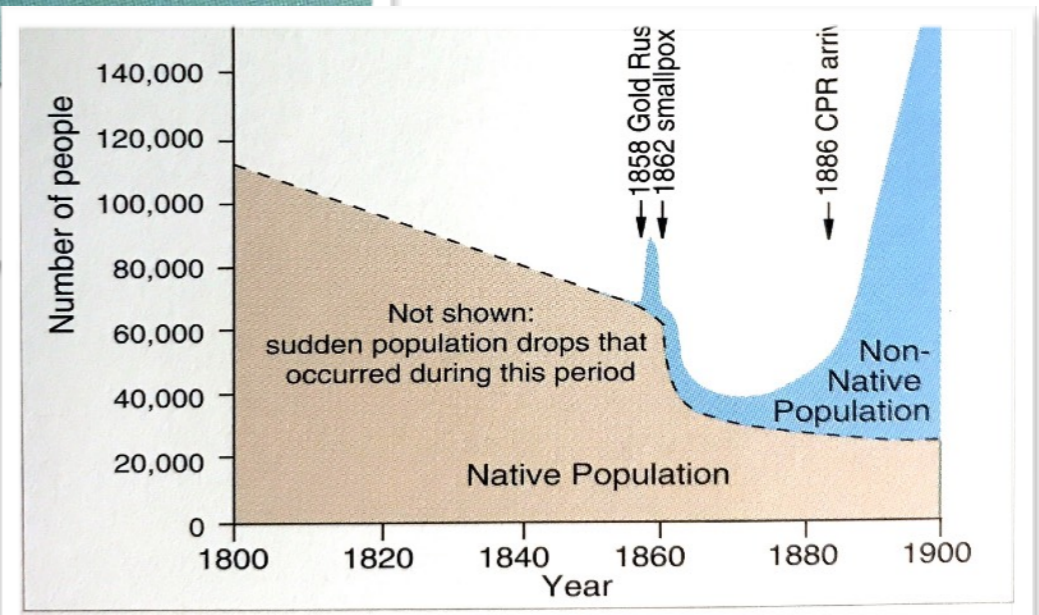
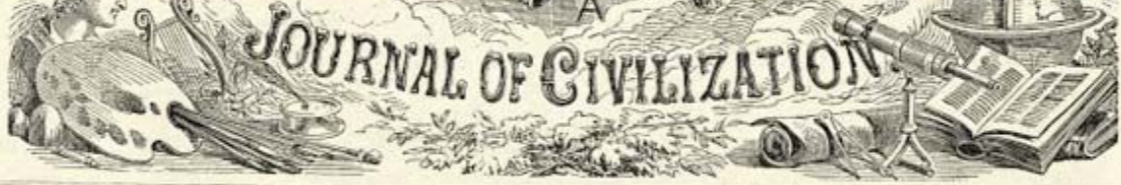


Fig. 10. The Fraser delta region in the 1850s.



HARPER'S WEEKLY



Vol. XXIII.—No. 1154.] NEW YORK, SATURDAY, FEBRUARY 8, 1879. [WITH A SUPPLEMENT, PRICE TEN CENTS.]

Entered according to Act of Congress, in the Year 1854, by Harper & Brothers, in the Office of the Librarian of Congress, at Washington.



