



BC-CfE announces provincewide initiative to increase access to lifesaving treatment for opioid use disorder

On January 17th, the BC-CfE announced the launch of a provincewide initiative, supported by a funding grant from Health Canada's Substance Use and Addiction Program. The first-of-its-kind initiative based on the BC-CfE's world-renowned **Treatment as Prevention® (TasP®)** strategy to curb HIV and AIDS—will roll out across all BC regional health authorities in early 2019.

This initiative is building upon the successful foundation of a pilot project between the BC-CfE and Vancouver Coastal Health (VCH). The BOOST (**B**est Practices in **O**ral **O**pioid **A**goni**S**t **T**herapy) Collaborative introduced a proactive model of treatment for opioid use disorder (OUD) to VCH clients at risk of overdose. Health care teams across Vancouver worked to implement system changes to effectively identify, diagnose and engage over 1,100 people in care for OUD—doubling those kept on lifesaving treatment at three months.

Through the Collaborative, health care teams created and implemented processes to better reach out to clients (for example, increasing follow-up calls and streamlining client intakes). These incremental changes are providing a path forward to help address the needs of those living with opioid use disorder. The initiative launches in the midst of the ongoing opioid drug overdose crisis, which the Government of BC declared a public emergency in 2016. There have been more than 3,800 confirmed deaths to illicit drug overdose in B.C. since January 1, 2016.

"The BC-CfE applied lessons from its proven effective HIV strategy, which drove a steady and consistent

decline in HIV and AIDS, to address the urgent opioid overdose crisis affecting individuals and families provincewide," said Dr. Rolando Barrios, Senior Medical Director, BC-CfE. "Small-scale improvements in care, implemented through the work of VCH health care teams, created major, positive impacts on the lives of those affected by opioid use disorder. We can now apply these concepts to every region in BC."

Among VCH clinics participating in the BOOST Collaborative, the number of individuals retained in opioid agonist treatment (OAT) at the 90-day mark increased from three out of ten to seven out of ten—a very significant leap in improving access to regular, long-term care for opioid use disorder.

"I am extremely proud of the work of the VCH health care teams in successfully engaging with clients to improve their access to lifesaving opioid agonist therapy," said Dr. Patricia Daly, Chief Medical Health Officer and Vice President, Public Health, VCH. Dr. Daly is the Former Executive Lead of the Overdose Emergency Response Centre, established by the B.C. Government in 2017.

The BOOST Collaborative is based on an evidence-informed approach. Research shows that the biggest barriers to effective treatment for opioid use disorder are treatment access, dosage and retention.

A significant proportion of individuals struggling with opioid use disorder will reduce illicit opioid use and remain on treatment longer with appropriate doses of methadone, buprenorphine/naloxone or slow-release oral morphine (all categorized as OAT). The risk of

morbidity and mortality decreases by 80% for individuals on effective OAT. Recent data from the BC Coroner's office found that, of the 1,800 deaths reviewed over a 19-month period (January 2016 to July 2017), none had buprenorphine present in their system.

Despite the known benefits of OAT, at baseline and before the launch of the Vancouver BOOST Collaborative, only 30-40% of individuals in Vancouver who started OAT remained on treatment at three months.

"Programs that help to meet clients where they are and address their needs effectively are fundamental to our progress against HIV with the **Treatment as Prevention®** strategy," said Dr. Julio Montaner, Executive Director and Physician-in-Chief, BC-CfE. "The achievements of the BOOST Collaborative show the benefits in applying these principles to improving care and quality of life for individuals with opioid use disorder."

The provincial BOOST Collaborative aims to improve upon already impressive achievements of the VCH/BC-CfE pilot project, with the goals that 95% of clients on OAT will have an active OAT prescription and 95% of those clients with an active OAT prescription will be retained on therapy for longer than three months.

