

# E-SYS QUICK FACTS



## Street Youth in Canada: How Do Injection Drug Users Differ from Their Non-Injecting Peers?

### Introduction

Street youth are vulnerable young people whose sexual and drug-use behaviours place them at risk of contracting and transmitting sexually transmitted infections (STIs) and blood-borne infections (BBIs).<sup>1,2</sup> One such behaviour is injection drug use (IDU). Estimates of the proportion of street youth who have ever injected drugs range from 18 to 57%.<sup>2,3-7</sup> Previously identified factors associated with IDU in street youth include histories of forced institutionalization; parental introduction to drugs or parental abandonment; lack of stable housing; integration into the street economy; and recent use of heroin, hallucinogens, cocaine, and crack.<sup>3,4,5,8</sup>

The purpose of this update is to profile IDU in Canadian street youth and highlight the differences between street youth who inject drugs and those who use drugs by non-injection routes. Information presented in this update is from the 1999, 2001, and 2003 cycles of Enhanced Surveillance of Canadian Street Youth (E-SYS), a multi-centre sentinel surveillance system that monitors rates of STIs and BBIs, risk behaviours, and health determinants in the Canadian street youth population. There were 4728 street youth recruited over this time period (1645, 1427 and 1656 in 1999, 2001 and 2003 respectively) from Vancouver, Edmonton, Saskatoon, Winnipeg, Toronto, Ottawa and Halifax; results are generalizable to street youth from these urban centres.

### One fifth of street youth in E-SYS had ever injected drugs; cocaine was the most commonly injected drug

- Approximately 20% of street youth in E-SYS reported ever injecting drugs (18.4% in 2001 and 22.3% in 2003) (see Figure 1).
- Overall, the most commonly injected drugs were cocaine, heroin, morphine, and speedball (cocaine and heroin combination) (see Figure 2).

- In 2003, approximately 31% of injection drug users reported that they had borrowed injecting equipment.
- In 2003, nearly 40% of injection drug users reported that they had quit injecting drugs in the past 3 months. Of these, 13% used treatment services to quit injecting drugs.

Figure 1: Proportion of street youth in E-SYS with a history of ever injecting drugs

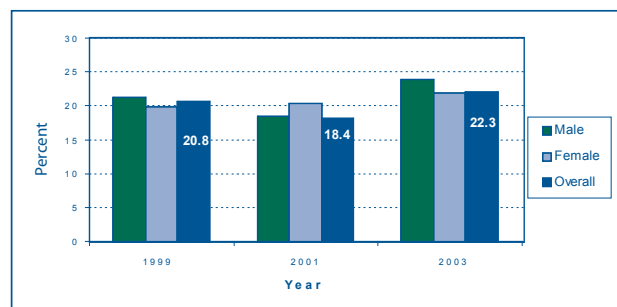
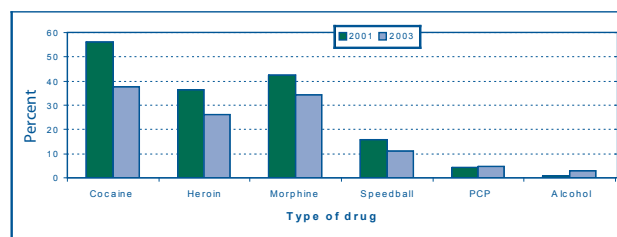


Figure 2: Most commonly injected drugs in previous 3 months among street youth who injected drugs in 2001 and 2003



Note: Youth were allowed to report injecting more than one drug; percentages therefore may exceed 100%.

E-SYS is a collaboration between the Public Health Agency of Canada's Surveillance and Epidemiology Unit (Community Acquired Infections Division, Centre for Infectious Disease Prevention and Control), Health Canada's Office of Research and Surveillance (Drug Strategy and Controlled Substances Program), participating surveillance sites and the youth who provide the data and samples collected.

## Street youth who injected drugs were more likely than their non-injecting peers to have been in jail and to have parents who injected drugs

- As seen in Table 1, injection drug users in E-SYS were older, more likely to be male, more likely to have been in jail, and more likely to have had parents who injected drugs than were non-injectors.
- Injection drug users were also more likely than their non-injecting peers to have permanently dropped out of school or to have been expelled from school.
- Injection drug users were more likely to have lived on the street “all of the time” than were non-injectors.