MY DAY IS COMING

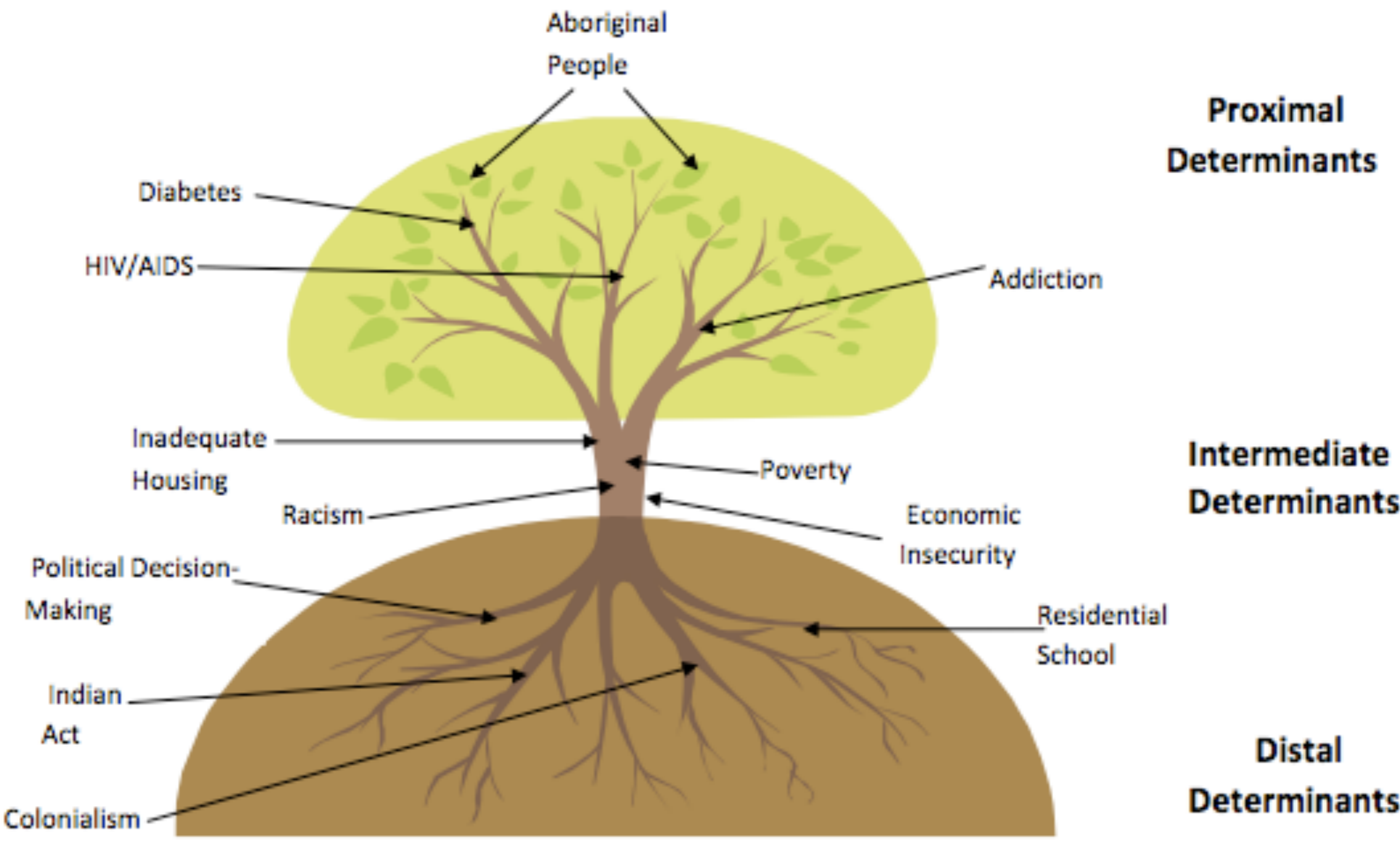
J. Nast

"EVERY DOG" (NO DISTINCTION OF COLOR) "HAS HIS DAY."

RED GENTLEMAN TO YELLOW GENTLEMAN: "Pale face 'fraid you crowd him out, as he did me."



"The same act which Excludes Orientals Should Open Wide the Portals of British Columbia to White Immigrations." Cartoon by N.H. Hawkins. Saturday Sunset. (1907)



Social determinants of health: The case of Aboriginal women and HIV/AIDS Adapted from Charlotte Reading (2009).
 Research Lecture, University of Victoria

Adoption of the chronic care model to improve HIV care

In a marginalized, largely aboriginal population

David Tu MD CCFP Patricia Belda MSc MD CCFP Doreen Littlejohn RN Jeanette Somlak Pedersen
Juan Valle-Rivera Mark Tyndall MD ScD FRCPC

Abstract

Objective To measure the effectiveness of implementing the chronic care model (CCM) in improving HIV clinical outcomes.



