

# The Cedar Project: Sexual Vulnerabilities Among Aboriginal Young People Involved in Illegal Drug Use in Two Canadian Cities

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## ABSTRACT

**Objectives:** Very few studies in Canada address the sexual health of young Aboriginal people who use drugs; the focus in established literature has been on parenteral risks. This study sought to identify the risk factors associated with inconsistent condom use in a cohort of young Aboriginal people who live in British Columbia and use drugs.

**Methods:** This analysis includes baseline questionnaire data from October 2003 to April 2005. Multivariable modeling stratified by gender identified independent demographic, traumatic, sex and drug use risk factors associated with inconsistent condom use.

**Results:** Of the 292 women and 313 men at baseline, prevalence of inconsistent condom use during insertive sex was 59% and 46%, respectively. In multivariable logistic regression, after adjusting for age and location, inconsistent condom use among women was significantly associated with ever being enrolled in a drug/alcohol treatment program (AOR: 1.95, 95% CI: 1.06-3.60), and ever being sexually abused (AOR: 1.80, 95% CI: 1.01-3.20). Among men, inconsistent condom use was significantly associated with having more than 20 lifetime sex partners (AOR: 2.06, 95% CI: 1.24-3.44).

**Conclusion:** Our study demonstrates high rates of inconsistent condom use among young Aboriginal people who use drugs, highlighting their vulnerability to contracting sexually transmitted infections. Culturally tailored sexual health interventions must be made a priority and need to incorporate the reality of gendered differences in the context of multigenerational trauma, including non-consensual sex.

**Key words:** Aboriginal people; condoms; drug use; British Columbia

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Aboriginal leadership, communities and organizations in Canada are increasingly concerned about the sexual and reproductive health of their young people.<sup>1</sup> The present-day health disparities faced by Aboriginal people in Canada can only be discussed in a theoretical framework of post-colonialism of the residential school systems where thousands of children were forcibly isolated from their homes and communities, and removed from the protection of tribal and kinship systems.<sup>2,3</sup> Many young children suffered distorted sexual development through the pervasive sexual abuse committed by figures of authority and caretakers in the schools.<sup>2</sup> Traditional "cultural buffers" that mitigate against vulnerability, such as incest taboos and puberty rites, eroded as a result of this forced assimilation.<sup>4</sup> Generations of former students brought home devastating burdens of unresolved trauma into their communities, perpetuating the cycle of abuse.<sup>3</sup>

Culturally, the inability to transfer sexual knowledge increases potential for negative health and social outcomes.<sup>5-8</sup> Victims of sexual abuse can suffer from low self-esteem and can experience a sense of powerlessness during sex.<sup>9</sup> As such, sex can become traumatic even when consensual, and the ability to negotiate condom use during sex may not be realistic. In Canada, Aboriginal women are more likely than Aboriginal men to experience sexual abuse within their home communities.<sup>3</sup> The experience of sexual abuse has been linked to HIV vulnerability through illicit drug use and sex work among women,<sup>7,10</sup> powerlessness in intimate relationships and the inability to negotiate safe sex, even during consensual sex.<sup>11,12</sup>

Inconsistent condom use and sexually transmitted infections (STIs) are markers for sexual vulnerability that enhance opportunity to become infected with Human Immunodeficiency Virus (HIV).<sup>13,14</sup> People who use drugs are particularly vulnerable to STIs.

Aboriginal young people who use drugs frequently report being under the influence of substances during sexual encounters, where protective measures can be neglected.<sup>6,15</sup> The proportion of STIs reported by Aboriginal young people is 2.5 times higher than that of their non-Aboriginal counterparts.<sup>16,17</sup> Yet, very few studies explore the determinants of consistent condom use among Aboriginal young people living in Canada. Even fewer studies address the sexual transmission of HIV infection among Aboriginal people who use drugs (P. Spittal, School of Population and Public Health, University of British Columbia, 2009, personal communication). From the few available studies, high rates of inconsistent condom use have been reported among Aboriginal people living on reserve in Ontario,<sup>18</sup> among Aboriginal women and adolescents living in British Columbia,<sup>6,19</sup> and among Aboriginal youth who participated in national surveys.<sup>17</sup> There is an urgent need for research that addresses this risk within a socio-historic framework that accommodates concepts of multigenerational trauma. The purpose of this study is to explore risk factors associated with inconsistent condom use among young Aboriginal men and women who use injection and non-injection drugs in British Columbia.

