



10 of 14 women charged for non-disclosure in Canada faced charges of aggravated assault, which carries a maximum of life in prison. —Canadian HIV/AIDS Legal Network, March 2012

Women and the Criminalization of HIV Non-Disclosure

Sensational headlines entice readers but too often tell an incomplete story that only serves to perpetuate negative stereotypes. This is frequently the case when people living with HIV navigate the criminal justice system in HIV non-disclosure cases only to see their faces splashed across media channels, adding to the public fear and stigma associated with HIV/AIDS. Most prosecutions are against men, but for women living with HIV, the very justice system that was set up to protect women by criminalizing HIV non-disclosure is further victimizing them.

A new Canadian Institutes for Health Research-funded grant, *Women, HIV and the Law Project* (Co-PIs: Drs. Krüsi, Shannon) will build on the BC-CfE's Gender & Sexual Health Initiative's work with SHAWNA Project (Sexual Health and HIV/AIDS: Women's Longitudinal Needs Assessment), in partnership with the Positive Women's Network (Lead: Marcie Summers) and the Canadian HIV/AIDS Legal Network (Leads: Alison Symington, Cécile Kazatchkine). The partnership aims to review global evidence, gaps in policy and practice, and inform research focused on the impacts of the criminalization of HIV on women's lived experiences of disclosing their HIV status in the context of intimate relationships and barriers to accessing care and support services.

"There is grave concern that the current criminalization of HIV is having significant negative impacts on the daily lives of women living with HIV," says Dr. Krüsi,

postdoctoral fellow with GSHI and UBC. "More empirical evidence is urgently needed, to support community and legal efforts to address this human rights concern."

Canada stands out globally in its assertive approach to criminalizing HIV non-disclosure. A recent Supreme Court of Canada ruling in 2012 has resulted in an ever more restrictive legal approach to HIV non-disclosure. Using a condom or having a low or undetectable viral load is not sufficient in itself to exclude criminal liability for not revealing one's HIV status to a sexual partner. This is the case, despite the fact it is clear the risk of HIV transmission, under these circumstances, is extremely low. In the Canadian context, HIV non-disclosure is most commonly prosecuted as aggravated sexual assault. This constitutes one of the most severe charges in the Canadian Criminal Code and carries a maximum sentence of imprisonment for life and mandatory registration as a sexual offender.

Melissa Medjuck, a Support Worker and Retreat Coordinator at Positive Women's Network explained, "Criminalization of HIV non-disclosure discourages people from getting tested and knowing their status because of the risk of prosecution. The reality is HIV-positive women face complex biological, economic, political, and social vulnerabilities. Criminalizing HIV non-disclosure does nothing to protect women living with HIV who, for example, are forced to stay in an abusive relationship for fear of a false allegation of HIV non-disclosure or having their status revealed."

The Canadian HIV/AIDS Legal Networked further echoed this opinion in a published information sheet *Women and the Criminalization of HIV Non-Disclosure* writing, "Criminalizing HIV non-disclosure has been criticized as the wrong approach for addressing HIV exposure because it does not contribute to HIV prevention and in fact may undermine some public health initiatives ... A gendered analysis of the current use of the criminal law with respect to HIV reveals that criminalization is a blunt, punitive and inflexible approach to HIV prevention that does little to protect women from HIV infection, violence, coercion or sexual objectification."

Dramatic advances in HIV Therapy have transformed HIV infection into a chronic manageable condition. However, the criminal justice system doesn't reflect these changes. In an effort to assist those in the criminal justice system to understand and interpret the science regarding HIV, a team of six leading Canadian medical experts on HIV transmission led the development of a consensus statement *Canadian Consensus Statement on HIV and its Transmission in the Context of Criminal Law* to promote an evidenced-informed application of the law in Canada. The statement was developed out of a "concern that the criminal law is being used in an overly broad fashion against people living with HIV in Canada because of, in part, a poor appreciation of the scientific understanding of HIV and its transmission."



» As leading Canadian HIV physicians and medical researchers, we have a professional and ethical responsibility to inform policy formulation and the criminal justice system in matters related to the health and well-being of our patients and Canadian society."

— BC-CfE Director Dr. Julio Montaner



PROFILE

BC-CfE welcomes visiting fellow Dr. Yi Lyu

The BC-CfE signed a Memorandum of Understanding (MoU) with China in November 2013, the first country to adopt the BC-CfE's Treatment as Prevention® (TasP®) model as their national HIV/AIDS policy. The MoU formalized a collaboration to develop new research and HIV programs. This includes the establishment of a three-year HIV fellowship program for Chinese scientists to work with BC-CfE researchers and clinicians. The BC-CfE is pleased to welcome the first visiting fellow from China, Dr. Yi Lyu, a Research Associate from the National HIV/HCV Reference Laboratory, China Center for Disease Control.

