



The Vancouver Coastal Health Authority hosted a tour for the Honourable Minister of Health Services Kevin Falcon (third from left) on December 10, 2009 at Insite, Vancouver's supervised injection site, and the North American Opiate Medication Initiative (NAOMI). Drs. Julio Montaner and Thomas Kerr of the BC-CfE were present to address questions related to the evaluation of Insite based on peer-reviewed scientific data.

## Will Harper's G8 leadership advance the fight against HIV/AIDS?

Below is an edited version of Dr. Julio Montaner's (president of the International AIDS Society and director of the BC Centre for Excellence in HIV/AIDS) op-ed published in *The Vancouver Sun* to mark World AIDS Day

Today, on World AIDS Day, Canadians and indeed all citizens of the world have much to aspire to. We are now at a tipping point. We have extremely effective HIV treatment and the means to deliver it to millions of HIV-infected people worldwide. The treatment, called highly active antiretroviral therapy (HAART), was developed in part by Canadians and has been successfully used around the world to stop HIV from progressing to AIDS and death. HAART has been shown to prevent HIV transmission from an infected mother to the baby, to the point that vertical HIV transmission has been effectively eliminated in Canada.

If the global community comes together — now — and tackles HIV with purpose and passion, we have a unique opportunity to dramatically change the course of the pandemic within a decade. Reaching that goal will have cost implications — billions of dollars — and will demand true leadership rather than empty promises. Today, Canada has an opportunity to play a major role in moving the agenda forward towards the global control of HIV/AIDS. We must demand that our political leadership delivers on earlier promises.

In 2005, at the Group of Eight (G8) Summit in Gleneagles, Scotland, Canada committed to help fund universal access to HIV prevention, treatment and care by 2010 and to turn the tide against HIV/AIDS by 2015. This included a pledge to deliver lifesaving HAART to everyone in medical need by 2010. Canada has failed

to keep its word: only weeks away from 2010 HAART coverage is less than 50 per cent, according to the most optimistic estimates.

The G8's most recent communiqué — issued following the 2009 Summit in L'Aquila, Italy — was almost silent on AIDS. This trend away from the commitments made towards universal access cannot continue. Canadian Prime Minister Stephen Harper has a chance to step up, to show leadership and reignite commitment to universal access, before the pandemic grows even further and containment becomes more difficult and exceedingly costly.

Canada will host next year's G8 Summit in Muskoka, Ontario. As the G8 meeting host, Harper will set the agenda for the June 2010 meetings, which will also bring together the influential Group of 20 (G20). The Muskoka Summit — just six months before the 2010 United Nation's deadline for universal access — offers an ideal opportunity to recommit to achieve this goal before 2015.

Everything will be lost if we fail to recommit. The real cost of the G8's failure is the estimated 7,400 people who become newly infected with HIV daily and the nearly 5,500 who will die each day from AIDS-related illness. All of which are preventable.

Prime Minister Harper must lead now to help curb global death and despair due to HIV/AIDS.



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## Law enforcement powerless in curbing Vancouver's growing drug epidemic

Comprehensive study on illicit drug use highlights need for alternative, evidence-based approaches to public health

A cheap and abundant supply of hard drugs on the streets of Vancouver means that users can score illicit drugs within 10 minutes. This is one of the troubling conclusions of the first comprehensive study on the epidemic of illicit drug use in Vancouver.

"Vancouver's hard drug market operates extremely efficiently and it is remarkable how easy it is for young people to access cocaine and methamphetamine," study co-author Dr. Evan Wood told a packed room of media, healthcare workers and community members at the Carnegie Centre, where the findings of the study were recently presented.

Dr. Evan Wood and Dr. Thomas Kerr, researchers with the Urban Health Research Initiative of the BC Centre for Excellence in HIV/AIDS (BC-CfE), undertook a decade-long study to collect data on drug use and behavioural trends among the city's illicit drug users with a special focus on hard drugs such as cocaine, heroin, crack cocaine and crystal methamphetamine. More than 2,000 drug users, most living in the Downtown Eastside, participated in the study.

The 52-page study, titled *Drug Situation in Vancouver*, revealed a massive increase in the use of crack cocaine and crystal meth. The number of respondents smoking crack cocaine jumped from 3.5 per cent in 1996 to 41.7 per cent in 2007. About 90 per cent of respondents stated that they could obtain cocaine or crack within 10 minutes, while 60 per cent of street-involved youth stated that they could obtain their choice of drug within 10 minutes.

The researchers emphasized that the study findings clearly show that Ottawa's strategy has failed to combat the growing drug problem. "Law enforcement isn't succeeding," said Dr. Wood. "Police have a critical and important role to play in public safety and other issues. But if they're spending their energies trying to reduce the flow of drugs ... they need to look at the evidence and realize that is not going to happen."

On the other hand, there is a large body of scientific evidence to prove that harm reduction programs such as Insite, Vancouver's supervised injection facility, and needle exchanges have been

very effective in stemming the transmission of diseases such as HIV and death caused by drug addiction. HIV prevention is critical because each new case of HIV infection costs the Canadian taxpayer about \$250,000.

Both Dr. Wood and Dr. Kerr criticized policy-makers for continuing to debate the value of and under-fund harm reduction strategies despite a sizeable body of evidence to prove that these strategies work. "The Harper government chose to remove harm reduction from the National Drug Strategy, despite the fact that the World Health Organization and United Nations endorse these interventions," said study co-author Dr. Kerr.

The researchers warned that the drug situation in Vancouver will continue to deteriorate if the federal government ignores scientific evidence and fails to adopt innovative programs to help reduce the health, crime and financial burdens associated with drug use.

The full details of the *Drug Situation in Vancouver* report are available online at <http://uhri.cfenet.ubc.ca/>.