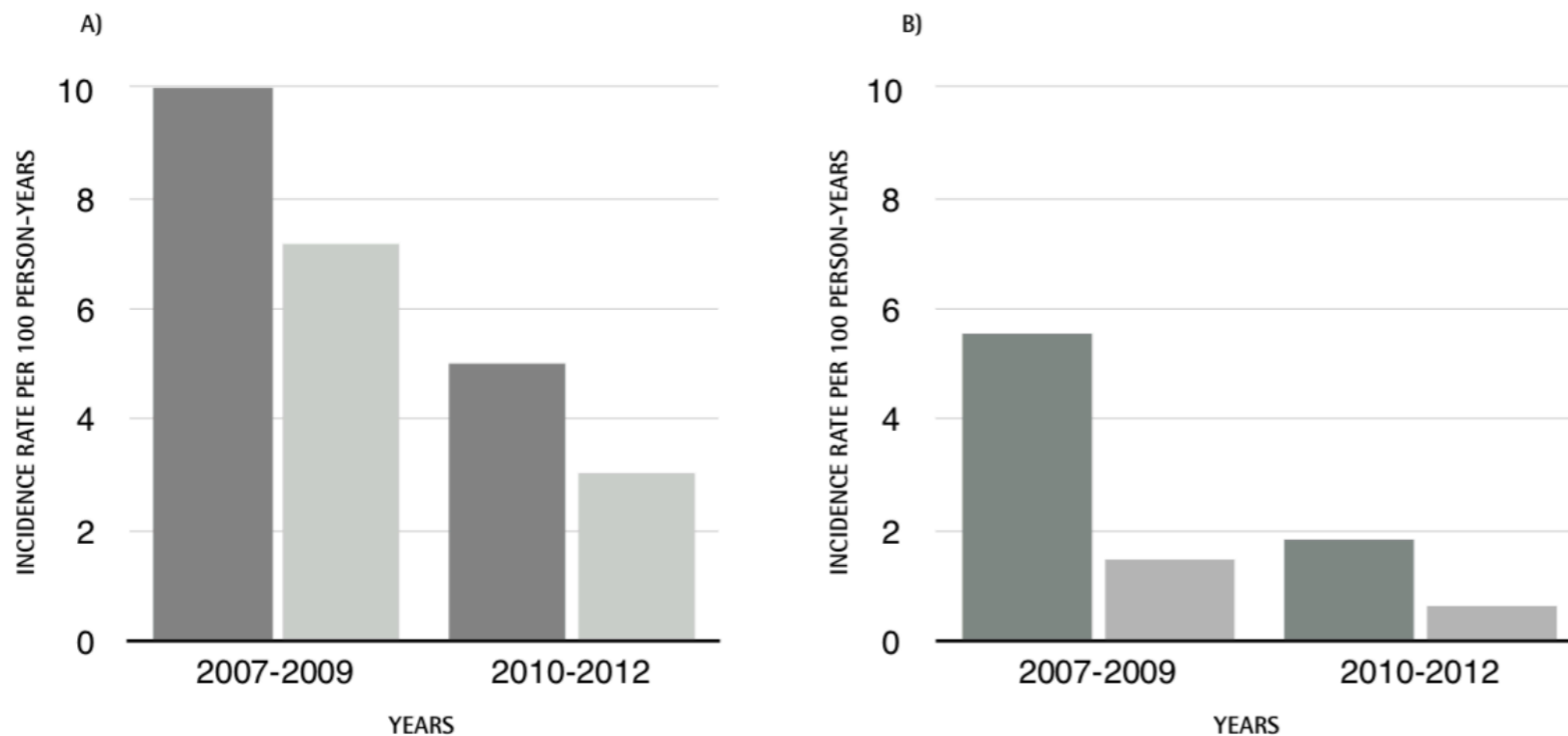
Declining mortality among HIV-positive indigenous people at a Vancouver indigenous-focused urban-core health care centre

Piotr Klakowicz MD CCFP MPH MSc Wen Zhang MSc Guillaume Colley MSc David Moore MD CM MHSc FRCPC David Tu MD CCFP

Abstract

Objective To examine mortality rates among HIV-positive indigenous people and others after initiation of HIV care improvements based on the chronic care model to address high HIV-related mortality.

Figure 2. All-cause and HIV-related mortality rate over time by ethnicity: Indigenous people are represented by dark bars and other patients are represented by light bars. A) There was a significant decline in all-cause mortality for indigenous people ($P = .023$) and no significant difference for others ($P = .061$). B) There was a significant decline in HIV-related mortality for indigenous people ($P = .005$) and no significant difference for others ($P = .247$).



