

Dr. Kate Shannon (left), Director of GSHI, and Sandra Ka Hon Chu, Canadian HIV/AIDS Legal Network

Supreme Court of Canada strikes down sex work laws in landmark decision

BC-CfE acted as intervener in case that is a critical step towards promoting health and safety, improving HIV prevention.

The Supreme Court of Canada has struck down the country's anti-prostitution laws in a unanimous decision delivered on Dec. 20.

The case of *Canada (Attorney General) vs. Bedford* was initiated in 2007 by three Ontario sex workers: Terri Jean Bedford, Amy Lebovitch, and Valerie Scott. While the exchange of sex for money or goods is not illegal in Canada, the court's decision struck down three key provisions in the Criminal Code that make communicating for the purposes of prostitution, bawdy houses, and living off the avails of prostitute all illegal.

The decision upholds sex workers' human rights to work and to health by acknowledging the ways in which criminalization contributes to unsafe working conditions for sex workers.

"The prohibitions at issue do not merely impose conditions on how prostitutes operate," wrote Chief Justice Beverley McLachlin in the decision. "They go a critical step further, by imposing dangerous conditions on prostitution; they prevent people engaged in a risky—but legal—activity from taking steps to protect themselves from the risk."

Last June, the court heard from a coalition comprising the BC Centre for Excellence in HIV/AIDS (BC-CfE), Canadian HIV/AIDS Legal Network (Legal Network), and the HIV & AIDS

Legal Clinic Ontario (HALCO). The co-interveners contributed evidence drawn from years of research and dozens of peer-reviewed publications that resulted largely from two major research projects led by the BC-CfE's Gender and Sexual Health Initiative (GSHI): AESHA (An Evaluation of Sex Workers Health Access), a longitudinal cohort of street and off-street sex workers, and the Ethnographic-Qualitative Project of the HIV Risk Environment, which studies the physical, social and policy features of the work environment.

The intervention focused on evidence-based, sex-work policy reform aimed at promoting the health and safety of sex workers, and improving HIV prevention.

"We know from our research the law is not only failing to protect, it's actually causing harms," said Dr. Kate Shannon, GSHI director. "The Supreme Court decision striking down these criminal sanctions is a landmark ruling and one that will be a critical evidence-based step towards promoting health and safety in the sex industry."

Sandra Ka Hon Chu, co-director of research and advocacy with the Legal Network, says the current approach "has been shown to increase sex workers' risks of, and experiences of, violence as well as to decrease sex workers' negotiating power for safer sex practices."

"A new legal framework that respects the human rights of sex workers does not criminalize clients, third parties in sex work or sex workers themselves," said Chu.

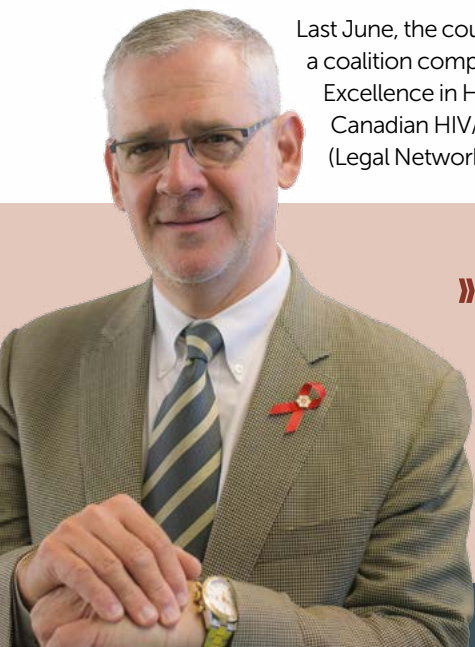
In an op-ed published in the *National Post*, Dr. Shannon and Chu wrote:

"The science is unequivocal: criminalization of sex work in Canada, and globally, has been an abject failure in protecting sex workers from violence, predation and murder, and has exacerbated vulnerability to HIV and other health inequities among sex workers.

"Evidence has consistently shown these (current) criminal laws engender stigma, force sex workers to work in isolated and hidden spaces, and prevent access to basic health and support services, including legal and social protections."