## METHODS

The Cedar Project is an ongoing prospective cohort study involving Aboriginal young people who reside in Vancouver and Prince

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**Table 1.** Demographic Comparison of Young Men (n=313) and Women (n=292) Participating in the Cedar Project

Variable	Female (%)	Male (%)	Odds Ratio (95% CI)	p-value
Median age at enrolment visit (Range)	23 (14-30)	23 (13-30)	-	
Location Prince George vs. Vancouver	43	46	0.86 (0.61-1.21)	0.39
Married/common law vs. single	29	15	2.23 (1.47-3.38)	<b>&lt;0.001</b>
Gay/bisexual/lesbian/transgendered/queer	15	8	2.07 (1.18-3.63)	<b>0.01</b>
Unstable housing (p6m*)	44	52	0.74 (0.52-1.04)	0.09
Ever been on the street >3 nights	64	71	0.72 (0.50-1.03)	0.07
Incarcerated (p6m)	16	27	0.50 (0.33-0.77)	<b>0.001</b>
Ever attempted suicide	42	31	1.63 (1.14-2.33)	<b>0.01</b>
Ever sexually abused	70	29	5.63 (3.87-8.10)	<b>&lt;0.001</b>
Frequent crack use (p6m)	67	46	2.37 (1.67-3.36)	<b>&lt;0.001</b>
Ever injected drugs	65	47	2.08 (1.47-2.94)	<b>&lt;0.001</b>
Ever been paid for sex	71	17	11.50 (7.63-17.33)	<b>&lt;0.001</b>
HIV serostatus at baseline	13	4	3.34 (1.69-6.59)	<b>&lt;0.001</b>
Overdosed (p6m)	13	4	3.55 (1.30-9.69)	<b>0.01</b>
Needed help injecting (p6m)	43	32	1.56 (0.91-2.66)	0.08
Ever been on methadone maintenance treatment	39	12	4.42 (2.41-8.13)	<b>&lt;0.001</b>

\* Data elicited in the 6 months prior to the baseline interview.  
**Bold face** indicates statistical significance p<0.05.

George, British Columbia, who either smoke or inject illicit drugs. First Nations investigators, including Aboriginal AIDS Service Organizations, were involved in the conception, design and implementation of the project. The study was approved by the University of British Columbia/Providence Health Care Research Ethics Board.

Participants were recruited through referral by health care providers, community outreach, and word of mouth. Cohort eligibility criteria stipulate that participants are between 14 and 30 years of age, and have used illicit drugs in the last month before enrollment. All participants met with one Aboriginal study coordinator who explained procedures, sought informed consent and confirmed participant eligibility. At study entry, participants completed an interviewer-administered questionnaire designed to elicit socio-demographic information, and data on non-injection and injection drug use, sexual risk behaviours and service utilization. Venous blood samples were drawn and tested for HIV and hepatitis C (HCV) antibodies. All participants had pre- and post-test counseling with project nurses. Participants were requested to return for their HIV/HCV serostatus test results, at which time referral to care was provided. Study personnel worked actively with participants in securing requested support, including access to traditional healing support, addiction treatments and safe housing. Participants were given a twenty-dollar stipend as compensation for their time and to facilitate transportation. Follow-up interviews are conducted every 6 months.

This analysis uses data from baseline questionnaires of all 605 participants recruited from the study's inception in October 2003 through to April 2005. During the interviews, Cedar Project participants were asked if they sometimes, always, or never use condoms during consensual insertive (vaginal and/or anal) sex. "Inconsistent condom use" was defined as *sometimes* or *never* using a condom during insertive sex in the 6 months prior to the interview. "Consistent condom use" was defined as *always* using a condom during insertive sex in the 6 months prior to the interview. "Frequent drug use" was defined as the use of drugs once or more per day in the 6 months prior to the interview. Variables elicited in reference to the 6 months before the interview or in the participants' lifetime are noted in our tables as "p6m" or "ever", respectively. Statistical analyses of bivariable categorical data were performed using Pearson's chi-squared test. Fisher's exact test was used to analyze bivariable categorical data when 25% or more of the expected cell frequencies in a contingency table were less than 5. Comparisons of numeric variables were conducted using Wilcoxon's

