



## BC-CfE welcomes delegation from Saskatchewan and Alberta to present TasP<sup>®</sup>-focused HIV research

Dr. Julio Montaner and his team from the BC Centre for Excellence in HIV/AIDS (BC-CfE) were pleased to host guests from the Saskatoon Tribal Council, Alberta Medical Office of Health, Alberta Health Services, Saskatoon Police Service, Saskatoon Health Region, Kahui Taotoko, and Health Canada over two days this past June to highlight the latest cutting-edge HIV research from the BC-CfE.

New HIV diagnoses have continued to escalate in Saskatchewan, disproportionately affecting injection drug users, women, and the Indigenous community. This is a dramatic shift from a decade ago when HIV/AIDS cases in Canada were mostly found in B.C., Ontario and Quebec. As a result, leading health care professionals, policy makers, and community members from Saskatchewan reached out to the BC-CfE to learn more about its successful Treatment as Prevention Strategy<sup>®</sup> (TasP<sup>®</sup>).

It was not that long ago when B.C. was the Canadian epicentre of the HIV/AIDS epidemic. Twenty-five years later, B.C. is considered a world-wide success story. Yet, there are parallels to Saskatchewan which mirror the British Columbia of those early days. How was B.C. able to dramatically reduce HIV morbidity and mortality, as well as new cases of HIV, and what learnings can Saskatchewan embrace from BC-CfE's experience to curb the spread of HIV?

It took the collective effort of the community; scientific, academic and medical researchers; funding and support from the B.C. government; and buy-in from the Vancouver Police Department to get to where B.C. is today. The introduction of highly active

antiretroviral therapy (HAART) in 1996 transformed HIV. HAART virtually eliminates progression of the disease. As a result, HAART has converted HIV/AIDS into a chronic manageable disease, with an anticipated near normal longevity. Beyond the individual level impact of HAART, the treatment has a public health impact because it virtually stops HIV transmission. As a result, a properly implemented and facilitated HAART program can virtually stop disease progression to AIDS and death and new infections. Of note, the strategy has now been shown to be highly cost effective in the short-term, and cost averting over a decade or two.

The made-in-BC TasP<sup>®</sup> strategy has been implemented around the world in China, Panama, France, Brazil, Spain, Argentina, Swaziland, Queensland, San Francisco, New York City, and many more. More recently, in June 2016, the United Nations and member countries formally endorsed our TasP<sup>®</sup> inspired [90-90-90 treatment target](#) as the means to transform the HIV/AIDS pandemic into a sporadic disease by 2030. The [90-90-90 treatment target](#) proposes that by 2020:

- 90% of all people living with HIV should be diagnosed
- 90% of them should be receiving sustained antiretroviral therapy, and
- 90% of them should achieve sustained viral suppression

Currently, cities such as Indiana, Indianapolis, and Glasgow, Scotland, are reeling from an epidemic of HIV and hepatitis C with some striking similarities to

### What is Treatment as Prevention<sup>®</sup>?

The Treatment as Prevention<sup>®</sup> strategy involves the widespread offer of HIV testing and immediate offer of highly active antiretroviral therapy (HAART) to all people living with HIV. Facilitated access to free HIV testing and free HAART and related services are a critical part of the strategy. This should be done within a supported framework, with a major focus on decreasing stigma and discrimination, as well as enhanced harm reduction services. Research from the BC-CfE, confirmed by others, found the implementation of TasP<sup>®</sup> in B.C. has led to sustained and profound decreases in morbidity, mortality, and new cases of HIV.

the situation in Saskatchewan. The proven success of TasP<sup>®</sup>, combined with harm reduction and addiction management efforts, offer the hope of eventually eliminating HIV/AIDS in these areas and around the world.

The BC-CfE would like to extend special thanks to the BC-CfE Staff, as well as Réka Gustafson, medical health officer and director of Vancouver Coastal Health Disease Control; Elizabeth Holiday, Regional Leader HIV Prevention, Regional HIV Services, Vancouver Coastal Health; Inspector Howard Tran and Superintendent Michelle Davey from the Vancouver Police Department; and Gina McGowan, Director, Blood Borne Pathogens, Population and Public Health, B.C. Ministry of Health; who graciously joined the meeting to present their findings and answer questions.

