



Op-ed by Dr. Julio Montaner, Director of the BC Centre for Excellence in HIV/AIDS

## Together, we can stop HIV/AIDS: Treating Social Determinants Of Health Can Help End HIV/AIDS

Picture this scenario: An individual living with HIV in British Columbia, "Doug" (whose name has been changed for privacy), was being "shuffled around" through care. As a result, he had grown tired and had mostly given up on treating his HIV. Sadly, he had begun telling family and friends that he wouldn't be around much longer. Can you see a solution to a situation like this?

There was an answer for Doug. An outreach worker, with the province of British Columbia's STOP<sup>®</sup> Program (Seek and Treat for Optimal Prevention of HIV/AIDS), knocked on his door and started to connect him to services to help support his medical adherence. Doug needed to have a regular health care provider, and the outreach worker set him up with one. Beyond that, he needed the supports to help him stay consistent with care. He was placed in supportive housing, as well as in an integrative care program where he could develop his interests in music. Eventually, Doug (an electrician by trade who plays and builds musical instruments) became healthy, fully adherent to HIV medications and achieved an undetectable viral load.

Stories like Doug's are very personal and individual victories. However, they show the changes that can take place when addressing systemic social and economic barriers. B.C.'s STOP<sup>®</sup> Program, based on principles of the Treatment as Prevention<sup>®</sup> (TasP<sup>®</sup>) strategy developed at the BC Centre for Excellence in HIV/AIDS (BC-CfE), acknowledges the importance of addressing social and economic inequities — termed social determinants of health. The STOP<sup>®</sup> Program aims to expand and offer access to HIV

testing, care and treatment for medically eligible B.C. residents, particularly for populations experiencing difficulties in accessing traditional services.

The concept behind STOP<sup>®</sup> is to immediately offer universal HIV treatment to those diagnosed with the disease. This TasP<sup>®</sup> approach has led to improved health outcomes and to a consistent drop in new HIV cases in B.C. Once on sustained and consistent treatment, an individual's viral load declines making it highly unlikely they will transmit the virus. B.C. is the only province to implement TasP<sup>®</sup> and the only one to see a consistent drop in new HIV cases. Globally, the United Nations has adopted a plan to end AIDS by 2030 that is based on principles of TasP<sup>®</sup>. Organizations like the Global Fund are on board with this plan to #EndItForGood and make the next generation AIDS-free.

In B.C., through TasP<sup>®</sup> and STOP<sup>®</sup> we have seen successes like Doug's. We have seen people living with HIV who use injection drugs, a population some doubted could maintain consistent treatment, achieve improved health and see significant reductions in HIV transmission (in B.C., through consistent access to HIV treatment, the number of people who inject drugs who achieved an undetectable viral load increased from 30% in 2006 to 71% in 2012).

How does the STOP<sup>®</sup> program work? It all starts with using resources to build more pathways to care and treatment. Even in a largely resource-rich nation like Canada, mental health, addiction, homelessness and poverty can present obstacles to this goal.

Across the province, members of multi-disciplinary, collaborative outreach teams under the STOP<sup>®</sup> program — which can include nurses, outreach workers, social workers and others — serve the most vulnerable populations. Clients may have suffered trauma and lack trust in traditional health care systems. For example, people who inject drugs and sex workers may feel stigmatized or discriminated against within the health care setting.

Many clients are confronting an intersection of challenges: They may simultaneously be facing addiction and homelessness problems, while dealing with access to HIV treatment and care. Individuals living with HIV may also have mental health disorders, like depression or anxiety, leaving them unable to take the steps towards self-care. According to previous research, individuals living with HIV are two to ten times more likely to have at least one mental health condition, in comparison to the general population.

Despite such challenges, the STOP<sup>®</sup> program, conducted through B.C.'s health authorities has made headway in the fight against HIV/AIDS: After initial success as a pilot program in Vancouver and Prince George, STOP<sup>®</sup> was expanded provincially along with a \$19.9 million investment from the provincial government. In September, Northern Health, a B.C. health authority providing health services to 300,000 people over an area of 600,000 square kilometers, awarded \$1.59 million to eight agencies and 23 First Nations communities as part of the provincial STOP<sup>®</sup> initiative.

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» The responsibility to prevent infections and make sure people living with, at risk of or affected by HIV and AIDS, and the ability of people living with HIV to live a long, healthy, happy, productive and meaningful life doesn't reside with any single country, organization or demographic group. It's a shared obligation.

— Dr. Jane Philpott, Federal Health Minister



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## Op-Ed Continued

Success stories from STOP® show how effectively addressing underlying social, economic or other needs can lead to improved HIV treatment outcomes. Sometimes it takes a caring visit, a knock on the door. Sometimes it takes repeated visits, food vouchers, or access to housing.

Globally, the Canadian government has endorsed the UN's plan to end AIDS by 2030. This year, Prime Minister Justin Trudeau boosted Canada's pledge to the Global Fund by 20%, in a commitment to globally end AIDS, TB and Malaria for good. The BC-CfE is proud the Canadian

federal government has made such commitments. It is important to invest in change so that barriers to care can be even across resource-limited settings.

In Canada, it's time to be a national leader on ending AIDS globally. We have the tools and strategies to provide treatment to all those living with HIV—the province of B.C. has the successes to prove it. A nationwide Treatment as Prevention® is a way forward, and we must continue to open doors to care and treatment for society's most vulnerable. Together, we can stop HIV/AIDS.