rank-sum test. Multivariable logistic regression analysis was used to model the independent association of socio-demographic variables and behavioural risk factors with inconsistent condom use. Interaction terms were explored within the whole cohort, and location (Prince George) was found to affect men and women differently and was therefore controlled for in our multivariate models. Unadjusted estimates of odds ratio were calculated using logistic regression. Variables included in the multivariable models were chosen based on bivariate associations (<0.05 statistical significance) and evidence from the literature. Due to the known association of gender, sexual risk-taking behaviour and parenteral drug use,<sup>10-12</sup> the analysis was approached from a gendered perspective. SPSS 17.0 version was used to facilitate the analysis. All reported p-values are two-sided.

**RESULTS**

Table 1 presents the demographic characteristics of the young men and women participating in the Cedar Project. Compared to men, young women were significantly more likely to: be married; identify as gay/bisexual/lesbian/transgendered/queer (GBLTQ); ever have attempted suicide; ever have been sexually abused; smoke crack on a daily basis; ever have injected drugs; ever have been paid for sex; test HIV-seropositive at baseline; have overdosed during the 6 months prior to the interview; have needed help injecting drugs in the previous 6 months; and have been in methadone maintenance therapy (MMT) in the previous 6 months.

In bivariate analysis, women were more likely to use condoms inconsistently compared to men (59% vs. 46%, p<0.001). In multivariable regression (Table 2), inconsistent condom use among women was independently associated with: not being single (Adjusted Odds Ratio: 5.37, 95% CI: 2.79-10.34); ever having been enrolled in a drug/alcohol treatment program (AOR: 1.95, 95% CI: 1.06-3.60); and ever having been sexually abused (AOR: 1.80, 95% CI: 1.01-3.20). Having ever been in a methadone maintenance treatment (MMT) was negatively associated with inconsistent condom use (AOR: 0.32, 95% CI: 0.19-0.66).

Multivariable regression (Table 3) analysis demonstrated that among men, inconsistent condom use was significantly associated with not being single (AOR: 10.95, 95% CI: 4.70-25.53) and with having more than 20 lifetime sexual partners (AOR: 2.06, 95% CI: 1.24-3.44), and was marginally associated with living in Prince George (AOR: 1.65, 95% CI: 0.98-2.77). Identifying as GBLTQ was

**Table 2.** Adjusted Multivariate Regression Analysis of Risk Factors Predicting Likelihood of Inconsistent Condom Use Among the Young Women of the Cedar Project (n=292)

Variable	AOR (95% CI)	p-value
Location (Prince George vs. Vancouver)*	1.72 (0.98-3.11)	0.06
Not single	5.37 (2.79-10.34)	<b>&lt;0.001</b>
Ever sexually abused	1.80 (1.01-3.20)	<b>0.04</b>
Ever had sexually transmitted infection	1.38 (0.80-2.39)	0.25
Overdose (p6m†)	1.86 (0.76-4.52)	0.17
Ever had drug/alcohol treatment	1.95 (1.06-3.60)	<b>0.03</b>
Ever been in methadone treatment program	0.32 (0.19-0.66)	<b>0.001</b>

\* Interaction term.

† Data elicited in the 6 months prior to the baseline interview.

**Bold face** indicates statistical significance p<0.05.

negatively associated with inconsistent condom use (AOR: 0.27, 95% CI: 0.08-0.89).