With this decision, Parliament must ensure any new laws governing sex work do not replicate the harms caused by the unconstitutional provisions. The co-interveners have called for the decriminalization of sex work in Canada. Renée Lang, staff lawyer with HALCO, cites the case of New Zealand as the best model for Canada's government to follow.

"Only the decriminalization of sex work—as is the case in New Zealand—truly addresses the stigma, discrimination, and violence faced by sex workers," she said. "There, the sky has not fallen, there has been no substantiated evidence of trafficking, and sex workers are better protected from violence and exploitation."



» To reverse the advance of HIV we must ramp up and fully roll out Treatment as Prevention everywhere, something not possible unless we work in coordination to ensure those most in need of treatment and care are able to receive it."

— Dr. Julio Montaner, director of the BC-CfE, at World Bank meeting to discuss the Millennium Development Goals this January in Washington, D.C.



Benchmark study highlights advances in treatment extending life expectancy

» An individual in North America beginning HIV treatment can now expect to live into their early 70s, a dramatic increase from just over 10 years ago, according to a new study from a collaboration of researchers led by the BC-CfE.

The life expectancies of nearly 23,000 individuals on combination antiretroviral therapy (ART) were calculated based on mortality rates in the early to mid-2000s. There were 1,622 deaths recorded over 82,022 person-years for an overall mortality rate of 19.8 per 1,000 person-years. Researchers found life expectancy for HIV-positive individuals at age 20 increased from 36.1 to 51.4 years between the periods of 2000–2002 and 2006–2007, indicating life expectancy for HIV-positive individuals on treatment is now approaching that of the general population.

The research measuring the life expectancy of people newly initiating ART is the first large-scale study of HIV-positive individuals on treatment in North America. The study included participants in the North American AIDS Cohort Collaboration on Research and Design (NA-ACCORD) who were ART-naïve and aged 20 years or older.

While overall improvements in life expectancy were observed over time, researchers found HIV-positive men and women had comparable life expectancies in all periods except the last (2006–2007). Women now fall behind men in life expectancy estimates at age 20, with an

additional 47.3 years expected for women compared to 53.4 years for men. Life expectancy was lower for individuals with a history of injection drug use, those who were non-Caucasian, and those who initiated ART with CD4 counts below 350 cells/mm³.



Hasina Samji

“Advances in treatment have led to significant gains in public and individual health outcomes; however, gaps still remain in terms of who is benefitting,” said Hasina Samji, an epidemiologist at the BC-CfE and lead author of the study. “Clinicians may wish to focus particular attention on these sub-groups, and future research should identify what factors impede higher gains in life expectancies in these groups.”

The study, “Closing the Gap: Increases in Life Expectancy among Treated HIV-Positive Individuals in the United States and Canada,” was published in *PLOS ONE*.

Gender gap: female injection drug users show poorer HIV treatment outcomes

» Women living with HIV are at a heightened risk for poor clinical outcomes, according to a study from a collaboration of researchers led by the BC-CfE.

Researchers investigated the differences by gender in clinical responses to combination antiretroviral therapy (ART) among individuals by injection drug use (IDU) history. A total of 5442 participants from the Canadian Observational Cohort (CANOC) met the study inclusion criteria, 20.6% of whom were women.

Research showed, irrespective of IDU history, women demonstrated poorer responses to ART in terms of virologic suppression and virologic rebound than men. Significant differences by gender in survival were not observed.

Researchers found the estimated probabilities of virologic suppression among individuals with IDU history at 6 and 12 months post-ART initiation were 38% and 52% respectively for women, compared to 47% and 65% for men. For virologic rebound at 6 and 12 months after virologic suppression, probabilities were 4% and 10% for women respectively, compared to 1% and 5% for men.

“Advances in treatment and care have dramatically changed health outcomes for people living with HIV,” said Angela Cescon, lead author of the study. “However, these findings demonstrate the gaps that exist, as well as the unique experiences and challenges women may have with HIV infection and treatment. It’s critical to support services that respond to women’s needs so they gain the full benefit of treatment.”