EDITOR'S KEY POINTS

- A decline over time in HIV-related and all-cause mortality was found for patients of indigenous ancestry in an urban-core health clinic. These significant decreases in HIV-related mortality are likely in part owing to the provision of culturally appropriate care that is informed by the historic traumas experienced by indigenous peoples in Canada, as well as owing to the adaptation of the chronic care model to HIV care at the clinic.
- Despite the declining HIV-related mortality rates demonstrated in this study, indigenous patients might still be at increased risk of dying compared with others, as shown by the significantly higher all-cause mortality.
- Infection with HIV is increasingly recognized as a socially determined yet manageable chronic illness in resource-rich countries. In addition to shifting to a chronic care model approach to HIV care for marginalized populations, providing primary care for indigenous patients that is informed by and focused on indigenous issues might be instrumental in decreasing the mortality rates of indigenous people.


This article has been peer reviewed.

Can Fam Physician 2016;62:e319-25

Characteristics and response to treatment among Indigenous people receiving injectable diacetylmorphine or hydromorphone in a randomised controlled trial for the treatment of long-term opioid dependence

Drug and Alcohol Review (2017)
DOI: 10.1111/dar.12573

Characteristics and response to treatment among Indigenous people receiving injectable diacetylmorphine or hydromorphone in a randomised controlled trial for the treatment of long-term opioid dependence

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Abstract

Introduction and Aims. To determine the effectiveness of injectable hydromorphone and diacetylmorphine for Indigenous participants in the Study to Assess Longer-term Opioid Medication Effectiveness (SALOME) clinical trial. The study additionally aims to explore the prevalence and frequency of crack cocaine use among subgroups of participants (by gender and ethnicity). This secondary analysis is particularly relevant given the current need for expanded medication assisted treatments for opioid dependence across North America. **Design and Methods.** Participants self-identifying as First Nations, Métis or Inuit were included in the analysis of Indigenous participants. Six-month treatment outcomes are reported as the difference between diacetylmorphine and hydromorphone treatment arms among Indigenous participants and change from baseline to 6 months in each treatment arm. Differences in outcomes are tested between Indigenous and non-Indigenous participants. Crack cocaine use was explored to determine differences between and within subgroups. **Results.** Approximately one-third of SALOME participants self-identified as Indigenous. Indigenous participants presented to treatment with more structural vulnerabilities (e.g. lower education, higher rates of foster care and separation from biological parents) compared to non-Indigenous participants. After 6 months, Indigenous participants in both treatment arms had a significant reduction in days of street heroin use, opioid use, crack cocaine use and illegal

differences between and within subgroups. **Results.** Approximately one-third of SALOME participants self-identified as Indigenous. Indigenous participants presented to treatment with more structural vulnerabilities (e.g. lower education, higher rates of foster care and separation from biological parents) compared to non-Indigenous participants. After 6 months, Indigenous participants in both treatment arms had a significant reduction in days of street heroin use, opioid use, crack cocaine use and illegal activity. Treatment retention did not differ by treatment arm. **Discussion and Conclusions.** Indigenous people that are not engaged by first-line treatments for opioid dependence are in need of effective alternative treatments. Given the political and logistical barriers facing diacetylmorphine, hydromorphone could serve as a more accessible medication to reach and treat this population.

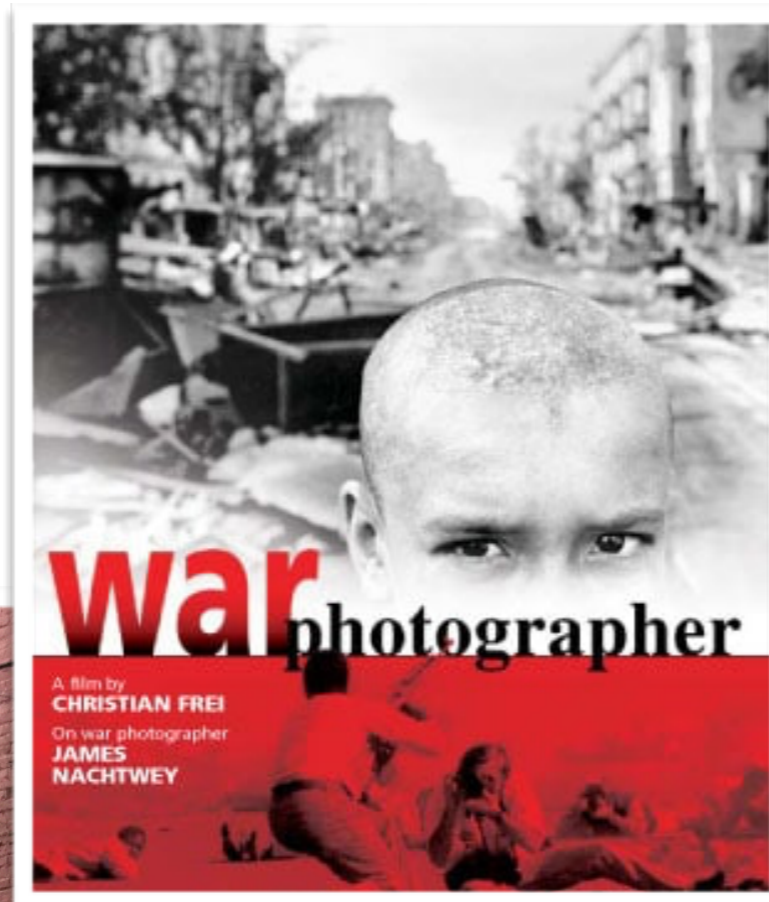
Who's responsible for continuing OAT Rx?