Table 1: Characteristics of street youth with and without a history of IDU in 2003

Characteristic	IDU, % (n=370)	No IDU, % (n=1291)
Gender		
Male	66	62
Female	34	38
Age, y		
15–19	40	62
20–24	60	38
Education		
Permanently dropped out of school	52	38
Permanently expelled from school	46	35
Parent/caregiver characteristics*		
Father ever injected drugs	23	14
Mother ever injected drugs	21	12
Mother and father ever injected drugs	11	5
Youth ever lived on the streets all the time	80	62
Criminal behaviour		
Ever been in a detention centre, prison, or jail	84	56
Ever had a probation officer	73	51

Percentages are significantly different at  $p < 0.05$ .

\*This characteristic contains categories that are not mutually exclusive.

## Street youth who injected drugs were more likely to report previous STIs

- Injection drug users in E-SYS tended to have a greater number of sex partners and reported higher rates of obligatory sex and sex trade participation than non-injectors (see Table 2).
- Consistent with their greater risk-taking behaviour, more injection drug users reported previous STIs than non-injectors.
- Compared to non-injectors, a greater proportion of injection drug users reported not using a condom or other barrier methods during their most recent sexual encounter(s).

Table 2: Sexual risk behaviours of street youth with and without a history of injection drug use in 2003

Sexual history	IDU (n=370)	No IDU (n=1291)
Number of lifetime sexual partners, mean	73.4	19.5
Did not use a barrier during most recent sexual encounter(s), %	59	49
Ever had an STI, %	38	23
Ever had obligatory sex, %	32	14
Ever traded sex, %	37	15

Percentages are significantly different at  $p < 0.05$ .

- Figure 3 shows that hepatitis C infection was about 4 to 5 times higher in E-SYS street youth who reported IDU compared to street youth with no history of injecting drugs.

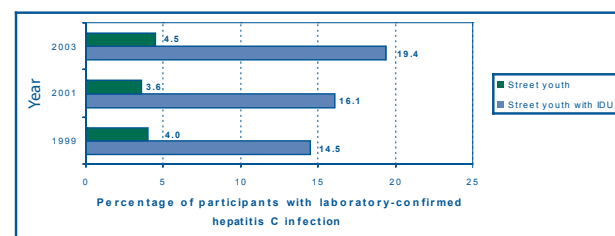


Figure 3: Rates of hepatitis C infection among street youth who reported IDU in E-SYS, 1999–2003

## Conclusions

Data from E-SYS indicate that about 20% of street youth have ever injected drugs. The finding that older youth were more likely to be injection drug users is probably due to their prolonged involvement on the street. Street-involved youth who are injection drug users have a greater risk of contracting STIs and other BBIs such as hepatitis C compared to non-injectors, due to the sharing of needles and other risk behaviours.<sup>9,10</sup>

It is often difficult to develop interventions aimed at street youth who abuse substances because of the shifting or unstable environments in which they live, the lack of social infrastructure with which to implement prevention programming, and their lower school attendance compared to youth in the general population. Providing the basic necessities of life, including affordable housing or shelter, may help street youth to address their drug use and addictions.

Increased access to counselling and testing, improved access to sterile injection equipment, and the promotion of diverse treatment options may be effective in reducing the negative consequences of IDU in street youth.

Ultimately, targeting troubled youth before drug use and addictions begin by initiating comprehensive multi-sectorial (child welfare, health, educational, judicial) programs may be the key to effectively dealing with substance abuse issues.

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For further information, please contact:

Public Health Agency of Canada (PHAC)  
Surveillance and Epidemiology Section  
Community Acquired Infections Division (CAID)  
Centre for Infectious Disease Prevention and Control (CIDPC)  
Jeanne Mance Building, AL 1906B  
Ottawa, ON K1A 0K9

Tel: (613) 946-8637  
Fax: (613) 941-9813

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Canadian HIV/AIDS Information Centre  
400 - 1565 Carling Avenue  
Ottawa, ON K1Z 8R1  
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Fax: (613) 725-1205  
Email: [aidssida@cpha.ca](mailto:aidssida@cpha.ca)  
Website: <http://www.aidssida.cpha.ca/>

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