



Dr. Evan Wood, co-director of the Urban Health Research Initiative at the BC-CfE and chair of the Vienna Declaration writing committee, was one of the co-authors of the *Open Medicine* paper calling for policy-makers to evaluate regulation and taxation of marijuana to improve community health and safety.

BC-CfE, chief provincial medical health officers call for marijuana regulation

Top doctors from British Columbia and Nova Scotia urge policy-makers to rethink failed war-on-drugs

B.C.'s chief provincial medical health officer, Dr. Perry Kendall and his Nova Scotia counterpart, Dr. Robert Strang, called upon the federal government to evaluate alternative strategies, including the regulation and taxation of marijuana, to improve community health and safety.

Drs. Kendall and Strang, along with Dr. Evan Wood, co-director of the Urban Health Research Initiative at the BC Centre for Excellence in HIV/AIDS (BC-CfE), published a review paper recently in *Open Medicine*, a peer-reviewed medical journal.

The authors conclude: "In light of the persistently widespread availability and relative safety of cannabis in comparison to existing legal drugs, as well as the crime and violence that exist secondary to prohibition of this drug, there is a need for discussion about the optimal regulatory strategy to reduce the harms of cannabis use while also reducing unintended policy-attributable consequences (e.g., the organized crime that has emerged under prohibition)."

Given the overwhelming evidence showing that marijuana prohibition has been a costly 30-year failure, the authors recommend that governments re-evaluate strategies, including mandatory minimum sentences for minor drug offences. Mandatory minimums have proven costly and ineffective in other nations, and the authors note their implementation is "a complete departure from evidence-based policy-making."

"The so-called war on drugs has not achieved its stated objective of reducing rates of drug use. Marijuana is universally available in B.C. and the supply is controlled largely by criminal enterprise," said Kendall. "As with tobacco and alcohol, we could devise regulatory frameworks to limit access and harms."

Strang cautioned that continuing with the status quo will further increase unintended consequences, such as HIV outbreaks among incarcerated drug users, violence, deaths, broken families and wasted taxpayer dollars.

"If our objective is to minimize drug use, minimize health and social impacts from drug use, we need to be open to having policy and public discussions that look at all aspects and all potential ways to approach this, not just our current ideologically single approach," Strang said to Halifax's *The Chronicle Herald*.

Kendall and Strang are adding their voices to a larger public health community in Canada that has called for evidence-based drug policies. Coinciding with the *Open Medicine* paper, the Urban Public Health Network, which comprises the chief medical health officers of the 18 largest municipalities in Canada, endorsed the Vienna

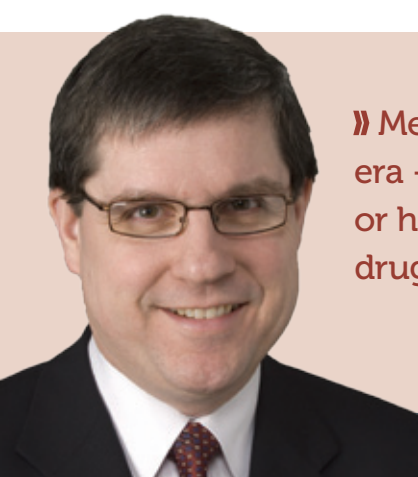


Dr. Perry Kendall

Dr. Robert Strang

Declaration, a global consensus statement calling for the incorporation of scientific evidence into illicit drug use policies. The Vienna Declaration was initiated by the BC-CfE and unveiled as the official declaration of the 2010 International AIDS Conference in Vienna, Austria. It has since been signed by more than 23,000 people.

In recent months, under the Stop the Violence BC campaign (www.stoptheviolencebc.org), a range of high-profile authorities in B.C. have spoken out in favour of marijuana taxation and regulation including former Vancouver mayors, premiers and provincial attorneys general.