Dr. Thomas Kerr and Dr. Evan Wood presented the findings of the first comprehensive *Drug Situation in Vancouver* report.

## BC-CfE wins the 2009 CIHR Knowledge Translation Award

The Canadian Institutes of Health Research (CIHR) has honoured the BC-CfE with this year's Knowledge Translation Award. The award includes a grant of \$100,000 to support continued contribution from the BC-CfE to health research and translate that knowledge into beneficial policies, procedures and treatments for people living with HIV/AIDS in Canada.

"The BC-CfE has done exemplary work in the area of knowledge translation for HIV/AIDS in the country," said Ian Graham, vice-president, Knowledge Translation, CIHR. "The BC-CfE was selected for this award because of the innovative methods they have employed in improving clinical practice through their training programs for physicians and healthcare providers. They have successfully established linkages between researchers and knowledge users through their drug treatment program. These activities clearly demonstrate a best practice in translating knowledge into action."

The panel that selected the BC-CfE for this award also commended the BC-CfE for recently securing the support of the provincial government for a pilot project that will expand access to HIV and AIDS drugs to the street-involved population in hard-hit communities such as Prince George and Vancouver's Downtown Eastside.

"I know I speak for everyone at the BC-CfE when I say that this recognition means a great deal to us," said Dr. Montaner. "This award provides the BC-CfE with further encouragement and funding on our journey to continue delivering the best in HIV/AIDS research and ensures that the information we receive through our research projects is used wherever possible to make a difference in the lives of people with HIV/AIDS in Canada and around the world."

### HAARTbeats

## BC-CfE's seek-and-treat strategy to launch in New York and Washington, D.C.

With the increasing recognition worldwide of the effectiveness of the BC-CfE's seek-and-treat concept to combat HIV/AIDS in the individual and the community, U.S. health officials recently announced that they will be launching pilot programs in the Bronx area of New York and in Washington, D.C., which have the highest HIV infection rates in the country.

The National Institute of Allergy and Infectious Diseases will fund these pilot projects to determine whether aggressive testing and treatment of every individual infected with HIV could eliminate the HIV/AIDS epidemic. As part of the study, health departments will be provided with tools to improve electronic patient record keeping at clinics and enable personnel at hospitals and social workers to better monitor HIV-infected people to ensure they are taking their medication regularly.

"The purpose is to get the ... level [of HIV in the blood] down so that people will not infect anyone because their viral load is so low,"

Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases told *The Washington Post*. "The philosophy is if you could test everybody, and treat everybody who has HIV, you could use treatment as prevention."

The idea to use treatment to prevent further infections was developed at the BC-CfE and is now receiving endorsement from major health organizations globally, including the World Health Organization (WHO).

Earlier this year WHO researchers independently validated the BC-CfE's claim (see Montaner et al, *The Lancet*, 2006) with the publication of the results of a separate mathematical model predicting that global universal treatment with antiretroviral drugs would reduce HIV infections to one case for every 1,000 people by 2016 and reduce the presence of HIV in the population to one case for every 100 people within 50 years (see Granich et al, *The Lancet*, 2009).

## COMMUNITY PROFILE

## The British Columbia Persons With AIDS Society provides vital resources to help people diagnosed with HIV



Ross Harvey, executive director of the BCPWA

A new initiative by the British Columbia Persons With AIDS Society (BCPWA) is helping to provide key resources and information to individuals newly diagnosed with HIV.

Over the past year, BCPWA has worked

extensively to expand and deepen its contacts with public health nurses throughout the province and create resources that nurses can deliver. Among these materials are take-away packages that include the latest edition of BCPWA's *Healthy Living Manual*, brochures from other AIDS service organizations, and leaflets discussing next steps for those who are newly diagnosed.

Executive Director Ross Harvey stresses the importance of making this information available to public health nurses, who are frequently the first health care providers to come into contact with newly diagnosed patients.

In addition to its work with nurses, BCPWA has expanded its in-house services to include a registry of HIV-trained physicians and workshops on topics of interest to newly diagnosed people. BCPWA has

also published a booklet of HIV/AIDS information specifically for the newly diagnosed. Harvey says the booklet, which is available in seven languages in addition to English, is a valuable tool for helping individuals as they deal with an HIV diagnosis.

"We know that in most instances when one gets the diagnosis, most rational planning thought processes shut down for a while, so this is something that they can keep on hand and refer to as they are able," says Harvey.

Harvey adds that support for the expanded resources is strong and suggests the program is starting to bear fruit.

"Certainly it's been very well received by the public health nurses, and from what we're able to tell from the newly diagnosed who receive this information, they like it too," he says.

### Quick Facts about BCPWA

**Executive Director:** Ross Harvey

**Location:** 2<sup>nd</sup> Floor, 1107 Seymour Street, Vancouver

**Mission:** BCPWA enables persons living with HIV and AIDS to empower themselves through mutual support and collective action. For a full description of services, please visit

**www.bcpwa.org.**

**Contact:** 604-893-2200; info@bcpwa.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.

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### 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.

## what's new

### Forefront Lecture Series

**What:** Spin, Rhetoric, and Propaganda – Lessons from the International Congress on Peer Review and Biomedical Publication

**When:** Wednesday, January 6<sup>th</sup> from noon to 1:00 p.m.

**Where:** Hurlburt Auditorium, St. Paul's Hospital

Dr. Marianne Harris, a clinical research adviser at the BC-CfE will be speaking to this topic. A light lunch and refreshments will be served. For more information, please contact Andrea Keesey at 604-682-2344 ext. 66357 or [akeesey@cfenet.ubc.ca](mailto:akeesey@cfenet.ubc.ca).