



Elevated mortality among female injection drug users

by Anne Drummond

The social and economic conditions in which people live have a powerful influence on their health. Safe housing, job security and satisfaction, adequate income, education, positive early childhood experiences, access to health and social services, and a circle of supportive friends and family—all these factors contribute to the health of individuals and communities. The absence of all or some of these factors creates distress and insecurity for people, which not only has a negative effect on their health but also predisposes them for unhealthy or risky behaviour.

Research, both qualitative and quantitative, continues to highlight the links between HIV and drug and alcohol use in the developed world. Furthermore, it is also clear that HIV infection exacerbates poverty, both material and psychological, and thus perpetuates and intensifies the epidemic. The mechanism underlying these links is probably that poverty and other social determinants such as poor education, childhood sexual abuse, and racial or social marginalization limit the choices available to people. Consequently, they are more vulnerable to risky behaviours in order to survive or to attempt to escape the misery of their situation.

The health and social conditions of women living in Vancouver's Downtown Eastside (DTES) have recently attracted considerable media attention. The health and social crisis among addicted women in the DTES is extensive, with Aboriginal women in particular at high risk of HIV infection.

Mortality among injection drug users (IDUs) has also been investigated; however, there are no studies focusing on mortality and causes of death specifically among addicted women. Dr. Patti Spittal and her colleagues at the BC Centre for Excellence in HIV/AIDS Research (BCCfE) at St Paul's Hospital in Vancouver thus took on the task.

Researchers at the BCCfE have been following a cohort of 1,400 female IDUs in Vancouver since 1996. From this group, 520 addicted women were recruited into Dr. Spittal's study and investigators followed them from May 1996 until May 2002.

Participants completed an interviewer-guided questionnaire at baseline and then every six months during the study. These questionnaires solicited information about housing, addiction treatment history, hospital or emergency department admissions, injection and non-injection drug use, injection practices, sexual risk behaviours, and HIV status. Based on information gathered at baseline, researchers grouped the cohort of addicted women according to whether or not they were involved in the sex trade.

Between May 1996 and May 2002 there were 68 deaths among women in the cohort. Estimates of mortality rates showed increased mortality among women who were HIV-positive at baseline, were involved in the sex trade, and who had unstable housing arrangements. The causes of death among the addicted women were primarily related to overdose, violence, and HIV/AIDS.

The overall death rate among women using injection drugs was 50 times higher than the death rate in the general British Columbia female population. These elevated rates of avoidable mortality are highly suggestive that the current addiction and HIV treatment strategies are failing addicted women in the DTES. Recent provincial and federal cutbacks and closing of services for women in BC have also contributed to increasing the vulnerability of these women.

The results of Dr. Spittal's study highlight the urgent need for innovative approaches to removing the barriers that addicted women experience in accessing HIV and addiction treatment. ☉

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