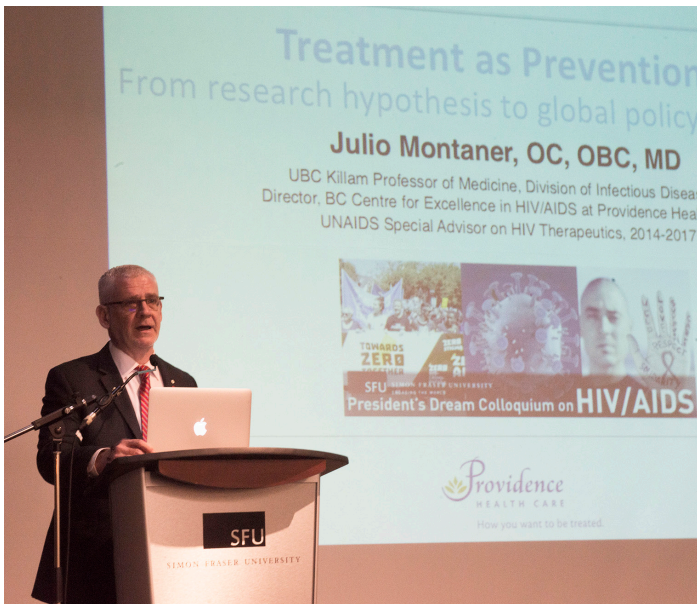
The newly launched BOOST Collaborative will be holding regular meetings among health care teams located at clinics across the province to share best practices. The BC-CfE will provide support as the teams work on identifying and addressing gaps in reaching clients within their own clinical settings.

» "I am so grateful to everyone at the BC-CfE whose leadership and expertise addressing HIV/AIDS is now being applied to the overdose crisis. Bold innovations that keep people on lifesaving treatment are precisely what we need to turn the tide on this devastating public health emergency."

— Hon. Judy Darcy, Provincial Minister of Mental Health and Addictions



International Colloquium series focuses on HIV—from cell to society



» The kick-off for the Simon Fraser University (SFU) Presidential Dream Colloquium generated much energy and optimism around continued advocacy for individuals living with HIV in Vancouver and across Canada. Dr. Julio Montaner, BC-CfE Executive Director and Physician-in-Chief, warned there is a strong possibility for HIV to see a global resurgence if world leaders become complacent.

Dr. Montaner spoke of the importance of increasing funding and access to treatment if we are to end AIDS. Unfortunately, global funding has flatlined since around 2006, when Dr. Montaner introduced the lifesaving and made-in-BC **Treatment as Prevention**® strategy to the world at the IAS Conference. Dr. Montaner was instrumental to the development of lifesaving highly active modern antiretroviral treatment (the gold standard of treatment today), which began to change the trajectory of the HIV epidemic when he introduced it in 1996.

The first Colloquium event was an opportunity to look back at the history of HIV in Vancouver, including the once-burgeoning activist movement and ongoing scientific developments. In Dr. Montaner's case, the start of the HIV epidemic in North America closely coincided with his arrival in Vancouver from Argentina to train in respiratory medicine. The epidemic changed the course of his life's work, as he dedicated himself to treatments and strategies against HIV.

Valerie Nicholson, a community advocate and a peer research associate, spoke to the public protests that led to significant changes in how we treated the disease of HIV itself, as well as the individuals living with HIV. She cited a public information campaign that successfully led to increasing supports for mothers living with HIV in Vancouver. Like Dr. Montaner, Nicholson cautioned against complacency because harmful stigma still exists. She recounted mistreatment and discrimination she had experienced in the health care system as a person living with HIV.

At the lecture event, the at-capacity crowd got the chance to see never-before-seen pieces from local artists including Nicholson, Tiko Kerr and Joe Average. The exhibit also featured a series of bodymaps that trace the impacts, emotions, feelings and experiences of living with HIV. These compelling, large-scale illustrations within bodylines were created by participants in a study on HIV, art and criminalization.

The Presidential Dream Colloquium is organized and hosted by SFU. Now in its 13th run, the series brings together international experts to dive into discussions on a particular topic area in free public lectures.

The next lecture will focus on HIV and Indigenous communities (February 26). Check online for more information and to register to join upcoming events: <http://bit.ly/SFUpdchiv>.

EDUCATION

HIV cure research: Are we there yet?

