



Fábio Mesquita, director of the Sexually Transmitted Diseases, AIDS and HIV Department for Brazil's Ministry of Health (left); Terry Lake, B.C. Minister of Health.

Momentum builds globally as France and Brazil adopt Treatment as Prevention

'This groundbreaking, made-in-B.C. strategy developed by Dr. Montaner and his team ... is being embraced around the world': B.C. Minister of Health

Add Brazil to the growing list of countries to officially embrace the HIV Treatment as Prevention (TasP) strategy.

In October, Brazil joined France as the second country in less than a month to announce plans to adopt the made-in-B.C. concept as their national policy to combat HIV/AIDS.

"The momentum is increasing to implement this strategy, proven to save lives and prevent HIV transmission," said Dr. Julio Montaner, director of the BC Centre for Excellence in HIV/AIDS (BC-CfE). "We applaud Brazil's leadership, and eagerly await similar announcements from other countries. The global adoption of Treatment as Prevention holds the promise of ending HIV and AIDS in our lifetime."

TasP calls for widespread HIV testing and immediate offer of highly active antiretroviral therapy (HAART) to people living with HIV. Evidence has demonstrated treatment can virtually eliminate progression of HIV infection to AIDS and premature death, and simultaneously stop transmission of the virus.

The strategy was first introduced by the BC-CfE in 2006, and endorsed by the Joint United Nations Programme on HIV/AIDS (UNAIDS) in 2010. China

became the first nation to embrace the strategy in 2011. The next year, the United States identified TasP as a key strategy to achieve an AIDS-free generation. In July 2013, the World Health Organization fully incorporated TasP in their new Global HIV Treatment Guidelines.

With the support of the provincial government, B.C. was the first jurisdiction to implement TasP. Together with simultaneous scale-up of harm reduction measures – including needle distribution, opioid substitution treatment, and supervised injection services – B.C. has seen HIV-related morbidity and mortality decline by over 90 per cent since 1995. Over the same time period, the number of new HIV diagnoses has fallen from more than 800 per year in 1995 to 238 in 2012. B.C. remains the only province in Canada to implement TasP and to demonstrate a consistent decline in new cases of HIV.

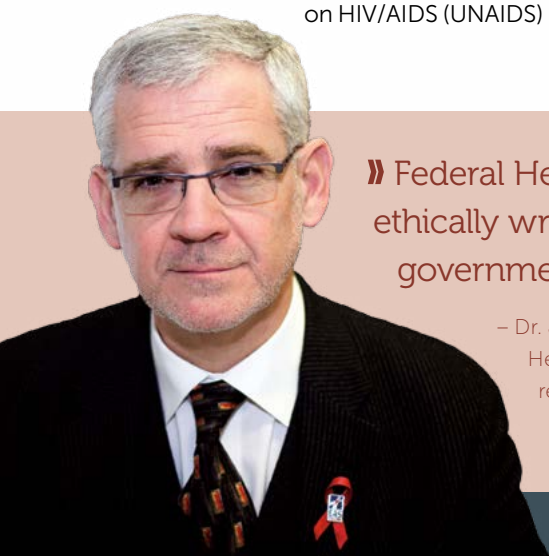
"We're pleased this groundbreaking, made-in-B.C. strategy developed by Dr. Montaner and his team, and implemented here in British Columbia, is being embraced around the world," said Terry Lake, B.C.'s Minister of Health. "Our government is committed to reducing the spread of HIV and improving the lives of those living with HIV. That other governments share our vision for an AIDS-free generation is a testament to the success of TasP."

In Brazil, the country's Ministry of Health expects the expansion of treatment will lead to at least 100,000 new people living with HIV gaining access to HAART. Currently, there are 313,000 people receiving HIV treatment in Brazil.

"Implementing Treatment as Prevention is critical to our ability to control the HIV and AIDS pandemic in Brazil," said Fábio Mesquita, director of the Sexually Transmitted Diseases (STD), AIDS and HIV Department of Brazil's Ministry of Health. "We believe this strategy is the model for care and prevention that will best help bring this disease to its knees."

Despite the international community embracing this HIV elimination strategy, Canada has yet to adopt TasP. "We have a plan, it's been proven to work, yet Ottawa continues to ignore the evidence," said Dr. Montaner. "Too many lives are at stake for us not to act now. We need to urgently renew the National AIDS Strategy, and embrace TasP to free the next generation of the burden of HIV/AIDS."