## DISCUSSION

This study examined risk factors of inconsistent condom use among a cohort of young Aboriginal people who use drugs in order to assess which lifetime experiences increase susceptibility to HIV and STIs. The results presented a troubling association between a history of sexual abuse and inconsistent condom use among young women. We must account for gendered differences when discussing safety in sexual encounters, not just with respect to protective barriers, but also when considering the physical, emotional and mental impacts of addiction on sex.<sup>20</sup> A history of sexual abuse has been directly associated with sexual risk and unsafe sex,<sup>21,22</sup> a situation compounded by violent relationships where negotiating safe sex has the potential to be met with further abuse, abandonment, and/or poverty.<sup>11,12</sup> The gendered contexts of relationships where both partners use drugs often include the male partner controlling sexual relations, cash, drug acquisition, preparation and injection.<sup>11</sup> Often, women are forced to accept unprotected sex and be second on the needle when going through withdrawal.<sup>10</sup> Among people surviving injection drug use in Vancouver, women experience a greater burden of HIV positivity.<sup>10</sup> In HIV reports from British Columbia, a large proportion of HIV infection occurs among women who do not inject drugs, but are in heterosexual relationships with men who do.<sup>23</sup> While the main mode of HIV acquisition among Aboriginal women in Canada is intravenous drug use (62%), the heterosexual acquisition of HIV accounts for a substantial proportion of infections (35%).<sup>16</sup> Aboriginal women comprise almost half of HIV-positive test results, compared to only 20% of non-Aboriginal women.<sup>16</sup> Most sexual health promotion programs designed for women focus on consensual sexual encounters, however they need to address the complex psychological effects of sexual abuse on women's capabilities to negotiate sexual preferences.<sup>24</sup> Studies examining the sexual transmission of HIV among both the general and Aboriginal populations of people who use drugs are needed, with a particular focus on women.

Methadone maintenance treatment (MMT) is one of the most important opiate addiction treatments in preventing HIV infection among people who are retained in programs.<sup>25</sup> The negative association between MMT and inconsistent condom use presented in this study must be interpreted with caution. Approximately 82% of women in the Cedar Project who have ever accessed MMT are involved in survival sex work where condom use is more consistent (bivariate analysis; results not shown). This association may be confounded, as MMT may serve not as a means to stay off drugs, but as

**Table 3.** Adjusted Multivariate Regression Analysis of Risk Factors Predicting Likelihood of Inconsistent Condom Use Among the Young Men of the Cedar Project (n=313)

Variable	AOR (95% CI)	p-value
Location (Prince George vs. Vancouver)*	1.65 (0.98-2.77)	0.06
Gay/bisexual/transgendered/queer	0.27 (0.08-0.89)	<b>0.03</b>
Not single	10.95 (4.70-25.53)	<b>&lt;0.001</b>
Number of lifetime sexual partners >20	2.06 (1.24-3.44)	<b>0.01</b>
Ever had sexually transmitted infection	2.24 (0.68-7.38)	0.19
Smoke crack daily (p6m†)	1.70 (0.76-3.78)	0.20

\* Interaction term.

† Data elicited in the 6 months prior to the baseline interview.

**Bold face** indicates statistical significance p<0.05.

a survival strategy to control withdrawal symptoms and reduce opportunities for predation (P. Spittal, School of Population and Public Health, University of British Columbia, 2009, personal communication). Aboriginal people in the Vancouver Injection Drug Users Study are accessing MMT programming at half the frequency of their non-Aboriginal counterparts,<sup>25</sup> which may be attributed to a lack of culturally sensitive treatment programming and/or abstinence-based addiction treatments. Aboriginal women living in Vancouver's Downtown Eastside have cited fear of having their children apprehended upon the former's seeking MMT, calling for gender-specific treatment facilities that allow for the accommodation of mothers and their children.<sup>26</sup> For young women in the Cedar Project, participation in a drug or alcohol treatment program was found to increase likelihood of inconsistent condom use. Researchers have noted that women who enter drug and alcohol abuse programs tend to be younger; to suffer from greater mental, physical and sexual health concerns; and to have difficulties with child rearing, such as access to child services.<sup>22,27</sup> For young Aboriginal people in Canada who are vulnerable to the health risks associated with drug use, the barriers to treatment access and maintenance must be explored. Furthermore, alternative opioid substitution treatments must be considered and developed where MMT is not successful.

Young men who identified as gay/bisexual/transgendered/queer (GBTQ) were less likely to use condoms inconsistently. From a population-based analysis of Aboriginal people in British Columbia, 71% of men who reported having had sex with other men used condoms consistently.<sup>19</sup> These findings may be due to the enhanced opportunity for HIV/STI knowledge and education that has been set in motion by the LGBTQ community. However, increased number of sexual partners among men was significantly associated with inconsistent condom use. Findings in the general population have noted that men who have STIs are also more likely to have multiple partners, indicating that condoms are either used irregularly or incorrectly.<sup>28</sup> Further, as over 30% of young men participating in the study reported experiencing childhood sexual abuse, appropriate gendered approaches must be used when designing sexual health programs to ensure that the vulnerabilities of these young men are not overlooked.

