

HIV/AIDS: A Canadian Problem?

By Kristin Mason

Canada, which by landmass is the second largest nation in the world second to Russia, is located on the North American continent, and shares its southern border with the United States. A secluded location, Canada's 8,893 kilometer border only neighbors the United States by land.

Seclusion has led to a peaceful history; any recent conflict has been involved in foreign and international wars, and not civil strife. Canada only recently received official recognition of its independence from Great Britain on December 11th, 1931, and became a parliamentary democracy.

The Epidemic

The prevalence rate of infection in Canada is 0.3% (2003) which ranks it number 89 out of 168 nations (CIA Fact Book). Of the almost 34 million people living in Canada today, there are approximately 63,604 people infected with HIV/AIDS. Of this group, 59,522 are adults aged 15 and older. By gender, 83.1% of infected Canadian adults are male and 16.9% are female (November 1st, 1985-June 30th, 2007).

The number of reported annual infections steadily decreased until it hit a low of 2,104 infections (2000), and then began an increase. Of the cases reported the highest exposure group is men having sex with men (MSM) at 41.2%, and the second largest group being the intravenous drug users at 22.8% (Adults, as of June 2007 according to the Public Health Agency of Canada). For adult females the largest risk group is intravenous drug use at 41.1%, and second highest at 21.9% is heterosexual sexual contact.

Of the thirteen Canadian provinces and territories, the four largest (Ontario, Quebec, British Columbia, and Alberta) consist of 94.3% of the nation's HIV infected persons. A total of 81.7% of the HIV infected Canadians are Caucasian.

These statistics present a clear target group of Caucasian men having sexual relations with men, who are living in more populous regions of Canada.

*(Population information provided by Statistics Canada: Canada's National Statistical Agency, AIDS infection statistics provided by the Public Health Agency of Canada report "HIV and AIDS in Canada")

Government Action

In October 2005 the federal government released a five year plan entitled "Leading Together: Canada Takes Action on HIV/AIDS (2005-2010)". Canada recognizes the need to combat AIDS internationally as well as domestically, which is one of the goals set forth. The goals set in place are objective examples of the steps needed to reverse the spread of the disease.

The federal initiative encompasses five actions in their plan including: program and policy intervention, knowledge development, communications and social marketing, coordination, planning, evaluation and reporting, and global engagement.

Canada's goals encompasses the major issues facing the AIDS and the world, including eliminating the discrimination and stigma of infected persons, increasing testing and earlier treatment, and effective prevention methods, and continuing to find a cure. It is necessary to continue to educate the public, in a survey 17% of Canadians believed that when treated early, HIV could be cured (Leading Together).

Internationally Canada has contributed to AIDS research. In 2003 Health Canada and the Canadian International Development Agency along with other groups such as UNAIDS drafted the Warsaw Declaration which is a plan to end the transmission of HIV/AIDS among intravenous drug users. Canada has also committed support to the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS.

Canada's initiative is to unite all actors in the fight against AIDS, including government agencies, human rights groups, and researchers to name a few. In 1998 the Canadian Strategy on HIV/AIDS (CSHA) was created.

Aboriginal People

According to Health Canada, aboriginal people (Inuit and First Nations) make up about 3% of the population, yet they made up 15.4% of the AIDS cases for 2007, as of June. This excludes the 70 persons whose ethnicity was not reported.

The causes of their high prevalence rate includes poverty, high amounts of drug and alcohol abuse, limited quality health care, and a decrease in native culture (Leading Together). Over the years specific groups have been forming in order to target issues facing aboriginal people. Some of these groups are branches of the federal government such as Health Canada's First Nations and Inuit Health Branch, and the Public Health Agency of Canada's National Aboriginal Council on HIV/AIDS. Other groups include the Canadian Aboriginal AIDS Network, which is a non-profit organization.

The Prison System

As is the case with many other nations, there is a significantly higher prevalence rate of HIV transmission in prisons than there is in the general population. Although the use of drugs is illegal inside and outside of prison, there is still some access to inmates. Lack of sterilization also leads to the spread of HIV through prison tattooing.

Canada does not implement a needle exchange program which has shown to reduce the spread of HIV in other countries such as Switzerland. The argument to the needle exchange program is, although it may reduce the transmission of HIV, it is also seen as condoning the use of illegal drugs.

A third transmission mode prevalent in prisons is through sexual relations. There is no way of knowing exactly how many inmates are engaging in sexual relations while incarcerated, some dated estimates put it at 6% (1995). While there are condoms and dental dams available in some prisons, many more are without.

*(Information on prisons provided by the AIDS Calgary Awareness Association and the Canadian HIV/AIDS Legal Network)

Bypassing Stereotypes

Over the years the face of AIDS has progressed, never quite eliminating the stigmas of society. There are still people who believe this to be an African problem, or a gay man's disease. It is a global disease that cares nothing of a person's race, color, gender, age, or sexual orientation.

Although Canada's AIDS problem is far less detrimental than it is to the African continent, the disease is still being spread. Victims of HIV/AIDS are still facing discrimination by society. Fear induces people to not seek treatment or to get tested, which facilitates the continuation of this deadly disease.

Ending the Struggle

Canada has taken an important step forward recognizing that the HIV/AIDS epidemic is not a domestic issue. In order to stop the spread of AIDS in Canada it needs to be stopped internationally as well. This is especially important since Canada accepts HIV positive immigrants, many from endemic countries.

Poverty is one of the most important factors determining the probability of transmission. Those who are impoverished are more likely to use drugs, and to become sex workers. Social programs are necessary to move people out of this high risk group.

Education is one of the single most important factors that is going to stop the AIDS epidemic. People need to be educated on how HIV is transmitted, and what precautions need to be taken in order to reduce the risk of transmission.

Early testing is necessary in order to reduce unknowingly transmitting HIV to sexual partners, and needle sharing. A positive diagnosis early on also increases the chances of finding an effective anti-retroviral treatment.

In order to resolve the spread of HIV in prisons, and among drug users the Canadian government and other governments need to come to some middle ground on the issue of needle exchange and needle cleaning kits.

In the long run the cost of life, well-being of Canadians, and cost-effectiveness of medical care will be the determining factors in reducing the AIDS prevalence rate to 0%, finding a vaccine and a cure.