



Dr. Julio Montaner, director, BC-CfE called the Supreme Court of Canada's landmark ruling on Insite a victory for public health over ideology. Seen here is Dr. Montaner speaking to media after the announcement of the top court's decision that Insite in Vancouver, North America's first supervised injection site, will remain open.

## Supreme Court of Canada rules Insite will remain open

### Landmark decision heralded as a victory for public health

In the morning darkness on September 30, Insite supporters, staff and clients erupted with cheers, hugs and tears of joy on hearing the Supreme Court of Canada's historic decision to allow North America's first supervised injection site to remain operating in Vancouver's Downtown Eastside.

**T**he unanimous verdict, handed down in Ottawa and relayed quickly to hundreds of people standing outside Insite, ordered the federal health minister to extend an immediate exemption to Insite from federal drug laws and stated that closing Insite would be a violation of the Charter of Rights and Freedoms.

"This is a victory for public health over ideology," said Dr. Julio Montaner, director of the BC Centre for Excellence in HIV/AIDS (BC-CfE) and one of the leading researchers of Insite. "It sends a very clear message to Stephen Harper that the time has come for him to abandon his ideology regarding addiction, HIV and other related matters and move on with the evidence."

Liz Evans, the executive director of the Portland Hotel Society Community Services, echoed Dr. Montaner. She called the ruling "a giant victory for all of us" during the news conference following the ruling's announcement.

"It's been a long journey since we launched the court case," Evans said. "A long journey during which we've been trying to explain to people who

don't know or don't know how to care, that there are better ways to embrace people living in our society with addictions than to cast them aside and tell them they are better off dead. Today is a testimony to the remarkable abilities of many people from many sectors coming together to make a significant difference."

The ruling noted that the health and safety of Insite's users and the community outweighed any benefit provided by anti-drug laws.

"During its eight years of operation, Insite has been proven to save lives with no discernible negative impact on the public safety and health objectives of Canada," the Supreme Court said. "The effect of denying the services of Insite to the population it serves and the correlative increase in the risk of death and disease to injection drug users is grossly disproportionate to any benefit that Canada might derive from presenting a uniform stance on the possession of narcotics."

Since the facility opened in 2003, the BC-CfE has conducted significant research into Insite and published several peer-reviewed studies in prestigious international journals. The research shows that Insite

delivers many life-saving benefits such as reduced needle-sharing and HIV transmission rates, increased uptake into addiction treatment, and improved public order. In April this year, in a study published in *The Lancet*, BC-CfE researchers found a 35 per cent reduction in overdose deaths in the immediate vicinity of Insite following its opening.

"There is no doubt Insite saves lives," said Dr. Thomas Kerr, co-director of the Addiction and Urban Health Research Initiative, a program of the BC-CfE. As one of the leading researchers of Insite, he noted that there have been about 1,500 overdoses since the facility opened but no one has ever died at Insite.

Dr. Evan Wood, co-director of the Addiction and Urban Health Research Initiative, expressed relief with the decision and hoped that the province and federal government can now begin to work together to solve the problems of addiction and HIV infection.

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» See full story above



“Clearly, Insite is saving tax dollars by helping to reduce the spread of HIV and has the added bonus of channelling people into addiction treatment. With the unanimous Supreme Court decision behind us, hopefully all Canadians will see the benefit of this program and put the legal disagreements behind us.”

Dr. Patricia Daly – chief medical health officer at Vancouver Coastal Health (VCH), which operates Insite in partnership with Portland Hotel Society Community Services – was also on hand to celebrate the top court’s ruling. She told *The Vancouver Sun* that chief medical officers from Canada’s 18 largest cities believe in the evidence behind the effectiveness of Insite.

Montaner pointed out that this ruling could open the doors for similar facilities in interested cities across Canada and North America such as Toronto, Montreal and San Francisco.

“Insite is a successful example of harm reduction and a key way to implement the BC-CfE-pioneered Treatment as Prevention strategy,” said Montaner. “When you create opportunities for people to be tested for HIV and access treatment, you are not only helping them get better, but also ensuring that they become dramatically less likely to transmit the virus, thus protecting the community as well.”

B.C.’s provincial government has supported Insite and other innovative harm reduction initiatives to effectively

address the harms associated with illicit drug use and combat HIV infection and transmission. Last year, the B.C. Liberals announced the expenditure of \$48 million to seek out and reach people in marginalized populations, such as injection drug users, to test them for HIV and enrol those infected in treatment. The pilot Seek and Treat for Optimal Prevention of HIV/AIDS (STOP HIV/AIDS) is currently underway in Vancouver’s inner city and Prince George.



From left to right: Dr. Patricia Daly, chief medical health officer, VCH; Dr. Julio Montaner, director, BC-CfE; and Dr. Thomas Kerr, co-director, BC-CfE’s Addiction and Urban Health Research Initiative at the news conference at Insite after the announcement of the Supreme Court’s ruling.

## STOP HIV/AIDS

# STOP HIV/AIDS pilot re-engages HIV-positive people in care

Under the Seek and Treat for Optimal Prevention of HIV/AIDS (STOP HIV/AIDS) pilot, Vancouver Coastal Health (VCH) and the BC Centre for Excellence in HIV/AIDS (BC-CfE) will implement an initiative to help physicians identify HIV-positive patients who may need antiretroviral therapy (ART).

