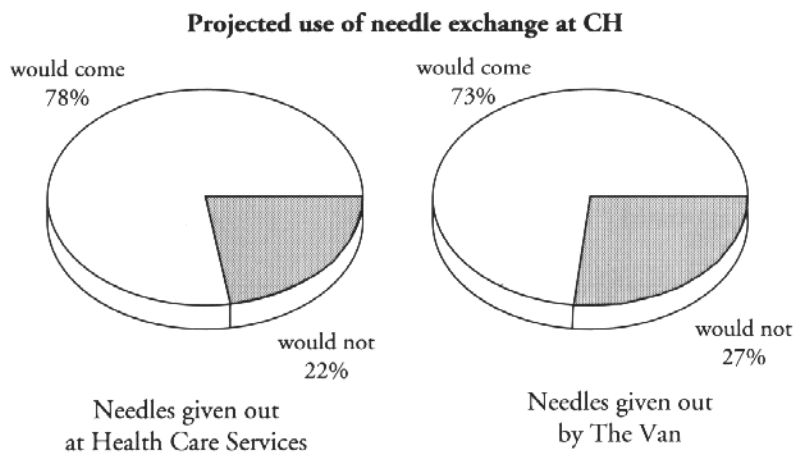
The results of the survey indicated that 4% of the youth did not know of any dangers associated with the sharing of needles, while 90% knew that contracting AIDS was a possibility. Only 18% stated that hepatitis was a disease associated with IV drug use. Twenty-three percent did not know of a place where clean needles could be obtained, while 77% correctly identified one or more locations in

Toronto that would provide them with clean needles. Only 39% of the youths knew that used needles should be irrigated with bleach alternating with water two to three times. Twenty-four percent thought that they should rinse with bleach and water only once or use only alcohol or water. The remainder had no idea about how to clean a used needle (36%).

When asked whether they would come to CH in order to obtain clean needles if there was a needle exchange program there, 78% of users said that they would utilize CH's Health Care Service and 73% stated that they would come to the Van for this purpose. The remainder said that they would not come to CH for needles, mainly because they would not

Figure 2

Percentage of users who stated that they would utilize the services of a needle exchange at Covenant House or on the street outreach.



Of the 7 that did clean their needles prior to use, 2 were cleaning them incorrectly. Thus, there were 9 youths in this group who placed themselves at high risk for contracting HIV from needles that had been previously used and not cleaned. This represents 5.3% of the total number of street youths that were interviewed in this study. Furthermore, 13 of those who had tried IV drugs had given their used needle to someone else. Of this 13, 5 did not attempt to clean needles, 2 cleaned them inconsistently and another 3 did not clean them correctly, putting another 10 youths at high risk for contracting HIV and other blood-borne diseases. These results are summarized in Figure 1.

The main reason cited for sharing needles was expediency (73%); the urgent need for the drug felt at the time of

want the staff to know that they were using IV drugs. These results are shown in Figure 2.

All of the young people surveyed were asked whether or not they felt that a needle exchange at CH was a good idea. Of the non-users, 79% thought that the programme would be useful at the Health Care Service, and 84% felt that the Van would be an appropriate place for a needle exchange. Twelve youth (9.7% of non-users) stated that they would not like to see a programme such as this at CH because they would not want the staff to know if they were using IV drugs. Another 3 youth felt that the needles would be unreliable with respect to cleanliness, one thought that drug addicts should not have the encouragement to continue with their bad habits, and another felt that the Van location was too unpredictable.

Discussion

This study shows that more than one quarter of street youths surveyed have used IV drugs at least once and 8.3% have used needles that were previously used. This represents a substantial number of youths that have not heard or are not heeding the warnings being put out by health care workers. Over one third of the youths still do not know how to clean a used needle and one quarter do not know where to get clean needles. These data have ominous implications and support the need for implementation of a needle exchange programme at CH and other places. According to the youths who have used needles, the majority (78%) would utilize such a programme; as well, most of the non-users surveyed supported this idea.

Since there are some young people who do not realize that AIDS is a danger of needle sharing and 82% of those surveyed did not know that hepatitis can be contracted by sharing needles, there is a need for increased effort in education of youth in the dangers associated with needle sharing.

It appears from the results of this study that those sharing needles are either ignorant of the dangers to which they are exposing themselves, do not know where to obtain clean needles, or simply share needles for the sake of expediency no matter how educated they are about the dangers or how easily obtainable the needles are. The last group exclude themselves from receiving assistance at this stage in their lives. However, the groups who do not know where to obtain clean needles or do not know of the dangers associated with the sharing of needles are good candidates for receiving the kind of assistance that a needle exchange programme might bring. Since these youths are in contact with CH, this would appear to be a logical place to provide clean syringes along with a programme designed to educate youth about of the dangers associated with the sharing of intravenous needles.

It may be said that bad habits are being encouraged by offering the vehicle of drug abuse for free. On the other hand, it can be argued that the increased availability of clean needles may keep young people alive longer so that they can be assisted at a future date when they are more adequately prepared to give up the use of the drugs.

Some of the youths raised the question of credibility in regard to both the reliability of the clean needle programme and their own status with staff as they did not want them to know that they were using the drugs. This may indicate that while a rapport has been established, work needs to be done in further enhancing a trusting relationship between the youths and the staff.

Conclusion

The desire to stem the tide of the spread of HIV must be tempered with realism. While young people are largely

cognizant of the dangers associated with sharing needles, the reality is that unless the equipment is readily available to users at the time that they want to inject, they will continue to share with peers. Although it would be ideal to achieve the cessation of all drug abuse, this is an illusory goal at this time. Until such time as IV drug users are ready to give up their habit, avoidance of the consequences of shared needles is a realistic goal that will help to minimize the spread of HIV and other diseases.

Acknowledgements

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