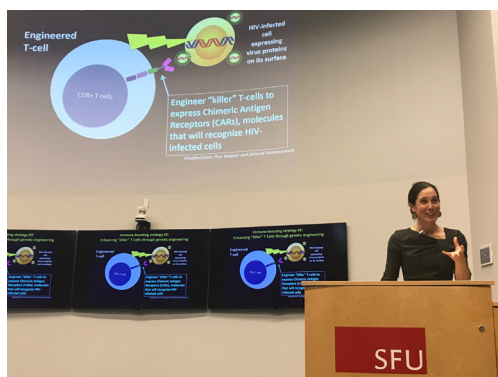
» The second instalment of the SFU President's Dream Colloquium on January 22nd brought to the stage Dr. Zabrina Brumme, Director of the BC-CfE Laboratory program. Dr. Brumme, who shares her expertise on HIV cure research internationally, joined the BC-CfE in 2018. In her colloquium lecture and a subsequent BC-CfE-hosted webinar, she provided a clear look into why we need a cure and how it may be achieved. "A cure for HIV is not in sight, but many believe it is feasible," she said. "It's important to realize that if we're going to get there, we'll get there together—scientists, clinicians and community."

Here are a few key takeaways, providing a 101-level introduction to what is happening in HIV cure research.

Treatment is not a cure: Current HIV treatments, while very effective in increasing longevity and quality of life for individuals living with HIV, are not a cure. Completely new strategies are required to reach a cure, and major research efforts are currently dedicated towards this goal.

A cure must eradicate latent HIV: The challenge with HIV is that copies of the virus can persist for years—decades, as shown by recent research by Dr. Brumme and her team at the BC-CfE—in what are known as viral reservoirs. The HIV virus is continually evolving when it's actively replicating within an individual. And during this time, mutated copies of the virus get "archived" into the viral reservoir, where they can persist. The reservoir is called "latent" because these viral copies are not currently active; however, they can reactivate at any

time to produce infectious HIV. While HIV treatment effectively curbs HIV replication, it does not eliminate the viral reservoir. Curing HIV will require elimination of the viral reservoir—and scientists are actively pursuing multiple strategies to do this.



A total HIV cure will remain out of reach for some time, but scientists are making slow and steady progress towards achieving "HIV remission": This is a state where a person's viral reservoir would be reduced or controlled such that they could stop taking antiretroviral treatment without risk of viral rebound. Individuals in HIV remission, however, would still be considered HIV-positive.

Hypothetically, cures for HIV could be customized: An HIV cure, once achieved, is unlikely to be a "one-size-fits-all" approach. Instead, it will probably comprise a "personalized" combination of multiple approaches to achieve sustained viral remission. These approaches would be tailored to an individual's HIV strain, reservoir size and the unique characteristics of their immune system.

HIV cure research is collaborative: "From the very beginning, HIV cure research has been conducted from an interdisciplinary perspective: scientists, clinicians, community, and patients are working together towards this common goal. HIV cure research is bringing us all together," concluded Dr. Brumme.

The full webinar with Dr. Zabrina Brumme is available online: <http://bit.ly/bccfewebinar>.

Research at upcoming HIV conferences



Researchers from the BC-CfE will be presenting at upcoming marquee HIV conferences. The Conference on Retroviruses and Opportunistic Infections (CROI) is coming to Seattle from March 4-7th. CROI brings together top basic, translational and clinical researchers from around the world to share the latest studies, important developments and best research methods in the ongoing battle against HIV/AIDS and related infectious diseases.

Also, look for BC-CfE posters and presentations at the Canadian Conference on HIV/AIDS Research (CAHR), Canada's largest HIV conference, in Saskatoon from May 9th-12th. Follow along with the BC-CfE on Twitter and Facebook to stay up-to-date.

LECTURES & EVENTS

Forefront Lecture

Long-Term Outcomes for Patients Receiving Antiretroviral Therapy in Uganda

Speaker: Dr. David Moore

Tuesday, February 12, 2019, 12-1PM

Cullen Theatre, Providence Level 1, St. Paul's Hospital

HIV Care Rounds

Title: TBA

Speaker: Kathy Lepik

Wednesday, February 27, 2019, 12-1PM

Conference Room 6, Providence Level 1, St. Paul's Hospital

Spring HIV/Antiretroviral Update

Monday, May 6, 8:30AM-4:45PM

Grand Ballroom-North Tower Sheraton Wall Centre

Online registration opens February 11, 2019 at:

<http://www.cfenet.ubc.ca/events/spring-hivantiretroviral-update-2019>

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

Website

www.cfenet.ubc.ca

E-mail

info@cfenet.ubc.ca

Funding for the BC Centre for Excellence in HIV/AIDS is provided by the BC Ministry of Health.