



Left to Right: BC-CfE Director, Dr. Julio Montaner, VCH President & CEO, Dr. Mary Ackenhusen, BC-CfE Assistant Director, Dr. Rolando Barrios

Innovation and experience at the heart of BC-CfE addictions pilot project

It's the first program of its kind in Canada and could mark a radical change in the way treatment is offered to people living with opioid use disorder.

The BC Centre for Excellence in HIV/AIDS (BC-CfE) and Vancouver Coastal Health (VCH) marked the launch of the BOOST (Best-practices in Oral Opioid agonist Therapy) Collaborative by bringing together twenty teams from across VCH to improve access to - and retention in - suboxone and methadone treatment.

Based on the highly effective, made in BC HIV/AIDS Treatment as Prevention® (TasP®) model, BOOST will use the methodology behind STOP (Seek and Treat for Optimal Prevention) HIV/AIDS – the program that successfully sought out untreated HIV positive people and provided them with lifesaving anti-retroviral therapy.

“There are many parallels between the HIV/AIDS epidemic and the overdose crisis we are experiencing now,” says Dr. Rolando Barrios, assistant director at the BC-CfE. “Keep in mind, however, missing a dose of HIV medication could make you sick but missing a dose of suboxone can have immediate life or death consequences. The BOOST Collaborative is designed to help front-line staff ensure people get their treatment daily and stay in treatment long-term.”

The strategy known as TasP® is being deployed as a key tool to promote Targeted Disease Elimination and healthcare sustainability to therapeutic areas beyond HIV/AIDS, including addiction and viral hepatitis. The

program will expand the BC-CfE's demonstrated success in the control of HIV/AIDS, centered on the optimization of therapeutic opportunities to decrease morbidity, mortality and new HIV cases.



“The work we did, we did together, during the HIV/AIDS era which enhanced access to life saving services for our most marginalized patients - stopping premature deaths and transmissions,” Dr. Julio Montaner, director of the BC-CfE told the BOOST Collaborative. “We had effective therapy in the form of anti-retroviral medication, so we changed our approach dramatically - from a passive approach to engaging with our clients to facilitate their access to services. We realized this was good for our clients, public health and promoting healthcare sustainability.”

For families, friends and harm reduction advocates, a new approach aimed at saving lives is welcome news.

“As parents and family members we are always on a never-ending search for treatment for our loved ones and the current opioid crisis has us in a constant state of fear and anxiety,” Frances Kenny, Founder of PARENTS FOREVER told the doctors, nurse and front-line workers with the Collaborative. “We are excited to welcome a pilot project that seeks to close any gaps in the system and will attempt to proactively reach out to people with OUD, engage them in care and attempt to keep them in care.”

After sharing learnings on how to improve opioid agonist therapy with system change, Dr. Dennis McCarty, Division Head, Health Services Research, Oregon Health and Science University spoke about how BOOST could set the standard internationally for delivering opioid agonist treatment around the world.

“Vancouver broadly - and British Columbia - is setting the stage at a higher level of excellence and that's something to aspire to,” says McCarty. “Vancouver has a high penetration of fentanyl - and fentanyl is a much more dangerous opioid than heroin - but you also have a more organized system of care because it is a provincial health system. The province benefits from reductions in health care expenses, they benefit from reductions in mortality and morbidity and a reduction in stress on the criminal justice system.”

The first set of results from the BOOST Collaborative will be available in the winter of 2017, with the entire project set to conclude in July 2018.

» “We need new approaches to care and treatment to help tackle this epidemic, and to get to up-stream solutions that offer hope for the many people and families affected. This is an exciting new initiative, bringing together innovative leaders to find new ways to care for people with opioid use disorder.”

— Hon. Judy Darcy, BC Minister of Mental Health & Addictions

Statement regarding BOOST Collaborative launch September 15, 2017



Michael Smith Foundation Scholar to tackle prescribing strategies to address the overdose epidemic



BC-CfE Research Scientist, Dr. Nadia Fairbairn

Prescription opioid misuse is a global challenge and has contributed to the declaration of a public health emergency in British Columbia. Researchers and healthcare workers recognize the potential for prescription opioid misuse to transition to illicit opiate and intravenous drug use, increasing the risk for overdose and blood-borne infections among users.

We sat down with BC-CfE Research Scientist Dr. Nadia Fairbairn, recipient of the 2017 Michael Smith Foundation for Health Research/St. Paul's Foundation Scholar Award, to find out more about how her research - and safer prescribing practices - may help tackle the overdose epidemic.

Why do prescribing practices need to be changed?

Canadians are among the heaviest consumers of prescription drugs and prescription drug misuse is associated with severe health and social harms including addiction, injuries and overdose death. The emergence of counterfeit fentanyl represents a growing crisis in most regions in Canada, with BC being particularly hard hit. Over 60% of the 978 overdose deaths for 2016 in BC involved fentanyl and over 80% involved fentanyl between January and July of 2017.