Every year, 3,300 men and women in Canada are diagnosed with HIV. An estimated 71,300 Canadians are now living with HIV, a number that could double within the next 15 years if the current rate of new infections continues and treatment is not expanded across Canada.



» Federal Health Minister Rona Ambrose is medically, morally and ethically wrong. This again falls into a pattern on the part of the federal government of acting based on ideology, while ignoring the science."

– Dr. Julio Montaner, in an interview with the *Vancouver Sun*, responding to the news that federal Health Minister Rona Ambrose had overruled a Health Canada decision that had granted replacement heroin access to SALOME trial participants



War on Drugs has failed: research

» Prices of illegal drugs have declined while their purity has increased, raising questions about the effectiveness of international law enforcement efforts to reduce drug supply, highlights a new study published in the *British Medical Journal Open*.

Researchers from the International Centre for Science in Drug Policy at the BC-CfE reviewed two decades of global drug surveillance data, finding the supply of major illegal drugs has increased, as measured through a general decline in the price, while there has been a corresponding general increase in the purity of illegal drugs.

"The global supply of illicit drugs has likely not been reduced in the previous two decades," the authors write. "In particular, the data presented in this study suggest the supply of opiates and cannabis have increased, given the increasing potency and decreasing prices of these illegal commodities."

Researchers reviewed indicators of drug supply in consumer markets such as the United States (U.S.), Europe, and Australia, and drug seizures in drug-producing regions such as Latin America, Afghanistan, and Southeast Asia. Data were derived from government surveillance systems.

Data revealed cannabis seizures have increased by 465% between 1990 and 2009 in the U.S. Despite this, the

average inflation- and purity-adjusted prices of cannabis decreased by 86% over the same period, and the average purity increased by 161%. In addition, the average inflation- and purity-adjusted prices of heroin and cocaine decreased by 81% and 80%, respectively, whereas average purity increased by 60% and 11%, respectively.

During the same time, seizures of these drugs in major production regions outside of the U.S. generally increased. Similar trends were observed in Europe where, during the same period, the average inflation- and purity-adjusted price of opiates and cocaine decreased by 74% and 51%, respectively, and in Australia, where the price of cocaine fell by 14% and the price of heroin and cannabis dropped by 49%.

"These findings add to the growing body of evidence that the war on drugs has failed," said senior author Dr. Evan Wood, co-director of the BC-CfE's Urban Health Research Initiative and scientific chair of the ICSDP. "We should look to implement policies that place community health and safety at the forefront of our efforts, and consider drug use a public health issue rather than a criminal justice issue."

The research was published by several international media outlets, including CNN, BBC, TIME, Al Jazeera, and the *Los Angeles Times*.

Researchers to improve health outcomes for women living with HIV

A new Canadian study will investigate gaps in women's access to healthcare and social support services in order to better deliver care and improve health outcomes, says the director of BC-CfE's Epidemiology and Population Health program.

The Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS) is the country's largest multi-site, longitudinal, community-based research study focusing solely on women living with HIV, says Dr. Robert Hogg. Researchers plan to recruit and enroll over 1,250 HIV-positive women living in Ontario, Quebec, and British Columbia.

Of an estimated 71,300 Canadians living with HIV/AIDS, an estimated 16,600 are women. Women represent an increasing proportion of new positive HIV test reports in Canada, accounting for 23% in 2011, nearly double the proportion observed in 1999 (12%).

Crystal meth use by street youth increases risk of injecting drugs

The use of crystal methamphetamine by street-involved youth is linked to an increased risk of injecting drugs, with crystal methamphetamine being the most commonly drug used at the time of first injection, according to a study led by BC-CfE researchers.

The study, published in the *Canadian Medical Association Journal*, found amphetamine-type drugs, including crystal methamphetamine, are second only to cannabis in popularity of use. Overall use of crystal methamphetamine by street-involved youth aged 15-24 in Canada increased from 2.5% in 1999 to 9.5% in 2005.

"Addressing the impact of crystal methamphetamine use in increasing the risk of injection initiation among injection-naïve street-involved youth represents an urgent public health priority," the authors write.