» The full potential of antiretroviral therapy is being realized. I urge all countries to seize this unprecedented opportunity to put HIV prevention and treatment programmes on the Fast-Track and end the AIDS epidemic by 2030.

— Michel Sidibé, Executive Director, UNAIDS



## New report flags fentanyl deaths and highlights importance of improving access to evidence-based opioid addiction care in B.C.

A new report by the B.C. Node of the Canadian Research Initiative on Substance Misuse (CRISM) recommends novel strategies to improve access to opioid addiction care in British Columbia. The report entitled [“Moving towards improved access for evidence-based opioid addiction care in British Columbia”](#) provides recommendations that have the potential to greatly reduce the harms of opioid addiction by maximizing the individual and public health benefits of evidence-based treatments.

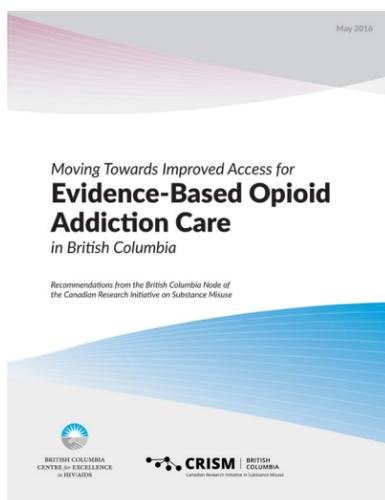
Surveillance data from the BC Coroners Service from 2006-2015 showed a steep increase in the number of overdose deaths in B.C., prompting the recent declaration of a public health emergency by the Provincial Health Officer, Dr. Perry Kendall. There were 480 drug overdoses reported in 2015 alone, a 31 per cent increase from the previous year.

One major driver of the current public health emergency is untreated opioid addiction. The report recommends improving access to buprenorphine/naloxone (Suboxone®), a treatment proven to decrease overdose deaths, as a key component in the response to the epidemic.

Despite the proven efficacy and safety of buprenorphine/naloxone, traditionally, physicians in B.C. cannot prescribe this medication unless they hold a methadone exemption from Health Canada. This restriction makes it difficult for primary care physicians to routinely prescribe this life-saving medication. The de-linking of methadone and buprenorphine/naloxone is recommended in this report and is currently under consideration by the College of Physicians and Surgeons of British Columbia. In October 2015, the province helped to improve access to buprenorphine/naloxone, by including it as regularly covered benefit through PharmaCare.

“When we look at other jurisdictions in Canada and around the world that have removed such barriers to allow all primary care physicians the ability to prescribe buprenorphine/naloxone, more patients are engaged in care, and opioid-related overdoses and deaths decline dramatically,” said Dr. Keith Ahamad, Clinical Assistant Professor at the University of British Columbia, Research Scientist at the BC Centre for Excellence in HIV/AIDS and an Addiction Medicine physician at Providence Health Care. “In France, for example, the country saw an 80% reduction in overdose deaths following the roll out of buprenorphine.” Buprenorphine/naloxone also has fewer side effects and leads to far fewer overdose deaths than methadone. In B.C., for instance, methadone is implicated in approximately one in four prescription opioid-related deaths and, compared to buprenorphine/naloxone, methadone also has a greater number of other serious side effects.

In addition, the College of Physicians and Surgeons of BC guidelines recommend a two-month period of daily witnessed ingestion of buprenorphine/naloxone at a pharmacy, despite the Health Canada-approved buprenorphine/naloxone product monograph that permits unsupervised carries (“take-home” doses)



immediately at the discretion of the treating physician. These system barriers, not supported by the safety evidence, hamper more widespread access to buprenorphine/naloxone for many patients seeking treatment for opioid addiction, particularly in areas where specialty clinics and pharmacies are not available.

The report recommends:

1. Offering buprenorphine/naloxone as a first line treatment for opioid addiction and as an alternative to methadone, given its safety profile and lower risk of overdose.
2. Removing barriers for treating physicians, such as the requirement for a methadone exemption in order to prescribe buprenorphine/naloxone.
3. Disseminating and implementing evidence-based guidelines, such as the [Vancouver Coastal Health/ Providence Health Care Guideline for the Clinical Management of Opioid Addiction](#), to support new physician prescribers of buprenorphine/naloxone.
4. Improving professional education and public knowledge of buprenorphine/naloxone as a first-line treatment of opioid dependence and of the risks and benefits of this medication relative to methadone.
5. Removing the recommendation for a two-month period of daily witnessing at pharmacies from provincial guidelines, allowing take home dosing (as described in the Health Canada-approved product label) at the discretion of the treating physician.
6. Supporting research and education aimed at reducing the diversion of opioid agonist therapies.