- CPSBC does not wish or have the authority to direct individual patient care and any comments are meant in a general way only
- strategies to engage OAT patients, with an eye to “do no harm” and prescribing safely
 - Engaging the dispensing pharmacist to intervene on your behalf
 - Consider a slow taper until direct assessment can be made

—Dr. Garth Mciver Consultant,
Prescription Review Program

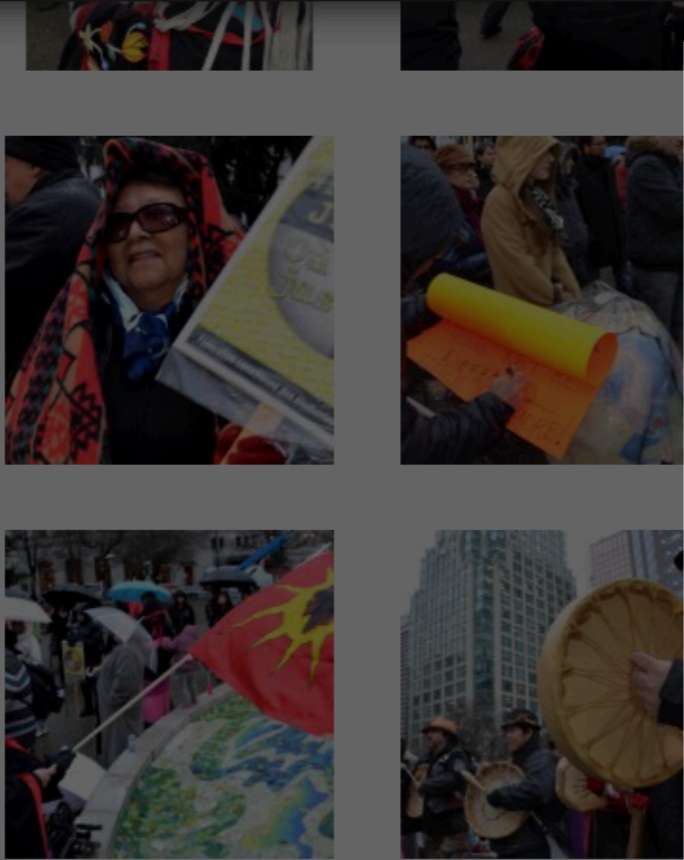


War on People Who Use Drugs is the Crime against Humanity

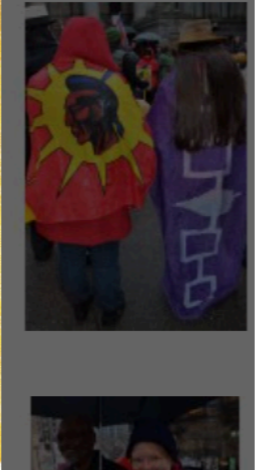


“The worst thing is to feel that as a photographer I'm benefiting from someone else's tragedy. This idea haunts me. It's something I have to reckon with every day, because I know that if I ever allow genuine compassion to be overtaken by personal ambition, I will have sold my soul. The only way I can justify my role is to have respect for the other person's predicament. The extent to which I do that is the extent to which I become accepted by the other and to that extent I can accept myself.” --James Nachtwey





< Idle No More Day of Action - Unceded Coast Salish Territory >



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nouveau mot de pass
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UND TABLE
SCUSSIONS

ON DRUGS

Drugs: What's race got to do with it?

Drugs don't exist in a vacuum. In many cases, they've been used to prop up mythologies around race and justify discriminatory policies against already struggling communities.

On Drugs | July 17, 2017

