# Journal of the BC Centre for Excellence in HIV/AIDS Colored C

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## BC-CfE, St. Paul's and UBC to lead new addiction medicine fellowship program

Goldcorp donation will be used to help establish an addiction training program – the first of its kind in the world

The field of addiction medicine in B.C. is set to make huge advances after resource firm Goldcorp Inc. announced a \$5-million donation to two unique addiction and mental health programs serving Vancouver's Downtown Eastside.

he announcement was made on September 21 at the newly renamed Goldcorp Centre for Mental Health on East Hastings.

With the largest concentration of injection drug users in the country, the Downtown Eastside suffers from high rates of infectious diseases, including HIV and hepatitis C, and overdose deaths stemming largely from high rates of untreated drug and alcohol addiction. Making matters worse, residents are commonly unable to access drug and alcohol treatment, in large part because of the limited number of specialized addiction medicine physicians.

Three million dollars from Goldcorp's gift will be used to address this shortfall through the establishment of the Goldcorp Fellowship in Addiction Medicine at St. Paul's Hospital, which will be Canada's only addiction medicine training program west of Ontario. The remaining \$2 million will be used to support the Assertive Community

Treatment program (ACT), an intensive, voluntary outreach mental health service operated by Vancouver Coastal Health.

It supports people in the Downtown Eastside who have severe, persistent mental illness and addiction.

"We want to help create a healthier future for the Downtown Eastside," said Chuck Jeannes, president and CEO of Goldcorp. "We're pleased that our donation will enable health care experts to leverage one another's work, and produce a transformational and lasting impact in the lives of Vancouver's most vulnerable residents."

The Fellowship in Addiction Medicine will be led by Dr. Evan Wood, co-director of the Urban Health Research Initiative at the BC Centre for Excellence in HIV/AIDS (BC-CfE). It will address a critical lack of skilled addiction medicine specialists in the province and provide training in addiction medicine to 20 post-doctoral fellows over five years.

"Addictions treatment in B.C. falls so far short of the need," said Wood. "A very limited number of physicians in this province are appropriately trained in addiction medicine, making it difficult for vulnerable populations to access much-needed drug and alcohol treatment. "Goldcorp's generous funding for this Fellowship will create the capacity to increase care and create a critical mass of addiction medicine physicians to help make B.C. a world leader in this area."

Dr. Julio Montaner, director of the BC-CfE, noted that the implementation of the BC-CfE-pioneered Treatment as Prevention strategy has been extremely successful in decreasing AIDS-related deaths and disease progression and preventing new HIV infections in the province. In fact, B.C. is the only province in Canada that has shown a consistent decline in new HIV cases. However, he also noted that more needs to be done in the critical area of addiction treatment to continue the fight against HIV and AIDS in this province.

"We are very appreciative of Goldcorp's commitment and support for expanded addiction treatment," said Montaner. "There is an urgent need for the expansion of evidence-based addiction treatment, especially given the severe social and medical costs stemming from untreated alcohol and drug addiction."

**)** Law enforcement alone is not keeping illicit drugs out of the hands of youth, raising an urgent need to develop new treatment and prevention strategies for young people."

– Dr. Scott Hadland, chief resident in pediatrics at Harvard University-affiliated Boston Children's Hospital and lead author of the recent study about drug availability in Vancouver published in *The American Journal on Addictions* 



## BC-CfE researchers recognized with Scholar Awards





Dr. Kora DeBeck

Dr Art Poor

Dr. Kora DeBeck, research scientist and knowledge translation officer at the BC Centre for Excellence in HIV/AIDS (BC-CfE), and Dr. Art Poon, associate research scientist in bioinformatics for the BC-CfE's Research Laboratory, have been recognized with 2012 MSFHR/St. Paul's Hospital-Providence Health Care Scholar Awards.

As part of the 2012 Career Investigator competition,
DeBeck will receive funding from MSFHR and St. Paul's
Hospital Foundation to continue her research aimed at
addressing critical health and social harms afflicting
street-involved youth including preventing injection drug

use and reducing the incidence of infectious disease among this vulnerable population. DeBeck will conduct this work as an assistant professor in the School of Public Policy at Simon Fraser University.

As part of the same competition, Poon will also receive funding from MSFHR and St. Paul's Hospital Foundation for his research in bioinformatics and the molecular evolution of HIV. Poon will be provided an assistant professor-partner position in the Department of Medicine, Division of AIDS at the University of British Columbia.

Both researchers will continue to be supported by the BC-CfE.

Dr. Julio Montaner, director of the BC-CfE, recognized DeBeck and Poon for the invaluable research contributions they have made in their respective fields of expertise.

"I congratulate both Art and Kora on receiving the Scholar Award. This prestigious award is a worthy recognition of the critical importance of the work our talented and innovative thinkers do on a daily basis at the BC-CfE," said Dr. Montaner.

## Illicit drugs obtained in minutes in Vancouver

A new study by the BC Centre for Excellence in HIV/AIDS (BC-CfE) shows that users of illicit drugs can obtain their drugs in less than 10 minutes in Vancouver, reinforcing the limitations of expensive drug law enforcement efforts in reducing drug availability.

The peer-reviewed study, published last month in *The American Journal on Addictions*, assessed the accessibility of substances such as heroin, crack, cocaine, crystal meth and marijuana among 330 youth aged 14 to 26. Researchers found that all illegal drugs researched were alarmingly easy and quick to access for most users.