In August 2014, a \$3-million investment was announced by the Government of B.C. to support the development of recommendations for evidence-based addiction care, including those in the report.

“Addressing the serious problems of opioid dependence in B.C. requires scaling up the most effective and safest strategies that have been proven to work,” said Terry Lake, B.C. Health Minister. “We will continue to work to improve access to buprenorphine/naloxone and towards the development of a coordinated, provincial approach to networked leadership in research, education and clinical care. These are just a few of the positive changes that will make B.C. a national leader in opioid addiction care.”

## AWARDS

### BC-CfE Researcher awarded prestigious Trudeau and Vanier Scholarships

The BC-CfE is proud to announce Pauline Voon, a BC-CfE researcher and UBC PhD candidate, has been awarded the [Trudeau Scholarship](#) from the Pierre Elliot Trudeau Foundation and the CIHR [Vanier Canada Graduate Scholarship](#) this year—two of the most prestigious doctoral scholarships in Canada. The Trudeau Scholarship recognizes exceptional students who have distinguished themselves through academic excellence, and civic engagement. In addition to generous financial support, the Scholarship also includes a separate annual travel allowance to support research-related travel for networking, professional development and knowledge dissemination, and offers scholars a unique mentorship opportunity from some of Canada’s most accomplished leaders. Finally, it welcomes the Scholars into the Trudeau Community,



which comprises talented people who share the same diligence, audacity, and intellectual ambition, and will to apply and share their knowledge for the benefit of all. The CIHR Vanier Canada Graduate Scholarship is valued at \$150,000 over three years, and is awarded in recognition of exceptional academic excellence, research potential, and leadership. The BC-CfE extends its warmest congratulations to Pauline and wishes her all the best in her studies.

### CHIWOS member who fought stigma of HIV dies



The Canadian HIV positive women’s community lost a powerful and passionate advocate for women’s health. Marisol Desbiens, a Canadian HIV Women’s Sexual and Reproductive Health Cohort Study (CHIWOS) Peer Research Associate and former National Management Team representative from Ontario,

passed away on May 17, 2016. Marisol dedicated herself to improving the lives and well-being of women living with HIV and was a passionate advocate for community-based research. The CHIWOS team honours the life of this incredible woman and will continue the fight for women’s rights, safety, and health.

Watch Marisol’s video interview for “Our Faces, Our Stories”: [bit.ly/OurFacesOurStories](http://bit.ly/OurFacesOurStories).

Listen to Marisol’s story on CBC Radio in “Keeping HIV a Secret: Why you tell and why you don’t”: [bit.ly/MarisolCBC](http://bit.ly/MarisolCBC)

## LECTURES & EVENTS



### 21st International AIDS Conference

The 21st International AIDS Conference (AIDS 2016) will be held July 18-22 in Durban, South Africa.

This year’s theme “Access Equity Rights Now” aims to promote HIV responses supported by and tailored to the needs of at-risk populations or people living with HIV, including women and girls, men who have sex with men, transgender people, sex workers, young people, and people who use drugs. The conference strives to build innovative partnerships with businesses, community, government, and science to strengthen HIV prevention and treatment efforts.

The complete AIDS 2016 conference program can be found at <http://programme.aids2016.org/>.

Follow us on Twitter [@bccfe](https://twitter.com/bccfe) and Facebook at [facebook.com/bccfe/](https://facebook.com/bccfe/) to follow some of the work the BC-CfE is showcasing at AIDS 2016.

### AIDS 2016 Pre-Conference Workshop

#### UN 90-90-90 Target Workshop

Sunday, July 17, 2016  
8:30AM - 7:30PM SAST (Durban Local Time)  
[11:30PM, July 16 - 10:30AM, July 17 PST]

Durban International Convention Centre, Durban, South Africa.

### 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)  
E-mail  
[info@cfenet.ubc.ca](mailto:info@cfenet.ubc.ca)

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