CANOC is Canada’s largest HIV cohort, comprising HIV-positive individuals from B.C., Ontario and Quebec. CANOC is a collaboration of national researchers, students, and community investigators, including researchers from the BC-CfE. The collaboration integrates registered treatment information from eight cohort databases across the three provinces (two new sites will soon be added in Saskatchewan).

The study, “Gender Differences in Clinical Outcomes among HIV-Positive Individuals on Antiretroviral Therapy in Canada: A Multisite Cohort Study,” is the first to compare clinical responses to ART and survival by gender among HIV-positive individuals from multiple provinces in Canada. It was published in the peer-reviewed journal *PLOS ONE*.

Higher income spurs riskier drug use

» Higher total monthly income among injection drug users (IDU) is linked to a range of drug use patterns characteristic of higher intensity addiction and HIV risk, according to new findings from a BC-CfE study.

Higher income is generally associated with better health outcomes. However, among IDUs, income generation frequently involves activities, such as sex work and drug dealing, which pose significant health risks. The study examined the relationship between level of income and specific drug use patterns and related health risks.

Among sample of 1,032 IDU, the highest income category was significantly associated with sex work, drug dealing, daily heroin injection, daily cocaine injection, daily crack smoking, binge drug use and unstable housing (which increases IDU susceptibility to poor health). The high income category was not associated with being female and accessing addiction treatment.

Instead of seeing an improvement in housing status with higher income, as is typically the trend in the general population, odds of unstable housing increased with increasing income. This may reflect the need for IDU with higher intensity addiction to allocate more of their earnings to drug spending. This underscores the importance of providing supportive housing options for this population.

Given the strong link between high intensity drug use and income generation, the expansion of evidence-based addiction treatment and exploration of innovative addictions treatments is urgently required. Opiate substitution therapies, including methadone maintenance therapy and prescription heroin, have been shown to be highly effective in reducing expenditure on drugs and engagement in risky income generation activities.

The study, “Income level and drug related harm among people who use injection drugs in a Canadian setting,” was published in the *International Journal of Drug Policy*.

CHAPS study seeks men involved in sex trade

CHAPS want to hear from men buying or selling sex in Vancouver.

The CHAPS (Community Health Assessment of Men who Purchase and Sell Sex) Project is part of a community-based research project of the BC-CfE’s Gender and Sexual Health Initiative and the University of British Columbia, in partnership with the HUSTLE program at Health Initiative for Men (HIM). The project aims to inform a better understanding of men’s experiences, sexual health, and HIV vulnerabilities in the sex industry, and to identify barriers to care, in an effort to inform policy and evidence-based programs.

CHAPS is seeking self-identified men who have experiences purchasing or selling sexual services, who have solicited or been solicited in indoor, outdoor or online venues in Vancouver, and who would be interested in participating in this study.

Participants will receive an honorarium for their time. To participate, contact the CHAPS Project at chaps@cfenet.ubc.ca or 778-668-7465.

LECTURES & EVENTS

What’s New in Addiction Medicine? Vol. 5

Thursday, Feb. 27
12:00 - 12:55pm
Hurlburt Auditorium, St. Paul’s Hospital
Guest Speaker: Dr. Mark McLean

What’s New in Addiction Medicine? Vol. 6

Thursday, March 13
12:00 - 12:55pm
Hurlburt Auditorium, St. Paul’s Hospital
Guest Speaker: Dr. Keith Ahamad

The fifth and sixth installments of “What’s new in addiction medicine?” will feature presentations by Drs. Mark McLean and Keith Ahamad. These lectures are open to the public. More details available at www.cfenet.ubc.ca.

4th International Treatment as Prevention Workshop

April 1-4
Vancouver Sheraton Wall Centre

The International HIV Treatment as Prevention (TasP) Workshop brings academic, policy, industry, and community representatives together to review and discuss research and policy progress in the field of HIV Treatment as Prevention. Presentations are live streamed online via www.treatmentaspreventionworkshop.org.

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

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