This initiative was prompted by data from the British Columbia HIV/AIDS Drug Treatment Program that show that among the 7,000 participants in the program, up



Dr. Réka Gustafson, medical health officer and medical director of Communicable Disease Control for VCH, said physicians can help connect with and engage HIV-positive individuals in treatment and care.

to 1,400 individuals who were engaged in treatment at some time in the past are not currently receiving it. A further 370 individuals across B.C. who have never been on treatment appear to be in need of ART based on CD4 count (a subset of white blood cells) criteria.

BC-CfE’s current therapeutic guidelines ([www.cfenet.ubc.ca/our-work/initiatives/therapeutic-guidelines](http://www.cfenet.ubc.ca/our-work/initiatives/therapeutic-guidelines)) recommend that all individuals with CD4 cell counts below

500 cells/ $\mu$ L should be offered ART to prevent disease progression. Individuals with CD4 cell counts above 500 cells/ $\mu$ L should also be offered treatment if they have other co-existing conditions such as Hepatitis B or C co-infections.

Under this pilot initiative, VCH and the BC-CfE will send patient-specific letters to physicians across Vancouver who currently treat HIV-positive patients. Based on BC-CfE data, the letters will identify those patients who may need treatment and recommend that physicians re-evaluate them as soon as possible and if eligible, engage them in treatment. These letters will also detail resources available from the STOP HIV/AIDS pilot, which may assist service providers in re-engaging these individuals.

“Physicians can be the perfect conduit to help us connect with HIV-positive individuals who could benefit from treatment, but are not yet engaged in it or have discontinued,” said Dr. Réka Gustafson, medical health officer and medical director of Communicable Disease Control for VCH.

Dr. Julio Montaner, director of the BC-CfE, noted that the benefits of antiretroviral therapy for the individual and the community are undeniable. HIV treatment prevents HIV from progressing to AIDS, reduces HIV-related illnesses, and improves the quality of life for HIV-positive individuals. At the same time, treatment decreases the amount of HIV in sexual fluids and blood to undetectable levels, thereby reducing the likelihood of HIV transmission by over 95 per cent.

## HAARTbeats

# Haiti study: starting HIV treatment early is cost effective

A study recently published in *PLoS Medicine* and conducted by researchers at Weill Cornell Medical College; GHESKIO in Port-au-Prince, Haiti; and Brigham and Women’s Hospital in Boston showed that early antiretroviral therapy (ART) not only saves lives, but is also cost effective.

The World Health Organization (WHO) now recommends that treatment should be initiated earlier, for HIV-positive individuals when their CD4 cell count (a subset of white blood cells) falls below 350 cells/ $\mu$ L. Earlier guidelines called for beginning treatment with a CD4 cell count below 200 cells/ $\mu$ L.

Study researchers sought to evaluate whether the revised WHO recommendation is cost effective. A medical intervention is generally considered cost effective if it costs less than three times a country’s per capita gross domestic product (GDP) per year of life saved.

The researchers used previous data to compare the cost-effectiveness of early versus standard ART. In their analysis, they included the use and costs of ART, other medications, laboratory tests, hospital services, etc. The study found that patients who received early ART had higher average costs for ART but lower costs for other aspects of their treatment than patients who received standard ART. When the costs of research-related tests were excluded, the incremental cost-effectiveness after three years for early ART compared with standard ART was US \$2,050 per year of life saved.

“Because the Haitian GDP per capita is US \$785, these findings suggest that, in Haiti, early ART is a cost-effective intervention over the observation period of the trial,” lead author Dr. Serena P. Koenig, assistant professor at Brigham and Women’s Hospital told *Science Daily*.

## Research

### Anti-drug PSAs have limited impact in reducing drug use

Researchers at the BC Centre for Excellence in HIV/AIDS suggest that public service announcements (PSAs) aimed at reducing the use of illicit drugs may have a limited impact.

The researchers conducted a systematic evaluation of all peer-reviewed studies that evaluated the effectiveness of PSAs targeting illicit drug use. The findings were published recently in the *Journal of Epidemiology and Community Health*.

The authors evaluated all studies that assessed intention to use illicit drugs and levels of illicit-drug use after exposure to PSAs, and analyzed these results. The authors identified seven randomized controlled trials (participants were randomly allocated to PSA exposure) and four observational studies (all participants exposed to PSAs) assessing the effectiveness of anti-drug PSAs. Only one randomized controlled trial showed that PSAs significantly reduced intention to use illicit drugs, while two found evidence that PSAs significantly increased intention to use drugs. A meta-analysis of eligible randomized trials demonstrated no significant effect overall. Observational studies showed evidence of both harmful (i.e., increased use) and beneficial effects.

### Drug use increases dependency on sex work income

Drug use plays an important role in increasing dependency on sex work for income among street-based female sex workers, shows recent research published by the BC Centre for Excellence in HIV/AIDS in *Drug and Alcohol Dependence*.

Researchers investigated the relationship between drug use and sex work patterns and sex work income earned among street-based female sex workers in Vancouver. They used data from a sample of 129 female sex workers who used drugs in a prospective cohort from 2007 to 2008. The study found that the median weekly sex work income and amount of money spent on drugs were \$300 and \$400 respectively. Researchers found that for each 10 per cent increase in money spent on drugs, sex work income increased by 1.9 per cent. Female sex workers who injected heroin and had more clients, or who were younger, also had significantly higher sex work income.

Study authors noted that the findings indicate a crucial need to increase access to evidence-based harm reduction and treatment approaches, including policy reforms, improved social supports and enhanced economic choice for vulnerable women.

## Contact

### 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  
1.888.551.6222

Website  
[www.cfenet.ubc.ca](http://www.cfenet.ubc.ca)

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