Dr. Lyu received a PhD from the school of Medicine at Tsinghua University, specializing in biochip and molecular diagnostics. He is passionate about clinical research and thrilled to be in Vancouver where he hopes to learn advanced concepts, technologies and models in HIV and HCV, and drug resistance testing under the tutelage of Dr. Richard Harrigan, Laboratory Program Director, BC-CfE. He shared, "There is an abundance of clinical research resources in China and, based on the fraternal friendship between the BC-CfE and the National Centre for AIDS/STD Control and Prevention, China CDC, we could further develop in-depth communication and cooperation in various fields of HIV and HCV. I have found the experience with the BC-CfE to be professional, innovative, rigorous and efficient." Dr.



Lyu's interest in the field of HIV/AIDS was piqued "especially after realizing the impact TasP®, pioneered by Dr. Julio Montaner, could have on the HIV pandemic around the world in the very near future." He added, "China is the first nation to embrace the made-in-BC TasP® strategy, and the results are promising. In order to achieve the UNAIDS 90-90-90 target in China, we must try our best to diagnose people with HIV in the early stages of the disease."

Dr. Lyu is enjoying Vancouver's beautiful sights and shared, "People are so friendly and hospitable, always with a warm smile on their face." His fellowship ends June 2015.

Note: Dr. Zunyou Wu, the Director of the National Center for AIDS/ STD Control and Prevention at the China CDC, will be speaking at the IAS 2015 Pre-Conference Workshop—UN 90-90-90 Target Workshop on Lessons from the Field: bit.ly/1effF6bB

CLINICAL SUPPORT

More Support for Clinicians to Help Patients through expanded ART Alerts

To ensure those living with HIV in B.C. have full opportunity to access life-saving antiretroviral therapy (ART), the BC-CfE has implemented an innovative system to alert clinicians if their patients have interrupted ART being accessed through the BC-CfE Drug Treatment Program. To expand this critical alert system, the BC-CfE has now launched a new ART Naïve Alert for clinicians with patients living with HIV who have not yet started ART.

These alerts:

- Are a key tool in the management of HIV; they are a mechanism to directly communicate with clinicians about patients who have not yet started or who have interrupted HIV treatment.

- Directly benefit patients by preventing discontinuation and promoting the timely initiation of life-saving treatment.
- Are automatically sent to clinicians on a weekly basis in an effort to help those living with HIV who have stopped or have never started therapy.

A significant proportion of individuals who have discontinued ART or who have yet to receive treatment may need supports beyond those provided by a clinician. Research shows access to treatment can be increased by using targeted services, including public health, to engage patients. The new alerts will now include contact information for HIV outreach support within the community and local public health offices.

IAS 2015: Pre-Conference Affiliated Events

The 8th International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2015), cohosted by the UBC Division of AIDS, taking place in Vancouver, B.C. from July 19–22, 2015

Note that interested participants must be registered for IAS 2015 in order to attend the following events. For more information and to register, please visit: www.ias2015.org

UN 90-90-90 Target Workshop: Lessons from the Field

July 18, 2015

<http://www.treatmentaspreventionworkshop.org>



Wise Practices V: Aboriginal Community-Based HIV/AIDS Research Gathering

July 13–18, 2015

<http://bit.ly/17thAGM>



the CTN CIHR Canadian HIV Trials Network Le Réseau Réseau canadien pour les essais VIH des IRSC

2nd International HIV/Viral Hepatitis Co-Infection Meeting

July 17–18, 2015

<http://www.coinfectionmeeting.com/conference-details>



Challenges and Opportunities in Rural HIV Health

July 18, 2015

<http://bit.ly/RuralHIVSession>

7th International Workshop on HIV Pediatrics

July 17–18, 2015

<http://bit.ly/HIVPediatrics2015>



STAFF PROFILE

Jiawei Chen, Accountant

Originally from Shanghai, China, Jiawei Chen has called Canada home since 1996.



Hired as an accountant for the BC-CfE in May 2013, she feels "grateful to work with such nice people and be part of a team that helps solve finance-related staff issues, and part of a greater team at the BC-CfE helping to save people's lives."

With two of Jiawei's aunts and an uncle who work as chartered accountants, some might say accountancy runs in the family. However, away from work, she admits to embracing her inner artist through love of dance and fashion. Always impeccably dressed, this isn't hard to believe.

The only child of an internal medicine doctor and an engineer, Jiawei credits her parents with encouraging her to "excel, move forward and always live a very positive life." She looks forward to summer in Vancouver and long walks on the sea wall.

LECTURES & EVENTS

HIV Care Rounds

Resistance to HIV and HVC drugs

Speaker: Dr. Richard Harrigan (Virology, BC-CfE)

Approved for 1.0 Mainpro-M1 credit

Thursday, June 4, 2015, 8:00–9:00AM

Conference Room 7, Providence Level 1

Injection opioid assisted treatment (iOAT) program

Speaker: Dr. Scott MacDonald (Crosstown Clinic)

Approved for 1.0 Mainpro-M1 credit

Thursday, June 18, 2015, 8:00–9:00AM

Conference Room 7, Providence Level 1

What's New in Addiction Medicine?

Substance Use Disorders and Health Professionals

Speaker: Dr. Paul Farnan

Tuesday, June 30, 2015, 12:00–1:00PM

Hurlburt Auditorium (2nd Floor), St. Paul's Hospital

For more information, contact us at

Education@cfenet.ubc.ca or visit our website at www.education.cfenet.ubc.ca

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

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