



BC-CfE Director Dr. Julio Montaner with Krista Outhwaite and Dr. Gregory Taylor from the Public Health Agency of Canada

BC-CfE welcomes delegates from the Public Health Agency of Canada

New Liberal government encourages atmosphere of scientific openness

The BC Centre for Excellence in HIV/AIDS (BC-CfE) was pleased to welcome delegates from the Public Health Agency of Canada (the Agency) in March 2016. Researchers from the BC-CfE presented an overview of the BC-CfE and discussed opportunities for collaboration.

Dr. Julio Montaner, BC-CfE Director, and research team members met with Dr. Gregory Taylor, Canada's Chief Public Health Officer and Krista Outhwaite, President, Agency, joined by Agency colleagues Bill Slater, Manager, Policy, Planning and Inter-governmental Affairs, and Sheena Sargeant, Program Consultant.

"It is truly a pleasure for the BC-CfE to share some of our research and innovative work in HIV, addictions, and viral hepatitis," said Dr. Montaner. "We welcome this renewed dialogue and look forward to further collaborating with the Public Health Agency."

Led by the Minister of Health, Jane Philpott, the Agency's mission is to promote and protect the health of Canadians through leadership, partnership, innovation and action in public health. The Agency has put in place programs, services and policies that protect and promote the health of all Canadians. In Canada, public health is a

responsibility that is shared by all three levels of government in collaboration with the private sector, non-governmental organizations, health professionals and the public.



Dr. Julio Montaner and Prime Minister Justin Trudeau in discussion during a March 2015 pre-election visit to the BC-CfE.

Both Minister Philpott and Prime Minister Justin Trudeau have been open in their support for the UNAIDS 90-90-90 Target. The global target calls for 90% of people living with HIV to know their status, 90% of all those people diagnosed with HIV to be on treatment, and 90% of people on treatment to successfully manage their infection by 2020. The 90-90-90 Target was built on the backbone of the made-in-BC Treatment as Prevention® strategy.

Achieving these goals will move the world towards the goal of ending the AIDS epidemic by 2030.

"The Public Health Agency of Canada is committed to address HIV in Canada through the Federal Initiative and we look forward to working with Dr. Montaner and his team to achieve the 90-90-90 Target," said Krista Outhwaite. The Federal Initiative provides funding for prevention and support programs reaching key priority populations, as well as research, surveillance, public awareness, and evaluation. The Federal Initiative signals a renewed and strengthened federal role in the Canadian response to HIV/AIDS.

The goals of the Federal Initiative are to:

- Prevent the acquisition and transmission of new infections;
- Slow the progression of the disease and improve quality of life;
- Reduce the social and economic impact of HIV/AIDS; and
- Contribute to the global effort to reduce the spread of HIV and mitigate the impact of the disease.



» British Columbia has been particularly hard hit by prescription drug abuse with an alarming rate of overdose deaths. Through the support of CIHR and British Columbia's Ministry of Health, the province's CRISM node is excited to work on innovative research that will meaningfully improve public health and safety. - Read more at bit.ly/CanadaInvests.

— Dr. Evan Wood, Professor of Medicine, UBC, Director, BC-CfE Urban Health Research Initiative and Principal Investigator B.C. CRISM Node



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New study looks at impact of tranquilizers on increase in HIV



Study lead author, Dr. Sarah Ickowicz

» The recent spike in opioid-related overdoses and deaths, due to escalating prescription opioid use and the introduction of illicit fentanyl, has raised concerns regarding the impact of opioid use and illegal drug manufacturing in communities across Canada. While most of the emphasis had been focused on the harms of opioids, less emphasis has been placed on benzodiazepines – also known as tranquilizers.

A recent study from the BC Centre for Excellence in HIV/AIDS (BC-CfE), published in the journal *Drug and Alcohol Dependence*, is the first to demonstrate a link between the use of benzodiazepines and an increased risk of HIV infection among people who inject drugs.

“Although the harms associated with prescription drugs are a growing international concern, the impact of benzodiazepines on health-related harms such as HIV infection and overdose has not been well assessed,” said study lead author, Dr. Sarah Ickowicz, a resident physician conducting research with St. Paul’s addiction program. “In light of these findings, the practice of overprescribing benzodiazepines coupled with a weak system of prescription medication monitoring in British Columbia need to be addressed.”