» **Medicine, including public health, is intended to be - at least in the modern era - an evidence-based business, in which you do the things that you know or have reason to believe are going to work. The same should be true of drug policy.**

-Dr. David McKeown, medical officer of health for Toronto told *The Canadian Press* in support of the BC-CfE-pioneered Vienna Declaration. McKeown is also one of the members of the Urban Public Health Network.

» See full story above



New report reveals media hype of trafficking and sex work boom unfounded in 2010 Olympics

» A recent report authored by Dr. Kathleen Deering, postdoctoral fellow, Gender and Sexual Health Initiative, BC Centre for Excellence in HIV/AIDS (BC-CfE) and colleagues revealed a four-fold increase in the likelihood of police harassment (without arrest) of street and off-street sex workers during the 2010 Winter Olympic Games in Vancouver.



Dr. Kathleen Deering

The report concluded that evidence-based public health, including legal policy reforms that remove criminal sanctions targeting sex workers, prevent police crackdowns, and support access to safer indoor work spaces, are critical to ensuring reduced harm for sex workers both during and after large scale sporting events such as the Olympics.

In the lead up to the 2010 Winter Olympic Games in Vancouver, similar to other international sporting events such as FIFA World Cups and the upcoming 2012 London Olympics, international media stories focused on concerns of heightened human trafficking, a massive boom in sex work and increased risks of STIs such as HIV.

The report found no evidence of increases in influx of sex workers to the city and no reports of human trafficking prior to or during the Olympics. Instead, there was a statistically significant reduction in the availability of clients during the Olympic period, which may be explained by increased difficulties meeting clients due to construction and road closures, as well as a four-fold increase in the likelihood of police harassment without arrest.

Researchers interviewed 207 street and off-street sex workers working in a range of indoor managed brothels, homes, and entertainment venues. They were interviewed in the Vancouver area during the Olympic and post-Olympic period (January to July 2010) as part of a larger longitudinal study, AESHA (An Evaluation of Sex Workers Health Access).

This harassment included reports of threats, fines, detentions, being pushed to isolated spaces and direct police violence. The report found that the influx of security and policing into the city from other regions in the absence of explicit policies to protect sex workers resulted in elevated harm to sex workers, particularly along main transit routes into the city. This was the case despite a coordinated policing strategy in the Downtown Eastside. Previous evidence has shown that elevated enforcement displaces the most marginalized sex workers to more isolated spaces away from health and support services, placing them at increased risk of violence and HIV and other sexually transmitted infections (STIs).

STOP HIV/AIDS

Dr. Rolando Barrios nominated for AccolAIDS awards

» Under the Seek and Treat for Optimal Prevention of HIV/AIDS (STOP HIV/AIDS) pilot project, Dr. Rolando Barrios, assistant director at the BC Centre for Excellence in HIV/AIDS (BC-CfE), led the implementation of the Structured Learning Collaborative (SLC) and earned three award nominations in the process.

The SLC connects 16 teams of clinics, practices, and physicians (a total of over 100 participating health care providers and patients) across the province and helps them adopt changes in care and treatment provided to HIV-infected individuals. Through its first 13 months, results of the SLC showed that, on average, the number of people being tested for HIV and making follow-up visits to primary HIV care providers increased, as did the uptake of highly active antiretroviral therapy (HAART) by patients in most need of treatment. Increases were also observed in re-engagement of patients previously lost to care and overall reduction in HIV-related complications or death.

By connecting health care providers and having them follow the same testing and treatment guidelines,

Dr. Barrios is credited with raising the standard of HIV care across the province. In recognition of his work, he was nominated for three AccolAIDS awards in the categories of health promotion and harm reduction, innovative programs and services, and social/political/community action.



Dr. Rolando Barrios

AccolAIDS is the Positive Living Society of B.C.'s bi-annual awards gala honouring achievements in B.C.'s HIV/AIDS movement.