## AWARD

### Clinical Education team recognized with CFPC Continuing Professional Development Award



BC-CfE Clinical Education team from left to right: Amanda Khorsandi, Dr. Silvia Guillemi, and Karah Koleszar

» Congratulations to Dr. Silvia Guillemi Director, BC-CfE Clinical Education and Training and her team who were recognized with the College of Family Physicians of Canada (CFPC) Continuing Professional Development Award. This award is given to a Mainpro+® certified educational program which has provided an exceptional learning experience to practicing or practice-eligible CFPC members. The award was presented to Dr. Guillemi on October 17, 2016 during the 8th National Canadian Professional Development Accreditation Conference in recognition of the exceptional work she and her team have accomplished leading the Intensive Preceptorship Training Program in HIV/AIDS at the BC Centre for Excellence in HIV/AIDS.

The Preceptorship Training Program in HIV/AIDS was developed in 2011 and has since trained more than 80

family physicians and nurse practitioners from across the province as part of an initiative to implement and expand antiretroviral therapy supporting the Treatment as Prevention® strategy. The program has had a significant impact on the number of patients seen by those physicians and on the health outcomes of their patients.

Dr. Guillemi would like to thank Vancouver Coastal Health, Island Health, Interior Health and Fraser Health Authorities, and the many colleagues at the John Ruedy Immunodeficiency Clinic (IDC) at St. Paul's Hospital, IDC specialists, Oak Tree Clinic and the Urban Health Infection Unit who generously provided their time to train health care providers, and without whom this initiative would not have been possible.

## STUDY

### High Food Insecurity and Increased HIV/STI Risk for Marginalized Youth

» Food insecurity (the limited or uncertain availability of nutritionally adequate, safe foods, or the inability to acquire foods in a socially acceptable way) is increasingly being seen as a critical determinant of health globally.

Research has shown food insecurity is highly related to gender, and current food assistance programming in Metro Vancouver is rarely designed for women, lesbian, gay, bisexual, trans, queer, and two-spirit (LGBTQ2S), and youth. There has been little research focused on marginalized youth, particularly street-involved sex workers in high-income countries like Canada. To fill this gap, Daniella Baretto, an MSc student with the Gender and Sexual Health Initiative (GSHI) at the BC Centre for Excellence in HIV/AIDS (BC-CfE) and the University of British Columbia (UBC), sought to understand how food insecurity impacts sexual risk negotiation for marginalized youth in sex work in Metro Vancouver. Daniella brings a strong youth lens to her work with GSHI, having worked for eight years with the YouthCO HIV/Hepatitis C (HCV) Society.

The GSHI community-based research (CBR) team conducted semi-annual interviews with 220 youth up to 29 years of age between 2010 and 2013. This research is part of AESHA (An Evaluation of Sex Workers Health Access), an ongoing CBR project studying the working conditions, health access and safety among women and trans persons in the sex industry led by GSHI and UBC, in collaboration with community partners. AESHA includes ongoing outreach to street and indoor sex work venues by a diverse experiential and multi-lingual community team.

Of the 220 youth up to 29 years of age:

- One-third (31%) identified as a gender/sexual minority (LGBTQ2S)
- 44% identified as Indigenous

Over the four-year study period, the majority of youth were moderately-to-severely food insecure:

- 67% reported struggling with money for food
- 72% were worried about food running out and
- 14% had exchanged sex directly for food

Over the follow-up period, the prevalence of food insecurity among marginalized youth was more than nine times the national average of 8.3%. Youth who struggled with money for food had twice the odds of client condom refusal (being pressured to not use a condom), demonstrating the relationship between food insecurity and sexual risk negotiation for HIV and other STIs amongst youth.

This research calls attention to the need for public policies for food support as part of sexual health promotion. It suggests HIV and other STI programming should be gender- and youth-centred, address food insecurity, sexual health education, and focus on gender/sexual minority and indigenous youth. It also supports the critical need for laws and policies (including decriminalization of sex work) to support sex workers' human rights, agency, safety in negotiating condom use and the ability to access health services and food.

## Fall HIV/Antiretroviral Update

Monday, November 28, 2016, 8:30 AM to 5 PM

Grand Ballroom-North Tower, Sheraton Wall Centre Hotel

This is an open educational event sponsored by the BC Centre for Excellence in HIV/AIDS and accredited by the College of Family Physicians of Canada. A light breakfast and lunch will be provided on site.

Registration is online only using the following link and will close once full capacity is reached.

<http://bit.ly/ARVUpdateFall2016>

## LECTURES & EVENTS

### Gairdner Symposium

**The untold story of the National Microbiology Laboratory**  
Speaker: Frank Plummer MD, OC, OM, FRS, LLD, DrSc, FRCPC

**PI3-Kinase and Cancer Metabolism**

Speaker: Lewis Cantley, PhD

Monday, October 24, 2016, 4–6PM

Life Sciences Centre, Lecture Theatre 2 (LSC 2),  
2350 Health Sciences Mall, UBC

### What's New in Addiction Medicine?

**Update on Cocaine**

Speaker: Dr. Robert Fox

Tuesday, October 25, 2016, 12–1PM

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

### Forefront Lecture

**Hepatitis C and HIV in Substance Users: Economics of Screening and Linkage to Care**

Speaker: Dr. Bruce R. Schackman

Wednesday, October 26, 2016, 12–1PM

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

### HIV Care Rounds

**Transgender health and HIV**

Speaker: Dr. Andrea Szewchuk

Thursday, November 3, 2016, 8–9AM

Conference Room 7, Providence Level 1, St. Paul's Hospital

### Momentum

Speaker: Dr. David Moore

Thursday, November 17, 2016, 8–9AM

Conference Room 7, Providence Level 1, St. Paul's Hospital

For more information, contact us at [Education@cfenet.ubc.ca](mailto:Education@cfenet.ubc.ca) or visit our website at [www.education.cfenet.ubc.ca](http://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](http://www.cfenet.ubc.ca)

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