Making matters worse, a recent survey of street-involved adults and youth revealed that benzodiazepines are also extremely easy access through illegal sources, with individuals reporting being able to obtain the drug illegally in less than 10 minutes

“Given the highly addictive nature of benzodiazepines, and the associated increased risk of HIV infection and other harms, physicians should exercise caution when prescribing benzodiazepines and look to alternative and safer medications when possible,” said study senior author Dr. Thomas Kerr, Professor of Medicine (Division of AIDS) at the University of British Columbia and director of BC-CfE’s Urban Health Research Initiative. “It is important to note benzodiazepines are also commonly implicated as a contributor to overdose mortality and other harms, and so the association with HIV infection should not be viewed in isolation.”

Of an estimated 2.1 million people who inject drugs in North America, over 320,000 are living with HIV/AIDS. In Canada, people who inject drugs account for approximately 14 per cent of HIV cases in the country.

Data were derived from 1,682 HIV-negative injection drug users enrolled in the Vancouver Injection Drug Users Study (VIDUS) and who were recruited between May 1996 and November 2013. To qualify for the study, participants had to be 18 years of age or older, test HIV negative at the start of the study and return to the study office for regular HIV testing. Of those individuals, 501 participants reported using benzodiazepine at the start of the study. During this time, 176 individuals became HIV positive.

INTERVIEW

Supporting People Aging with HIV

» According to the BC-CfE Drug Treatment Program data, over half of HIV positive individuals in British Columbia, who are on antiretroviral therapy (ART), are over 50 years of age. [Each year in B.C., a small number of people over the age of 60 are newly diagnosed with HIV, according to the BC Centre for Disease Control.](#) These two groups of older people face different challenges and health care needs, and both groups challenge common cultural perceptions about ageing, vitality, quality of life and sexuality.

Glen Bradford is Manager of the Peer Navigation and Prison Outreach at Positive Living Society of B.C. He also co-leads a weekly support group at St. Paul’s Hospital for long-term survivors of HIV, who are mostly over 50 years of age. The BC-CfE spoke with him about the challenges faced by [older individuals living with HIV](#).

BC-CfE: What do you see as the biggest concerns for individuals who were diagnosed with HIV in the 1980s and 1990s and who are now reaching their senior years?

Glen Bradford: Now, more than half of all HIV people in Canada and the United States are over the age of 50. Many have lived with HIV over 20 years, some over 30 years. This is a new phenomenon in the HIV community, as no one has lived this long before.

People who have lived for decades with HIV have experienced a great number of deaths within their friendship network early on. Over time, they may have lost careers and their incomes may have been drastically reduced. These factors contributed to ongoing social isolation.

Aging with HIV, in combination with long-term antiretroviral therapy use and in some cases poor treatment adherence, has brought on new problems such as heart and lung disease, non-AIDS related cancers, osteoporosis, facial and body wasting, neuro-cognitive impairment and other challenges. These co-morbidities are not only difficult to manage, but they are emotionally triggering. They remind people of what it was like back in the beginning when people were getting sick from what was then called AIDS.

BC-CfE: What kinds of care and support services does this group need?

GB: Loneliness is a challenge for many older people, no matter when they contracted HIV. Some older people newly diagnosed with HIV report feeling like they don’t fit in current support groups. People newly diagnosed with HIV tend to be in their 20s, 30s and 40s. People who are older and newly diagnosed with HIV don’t have the same life experiences of those who have lived with HIV for a long time. There are not enough people in this unique situation to sustain a support group just for them. Despite these obstacles, they should feel they could attend any group for information and support. No one is a perfect fit for a support group. It is the diversity within groups that can make them powerful for everyone. Helping older people newly diagnosed with HIV find each other, through buddy or networking programs, can be helpful.

Read the full-length interview at bit.ly/AgingwithHIV

UPCOMING EVENT

Spring HIV/Antiretroviral Update

Monday, April 25, 2016, 8:30 AM–5PM

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 on-line only at the following link: bit.ly/SpringARV2016

LECTURES & EVENTS

What’s New in Addiction Medicine?

Policing and Pregnancy: Bringing a Structural Analysis to Addiction Medicine

Speaker: Drs. Kelly Knight & Andrea Lopez

Wednesday, March 30, 2016, 12–1PM

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

Forefront Lecture Series

HIV Quality of Care: Are we there yet?

Speaker: Dr. Rolando Barrios

Wednesday, April 6, 2016, 12–1PM

Cullen Family Theatre, Providence Level 1, St. Paul’s Hospital

HIV Care Rounds

Diabetes

Speaker: Dr. Greg Bondy

Thursday, April 7, 2016, 8–9AM

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

PrEP

Speaker: Dr. Mark Hull

Thursday, April 21, 2016, 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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