Led by the BC-CfE, STOP HIV/AIDS expands access to HAART to hard-to-reach and vulnerable populations in Prince George and Vancouver's inner city.

HAARTBEATS

Treatment as Prevention reduces HIV incidence in sub-Saharan Africa

» According to a study by Dr. Frank Tanser, MD and colleagues, the Treatment as Prevention strategy resulted in significant reductions in HIV incidence in a sub-Saharan setting with an incredibly high rate for acquiring HIV infection. The lifetime risk of acquiring HIV in this area is 80 per cent in females and 70 per cent among males. Between 2004 and 2011, there has been a rapid rollout of antiretroviral therapy (ART) in sub-Saharan Africa, with about 20,000 individuals initiated on treatment.

Tanser, quoted in *Infectious Disease News*, said, "These results clearly demonstrate that the rate of new HIV infections can be reduced as a result of high coverage of ART and this can be done in the real-world sub-Saharan African setting. This is the first evidence recorded to date in this type of setting."

Data were pooled on adults aged 15 years and older, and the researchers calculated the variation between regions of the proportion of HIV-infected adults taking ART between 2004 and 2011. A group of HIV-negative adults aged 15 years and older was also followed during the same time period, and the effect of ART on the risk of HIV in the surrounding local community was assessed.

Researchers observed a crude incidence rate in new HIV infections of 2.63 new positive HIV tests for every 100 people followed for one year. In addition, the researchers detected a 1.7 per cent decrease in the risk of HIV acquisition faced by an HIV-negative adult living in the surrounding community.

Study examines factors affecting adherence to HAART among HIV-positive adults in B.C.

While highly active antiretroviral therapy (HAART) has transformed HIV into a chronic, manageable condition, high levels of adherence are required in order to realize a sustained, long-term clinical benefit.

A study recently published by researchers at the BC Centre for Excellence in HIV/AIDS in the *Journal of the International Association of Physicians in AIDS Care* examined the predictors of adherence based on prescription refills among British Columbians on HAART between July 2007 and January 2010.

Participants were considered optimally adherent if they were dispensed 95 per cent of their prescribed antiretrovirals. Of a total of 566 participants, only 316 were optimally adherent to HAART.

Independent predictors of optimal adherence were increasing age, male gender, and being enrolled in a comprehensive adherence assistance program. Having an annual income of less than \$15,000 and both former and current injection drug use were independently associated with suboptimal (less than 95 per cent) adherence.

BC-CfE researchers find cost-effectiveness of HAART significantly underestimated

Despite evidence that highly active antiretroviral therapy (HAART) is not only life-saving for people with HIV but also a highly effective means of preventing HIV transmission, there remains lingering ambivalence about the expansion of HAART coverage and funding worldwide.

The Evolving Landscape of the Economics of HIV Treatment and Prevention, an article published by Drs. Julio Montaner and Bohdan Nosyk of the BC Centre for Excellence in HIV/AIDS (BC-CfE), argues that the majority of existing studies focus solely on the patient-centred benefits of HAART use and do not consider the secondary benefits, most notably the impact of HAART on HIV transmission. The additional return on investment generated by decreases in HIV transmission associated with the use of HAART markedly enhances the cost-effectiveness of an overall expanded roll out of HAART.

The researchers also identify additional significant economic benefits of HAART, such as prevention of tuberculosis, reductions in orphanhood and the resulting childcare expense savings, and increased productivity. In future, these and other benefits will need to be included and analyzed to fully understand the economic impact of HAART expansion. The article was published in *PLoS Medicine*.

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.

Physician Drug Hotline
1.800.665.7677

St. Paul's Hospital Pharmacy Hotline
1.888.511.6222

Website
www.cfenet.ubc.ca

E-mail
info@cfenet.ubc.ca

Funding for the BC Centre for Excellence in HIV/AIDS is provided by the B.C. Ministry of Health through Pharmacare and the Provincial Health Services Authority.