Are the current practices leading to overdose? How?

Opioid prescribing rates across Canada have dramatically increased over the last decade, and corresponding prescription opioid misuse has tripled. Prescription opioid-related overdose deaths in BC have increased to the extent that the number of prescription opioid-related deaths now exceeds the number of deaths from alcohol- and drug-related motor vehicle accidents. High co-prescribing rates are also observed with other abuse-prone drugs such as benzodiazepines,

recognized as a risk factor for HIV infection, addiction and fatal overdose. Also, a higher proportion of deaths among women are attributable to prescription medications.

How much of the impact of the opioid crisis in BC can be attributed to prescribing practices?

The rise in counterfeit pharmaceuticals may be related to prescribing practices as we know that prescription opioid use is a risk factor to illicit drug use. Prescribing practices impact the opioid crisis in both direct and indirect ways. For example, In BC, 93% of opioid-related overdose deaths involved at least one other non-opioid psychoactive medication, such as benzodiazepines, gabapentin, or quetiapine. Also, rates of overdose death due to illicit counterfeit pharmaceuticals (e.g. fentanyl, carfentanyl) have risen and represent a growing crisis in most regions in Canada.

How are you hoping the results of your research will be used?

Our research directly responds to BC's recent declaration of a public health emergency and the global challenge of prescription opioid misuse. I hope to broaden the evidence base for the treatment of opioid use disorder, generate evidence for safer prescribing practices, and develop strategies to tackle the overdose epidemic.

What should be done immediately to change prescribing practices in BC and Canada?

There is a pressing need to understand the relationships among prescribing practices, illicit drug use patterns and overdose to inform an effective response to the overdose epidemic.

RESEARCH FINDINGS

New research finds over 40% percent of gay and bisexual men in Metro Vancouver are smokers

New research from the BC Centre for Excellence in HIV/AIDS' Momentum Health Study, finds rates of smoking are three times higher among gay and bisexual men compared to the general population in a province that has the lowest rates of smoking in the country.

The rates are highest among bisexual men - 73.5% of whom are smokers, with 62.4% smoking every day.

Past research has also shown cigarette smoking is one of the leading causes of death for people living with HIV, including HIV positive gay and bisexual men. One of the study's authors, Dr. David Moore tells Niko Bell of *Xtra*, while it's not clear how much more dangerous tobacco is to people living with HIV, serious illnesses caused by smoking such as heart and lung disease and cancer can make management of HIV more difficult, and health outcomes worse.



Dr. David Moore

Among Momentum Health Study's findings:

- Nearly 1 of 4 GBMSM (gay, bisexual and men who have sex with men) in Vancouver are living with HIV. HIV positive GBMSM are more likely to smoke than HIV negative men, but less likely to quit smoking.
- Married or monogamous GBMSM as well as those with higher income levels (>\$60,00) and those who self-reported excellent health had higher success with quitting smoking.
- Substance use (cannabis, GHB, crystal meth), bisexual identity, having a lower annual income, having no more than a high school education and having a partner who smokes, were each associated with increasing daily smoking rates or resuming daily smoking among GBMSM.
- Researchers say further efforts must be made to reduce smoking rates among the GBMSM community with culturally appropriate resources and programs that target couples, not just individuals.

Fall HIV/Antiretroviral Update

The BC-CfE works with physicians, healthcare providers and the community to offer knowledge transfer through continuing education as a part of its Treatment as Prevention® (TasP®) strategy - focused on the pillars of HCV, HIV/AIDS and Addictions.

The Fall HIV/Antiretroviral Update will take place:

Monday, November 6, 2017

8:30 am - 4:30 pm

Sheraton Wall Centre Hotel

1088 Burrard Street, Vancouver, BC

This is an open educational event sponsored by the BC-CfE and accredited by the College of Family Physicians of Canada. A light breakfast and lunch will be provided on site.

On-line registration opens October 2nd:

<http://bit.ly/FallARV2017>

LECTURES & EVENTS

What's New in Addiction Medicine?

TBD

Speaker: Dr. Paxton Bach

Tuesday, October 24, 2017, 12-1PM

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

Forefront Lecture

From HIV-Treatment as Prevention® to Targeted Disease Elimination to promote Health Care Sustainability

Speaker: Dr. Julio Montaner

Wednesday, October 18, 2017, 12-1PM

Large Lecture Theatre, Providence Level 1, St. Paul's Hospital

HIV Care Rounds

Frailty and HIV

Speaker: Dr. Amanda Hill

Thursday, October 12, 2017, 8-9AM

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

Trauma Informed Care

Speaker: Victoria Bungay

Thursday, October 26, 2017, 8-9AM

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

For more information, contact us at

Education@cfenet.ubc.ca or visit our website at 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

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