"It is particularly concerning that most youth report immediate access to drugs, because they are very vulnerable to the potentially severe consequences associated with drug use, including transmission of HIV and overdose deaths," said Dr. Scott Hadland, MD, lead author of the study and now chief resident in pediatrics at Harvard University-affiliated Boston Children's Hospital. "Law enforcement alone is not keeping illicit drugs out of the hands of youth, raising an urgent need to develop new treatment and prevention strategies for young people."

Dr. Evan Wood, senior author of the study and co-director of the Urban Health Research Initiative at the BC-CfE, echoed Hadland's call for increased focus

on addiction treatment. He noted that evidence-based treatments include specialized addiction medicine consultations involving medical and psychosocial methods that are proven to reduce rates of drug use and related harms.

"As a physician specializing in inner-city medicine, it was disappointing to see that drugs are so freely and easily available, especially to young people," said Wood. "Public health and safety would be better served if we prioritized and invested in more addiction treatment and began to recognize how the tough-on-drugs approach is remarkably costly and ineffective."

In his op-ed in *The Globe and Mail*, Dr. Wood pointed out that there is a severe lack of trained medical professionals who specialize in providing addiction care and treatment. This is especially concerning given that untreated drug abuse costs Canadians about \$40 billion a year, according to the Canadian Centre on Substance Abuse.

The findings from the Vancouver study are consistent with global trends, which show an expanding worldwide drug market despite increased drug law enforcement efforts. According to a 2012 report from the Global Commission on Drug Policy, annual global drug consumption increased markedly between 1998 and 2008.

#### HAARTBEATS

## Brazilian government to expand free anti-AIDS program

Brazilian Health Ministry officials recently confirmed that Brazil's anti-AIDS program will be expanded to include at least 35,000 more people.

Ronaldo Hallal, a representative from the Ministry's Sexually Transmitted Disease Department, told the Associated Press that people with 350 or fewer CD4 cells per cubic millimetre of blood were eligible to receive antiretroviral treatment prior to the program's expansion. CD4 cell levels measure the strength of the immune system, with lower levels indicating a lower strength of immunity. The program's expansion will allow for those with 500 or fewer CD4 cells per cubic millimetre to receive treatment.

Referencing recent studies, Hallal said that the "earlier treatment begins, the better is the quality of life of a person infected with the HIV virus."

A statement released by Brazilian Health Minister, Alexandre Padilla, noted Brazil's leadership role in this initiative. "Brazil will be the only large country in the world to offer this kind of treatment that will reduce the risk of opportunistic infections like tuberculosis," he said.

The Brazilian government's commitment to fighting HIV and AIDS is well established. The country has provided free antiretroviral drugs and condoms since 1996, and has challenged the patents of major pharmaceutical corporations in an effort to ensure access to cheaper generic medicines to treat the disease.

#### RESEARCH

### Study shows that health is improving for patients on HAART

A study published in the *Annals of Internal Medicine* this month shows that people living with HIV may be doing better at getting treatment and controlling the virus

The study from the North American AIDS Cohort Collaboration on Research and Design (NA-ACCORD) found that the proportion of HIV-positive patients in the U.S. receiving highly active antiretroviral therapy (HAART) increased, and HIV-positive patients appeared to have lower viral loads and have healthier immune systems at death. Researchers at the BC Centre for Excellence in HIV/AIDS (BC-CfE) first made the argument for expanded access to HAART as part of the Treatment as Prevention strategy in 2006.

NA-ACCORD is the continent's largest collection of longitudinal HIV cohort studies, and researchers have compiled data from more than 100 clinical sites in Canada and the U.S. since 2005 as part of the collaboration.

Two of the collaborators are Dr. Robert Hogg, director of the Drug Treatment Program at the BC-CfE, and Angela Cescon, research coordinator for the Canadian Observational Cohort (CANOC) Collaboration at the BC-CfE. Both were authors on the paper, titled U.S. Trends in Antiretroviral Therapy Use, HIV RNA Plasma Viral Loads, and CD4 T-Lymphocyte Cell Counts Among HIV-Infected Persons, 2000 to 2008.

As part of the study, NA-ACCORD researchers reported that there have been increases in the proportion of HIV-positive patients with a suppressed viral load from 2000 to 2008. Analysis showed that over the 9-year period, the proportion of participants prescribed HAART rose from 74 per cent to 83 per cent and the proportion with suppressed HIV – defined as a serum viral load of no more than 2.7 log<sub>10</sub> copies/mL – increased from 46 per cent to 72 per cent.

During that time period, the median CD4 cell count at death more than tripled to  $0.209 \times 10^9$  cells/L (P<0.001). As CD4 count helps tell how strong the immune system is, these results suggest that deaths from immune deficiency (i.e. AIDS) are becoming less common, though researchers caution this may be related in part to the aging of the cohort.

The findings were coupled with an analysis that showed the 26,000 living American participants in the NA-ACCORD were demographically similar to most of the U.S. population living with HIV.

## BC Centre for Excellence in HIV/AIDS

- Improve the health of British Columbians with HIV through comprehensive research and treatment programs;
- Develop cost-effective research and therapeutic protocols;
- > Provide educational support
- programs to health-care professionals; Monitor the impact of HIV/AIDS on B.C. and conduct

analyses of the effectiveness of HIV-related programs.

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