We acknowledge that we cannot generalize our findings to all Aboriginal young people living in Canada, as only participants who report using drugs are included. Non-participants were not included in this study, and non-response bias is a possibility. Our recruitment method is not random, and may not include people who are socially isolated. However, if referral chains sufficiently penetrate into networks of hidden populations, this form of sampling can capture the isolated individuals of the population and provide a

non-biased sample. Due to the use of self-reported data, findings may have been subject to recall and social desirability bias. We are also unable to ascertain causation, as temporality issues make the interpretation of multivariate analyses difficult.

This study is the first of its kind to explore the impact of lifetime traumatic experiences of Aboriginal young people on sexual vulnerability to STIs. The factors that inform the decision-making process of our participants with respect to protective measures during sex warrants further investigation, which can benefit policy, planning and programming. Effective programming depends on who is delivering the messages, and the receptivity of the audience based on their past sexual experiences, knowledge, and feelings around sexual matters. Sexual health education must be incorporated into sexual abuse therapy and be sensitive to language, culture and sexual explicitness. One intervention strategy is to create public awareness, especially at the community level, for the dual purpose of identifying and responding to victims. "Culture as intervention" and programming built upon histories of resilience and resistance are essential.<sup>29</sup> The paucity of information surrounding the sexual vulnerabilities of Aboriginal young people calls for an urgent prioritization of culturally safe data and services that support sexual abuse treatment and sexual health awareness. Without the appropriate development of interventions and strengthening of research opportunities to generate information, we can only anticipate a surge in STIs and the HIV epidemic among Aboriginal young people who use drugs in this country.

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## RÉSUMÉ

**Objectifs :** Très peu d'études au Canada abordent la santé sexuelle des jeunes autochtones qui consomment de la drogue; les travaux publiés portent plutôt sur les risques de transmission parentérale de maladies. Nous avons voulu cerner les facteurs de risque associés à l'utilisation irrégulière du préservatif dans une cohorte de jeunes autochtones consommateurs de drogue vivant en Colombie-Britannique.

**Méthode :** Nous avons analysé les données d'un questionnaire de référence administré entre octobre 2003 et avril 2005. Une modélisation multivariée stratifiée selon le sexe a permis de cerner des facteurs de risque indépendants (caractéristiques démographiques, traumatismes, relations sexuelles et consommation de drogue) associés à l'utilisation irrégulière du préservatif.

**Résultats :** Chez les 292 femmes et les 313 hommes recensés au départ, la prévalence de l'utilisation irrégulière du préservatif durant les relations sexuelles avec pénétration était de 59 % et de 46 %, respectivement. Après une régression logistique multivariée, en tenant compte de l'âge et du lieu, l'utilisation irrégulière du préservatif chez les femmes présentait une corrélation significative avec le fait d'avoir déjà suivi un programme de traitement des toxicomanies ou de l'alcoolisme (RCa : 1,95, IC de 95 % : 1,06-3,60), et d'avoir déjà été victime d'agression sexuelle (RCa : 1,80, IC de 95 % : 1,01-3,20). Chez les hommes, l'utilisation irrégulière du préservatif présentait une corrélation significative avec le fait d'avoir eu plus de 20 partenaires sexuels dans sa vie (RCa : 2,06, IC de 95 % : 1,24-3,44).

**Conclusion :** Notre étude fait état de taux élevés d'utilisation irrégulière du préservatif chez les jeunes autochtones qui consomment de la drogue, d'où leur vulnérabilité aux infections transmissibles sexuellement. Des interventions en santé sexuelle culturellement adaptées doivent être menées en priorité, et elles doivent tenir compte de la réalité des différences sexospécifiques dans le contexte des traumatismes multigénérationnels, y compris les rapports sexuels non consentuels.

**Mots clés :** Indiens d'Amérique nord; condom; consommation de drogue; Colombie-Britannique