Physician education in addiction lacking

» A lack of physician education in Addiction Medicine is a key contributor to high rates of untreated addiction and related harms, says a commentary co-authored by BC-CfE's Dr. Evan Wood.

In British Columbia, particularly in areas like the Downtown Eastside, high rates of untreated alcohol and drug addiction have been a longstanding, almost intractable problem.

The commentary points to recent reports that have found most treatment for addiction in both the United States and Canada has been provided by "unskilled laypersons" who, although supportive, do not have the medical training required to effectively provide the latest evidence-based care. Exciting new addiction treatments are often not utilized because of the lack of trained physicians to prescribe them, says Wood.

"There is a remarkable gap between the science of addiction medicine and the care patients actually receive," says Dr. Wood, who is Co-Director of the BC-CfE's Addiction and Urban Health Research Initiative. "In B.C., for instance, our

traditional failure to invest in training of Addiction Medicine physicians has meant there is simply an extremely limited number of physicians trained to deliver evidence-based care."

However, B.C. has taken a big step in addressing the problem by establishing a comprehensive training approach through the St. Paul's Hospital Goldcorp Fellowship in Addiction Medicine. The Fellowship is a partnership among St. Paul's Hospital, St. Paul's Hospital Foundation, the BC-CfE, and the University of B.C.

The commentary was published in the October 23/30 issue of the *Journal of the American Medical Association*. Other co-authors include Dr. Jeffrey Samet, President of the American Board of Addiction Medicine and Dr. Nora Volkow, Director of the U.S. National Institute on Drug Abuse.



Dr. Evan Wood

STOP HIV/AIDS NEWS

B.C. more effective at identifying, engaging people with HIV

» B.C. has been increasingly successful at identifying and engaging HIV-positive individuals into treatment since the introduction of Highly Active Antiretroviral Therapy (HAART) in 1996, according to a new study.

Researchers analyzed engagement with B.C.'s cascade of HIV care model from 1996 to 2011. The cascade of HIV care represents a focused approach for implementing Treatment as Prevention, which involves widespread HIV testing and immediate provision of HAART to medically eligible people with HIV. All sequential steps for care and support comprising cascade of HIV care are linked by an administrative data system, allowing researchers to quickly identify gaps and weaknesses in health care delivery in order to optimize patient outcomes.

Researchers found substantial and steady improvements over time at each stage of the cascade of care.

From 1996 to 2011, 13,140 people were diagnosed with HIV/AIDS in British Columbia. Over that period:

- the proportion of undiagnosed HIV-positive individuals decreased from 49% to 29%
- the proportion of HIV-positive people with undetectable viral load increased from 0.7% to 34.6%

- the proportion of HIV-positive people adherent to treatment and not virologically suppressed decreased from 95.2% to 21.6%

"The cascade of HIV care has proved to be an invaluable tool to help us understand where we need to target our funding and focus our efforts in the fight against HIV/AIDS in this province," said study co-author Dr. Bohdan Noky, health economist at the BC-CfE and associate professor of Health Sciences at Simon Fraser University.

More remains to be done to maximize and sustain the individual and public health benefits of treatment, says Noky. The engagement of individuals linked to or retained in HIV care and not accessing HAART, as well as further expansion of HIV testing, are areas where provincial efforts should be focused, he says.

The cascade categorizes eight stages: HIV infected, diagnosed, linked to HIV care, retained in HIV care, in need of treatment, receiving treatment, adherent to treatment, and virologically suppressed.

The study "The cascade of HIV care in British Columbia, Canada, 1996-2011: a population-based retrospective cohort study," was published in *The Lancet Infectious Disease*.

WHAT'S NEW

HIV/Antiretroviral Update

Date: Monday, November 18, 2013 - 8:30 a.m. - 5 p.m.
Details/Registration: Grand Ballroom-North Tower Sheraton Wall Centre Hotel - located across from St. Paul's Hospital in Downtown Vancouver. Register at www.cfenet.ubc.ca

Virtual HIV Continuum of Care Collaborative launch

Date: Tuesday, November 19, 2013 - 8:30 - 9:30
Detail/Registration: During this 15-month initiative, participants will learn best practices to close gaps across the continuum of HIV care and improve the health of HIV-positive individuals. Register at www.stophivaids.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

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info@cfenet.ubc.ca

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